

## Original Article

# Advance Education and Evidence-Based Practice among Registered Nurses in Philippine Community Health Centers: A Scoping Review

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### Abstract

**Introduction:** The Philippine UHC goal relies on RNs in PHC applying EBP via Advanced Practice Nursing (APN) competencies. However, this is critically limited by a perceived EBP Competency Gap, significant Financial Barriers, and the non-recognition of the existing Informal APN Role, creating systemic friction that this review aims to address.

**Methods:** This scoping review followed Arksey and O'Malley's framework and PRISMA-ScR guidelines. It mapped evidence using the PCC framework to answer the question on advanced degrees, EBP, motivations, and institutional factors among RNs in Philippine CHCs. The search was conducted across six databases and yielded five eligible studies.

**Results:** The review synthesized five studies (mixed quantitative and qualitative designs) focused on Filipino nurses' advanced education and practice. Three central themes emerged, namely: EBP Competency Gap (Nurses show a positive EBP attitude but low confidence in core skills, specifically Public Health Science and Financial Planning), Financial Barriers/Personal Motivation (ambition for professional and family advancement drives degree pursuit, but financial barriers related to remittance priorities severely impede this goal), and Informal APN Role (Nurses are functionally performing APN roles, but their work lacks formal regulatory and policy recognition, limiting institutionalization).

**Conclusion:** Advanced education is critical to address EBP competency gaps and validate Informal APN Roles in Philippine PHC. However, its effectiveness is undercut by severe financial barriers and the lack of a formal national policy framework, preventing nurses from fully utilizing their advanced competence to meet UHC goals.

**Keywords:** Evidence-Based Practice (EBP); Advanced Academic Degrees; Advanced Practice Nursing (APN)

### Introduction

The Philippines' commitment to Universal Health Care (UHC), enshrined in Republic Act No. 11223, places the primary health care (PHC) network at the core of national health

transformation. Within this system, Registered Nurses (RNs) in Community Health Centers (CHCs) are instrumental in delivering comprehensive, people-centered services. The foundational expectation for these services is the consistent application of Evidence-Based

Practice (EBP) which is the synthesis of the best available research, clinical expertise, and patient values. Internationally, a strong correlation exists between higher nursing education and superior patient outcomes, with studies demonstrating that a greater proportion of baccalaureate-prepared nurses is associated with reduced surgical mortality rates and improved cerebral performance following critical incidents (Porat-Dahlerbruch et al., 2022). This global evidence mandates that Filipino nurses not only possess a bachelor's degree but must also continuously advance their expertise to meet the increasing complexity of public health challenges, such as the rising burden of non-communicable diseases (NCDs).

While essential, foundational nursing education is often insufficient to cultivate the advanced research, leadership, and systems competencies required to implement complex EBP interventions in resource-scarce CHCs. Advanced academic degrees, particularly at the Master's level, are necessary to bridge this gap, preparing nurses for the complex decision-making and expanded scope associated with Advanced Practice Nursing (APN). This advanced education equips them with competencies in systems leadership, interprofessional collaboration, and policy application, critical for translating macro-level EBP into local health programs. Systematic reviews confirm the positive impact of APNs on clinical outcomes, including reduced length of hospital stay, improved diagnostic accuracy, and better disease management, highlighting the potential for this role to transform PHC delivery in settings analogous to the Philippines (Kirigia, 2020).

Despite the clear alignment between advanced education and UHC goals, the pathway for Filipino nurses is fraught with internal and external challenges. The literature suggests a paradoxical scenario where nurses are highly motivated to pursue graduate studies to overcome a perceived EBP Competency Gap, yet their efforts are continually undermined by significant Financial Barriers associated with educational investment and national remittance priorities. Furthermore, many competent nurses are observed to assume an Informal APN Role,

performing complex tasks (clinical leadership, health promotion, and EBP implementation) without the formal policy or regulatory structures to support them (Brownwood and Lafortune, 2024). This divergence between the actual capacity of the workforce and its formal recognition creates systemic friction, limiting the realization of EBP-driven care and slowing health system reform.

