# FROM THEORY TO PRACTICE: A QUALITATIVE SCOPING REVIEW ON NURSES' BARRIERS IN IMPLEMENTING EVIDENCE-BASED PRACTICE IN HOSPITALS

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## ABSTRACT

Evidence-based practice (EBP) is essential for improving healthcare quality and clinical outcomes. However, nurses face significant barriers to implementing EBP in hospital settings, ranging from individual knowledge gaps to systemic challenges. Addressing these barriers is crucial for bridging the gap between research and practice. This scoping review aims to identify and synthesize qualitative evidence on the barriers nurses face in implementing EBP in hospitals and to provide actionable insights to guide policy and practice improvements. A qualitative scoping review was conducted using a systematic search strategy across four databases (Scopus, PubMed, EBSCOhost) based on the PCC framework. Articles were included if they employed a qualitative design, focused on nurses' experiences with EBP, and were available in full text. Nine articles meeting the inclusion criteria were analyzed thematically using the Braun and Clarke approach. Thematic analysis revealed key barriers to EBP implementation: Lack of Institutional and Managerial Support, Time Constraints in Implementing EBP, Lack of Access to Resources and Information, Knowledge and Training Gaps in EBP, Tradition-Based and Intuition-Based Practice Culture in EBP, Low Motivation and Self-Confidence in Implementing EBP, and Barriers in Language and Understanding of Scientific Evidence. Overcoming barriers to EBP in nursing practice demands a multifaceted approach that combines policy support, resource allocation, and capacity building. These strategies are vital for fostering a culture of evidence-based care in hospital settings.

**Keywords**: Evidence-Based Practice (EBP), EBP Implementation, Nursing Barriers, Healthcare Implementation

## BACKGROUND

Implementing Evidence-Based Practice (EBP) in nursing is critical for enhancing patient care and improving clinical outcomes. However, numerous barriers impede nurses from effectively integrating research findings into their daily practice, ranging from individual to organizational and systemic factors. On an individual level, inadequate knowledge and skills related to EBP often hinder the assimilation of research evidence, compounded by negative attitudes toward research. For instance, many nurses report feeling ill-prepared to utilize research findings due to insufficient training in evidence-based

methodologies, ultimately undermining their confidence in applying such findings to clinical scenarios (Chien et al., 2013; K et al., 2021; Majid et al., 2011). Additionally, heavy workloads and limited time availability substantially reduce nurses' opportunities to engage with research literature or to implement evidence-based guidelines (Badparva et al., 2023).

From an organizational perspective, the culture of a healthcare institution can either foster or inhibit the successful adoption of EBP. Many hospitals lack the necessary infrastructure, such as updated research databases and structured training programs, to support nurses in utilizing and integrating current evidence into practice (Fu et al., 2020). Inadequate managerial support and the absence of clear policies regarding EBP further exacerbate these challenges, leading to diminished motivation among nursing staff to pursue evidence-based approaches in their daily tasks (Clavijo-Chamorro et al., 2021; Warren et al., 2016). Systemic barriers, including insufficient funding and overly rigid clinical guidelines, also play a substantial role in hampering the implementation of EBP, as nurses often struggle to adapt standardized protocols to the unique demands of their practice settings (Badparva et al., 2023; Cao et al., 2022).

Given the multifaceted nature of these barriers, a qualitative scoping review is particularly suited to capture the breadth and complexity of issues surrounding EBP adoption. Unlike a quantitative review focusing on measuring the magnitude of effects or associations, a qualitative scoping review allows for a more nuanced exploration of how and why these barriers manifest in different nursing contexts (Arksey & O'Malley, 2005; Peters et al., 2015). By employing this approach, researchers can map out a wide range of challenges, clarify conceptual boundaries, and identify gaps in the existing literature, all of which may not be fully captured through quantitative syntheses (Munn et al., 2018). Moreover, the qualitative orientation enables more profound insights into the experiential and context-specific factors that influence EBP adoption, thereby offering more actionable guidance for healthcare institutions and policymakers.

