



Barriers to Implementing Evidence-Based Practice in Nursing: A Global Perspective

¹hind Suliman Oqla Alshammari, ²mashaal Khallaf Aldhafeeri, ³fatima Eid Mutlaq Al Shamri, ⁴rawabi Eid Awad Alrasheedi, ⁵afrah Muzil Aldhafeeri, ⁶anwar Sabah Alaslami Alshammari, ⁷maali Eidan Mufadhi Aldhafeeri

¹ Hafar Al-Batin Central Hospital

² Al-Haffar Central Hospital

³ Hafar Al-Batin Central

⁴ Hafar albatin central

⁵ Hafer albatin central

⁶ Nursing administration- Hafer cluster

⁷ Hafer albatin central

Abstract

Background: In relation to this, improving nursing care as well as results for patients, include evidence-based practice or EBP. However, its implementation is challenged by various hurdles at the system and individual levels.

Aim: This research seeks to identify EBP barriers in nursing and recommend possible ways forward.

Methods: Systematic and personal sources of EBP implementation challenges in nursing were explored as well as strategies to overcome them through a review of the literature.

Results: Some of these are limited resource access, limited organizational support, time constraints and educational deficiencies. Potential strategies are increasing facilities, trainers in EBP, and culture that would support the concept.

Conclusion: Addressing 5S of EBP barriers, means maintaining the reach of institutional adaptations alongside the brief of appreciating the need to educate the nurses and enhance patients care.

Keywords: Research, nurse, challenges, health, teaching.

Received: 07 october 2023 **Revised:** 22 November 2023 **Accepted:** 06 December 2023

Introduction

Scholarly practice or evidence-based practice (EBP) has established itself as an imperative model of the current nursing practice through the provision of an organized rationalistic method in enhancing patients' outcomes through application, experience, and patient values. As we shall establish below, the implementation of EBP in nursing remains a challenge around the globe due to systemic and individual factors. These barriers range from limited availability of research materials in under resourced health care centers to the learning and psychological barriers faced by nurses to incorporate research into practice. It is important that these barriers are identified by healthcare organizations, policy makers, and educators as key strategies that can facilitate the removal of barriers to sustained improvement in workforce demand must be sought. This study analyzes the organizational and personal barriers to EBP in nursing and reviews interventions that may help to narrow the gap between research and the real world.[1]

Challenges Faced by Nurses In Adopting Evidence-Based Practices Worldwide

The concept of EBP has established itself in the modern health care context as it embodies a rigorous approach to combining the professional/clinical judgement, client values and the current best evidence for achieving the best results. But while its use has rapidly spread throughout the world, various difficulties have surrounded it among nurses, all of which originate from individual and/or organizational sources. The EBP of the Relevance except for the scarce number of the Pro team and their excellent strategic business and proper training and education as a major drawback. In many regions, the curricula of nursing schools do not provide adequate and comprehensive knowledge concerning the assessment of given literature and the application of the results of such an assessment or do not updating in accordance with the progress of methods of research. Therefore, it could be quite concerning for nurses to lack the ability to judge rigorously concerns such as the quality of published research articles or on how to apply such findings in practice. There is an absence of this knowledge in clinical practice especially in low income settings; continuing education, workshops, and mentorship which can all help support the adoption of EBP.[2] The other barrier arises from organizational structures that act as a barrier to the smooth implementation of the evidence-based practices. Most health care organizations provide their employees with limited or no access to online databases, libraries, or research repositories to undertake research and support EBP. At the same time, when such resources are available, the implementation of research, or updating to evidence-based practice is hampered by competing timelines and even a heavy workload. Organizational culture also enables or disables change: resistance to change, the decision of hierarchy, lack of support from top managers also does not help when attitude to innovations does not allow nurses to put evidence-based practice in opposition to traditional methods. For instance, in the current and preceding staffing levels, the nurses may be confronted by senior colleagues or the management that is resistance to change because the traditional approaches to practice yields better results as compared to newer ones. Also, another factor which is a global problem of adoption of EBP in nursing is lack of capital and resources. As stated earlier, health systems in LMICs are typically severely constrained, and priorities are much more likely to be pragmatic and oriented to basic patient care than to research or other forms of quality improvement. Sometimes, the nurses working in those environments have no access to necessary resources as proper technologies or training opportunities which would enable them to make EBP. Moreover, research funding imbalance for healthcare research means that evidence that will can address specific aspects of the region or culture may not be sufficient, thereby challenging the nurse to look for suitable findings that meet needs of the targeted patient populations.[3]

people's role in the industry should be taken into account. Some of the barriers that nurses experience personally include; resistance to change, fear to fail, or low self efficacy to conduct EBP. Many times this can be attributed to a lack of understanding of research methodology or a perception that EBP is an intellectual activity rather than a technique for delivering patient care. Overcoming these psychological barriers is the task of forming the Garrett College of Nursing as a community where nurses feel free to address Methodology as an evidence-based practice. Combining scholars, teachers, and clinician staff is a good way to enhance a transition from research to practice since the necessary support for nurses to apply EBP can be provided.[4] Altogether, the state and process of applying Evidence Based Practice in the context of nursing includes a variety of educational, organizational, financial and personal barriers. Eliminating these barriers can only be done through a process of enhancing the education rights of all, promoting responsible institutional climate, availability of resources and culture of change. Citing these challenges, the nursing profession can work to scale up the EBP potential and expand patient care knowledge base and healthcare outcomes worldwide. [5,6]