Given this crucial nexus of competence, motivation, and structural constraint, this scoping review aims to systematically map the existing evidence regarding the relationship between advanced academic degrees, EBP utilization, and the functional role of Registered Nurses operating within Philippine Community Health Centers. By synthesizing the dispersed literature, this review identifies three interconnected themes (the EBP Competency Gap, Financial Barriers, and the Informal APN Role) to articulate the critical challenges and opportunities in leveraging advanced nursing education to accelerate the goals of Universal Health Care.

### **Methodology**

**Design**—The methodology for this scoping review was grounded in the Arksey and O'Malley (2005) framework, which defines six stages for mapping the research landscape. We enhanced the rigor by incorporating Levac et al.'s (2010) refinements, especially by clarifying the research question, adopting iterative team selection, and involving stakeholder perspectives. For operational detail, we followed the Joanna Briggs Institute's (Peters et al., 2020) guidance, using the Population–Concept–Context (PCC) framework to guide eligibility and data charting. Finally, the PRISMA-ScR extension (Tricco et al., 2018) was used for transparent reporting.

**Review question and PCC framework**—The key question guiding the entire process was: "What evidence-based practices, motivations, and institutional factors are identified in the literature regarding Registered Nurses in Philippine Community Health Centers pursuing advanced academic degrees?" Population was included studies focused on Registered Nurses (RNs) and Public Health Nurses (PHNs)

currently employed or with substantial professional experience within Philippine CHCs, such as Barangay Health Centers (BHCs) or Rural Health Units (RHUs). Concept was the core concept encompassed the pursuit of Advanced Academic Degrees (Master's or Doctoral levels), the adoption or implementation of EBP, EBP competency, research utilization, professional development related to advanced roles, and associated challenges or facilitators. Context was the required context was primary research conducted within the Philippines, or research specifically analyzing the experiences of Filipino RNs relating to the Philippine health system or educational attainment.

**Eligibility criteria:** Studies were eligible if they examined advance education and evidence-based practice among Registered Nurses in the Philippine in relation to Community Health Centers, with no restriction on publication year or language. Sources included peer-reviewed articles, theses, dissertations, government or NGO reports, and conference abstracts. Studies were excluded if they focused exclusively on professional or paid caregivers, examined non-cancer caregiving, or were opinion pieces or non-academic sources.

**Information sources and search strategy:** We searched both major international databases (CINAHL, PubMed/MEDLINE, SCOPUS) and Philippine repositories which includes the Health Research and Development Information Network (HERDIN), the Philippine Health Research Registry (PHRR), and Philippine E-Journals—to retrieve relevant information. The search strategy utilized a structured Boolean approach, combining three sets of key terms and their variants, Population/Context Terms (e.g. Philippines, Filipino, "Community Health Nursing", "Public Health Nurse", "Rural Health Unit", and "Barangay Health Center"), Concept Terms ("Advanced Degree", "Master's Nursing", "Graduate Nursing", and "Post-graduate"), and Concept Terms ("Evidence-Based Practice", "EBP", "Research Utilization", "Advanced Practice Nursing", and "APN"). To enhance the search's precision and breadth, we used Boolean operators and truncation. The search strategy's accuracy and

comprehensiveness were peer-reviewed using the PRESS guideline (McGowan et al., 2016).

**Selection process:** All records were screened manually. Duplicate entries were first identified and removed, after which titles and abstracts were reviewed by two independent reviewers. Potentially eligible studies were retrieved for full-text review. Discrepancies in inclusion were resolved through discussion until consensus was reached. The screening process identified a total of 1,530 records, of which 280 were removed as duplicates. Of the 1,020 records screened, 980 were excluded at title and abstract level. Seventy five full-text articles were assessed for eligibility, and 45 were excluded, most commonly for not focusing on advance education and evidence-based practice in the community, for including only advance education, or for lacking evidence-based practice data. Ultimately, five (5) studies met the inclusion criteria. The overall process of identification, screening, exclusion, and inclusion is summarized in Figure 1, which presents the PRISMA-ScR flow diagram.

**Data charting and synthesis:** Data were extracted into a structured charting form that captured study characteristics (author, year, design, setting, population, summary, focus, and highlights of the study) and findings related to foundational deficit, educational remediation, structural barriers, strategic value of advanced credentials, operational reality and informal fulfillment of advanced practice roles (Table 1). Charting was undertaken independently by two reviewers, and discrepancies were reconciled through consensus. Data were analyzed descriptively to map the scope of available evidence, followed by thematic synthesis to identify patterns across studies. The approach to thematic synthesis was guided by Braun and Clarke's (2006) framework for reflexive thematic analysis.