Therefore, this scoping review aims to identify, map, and synthesize the qualitative evidence on nurses' barriers to implementing EBP in hospital settings. By systematically charting these barriers and investigating the underlying contextual factors, this review aims to generate evidence-based insights to guide more effective policies, resource allocation, and training programs, ultimately bridging the gap between research and practice.

## LITERATURE REVIEW

Nursing research greatly influences evidence-based nursing practice. Nursing research plays an important role in an obstacle or problem that arises in nursing practice so that with this research, obstacles or problems that occur in nursing practice can be overcome easily, effectively and efficiently and do not harm clients or patients. Obstacles in research are often associated with problems caused by a factor that causes research activities to be hampered. These obstacles can be in the form of lack of time in conducting an assessment of a problem that has been used as the main problem. In addition, time

management, geographic location, sample size, response rate, and organization can hinder the research process (Mathieson, 2019).

Knowledge can also make nurses think more critically in solving a problem or other obstacles related to health services. Critical thinking is also one of the components of EBP where nurses will think deeply to explore supporting evidence in their practice. As I have explained, knowledge affects the competence of a nurse. According to Gruendemann (2006), competence is a skill, ability, and knowledge that a person has in carrying out professional nursing practice in his/her duties towards clients or patients (Deswani, 2024).

## RESEARCH METHOD

A qualitative scoping review methodology was chosen to identify the nature and scope of the research articles obtained (Grant & Booth, 2009). The qualitative study approach was deemed most appropriate for identifying and exploring the barriers and challenges faced by nurses in healthcare settings when implementing the Evidence-Based Practice (EBP) process in their clinical practice. To be included in this scoping review, articles need to be related to the experiences of clinical nurses (registered nurses) working in hospital-based clinical settings.

A systematic search strategy was developed using the PCC (Population, Concept, Context) framework. In this review, the Population refers to nurses, including both newly graduated or junior nurses and experienced or senior nurses. The Concept encompasses nurses' experiences implementing Evidence-Based Practice (EBP), explicitly addressing best research evidence, clinical expertise, and patient values. We highlight nurses' overall experiences within this conceptual scope, including their barriers and challenges. Meanwhile, the **Context** focuses on clinical work environments and hospital healthcare services.

To maximize the breadth of the literature search, we used the following keyword combinations:

Nurses* AND (Barriers OR Challenges OR Obstacles OR Difficulties OR Issues OR Problems) AND ("Evidence-Based Practice" OR "Evidence-Based Health Care" OR "Evidence-Based Nursing") AND Implement* AND Hospital*.

The search was conducted in September 2024 across four databases: Scopus, PubMed, and EBSCOhost. Boolean operators (AND, OR) and quotation marks were employed according to each database's guidelines to ensure accurate retrieval of key phrases.

Both inclusion and exclusion criteria were applied to select studies relevant to the aims of this scoping review. The inclusion criteria included (1) qualitative study design, (2) availability of full-text articles, (3) articles written in English, and (4) articles not duplicated in two or more databases/journals. The exclusion criteria were established to narrow the scope according to the review objectives: (1) the study must involve nurses as the primary subjects whose experiences were explored, (2) participating nurses must engage in at least two to three stages of the EBP process (beyond merely executing EBP outcomes), and (3) the primary focus must be on the overall implementation of EBP rather than solely on research utilization or quality improvement initiatives.

Figure 1 presents the detailed steps of the process in a PRISMA flow

diagram (Page et al., 2021). Six reviewers independently screened 148 titles and abstracts systematically identified based on predetermined inclusion criteria. The article selection process was conducted in two ways: individually and collaboratively. Discrepancies in article selection were resolved through discussion. Initially, a total of 1,633 articles were retrieved from three designated databases. After duplicate removal and marking using automation tools, 265 articles were excluded. Subsequently, 816 articles were screened, and further review excluded 668 articles that did not qualify as qualitative studies. Of the remaining 148 articles, 21 were excluded for not being full-text articles, leaving 127 articles for further evaluation. In a collaborative effort, the 127 articles were examined in-depth for alignment with the review objectives, resulting in the exclusion of 118 articles. These excluded articles primarily focused on implementing Evidence-Based Practice (EBP) after final decisions, emphasizing research utilization rather than the comprehensive process of EBP implementation. After the selection process, nine articles that effectively described and explored nurses' experiences in conducting the EBP process within clinical settings were identified.