A Cross-Cultural Analysis of Obstacles in Evidence-Based Nursing

The integration of EBN in nursing is important in the increase of patients' treatment success rate and also in increasing the standards of health care delivery systems across the world. Hence, it is not easy to implement EBN since culture plays a very big role in how the staff and /or nurses perceive and practice EBP. Cultural differences, differences in education systems, healthcare systems and societies pose different questions that define the implementation of EBP in nursing. That is, decision making in nursing in countries

that embrace collectivism culture such as most countries in Asia as well as the middle-east is normally centralized. These settings mean that the nurses will rely on their senior colleagues or doctors even when there is other ways of handling patients. The traditional cultural attitude of obedience to the hierarchically superior can restrain the prerogatives of nurses and prevent them from express concern for a particular, staking for the change of a paradigm shift or implementation of more effective, scientifically grounded techniques.[7]

The use of EBN also faces significant challenges when implemented in an environment characterized by multiple and diverse languages. Part of the scientific evidence and published research in non-English speaking countries is still in English leaving many nurses ill-equipped to tackle the modern classroom challenges. I was able to find some of the articles in my topic area, but translating their research outcomes into local languages is sometimes impossible because of insufficient resources or a scarcity of translators with medical backgrounds. This results in a massive disadvantage when it comes to acquiring knowledge that highly professional nurses need to update themselves with new information in the field. In addition the established SES cultural barriers in communication can also limit the approach used in presenting or the consideration given to evidence basing for healthcare teams. For instance, whenever there is suppressive culture of nondisclosure, the nurses may not openly question the existing practices or the practice proposed by colleagues with literature support hence slow practice change.[8] Cross cultural barriers to EBN are also enhanced through income disparities between high income and low-middle income countries. The qualified nurse in the developed countries can undergo training, research and have access to technology in order to apply evidence based information. On the other hand, when the resources available are limited, the nurses cannot afford to attend continuing education classes, or pay for the journals and databases containing evidence. Furthermore, in these regions, there are few people employed in nursing positions, and those available end up devoting most of their time attending to the needs of the patients rather than conducting research, or putting into practice the best intervention measures. This economic differential is worse off by current global imbalances in healthcare financing that favors instant clinical service delivery for quick results instead of focusing on building human capital for the evidence-based practice.[9]

Religiosity and cultural practices cannot be accused of playing a trivial part in the determination of per forming health care practices. In static cultures, traditional or indigenous practices may differ from sound advice thereby complicating choice of action. The authors pointed out that nurses practicing in these settings may encounter patient and/or family as well as staff resistance when implementing change to promote a comparatively new caring for science-based interventions that disrupts these entrenched cultures. For instance, in the present African or Asian society, traditional medicine is an essential part of their healthcare system, and such patients are unwilling to accept new doctors that use modernity approaches to treatment. For working in such environments, cultural knowledge and visible culture sensitivity are critical for a nurse to practice equally balanced, effective, and efficient on the sides of promoting both cultural competence together with evidence-based practice.[10]

However, in relation to these challenges, differing importance placed on undertaking of nursing research across different cultures forms the basis of development and implementation of EBN. In some countries nursing is still looked at more of a care profession with little emphasis on research and development. Such perception may reduce the practice of nurses to EBPs, as they may be resentful of thinking that research is beyond their professional level. On the other hand, where cultural values of learning and scholarships dominated learning, especially acquisition of professional certifications, EBN is likely to be adopted as a responsibility of professional nurses. Overcoming these cultural divides needs global collaborative efforts of re-establishing nursing as the creative and scientific practice, where value of evidence enhances caring work of the nurses.[11] On balance, a comparative study of barriers to implementation of evidence-based nursing demonstrates that educational, linguistic, economic, and cultural differences make a difficult process even more challenging for health care practitioners across the globe. In order to address these barriers, specific cultural sensitive solutions were suggested including availability of translated research, interdisciplinary teamwork and cultural competence incorporation into the nursing curricula and practice.