**Critical appraisal:** Although formal quality assessment is not mandatory for scoping reviews, a critical appraisal was included to enhance the rigor and utility of the synthesized findings. This step allowed the reviewers to gain a clearer understanding of the methodological limitations associated with the available evidence, with the results of this

appraisal being explicitly reported in the detailed evidence table for each study.

The synthesis involved a comprehensive analysis of the charted data, incorporating both a numerical summary (thematic mapping) and a qualitative thematic analysis of the evidence. The results were collated into three central thematic clusters: (1) evidence-based practice (EBP) competency gap, (2) financial barriers/personal motivation, and (3) informal advance practice nursing (APN) role. The findings were then presented descriptively in the final narrative and a detailed evidence table.

**Ethical statement:** In conducting this review, no research ethics committee approval or patient consent was needed and therefore not obtained. No funding was obtained through this research by the authors or any conflict of interest identified.

## **Results**

### **Characteristics of the Studies**

The five exemplary articles share a common thematic core, clustering their findings into three areas: baseline EBP knowledge and institutional barriers, motivations and structural challenges to advanced degree pursuit, and the operational reality of the emerging, informal Advanced Practice Nursing (APN) role in Primary Health Care (PHC) settings. All studies are relevant to the Philippine health system, examining contexts ranging from individual career decisions to system-level competency gaps. Methodologically, the body of evidence utilized a mix of designs, predominantly qualitative methods (like phenomenology and the Critical Incident Technique) or descriptive cross-sectional quantitative designs. The studies differ significantly in their methodology, population specificity, and geographic scope, which ultimately defines the type of evidence provided. Two studies provided robust quantitative baseline data using descriptive cross-sectional surveys with nurses in the Hospital/Academic Affiliation (n=406), and Public Health Nurses (n=330) in the Philippines. While, two studies utilized intensive qualitative methods to capture lived experience and system realities in great depth using a modified Critical Incident Technique with only (n=3), a qualitative case study (n=41),

and qualitative hermeneutical phenomenology study (n=33).

### **Thematic Synthesis**

Across studies, three integrated themes consistently emerged: Evidence-Based Practice Competency Gap, Financial Barriers/ Personal Motivation, and Informal APN Role.

### **EBP Competency Gap**

This theme details the significant challenge of inconsistency in fundamental Evidence-Based Practice (EBP) skills among nurses, necessitating advanced education for remediation. While nurses demonstrated a positive attitude and willingness to integrate new research-based strategies, they concurrently reported low confidence in foundational EBP steps, such as identifying clinical issues or problems for research. Four hundred six nurses provided robust baseline data, noting that while 63% of nurses reported a positive attitude towards EBP, their confidence score (M=3.90, SD=0.64) was low in identifying clinical issues for investigation. This directly confirms the gap between attitude and competence (Catu, 2021). While, 330 Public Health Nurses (PHNs) highlighted specific, high-level competency deficits. PHNs reported their lowest competence in the core domains of Public Health Science and Financial Planning/Management. These are critical systems-level skills necessary for effectively translating EBP into public health programs, underscoring why advanced degrees must intentionally target these deficits (Melendres et al., 2024).

### **Financial Barriers / Personal Motivation**

The pursuit of advanced academic credentials is fundamentally driven by powerful personal and professional motivations, yet this ambition is severely hampered by structural and financial obstacles. The decision to seek a graduate degree is often rooted in the determination to improve life for one's family and advance the nursing profession. In a qualitative hermeneutical phenomenology study examined the career decisions of 33 Filipino and Filipino American nurses.