**Analytical reflection and work**

Thematic analysis was selected for the nine studies included in the review, following the approach outlined (Braun & Clarke, 2006). This approach is deemed suitable for scoping reviews due to its flexibility and independence from specific theoretical perspectives. Braun and Clarke propose six phases for analyzing qualitative data: (1) familiarizing oneself with the data (transcripts), (2) generating initial codes (coding), (3) identifying themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report (Braun & Clarke, 2006). These phases are designed flexibly and not necessarily in a linear sequence (Braun & Clarke, 2021). At the final stage of analysis, the authors conducted a meticulous re-reading of the nine studies included in the scoping review.

The subsequent step involved employing a coding strategy to highlight key points across the nine studies. This iterative process was guided by exploratory questions, enabling the authors to examine the data from various perspectives. The coded data were then organized into thematic categories, focusing on identifying commonalities. They shared characteristics of nurses' experiences as patient advocates, particularly in making clinical care decisions through the EBP process. This synthesis provided insights into the challenges and barriers encountered by nurses during EBP implementation.

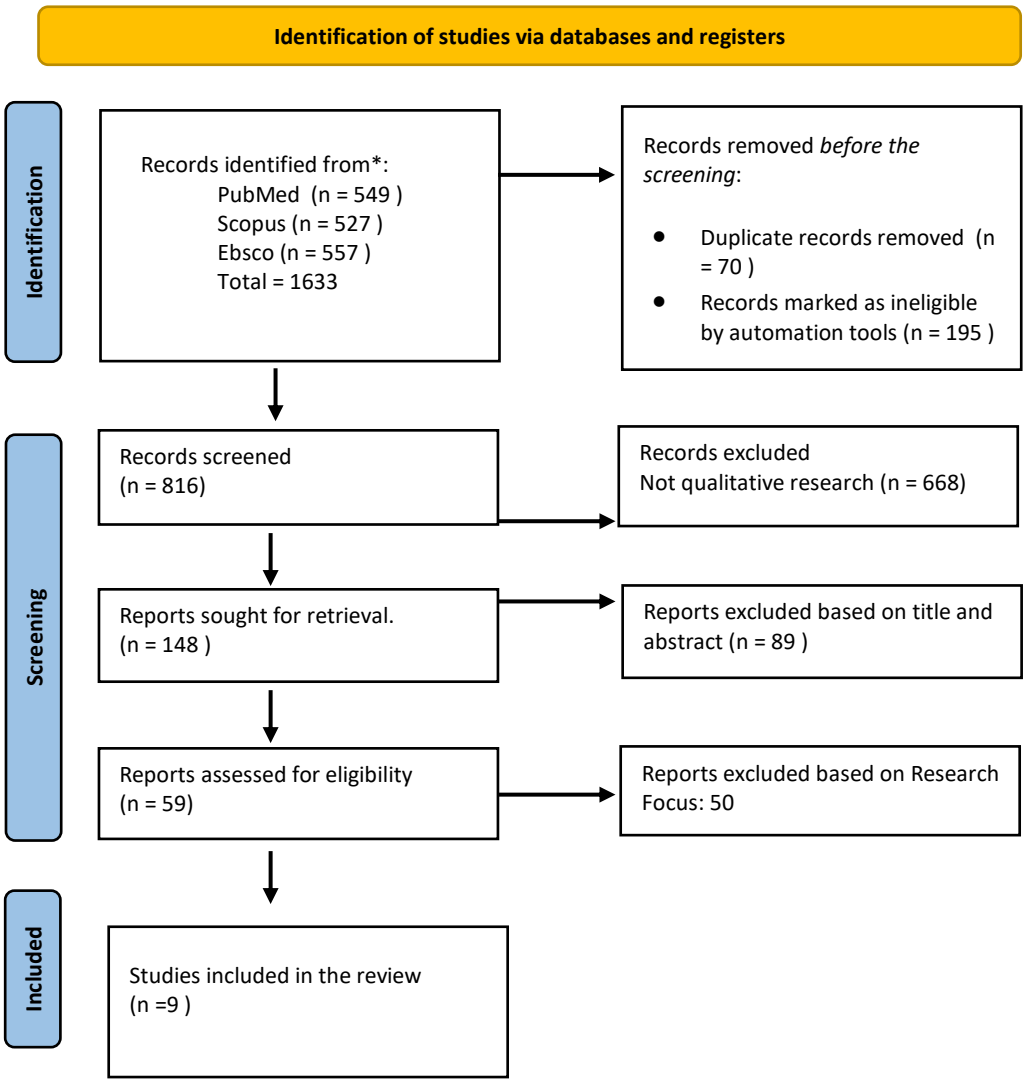


Figure 1. Prisma Flowchart (Page et al., 2021)

## RESAERCH RESULTS

The key findings from this scoping review on nurses' experiences in implementing Evidence-Based Practice (EBP) highlight several critical barriers. Based on the analysis of nine reviewed articles, major obstacles identified include insufficient institutional support, time constraints, limited access to resources, and inadequate knowledge and training in EBP. Additionally, a tradition-based practice culture, low motivation, self-confidence, and challenges in interpreting scientific language and evidence emerged as significant hindrances. These findings underscore the multifaceted challenges nurses face in adopting EBP across diverse contexts.

**Table 1. Synthesis And Reporting Of Results**

| Author | Country | Aims | Methods | Sample | Main Findings |
|---|---|---|---|---|---|
| (Torres et al., 2024) | Portugal | Exploring Barriers and Facilitators in Implementing Evidence-Based Practice (EBP) in Pediatric Care | Two focus groups, consisting of 32 nurses in pediatric units, thematic analysis conducted using Nvivo | 32 Pediatric Nurses | Mentors play a crucial role in supporting the implementation of EBP; however, barriers such as ineffective communication and time management challenges highlight the need for strong team motivation to ensure successful implementation |