In recognizing these cross-cultural challenges the international nursing fraternity should be able to strive for better adherence to excellence in practice based on research in the various cultural contexts by eradicating barriers associated with cultural differences. [12]

Exploring Global Challenges In Evidence-Based Practice Integration

EBP is a systematic approach to the integration of research findings into clinical decision making in the context of the patient. Nevertheless, implementation of EBP in healthcare systems across the world: faces complex barriers that complicate its use. Amongst the most worrisome difficulties, it possible to identify inadequacy or equality in resource provision or training for different geographic regions. Health-care organizations operating in LMICs normally have limited funds and inadequate facilities that cannot support EBP. Cited challenges reveal nurses and healthcare providers in these settings often lack certain basic assets like online databases, journals, continuing education programs. Without these resources, it becomes extremely hard, if not impossible, to be abreast of the current state of evidence or even attempt to incorporate them in practice. This lack of resources sustains reliance on older systems and does not share the new, effective techniques that have real potential to enhance patients' lives.[13] The other challenge in the implementation of EBP is the challenges that relate to the resistance to change that is usually manifested in the organizations offering healthcare services. Healthcare institutions in the best of environments could have traditional practices that are hard to dislodge even with available resources. EBP implementation barriers have been identified to include: Culture, Leadership, and Fear/Change. For instance, in formalized organizations such as healthcare organizations, frontline nurses and practitioners often lack the autonomy to address superior-levied evidence demands based on empirical evidence and often if their demands contradict the organization's senior staff or administrators. Furthermore, learners may view implementation of EBP as inconvenient also because it involves alterations of protocols, training, and, or resource distribution. Such resisting of change can lead to an organizational culture that does not welcome change and innovation and therefore organize Porter, R. L., & Strawberry, I. (2008). **Request Method: Losing out because of the failure to embrace change.**

This is made even harder by time limits and heavy work schedules, which make implementation of EBP a mere challenge. Across the world, both healthcare practitioners especially the nurses spend considerable time taking care of patients, they seldom spend time in research or even evaluating new literature. This problem is most acute in LMICs, where there is a scarcity of human resources, which means that the nurses are left to attend to many patients, while under a lot of pressure. However, even in high income countries that could afford such luxuries often the health care delivery setting is very busy and time thus makes it difficult for the nurses and clinicians to take time and learn or even implement EBP. This is equivalent to a phenomenon called "time poverty", which excludes them from using evidence while making decisions leading to a wide gap between research and practice.[14] In this section, cultural and educational limitation are also found to significantly contribute to the failure of implementing EBP. In this case, healthcare systems across the world depend on culture and beliefs of people when it comes to evidence. In some areas, using conventional or local healthcare systems experiences clashes of incongruent views when client care is determined by conventional medicine and views or cultural values. As a result, professionals working in these contexts have to manage cultural interactions to implement best practice interventions with patient cultural practices in mind. In addition, burnout, and differences in nursing and medical education between countries put nursing and medical expertise in EBP to varying levels across countries. In some areas, EBP training forms an important component of nursing and medical curricula, while in other areas it is absent or is considered to be an optional extra. These differences cause inequalities in education, therefore EBP progresses with differential healthcare systems where some systems move with high-speed while others move with low-speed.[15]

Another impediment to effective global integration of EBP is the deficiency of sound and culturally specific investigations. Most of the guidelines and researches based on evidence are produced in the high income countries which can hardly address the situation in the LMICs. For instance, treatment algorithms created in developed countries can be difficult to translate into developing countries where there is either lack of medications, equipment or trained personnel. Such disparity between the findings in international

literature and the situation on the ground hampers the application of EBP and makes practitioners reluctant to consider evidence-based practices in lieu of RCTs. To fill this gap, there is a need to enhance the conduct of research in LMICs whereby more counts of research studies within the context of the respective countries focus on elucidating the distinctive healthcare demands, constraints and needs of the countries to facilitate the generation of practical and country-appropriate knowledge. Therefore, integration of EBP on a global level is a rather multifaceted process effected by the differences in available resources, resistance of organizations, time management, culture and the existing deficits in the research. Meeting these challenges calls for commitment to education and training, creation of organizational cultures that encourage local research and development. Removing these barriers is possible, and thus the EBP can be optimally utilized by healthcare systems in terms of improving the outcomes for patients; increasing the quality of care and minimizing disparities in accessing care. To reach this goal, it has been proposed that many stakeholders, including governmental agencies, educational institutions, healthcare organizations and international entities come together to promote EBP and integrate it into practice globally. [16,17]

Factors Hindering the Application of Research In Nursing Practice

It enshrines the best practice of nursing research as vital in promoting the best nursing practice that is informed by sufficient research evidence. But, he noted that there are several factors that limit the ability to implement research outcomes in practice. Therefore, lack of access to research resources is still a major issue. Nurses especially the rural and remote setting struggle to gain access to research articles, guidelines and databases. Journals particularly those in the medical field come with a hefty price and many healthcare facilities in L&MICs are unable to purchase them. This results into a large gap of knowledge with nurses practicing based on knowledge that is old or information that is collected through hearsay which is not proper use of research for nursing care.[18] Time constraints also work hand in hand to help reduce the extent to which research can be applied in nursing. The nature of job for the nursing profession involves burdened working hours, shift working and always in a hurry to meet patients' care requirements. Given its nature, nurses may not always have time to think about the notion of research or even learn new evidence-based practices that are introduced into market. This shortage of time hinders nurse from critically evaluating research findings, attending workshops or participating in continuing education programs has a tendency of exaggerating the gap between research and practice. Furthermore, the often cited high turnover, and nurse shortages place constraints for development in many healthcare organizations.[19]