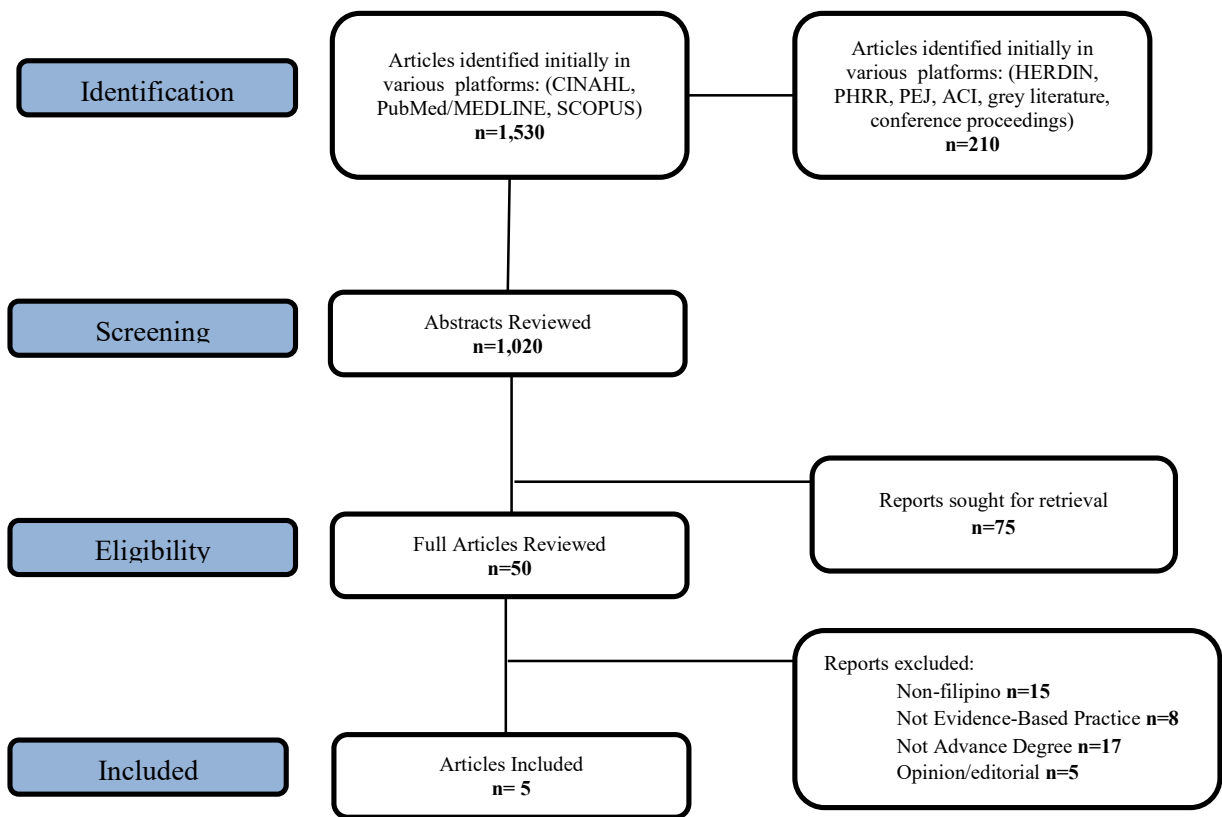


Figure 1. PRISMA-ScR Flow of Information Through the Review

Table 1. Characteristics of the Studies

Author s, Year	Design / Setting	Populatio n / Sample	Focus of the Study	Key Findings	Critical Appraisal of the Article
Catu, L. R. E. (2021)	Descriptive cross-sectional quantitative study; Angeles City, Pampanga, Philippines (Hospital/Academic Affiliation)	406 nurses (convenient sample)	Baseline assessment of EBP knowledge, attitude, and barriers	63% of nurses reported a positive attitude towards EBP and were willing to integrate new strategies based on research. However, confidence was low (M=3.90, SD=0.64) in identifying clinical issues/problems for research. Barriers included resource deficits.	Provides robust quantitative baseline data on EBP readiness. The large sample size increases reliability, but the general nurse population may slightly dilute findings specific to CHCs, who likely face exacerbated resource barriers.