| (Schuler et al., 2021) | United States | Evaluating the Effectiveness of an Evidence-Based Practice (EBP) Mentorship Program in Pediatric Care | Mix-method study | 13 Pediatric Nurses | Time constraints remained a significant barrier, increased knowledge and EBP implementation were observed post-program, and mentors effectively strengthened cohort interactions and collaboration. |

| Author | Country | Aims | Methods | Sample | Main Findings |
|---|---|---|---|---|---|
| (Crawford et al., 2023) | United States | Identifying Organizational and Nurse Readiness for Implementing Evidence-Based Practice (EBP) in the Workplace. | Cross-sectional descriptive survey design and Qualitative design | 496 respondents participated in qualitative research | Organizational readiness is crucial for successful EBP implementation, but key barriers such as limited time, insufficient resources, and lack of managerial support can hinder progress; thus, effective leadership and organizational communication play a significant role in facilitating EBP. |
| (Madhuvu et al., 2022) | Australia | Investigating Barriers to Implementing Evidence-Based Practice (EBP) in Ventilator-Associated Infection Prevention. | Qualitative descriptive design | 20 participants (16 nurses and four physicians). | The main barriers to EBP implementation include a lack of time and training, compounded by low awareness of EBP; therefore, management support is essential to address these challenges and ensure successful implementation. |

| Author | Country | Aims | Methods | Sample | Main Findings |
|---|---|---|---|---|---|
| (Yeheyis et al., 2024) | Ethiopia | Evaluating the Implementation of Evidence-Based Practice (EBP) in Public Hospitals in Sidama, Ethiopia. | Mix-Method Study | 22 participants (11 nurses and 11 physicians). | Internet access is essential for EBP implementation, and positive attitudes toward EBP significantly influence its adoption; however, the lack of training remains a significant barrier to its success. |
| (Giesen et al., 2024) | Netherland | Identifying the Needs of Nurses and Nursing Students in Applying Evidence-Based Practice (EBP) Principles. | Qualitative exploratory approach with Focused Group Discussion | 25 Nurses | Nurses require dedicated time for EBP activities, access to readily available information, and additional training to effectively implement evidence-based practice. |
| (Atakro et al., 2020) | Ghana | Investigating Knowledge, Attitudes, Practices, and Barriers to Evidence-Based Practice (EBP) Among Registered Nurses in Teaching | Mix-Method Study | 150 Registered Nurse | Most nurses recognize the importance of EBP; however, barriers such as a lack of training, internet access, and library facilities, combined |