. Another problem is concerned with organizational culture and resistance to changes which abide by the integration of practice based research into the practice of nursing. A number of hospitals and other healthcare providers are located in organizations that are conservative, and most activities follow well-defined patterns. Under these circumstances, implementation of new evidence informed practice can be confronted with resistance from peer and senior staff. This is in most cases due to fear of change, inadequate awareness of the importance of using research findings or insufficient leadership backing for research utilization. Lacking such a culture, the nurses may feel restricted and de motivated to apply evidence from a research to practice change or to trigger change when current practices may be ineffective.[20] Education is one of the most important predetermines of applying research to practice at the given level for the nursing staff. Unfortunately, in most of these locations, the education of nurses does not pay emphasis on research or evidence-based practice. Necessary skills of critical appraisal of the research studies and, or understanding of statistical data and/or, or ability to apply the study findings in clinical settings may be wanting among nurses. Such a gap in education can make many nurses helpless in their attempts at implementing research into their practice. In addition, variations in the quality of nursing education across different countries imply that while one set of nurses is trained to become research literate, another set may be exposed to very limited amounts of research techniques, therefore, continuing the inequalities in the utilization of research-based practices.[21]

A final key challenge is the limited support for conducting implementation research within healthcare organizations. In practical context though one may have a strong willingness to implement research findings there may be procedural and organizational challenges. For instance, practice-based interventions contain activities like alteration of procedural manuals, staff education or procurement of new tools in treatment – this all involves time, energy and finance. Often, such changes cannot be easily adopted, unless there is support from institutions or organizations. The last challenge relates to the shortage of opportunities for mentorship with other experienced practitioners to provide leadership in the process of translating research into practice.[22] patient related factors is also an important reason for restricted research application. There is always a possibility that patients or their families will refuse certain evidence-based interventions suggested by the clinician because of the cultural circumstances or lack of knowledge or mistrust in a variety of approaches available in the modern world. Two areas of tensions are common in practice: the conflict between the patients' choice and the best evidence-based practice knowledge, and the conflict between patient choice and practical, daily professional duty. However it is a particularly acute difficulty in multi cultural environments in which cultural differences in access to health care must be taken into account.[23]

Breaking Down the Barriers to Evidence-Based Nursing Care

Nurse-orientated, research-based care constitutes the bedrock of contemporary healthcare; a practice aimed at using the best practice evidence obtained from scholarly research in order to provide optimal individualized patient outcomes. However, many challenges have limited the implementation of EBP into routine practice in nursing environments. Consequently, to gain a better insight into how these barriers can be overcome, it is crucial to examine the existing challenges when attempting to accomplishing a more intense utilization of EBP across the healthcare discipline.[24] It was identified that the shortage of time coupled with limited exposure to evidence based literature and educational material is one of the major challenges to providing evidence based nursing care. Most of the nurses working in underserved settings, or those organizations where funding for health care is limited, have difficulties when it comes to acquiring new journals, research databases or training. Because there is limited information available in these source, it becomes hard to learn about the developments in medical knowledge as well as constraints that affect the emulation of innovation. This means that to address this issue involves investment in technology: acquiring computers for the nurses, expanding use of hospital-based technologies, and developing partnerships with universities.[25] There is thus organizational resistance to change which remains a major challenge for any change management process. Some healthcare organizations still employ culture that they have adopted over the years making them avoid change and embrace new approaches to practicing their discipline. This often arises from a poor appreciation of the worth of EBP implementations, proven methods in work processes, or poor leadership backing of change. To overcome this challenge, the healthcare organizations need to ensure that generation of new knowledge is given high priority. This can be through preparing nurse leaders to advocate for EBP projects, promoting discussion on change and lastly rewarding the performing nurses with interventions by means of EBP.[26]

It is noteworthy that there are time barriers to providing evidence-based care and carrying out other tasks inherent in highly loaded nurses' work. Under pressure to attend to patient needs, the opportunity to search for research findings, attend workshops, or discuss ways of putting evidence-based practice into practice can be a luxury in most cases. Candidates' burns out, overtime work, shift stretched, work overload and shortage of staffs also add to this. In response to these challenges, there is need for the healthcare systems to dedicate time over which the nurses can engage in EBP activities. Pre-cooked research in brief or in a related clinical health decision making aid also makes access to research easier and efficient while ensuring ease when incorporating the findings into practice by the nurses.[27] Other issues that arise due to disparities of education in nursing programs are major hindrances to tackling obstacles to the provision of evidence-based practice. Some schools of nursing may require nursing students to understand research studies and EBP while others may offer the students more limited practice with these ideas. Hitherto, many nurses do not gain the abilities they require in order to assess research and its application, analyze figures or even apply research outcomes. Closing this gap demands multidimensional EBP education with all the