<p>Duller, S. F. et al. (2023)</p>	<p>Qualitative study using a modified Critical Incident Technique; Primary care setting in the Philippines</p>	<p>3 participating nurses</p>	<p>In-depth analysis of nurses' experiences in a collaborative advanced practice model for hypertension care</p>	<p>The overarching theme was "significant role transition." Sub-themes included: Acquiring and maintaining competence, establishing and strengthening collaboration, and gaining/maintaining trust. Advanced training needs tailoring to collaboration skills.</p>	<p>High-quality, in-depth qualitative analysis demonstrating the practical integration of advanced knowledge (competence, collaboration) in primary care. Findings are directly relevant for designing future APN training programs for LMICs.</p>
<p>Nagtalon-Ramos, J.K. (2017)</p>	<p>Hermeneutical phenomenology study; Working in the United States</p>	<p>33 Filipino and Filipino American nurses (BSN-prepared)</p>	<p>Examining factors (incentives and barriers) affecting graduate nursing degree pursuit</p>	<p>Key incentives were providing a better life for family and professional advancement. Major barriers were finances (especially remittance priority), lack of program knowledge, friction between generations, and perceived discrimination.</p>	<p>Provides vital evidence regarding the profound determination and financial sacrifices underlying graduate pursuit. Although based partly in the U.S., the strong link to family obligations and financial barriers within the Philippines is directly relevant.</p>
<p>Tamayo et al. (2025)</p>	<p>Mixed-methods case study; Rural setting in the Philippines (Primary care facilities)</p>	<p>41 participants (nurses, physicians, academics, policymakers, and recipients of care)</p>	<p>Exploring task shifting and the informal reality of advanced nursing practice in primary care</p>	<p>Nurses informally execute many advanced roles (direct patient care, leadership, EBP) aligned with established models. Key enabling competencies include health promotion and systems thinking. Institutionalization is limited by lack of regulatory frameworks and educational pathways.</p>	<p>Directly addresses the nexus of EBP, advanced competency, and primary care roles. Confirms that EBP functions are already performed informally, necessitating formalized advanced education pathways and policy support.</p>

Czen et al. (2024)	Cross-sectional survey; Across the Philippines (Online Survey)	330 PHNs (Public Health Nurses)	Determining perceived competencies and describing training needs	PHNs reported highest competence in communication and community practice, but lowest competence in Public Health Science and Financial Planning/Management. Enablers for training included a supportive work schedule and necessary technological access.	Offers concrete data on self-identified competency gaps directly relevant to advanced education design. Highlights that advanced degrees must intentionally target deficits in public health theory and financial/systems thinking to maximize PHN effectiveness.
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**Table 2. Themes, Descriptions, and Key Supporting Studies**

Theme	Description	Key supporting studies
1. EBP Competency Gap	This theme details the significant challenge of inconsistency in fundamental Evidence-Based Practice (EBP) skills among nurses, necessitating advanced education for remediation. While nurses demonstrated a positive attitude and willingness to integrate new research-based strategies, they concurrently reported low confidence in foundational EBP steps, such as identifying clinical issues or problems for research. Specific, high-level competency deficits were also highlighted in the core domains of Public Health Science and Financial Planning/Management—critical systems-level skills necessary for effectively translating EBP into public health programs.	Catu, 2021; Cariaso et al., 2024

<p>2. Financial Barriers / Personal Motivation</p>	<p>The pursuit of advanced academic credentials is fundamentally driven by powerful personal and professional motivations (such as the determination to improve life for one's family and advance the nursing profession), yet this ambition is severely hampered by structural and financial obstacles. The most significant structural barrier identified was finances, specifically the priority given to remittances over personal investment in education. This highlights the profound financial sacrifice and personal determination required to overcome institutional disincentives associated with graduate education.</p>	<p>Nagtalon-Ramos, 2017</p>
<p>3. Informal APN Role</p>	<p>The evidence confirms a structural contradiction in Philippine primary care: advanced roles are already being performed by competent nurses, but they lack formal policy and regulatory recognition. These nurses fulfill functions aligned with Advanced Practice Nursing (APN), such as clinical leadership and direct patient care, often out of necessity to fill gaps, like those caused by physician shortages. EBP functions are already being performed informally, but their institutionalization is limited by the lack of regulatory frameworks and formal educational pathways, despite demonstrating a demanding "significant role transition" involving acquiring competence and establishing collaboration.</p>	<p>Duller, 2023; Tamayo et al., 2025</p>

The study found that while key incentives centered on providing a better life for family and professional advancement, the most significant structural barrier was finances, specifically the priority given to remittances over personal investment in education. This highlights the profound financial sacrifice and personal determination required to overcome institutional disincentives associated with graduate education (Nagtalón-Ramos, 2017).