| Author | Country | Aims | Methods | Sample | Main Findings |
|---|---|---|---|---|---|
| | | Hospitals in Ghana. | | | with institutional factors and heavy workloads, significantly hinder its practice. |
| (AH et al., 2021) | Jordan | Exploring the Experiences of Nurses and Midwives in Implementing Evidence-Based Practice (EBP) in Public Hospitals in Amhara, Ethiopia. | Qualitative descriptive study | 86 Participant | Limited managerial support and resources constrain EBP implementation, while significant barriers such as a lack of training, time, and minimal access to literature force many to rely on traditional practices. |
| (Baatiema et al., 2017a) | Ghana | Identifying Healthcare Providers' Perspectives on Barriers to Evidence-Based Acute Stroke Care in Ghana. | A qualitative study utilizing structured interviews. | 40 healthcare providers, including nurses, physicians, psychologists, physiotherapists, and dietitians. | Patient-level barriers, such as financial constraints and cultural beliefs, combined with healthcare system barriers, including limited facilities and the absence of specific stroke protocols, and healthcare provider factors, such |

| Author | Country | Aims | Methods | Sample | Main Findings |
|---|---|---|---|---|---|
| | | | | | as limited knowledge, inadequate team collaboration, and insufficient policy support, significantly hinder the effective implementation of evidence-based practices. |

**Lack of Institutional and Managerial Support**

A lack of institutional and managerial support is a significant barrier to implementing Evidence-Based Practice (EBP) among nurses. Inadequate managerial support negatively affects motivation, skills, and access to resources required for adopting EBP. Insufficient leadership backing and poor interprofessional communication hinder EBP implementation, particularly preventing ventilator-associated events (VAE) (Madhuvu et al., 2022; Yeheyis et al., 2024). The absence of mentors or role models within institutions contributes to decreased nurse motivation, slowing EBP adoption, especially when there are minimal incentives or recognition for nurses taking the initiative to implement EBP (Giesen et al., 2024a).

Low institutional support also impacts nurses' readiness to utilize EBP due to limited training opportunities and insufficient resources (Dagne et al., 2021). The lack of managerial involvement in resource allocation and collaborative training underscores the need for institutional policies that support EBP, including adequate time allocation and access to reliable information (Torres et al., 2024); (Crawford et al., 2023); (Schuler et al., 2021b). In developing countries, these challenges are exacerbated by limited infrastructure and available resources, further complicating nurses' ability to adopt EBP (Atakro et al., 2020; Baatiema et al., 2017).

**Time Constraints in Implementing EBP**

Time constraints are a significant barrier to implementing Evidence-Based Practice (EBP) among nurses. High workloads often make it challenging for nurses to allocate time for reviewing literature or applying evidence-based practices amidst their demanding clinical responsibilities. A study in Ethiopia found that heavy job demands reduce opportunities for nurses to update their knowledge of EBP, limiting the integration of EBP into daily practice (Dagne et al., 2021); Yeheyis et al., 2024). Limited time allocation also diminishes nurses' motivation to enhance the

quality of evidence-based care ((Madhuvu et al., 2022a); Giesen et al., 2024). Insufficient managerial support exacerbates this issue as nurses struggle to reconcile EBP implementation with clinical demands without dedicated time (Torres et al., 2024; Schuler et al., 2021). The lack of time to read and understand research findings further reduces nurses' engagement with EBP, particularly when institutions fail to provide time flexibility (Crawford et al., 2023). Research in Ghana highlights that heavy workloads and the absence of leisure time make EBP implementation increasingly tricky, leading to suboptimal efforts by nurses to adopt evidence-based practices (Atakro et al., 2020; Baatiema et al., 2017).