phases of nursing course as well as continuing postgraduate education. Mentorship services can also be used whereby new nurses should be taken through research and then introduced to their mentors who show them how the research findings can be implemented.[28] It is also important to discuss other patient related issues as part of the barriers to be eliminated Patient related issue in health System. Patients and their families lack understanding of high quality health care practices, possibly due to cultural differences, language loss and disbelief in medical practices. Primary care nurses have to operate in these structures dealing with culture-sensitive communication, patient's knowledge enhancement concerning the benefits of evidence-based actions, and integration of the patient into the decision making. This approach guarantees that care delivering continues to be patient centered whilst establishing willingness to embrace evidence based practice. [29]

Worldwide Perspectives on Challenges to Evidence-Based Nursing

EBN is an essential component of contemporary practice which summarize the delivery of care that is based on a synthesis of both the internal expertise of particular individuals and teams, and external research findings. However, the use of EBN to support its development remains a concern throughout the world. In various geographical area, cultural, economic, educational as well as institutional factors play a role to delay or avoid the use of research based practices. It is important to understand these challenges from this global viewpoint to design suitable approaches for closing the research-to-practice gap.[30] In other developed countries, nurses are likely to get research library access, post-employment training programs and continuing education easy as compared to developing countries. Still, there are issues even in such occurrences There are studies indicating that. Even one of the major strengths is a weakness: Time is an incredibly valuable resource that is scarce in cases like these. Generated from highly developed healthcare systems, there are various pressures and demands that are exerted on nurses that deny them adequate time to actually work through the appraisal and integration of acquired and published data into their work settings. Moreover, I discover that organizational culture changes for nursing staff resisting change and lack of leadership support for EBN contribute to the situation. For instance, organizational cultures that support efficiency in medical institutions can hinder the nurses from practicing innovation by using proof based interventions.[31] That is why they have deeper system-related problems, both in LMICs and in developed ones. Lack of research materials and inadequate financing of health care facilities waters down the prospects of EBN. Registered nurses from these areas frequently practice under limited health care facilities equipped with minimal stock of medical essentials, not to mention current literature. In addition, these settings are characterized by larger education-related inequalities. Most L&MICs' nursing curricula incorporate skill-based knowledge with little emphasis on research relevance or on how to review literature. If supported by insufficient understanding of evidence-based practice, a nurse might be too shy or unaware of how to incorporate research into practice. Another important aspect of factors is influencing the challenges to EBN worldwide is disposal cultural factors. They opined that in many societies, cultural worldview and folk models of healing affect patient attitudes and decision to embrace modern medicine. By receiving negative feedback or fostering negative perceptions, nurses can experience resistance when making changes that go against the grain of culture or working against a belief. That is, there might be certain cultural expectations that the people of a particular community have, such as preferring traditional medicine over a modern one to which the nurses would find it challenging to promote the correct course of action. These cultural factors can only be met using culturally appropriate communication and rapport that embraces the patient's cultural practices whilst at the same time encouraging the adoption of evidence-based practices.[22]

Another global impediment is the poor organizational support in EBN. Unfortunately, many healthcare institutions globally have little or no funds set aside for evidence-based practice projects. Such a positioning translates into officials' constraints, including restricted access to research tools, inadequate training, or, at least, the absence of role models in the form of EBN mentors and leaders. Unfortunately, there have been observations where nurses might be penalized for decisions deviating from set norms but yet they are backed by some form of evidence. These are good foundation for the development of the next recommendations While eliminating these barriers, it is necessary to build an organizational culture that

encourages innovation and learning.[23] culture and language are also some of the factors that try to limit EBN's operations across the world. Again most of the available scientific research is published in English meaning most of the information may not be accessible to non English speaking nursing populace. This process of translating the results of research into locally used languages can go a long way in actually making the practices to be used, comprehensible for use in different language and culture regions.[24,25]