### **Informal APN Role**

The evidence confirms a structural contradiction in Philippine primary care: advanced roles are already being performed by competent nurses, but they lack formal policy and regulatory recognition. These nurses fulfill functions aligned with Advanced Practice Nursing (APN), such as clinical leadership and direct patient care, often out of necessity to fill gaps, like those caused by physician shortages. A qualitative case study (n=41) confirmed that nurses informally execute many advanced roles (including EBP functions) aligned with established APN models. The study explicitly concluded that EBP functions are already being performed informally, but their institutionalization is limited by the lack of regulatory frameworks and formal educational pathways (Tamayo et al., 2025). And a high-quality qualitative study (n=3) using the Critical Incident Technique provided in-depth analysis of the practical application of advanced knowledge in a collaborative model for hypertension care. Findings highlighted a "significant role transition" process that involved acquiring and maintaining competence and establishing collaboration. This demonstrates the demanding process required to practically manifest advanced competence (EBP) in the informal APN role in primary care (Duller, 2023).

### **Discussion**

The emerging themes identified in the scoping review highlight systemic challenges and opportunities at the nexus of advanced education and nursing practice in Philippine Community Health Centers (CHCs). These findings resonate deeply with global empirical evidence from other low- and middle-income

countries (LMICs), underscoring the necessity for targeted policy intervention.

The pervasive finding of a knowledge-to-action gap, where Public Health Nurses (PHNs) express positive attitudes towards Evidence-Based Practice (EBP) but lack confidence in critical appraisal and research utilization, is a significant impediment to healthcare quality. The review revealed that core EBP skills—specifically formulating researchable questions and assessing evidence—are often missing, alongside competencies in Public Health Science and Financial Planning. This deficit in foundational EBP skills is not unique to the Philippines. A systematic review assessing barriers to EBP among nurses in LMICs by Shayan et al. (2019) affirmed that the EBP gap is multifaceted, driven by nurse-related barriers such as perceived limitations in knowledge and lack of time, and profound institutional barriers like limited access to information resources and inadequate institutional support. These global barriers mirror the resource-constrained environment of Philippine CHCs. Crucially, the pursuit of advanced education acts as a corrective measure for this gap. Cheng, et al. (2024) provided quantitative evidence from a cross-sectional study in Taiwan, establishing that holding a graduate degree and actively participating in EBP courses are the strongest predictors of higher EBP competencies among nurses.

This empirical link demonstrates that advanced academic programs, by embedding robust research and appraisal methodology, are essential for equipping nurses to overcome their self-identified competency deficits and effectively translate best evidence into community-level practice within complex resource environments. Bridging this competency gap through postgraduate training is therefore critical to achieving the quality-of-care mandate set by Universal Health Care (UHC). The structural impediment of financial constraint emerged as the most formidable barrier preventing competent nurses from pursuing advanced education, a decision intrinsically motivated by the desire for professional advancement and improved life for their family.

This challenge is amplified by the opportunity cost of time, which often conflicts with the necessity of supporting family dependents, known as a primary responsibility among Filipino nurses.

This mirrors evidence from other low-resource settings, where financial difficulty and poor compensation severely limit academic progression. A descriptive qualitative study exploring continuing education barriers by Mamba and Dlude (2025) found that nurses were deterred by financial difficulties, a significant remuneration mismatch where upgraded qualifications did not translate into better salary, and the inability to secure study leave due to staff shortages. Furthermore, the geographical immobility caused by family and work responsibilities means nurses cannot access specialized urban-based programs. Nurses who are "place-bound" by family and income responsibilities struggle to access programs less available in rural areas (Odahowski et al, 2022). When nurses with Master's degrees are not compensated or formally promoted, the investment in advanced education is seen purely as a personal financial burden rather than a system-wide investment (National Academies of Sciences, Engineering, and Medicine, 2021). Policy recommendations must therefore move beyond individual responsibility to offer institutional support, such as scholarships and service-linked pay incentives, to address the financial and structural barriers that discourage nurses from pursuing the academic credentials needed for system improvement.