**Lack of Access to Resources and Information**

Limited access to resources and information remains a significant barrier to implementing Evidence-Based Practice (EBP) among nurses. The restricted availability of scientific literature, practice guidelines, and technological tools hinders nurses' ability to update their knowledge effectively. In Ethiopia, inadequate access to the internet and medical information poses a significant challenge to EBP implementation in healthcare facilities (Dagne et al., 2021; Yeheyis et al., 2024). Despite a strong interest in adopting EBP, nurses often struggle to obtain relevant scientific evidence, particularly in developing countries with limited infrastructure (Giesen et al., 2024a). Limited access to journals and recent research articles further complicates nurses' ability to stay informed about advancements in evidence-based practices, especially in pediatric care (Torres et al., 2024). Resource constraints in the workplace impede optimal EBP implementation, particularly without adequate technological support (Crawford et al., 2023). Lack of access to up-to-date information also complicates the application of practice guidelines (Madhuvu et al., 2022a). Furthermore, limited training resources and restricted access to scientific literature diminish the effectiveness of EBP implementation, slowing nurses' capacity to fully utilize evidence-based practices (Atakro et al., 2020; Schuler et al., 2021)

**Knowledge and Training Gaps in Evidence-Based Practice (EBP)**

Limited knowledge and inadequate training in evidence-based practice (EBP) pose significant barriers to nurses' effective implementation of evidence-based care. Many nurses lack the necessary skills to access, comprehend, and apply scientific evidence in their daily clinical practice. In Ethiopia, EBP training hinders nurses' ability to integrate evidence-based approaches into clinical decision-making (AH et al., 2021; Yeheyis et al., 2024). Structured training programs are essential to equip nurses with the competencies needed for EBP (Giesen et al., 2024a). Among pediatric nurses, limited knowledge often results in a greater reliance on intuition rather than scientific evidence for patient care (Torres et al., 2024). Similarly, the absence of EBP training in Ghana has been identified as a critical barrier to utilizing available evidence for enhancing clinical practice (Atakro et al., 2020). While mentorship programs and continuous education initiatives have been shown to improve nurses' knowledge, their absence significantly limits the ability to implement EBP (Schuler et al., 2021b); Crawford et al., 2023).

Nurses with inadequate training tend to adhere to traditional practices, impeding the adoption and advancement of EBP in clinical settings (Madhuvu et al., 2022a). Addressing these gaps through targeted education and skill-building programs is essential for fostering a culture of evidence-based care.

**Tradition-Based and Intuition-Based Practice Culture in EBP**

The culture of nursing practice, still based on tradition and intuition, is a significant barrier to implementing Evidence-Based Practice (EBP). Many nurses are more comfortable using old methods they are familiar with, even though they are not always supported by the latest scientific evidence (AH et al., 2021; Yeheyis et al., 2024). Work habits that rely on intuition rather than scientific evidence often hinder the implementation of evidence-based practice (Madhuvu et al., 2022a). Nurses find it easier and faster to use traditional methods because evidence-based approaches require additional time and analysis (Giesen et al., 2024a). In Ghana, an intuition-oriented culture reduced nurses' confidence in adopting EBP because they felt unfamiliar with evidence-based procedures (Atakro et al., 2020). Reliance on old practices slows the change toward EBP, especially when the work culture is ingrained and difficult to change without intensive support (Crawford et al., 2023c). Changing work cultures focusing on scientific evidence requires time and strong managerial support (Torres et al., 2024); Schuler et al., 2021). Organizations that value experiential knowledge over scientific data make it challenging to integrate EBP into daily practice (Baatiema et al., 2017b).