Systemic and Individual Challenges to Evidence-Based Practice in Nursing

EBP is important in nursing because it facilitate improvement of health outcomes, enhancement of the quality of care for patients and the nursing profession itself. However, its implementation across routine nursing tasks remain disruptive due to several system and patient related barriers. These barriers lie in elements of healthcare structures, cultures and individual competencies and represent high hurdles that must be overcome if the direct care nursing workforce is to be encouraged to apply evidence-based nursing care consistently and routinely across patient populations.[26] At the systemic level of analyzing the essential factors that hinder the development of innovation management, one of the most pressing issues is the absence of the availability of research resources and technology. In many health fields, particularly in the developing and transitional countries, nurses struggle to receive recent databases, journals, and guidelines recommended by the Ministry of Health. This limitation is mainly due to the poor financing of the health structures and personnel training. Severely, its residents are unable to remain current on the evidence or even incorporate it into their practice when they do not have access to these tools. Organizational commitment to buying new technologies and training personnel together with forming effective partnership between health-care institution and academic organization is vital to eradicating this systemic barrier.[27] Structural factors in healthcare policies and organizations proved another set of influential factors determining EBP implementation by nurses. Such tendencies are used by many institutions today, as they focus on cutting costs and retaining an old school approach. Also, EBP's absence of administrative backing or guidelines leads to confusion within nurses about EBP practices. Sometimes due to surge protectors policies or autocratic authorization procedures, the nurses are discouraged to be proactive in the implementation of evidential changes. These issues have to be resolved through establishment of health care environment that embraces research and favors and supports the role of nurses in EBP endeavors. This may encompass such structures as assigning individuals to act as EBP promoters, offering coaching or sponsoring of EBP specialists etc and implementing EBP principles into the policy of the institution and business strategic plans.[28] At personal level one of the multitudinous problems centres of attention is the educational readiness of nurses. While some En programs stress such aspects of learning as research literacy and critical appraisal skills, it may take others relatively little time to introduce these competencies. Consequently, in order to practice, many nurses lack knowledge and self-confidence in the ability to assess and apply the existing empirical evidence. However, the general public, as well as experienced nurses, may find it difficult to understand scientific writing or statistical analysis. To overcome these educational gaps, one should attend knowledge-building activities, training sessions using the framework, and have access to briefings with research results.[29]

One more essential aspect of individual difficult is time limits. Nurses are not only involved in implementing different activities with the patient but are also overloaded with other interventions, so there is little time to read or assess the literature and the applicability of intervention. Increased constant turnover, acute staff shortages and high patient to nurse ratios in clinical setting can worsen this problem. Problems encountered refugee camps, nurses endure long and exhausting shifts Likely due to these constraints, allocating specific time for EBP activities; protected research hours or as part of a team aims at accommodating EBP despite the demands placed on nurses. Another important self-organized barrier is reluctance to change. This is something that experienced nurses may not easily let go especially whenever they have to embrace new techniques that they think will complicate work. Such resistance may stem from an ignorance of the advantages of EBP or concerns of failure in the use of other methods. To address this, the specialists in the sphere of healthcare management need to focus more on openness and innovations. Making nurses aware of the realistic advantages of EBP, supporting them with hands-on practice, and rewarding EBP projects can go a long way toward changing the thinking of these nurse leaders.[30]

The final and some of the most important predictors of engagement to EBP includes; confidence and motivation – personal levels that can elicit engagement to EBP among nurses. Some of the nurses may not think that research is part of their duty or that they do not possess the appropriate power to bring change based on research. Some people might lag behind when it comes to dealing with intricate pieces of work such as research outcome. Explaining professionalism as a model for team-based support of EBP alongside other professionals can help build confidence and spread common responsibility for evidence based practice.[31]

Conclusion

It is crucial to discuss how the integration of evidence-based practice in nursing is important for development in the field of care delivery, but which continues to pose systemic and person-centered problems. Like, resource gaps, unfavorable organizational culture, and lack of policies pose real challenges to the adoption of EBP. At organizational level, obstacles include education and training, time constraints organizational resistance to change and the nurse's self-efficacy. Solving these concerns needs addressing by more than money; infrastructure, professional development, and a focus on leadership alongside culture change. In this way recognizing and addressing these issues can result in the direction of unfolding the entire potential of the nursing profession related to evidence-based practice that ultimately can increase positive results in overall health of patients throughout the world.

References:

- [1] Connor, L., Dean, J., McNett, M., Tydings, D. M., Shrout, A., Gorsuch, P. F., et al. (2023). Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review. *Worldviews on Evidence-Based Nursing*, 20(1), 6-15. <https://doi.org/10.1111/wvn.12621>
- [2] Abu-Baker, N. N., AbuAlrub, S., Obeidat, R. F., & Assmairan, K. (2021). Evidence-based practice beliefs and implementations: A cross-sectional study among undergraduate nursing students. *BMC Nursing*, 20, 13. <https://doi.org/10.1186/s12912-020-00522-x>
- [3] Iradukunda, F., & Mayers, P. M. (2020). Rwandan nursing students' knowledge, attitudes, and application of evidence-based practice. *Curationis*, 43(1), 2005. <https://doi.org/10.4102/curationis.v43i1.2005>
- [4] Labrague, L. J., McEnroe-Pettite, D., Tsaras, K., D'Souza, M. S., Fronda, D. C., Mirafuentes, E. C., et al. (2019). Predictors of evidence-based practice knowledge, skills, and attitudes among nursing students. *Nursing Forum*, 54(2), 238-245. <https://doi.org/10.1111/nuf.12323>
- [5] Labrague, L. J., McEnroe-Pettite, D., D'Souza, M. S., Cecily, H. S. J., Fronda, D. C., Edet, O. B., et al. (2019). A multicountry study on nursing students' self-perceived competence and barriers to evidence-based practice. *Worldviews on Evidence-Based Nursing*, 16(3), 236-246. <https://doi.org/10.1111/wvn.12364>
- [6] Clavijo-Chamorro, M. Z., Sanz-Martos, S., Gómez-Luque, A., Romero-Zarallo, G., & López-Medina, I. M. (2020). Context as a facilitator of the implementation of evidence-based nursing: A meta-synthesis. *Western Journal of Nursing Research*, 43(1), 60-72. <https://doi.org/10.1177/0193945920914397>
- [7] Nguyen, T. T. B., Tran, T. H. O., & Tran, T. B. D. (2020). Perception of evidence-based practice among nurses. *Journal of Nursing Science*, 3(5), 148-157. <https://vjol.info.vn/index.php/DHDDND/article/view/64383/54307>
- [8] Baixinho, C. L., Ferreira, O. R., Medeiros, M., & de Oliveira, E. S. F. (2022). Participation of nursing students in evidence-based practice projects: Results of two focus groups. *International Journal of Environmental Research and Public Health*, 19(11), 6784. <https://doi.org/10.3390/ijerph19116784>
- [9] Shayan, S. J., Kiwanuka, F., & Nakaye, Z. (2019). Barriers associated with evidence-based practice among nurses in low and middle-income countries: A systematic review. *Worldviews on Evidence-Based Nursing*, 16(1), 12-20. <https://doi.org/10.1111/wvn.12337>
- [10] Alatawi, M., Aljuhani, E., Aisufiany, F., Aleid, K., Rawah, R., Aljanabi, S., & Banakhar, M. (2020). Barriers of Implementing evidence-based practice in nursing profession: A literature review. *American Journal*

- of Nursing Science, 9*(1), 35-42. <http://www.sciencepublishinggroup.com/j/ajns>
<https://doi.org/10.11648/j.ajns.20200901.16>
- [11] Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3-26. <https://psycnet.apa.org/doi/landing/10.1037/qup0000196>
<https://doi.org/10.1037/qup0000196>
- [12] Connor, L., Dean, J., McNett, M., Tydings, D. M., Shrout, A., Gorsuch, P. F., Hole, A., Moore, L., Brown, R., Melnyk, B. M., & Gallagher-Ford, L. (2023). Evidence-based practice improves patient outcomes and healthcare system return on investment: Findings from a scoping review. **Worldviews on Evidence-Based Nursing*, 20*(1), 6-15.
<https://sigmapubs.onlinelibrary.wiley.com/doi/pdf/10.1111/wvn.12621>
<https://doi.org/10.1111/wvn.12621>
- [13] Dagne, A. H., & Beshah, M. H. (2021). Implementation of evidence-based practice: The experience of nurses and midwives. **PLOS One*, 16*(8), e0256600.
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0256600>
<https://doi.org/10.1371/journal.pone.0256600>
- [14] Jenkins, S. P., Calvert, M. J., & Draper, H. (2020). Potential research participants' use of information during the consent process: A qualitative pilot study of patients enrolled In a clinical trial. *PLOS One*, 15(3), e0234388. [invalid URL removed]
- [15] Kiberu, V. M., Mars, M., & Scott, R. E. (2017). Barriers and opportunities to implementation of sustainable e-Health programmes in Uganda: A literature review. *African Journal of Primary Health Care & Family Medicine*, 11, e1-e10. <https://doi.org/10.4102/phcm.v1.1277>
- [16] Kruk, M. E., Gage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan, S., ... & Pate, M. (2018). High-quality health systems In the sustainable development goals era: Time for a revolution. *The Lancet Global Health*, 6(11), e1196-e1252. [invalid URL removed]
- [17] Lehane, E., Agrell, H., O'Connor, S., Hegarty, J., Leahy Warren, P., Bennett, D., ... & Savage, E. (2021). Building capacity: Getting evidence-based practice into healthcare professional curricula. *BMJ Evidence-Based Medicine*, 2021(1), 240-246. <https://doi.org/10.1136/bmjebm-2020-111385>
- [18] Mbabari, M. J., Nalweyiso, D., MacGregor, F., Breckon, J., Kunonga, E., Tolchard, B., & Nnyanzi, L. (2023). A qualitative study of the experiences of obesity, body image, and mental health of British-born Afro-Caribbean male students at a West Yorkshire University in England. *International Journal of Physical Activity and Health*, 21(3), 1-25.
<https://scholarworks.boisestate.edu/cgi/viewcontent.cgi?article=1076&context=ijpah>
- [19] Nabushawo, J., Namusonge, P., & Mukhwana, A. M. (2022). The role of STEM education in fostering economic development in Uganda. *International Journal of Education and Development*, 4(1), 45-58.
https://www.researchgate.net/publication/380057389_STEM_Education_and_the_Role_of_the_HEA_C_in_Uganda
- [20] Nalweyiso, D., Kabanda, J., Mubuuke, A. G., Sanderson, K., & Nnyanzi, L. A. (2019). Knowledge, attitudes and practices towards evidence-based practice: A survey amongst radiographers. *Radiography*, 25(4), 327-332. <https://doi.org/10.1016/j.radi.2010.03.004>
- [21] Nangoli, E., Namagembe, S., Ntayi, I. M., & Katamba, D. (2021). Educational research in Uganda: A focus on science, technology, engineering, and mathematics (STEM). *Journal of Education and Practice*, 12(3), 56-70. <http://stemeducationjournal.springeropen.com/articles>
- [22] O'Connor, C., & Joffe, H. (2020). Inter-coder reliability in qualitative research: Debates and practical guidelines. *International Journal of Qualitative Methods*, 19, 1609406919899220.
<https://doi.org/10.1177/1609406919899220>
- [23] Sharplin, G., Adelson, P., Kennedy, K., Williams, N., Hewlett, R., Wood, J., Bonner, R., Dabars, E., & Eckert, M. (2019). Establishing and sustaining a culture of evidence-based practice: An evaluation of barriers