A critical finding of the scoping review is the existence of the Informal APN Role, where highly-educated nurses autonomously manage complex care and leadership functions within CHCs out of necessity, despite the Philippines lacking a formalized Advanced Practice Nurse (APN) policy. These nurses fill service gaps created by physician shortages and resource limitations, making them the de facto experts and clinical leaders in their units. This phenomenon is supported by empirical evidence regarding APN role implementation in other global contexts. A descriptive study by Scanlon, et al. (2023), examining APN roles in

Low- and Lower-Middle-Income Countries (LLMICs), concluded that these roles largely emerged over the past two decades explicitly to address gaps in service and focus on underserved populations. The study confirmed that while these roles required a master's education, their implementation often showed disparities in education, practice, and regulation compared to international standards. This absence of a regulatory framework means that the master's degree in the Philippines serves as an unofficial license to perform advanced functions without the formal protection, compensation, or defined scope of practice enjoyed by true APNs. Without official recognition, the nurse's leadership is contained at the unit level, limiting their systemic impact on PHC policy and care standards. Formalizing this de facto APN role is not just about recognizing an existing reality; it is about establishing a regulatory mechanism to maximize the investment in nursing education and ensure safe, consistent, and evidence-based care across the country.

### **Implications for Practice**

The findings have direct implications for primary health care (PHC) practice in the Philippines. Firstly, the Informal APN Role must be formally recognized and utilized by health systems, rather than being informally relied upon to bridge service gaps. Graduate-prepared nurses should be empowered to lead EBP implementation, particularly in chronic disease management and health promotion, aligning with their demonstrated advanced competencies. Secondly, clinical practice environments in Community Health Centers (CHCs) must be systematically restructured to overcome institutional barriers like resource deficits and fragmented infrastructure. Advanced degree graduates possess the systems-level thinking (gained in their studies) to drive these changes. Finally, mandatory in-service training must move beyond general EBP awareness to target specific competency gaps, focusing on Public Health Science and Financial Planning/Management, to ensure all nurses can effectively apply evidence in their community roles.

**Limitations:** The scoping review's findings are subject to several limitations primarily inherent to the available evidence base and the chosen methodology. The systematic search identified a limited, highly specialized corpus of primary research, which restricts the generalizability of findings outside the studied populations. The literature predominantly utilized descriptive cross-sectional designs and qualitative methods, providing rich contextual data on motivations and experiences, but lacking the causal evidence needed to definitively link advanced degrees to improved clinical outcomes or EBP utilization rates. As a scoping review, a formal quality assessment was not required for inclusion; However, the methodological rigor of some articles may be a factor. Furthermore, the review focused on primary research, explicitly excluding a broader range of policy documents and organizational reports which may contain additional context regarding regulatory barriers.

**Recommendations:** Based on the synthesis, several actions are recommended for policymakers and academic institutions. Firstly, Policymakers must formalize the APN role through national legislation, providing clear regulatory frameworks, practice autonomy, and, crucially, commensurate compensation and promotion structures to recognize and reward the advanced skills derived from graduate education. This addresses the lack of extrinsic rewards and financial barriers. Secondly, Academic institutions must restructure Master's programs to intentionally target competency deficits in Public Health Science and systems management. Curricula should integrate training in change management theory and implementation science to equip graduates to overcome institutional resistance and resource limitations upon returning to CHCs. Finally, local government units must allocate resources to directly address infrastructure and resource deficits in CHCs, preventing these systemic failures from neutralizing the potential of highly educated nurses.

**Conclusion:** The pursuit of advanced academic degrees by Registered Nurses in Philippine Community Health Centers (CHCs) represents

a profound individual determination to meet the complex demands of Universal Health Care (UHC) through enhanced Evidence-Based Practice (EBP) capability. This scoping review confirms that advanced education is essential for remediating baseline EBP knowledge gaps and is actively translating into the performance of critical, though informal, Advanced Practice Nursing (APN) roles in primary care. However, this dedication is currently being undermined by significant systemic forces: severe financial constraints rooted in family obligations and, critically, the absence of a national policy framework to recognize and reward advanced competence. The nexus between education and practice remains fragile until policymakers formalize APN roles, integrate advanced degrees with clear career progression, and provide targeted financial support. By aligning institutional policy with individual professional competence, the Philippines can finally leverage its highly educated nursing sector to fulfill the promise of equitable, evidence-driven healthcare for all communities.

#### **Disclosure of Use of Generative AI**

To ensure the highest level of clarity and readability, AI was utilized as an assistive tool for organizing ideas and refining the grammar of this article. The content, core ideas and insights are entirely the authors.

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