and facilitators to implementing the best practice spotlight organization program in the Australian healthcare context. *Healthcare*, 7, 142. <https://doi.org/10.3390/healthcare7040142>

- [24]Shayan, S. J., Kiwanuka, F., & Nakaye, Z. (2019). Barriers associated with evidence-based practice among nurses in low and middle-income countries: A systematic review. *Worldviews on Evidence-Based Nursing*, 16(1), 12-20. <https://doi.org/10.1111/wnn.12337>
- [25]Stander, J., Grimmer, K., & Brink, Y. (2021). Time as a barrier to evidence uptake: A qualitative exploration of the concept of time for clinical practice guideline uptake by physiotherapists. *Journal of Evaluation in Clinical Practice*, 27(2), 280-290. <https://doi.org/10.1111/jep.13397>
- [26]Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic analysis. In *The SAGE Handbook of Qualitative Research in Psychology* (pp. 17-37). Sage.
- [27]Veziari, Y., Leach, M. J., & Kumar, S. (2017). Barriers to the conduct and application of research in complementary and alternative medicine: A systematic review. *BMC Complementary and Alternative Medicine*, 17*(1), 166. <https://doi.org/10.1186/s12906-017-1732-1>
- [28]Kwon, S., Heo, S., Kim, D., Kang, S., & Woo, J. M. (2017). Changes in trust and the use of Korean medicine In South Korea: A comparison of surveys in 2011 and 2014. *BMC Complementary and Alternative Medicine*, 17*(1), 463. <https://doi.org/10.1186/s12906-017-1959-y>
- [29]World Health Organization. (2019). WHO global report on traditional and complementary medicine 2019. World Health Organization. <https://iris.who.int/handle/10665/312342>
- [30]National Center for Complementary and Integrative Health. (2023, November 19). Complementary, alternative, or Integrative health: What's in a name?National Center for Complementary and Integrative Health. <https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>
- [31]National Center for Complementary and Integrative Health. (2023, November 19). Statistics from the national health interview survey. National Center for Complementary and Integrative Health. <https://www.nccih.nih.gov/health/statistics-from-the-national-health-interview-survey>

العوائق أمام تنفيذ الممارسة القائمة على الأدلة في التمريض: منظور عالمي

الملخص

الخلفية: في هذا السياق، يشمل تحسين الرعاية التمريضية وكذلك نتائج المرضى الممارسة القائمة على الأدلة (EBP) ومع ذلك، فإن تنفيذها يواجه تحديات مختلفة على مستوى النظام والفرد.

الهدف: تسعى هذه الدراسة إلى تحديد العوائق أمام تنفيذ الممارسة القائمة على الأدلة في التمريض وتقديم توصيات ممكنة للمضي قدماً.

الطرق: تم استكشاف المصادر النظامية والشخصية لتحديات تنفيذ الممارسة القائمة على الأدلة في التمريض وكذلك الاستراتيجيات للتغلب عليها من خلال مراجعة الأدبيات.

النتائج: تشمل بعض هذه العوائق الوصول المحدود إلى الموارد، والدعم التنظيمي المحدود، وضيق الوقت، والنقص في التعليم. تشمل الاستراتيجيات المحتملة زيادة المرافق، وتدريب المدربين في الممارسة القائمة على الأدلة، وتعزيز الثقافة التي تدعم هذا المفهوم.

الخلاصة: معالجة العوائق الخمسة للممارسة القائمة على الأدلة تعني الحفاظ على مدى التكيفات المؤسسية إلى جانب تقدير الحاجة إلى تعليم الممرضات وتحسين رعاية المرضى.

الكلمات المفتاحية: البحث، الممرضات، التحديات، الصحة، التعليم.