**Low Motivation and Self-Confidence in Implementing EBP**

Low motivation and self-confidence among nurses are significant barriers to implementing Evidence-Based Practice (EBP). Many nurses feel unsure about their ability to understand, assess, and apply scientific evidence and, therefore, tend to avoid EBP and stick to more familiar, old practices (Madhuvu et al., 2022a). Nurses in Ethiopia are afraid of making mistakes when trying evidence-based approaches, which exacerbates their low motivation (AH et al., 2021). A lack of self-confidence makes nurses rely more on intuition and experience than scientific evidence (Yeheyis et al., 2024). Students and new nurses need mentor support to build their confidence in EBP (Giesen et al., 2024a). Nurses' motivation is often hampered by a lack of recognition or incentives from management, so their efforts in implementing EBP do not feel appreciated (Crawford et al., 2023). Lack of institutional support also negatively impacts nurses' motivation to improve EBP skills (Atakro et al., 2020). Mentorship programs and ongoing training are important to increase nurses' motivation and confidence in using EBP (Torres et al., 2024; Schuler et al., 2021). Nurses who do not have mentors or peer support often struggle to adopt EBP, reducing their confidence in evaluating evidence independently (Baatiema et al., 2017b).

**Barriers to Language and Understanding of Scientific Evidence**

Challenges in language and understanding scientific evidence are significant barriers for nurses in implementing Evidence-Based Practice (EBP). The dominant language of research in English makes it difficult for nurses with

inadequate language skills, so many of them are reluctant to dig deeper into EBP because they are uncomfortable with complex scientific terminology (Giesen et al., 2024a). In Ethiopia, language barriers and minimal training in interpreting scientific evidence make it difficult for nurses to access EBP literature (AH et al., 2021; Yeheyis et al., 2024). Nurses often need summaries or interpretations of scientific evidence to make it easier to apply in clinical practice (Madhuvu et al., 2022a). The presentation of too academic research makes nurses unable to assess scientific evidence properly (Crawford et al., 2023). In Ghana, limitations in understanding statistics and scientific analysis reduce nurses' confidence in adopting research results (Atakro et al., 2020). Nurses need more straightforward and applicable literature to implement EBP effectively in pediatric care (Torres et al., 2024).

**Table 2. Barriers to Implementing Evidence-Based Practice**

| Author's Name (Year) | Barriers to Implementing EBP |
|---|---|
| (Baatiema et al., 2017b) | The most significant barriers include patients' financial constraints, a lack of facilities and protocols, and low stroke knowledge among health workers. Another factor is minimal policy support, making EBP challenging to implement in a country with limited resources, like Ghana. |
| (Atakro et al., 2020c) | The main barriers are limited access to information sources, lack of ongoing training, a practice culture that is still oriented towards intuition, workload, and lack of free time, which make EBP implementation difficult. Provision of institutional support, such as library and internet facilities and special training, can improve EBP implementation. |
| (AH et al., 2021) | The main obstacles are time constraints, low motivation, a lack of resources (internet, libraries), and limited training. As a result, many nurses only use traditional practices due to minimal access to literature. |
| (Madhuvu et al., 2022a) | Significant barriers include a lack of training and knowledge about EBP, low organizational and individual awareness resulting in work habits that rely on intuition rather than scientific evidence, and a lack of support from management. Nurses need resources, specific policies, and ongoing education for EBP to integrate effectively. |
| (Schuler et al., 2021b) | Barriers included participants' lack of time to develop EBP, their inability to access up-to-date information, and limited resources. Opportunities to interact with mentors were important, but some participants felt that cohort interactions were lacking, which reduced their depth of understanding of EBP. |
| (Crawford et al., 2023) | Significant barriers include lack of time, resource access, work culture in old practices, and management support. Lack of nurses' confidence in implementing EBP is also a significant challenge. Management is expected to provide support through specific training and resources to improve EBP readiness at the |

| | |
|---|---|
| | organizational and individual levels. |
| (Giesen et al., 2024a) | Major barriers include a high workload, lack of time to learn and implement EBP, and the need for training and support for access to information. Organizational support, such as the provision of dedicated time and competency-based training, is highly desirable to increase nurses' engagement in EBP. |
| (Torres et al., 2024) | Barriers included poor intra- and interdisciplinary communication, lack of access to information, lack of time for EBP, and lack of research experience, with time constraints identified as the primary constraint. Nurses desired organizational support through policies that promote an environment conducive to EBP. |
| (Yeheyis et al., 2024) | The main barriers were limited internet access, lack of resources, and limited training. In contrast, factors such as positive attitudes towards EBP, level of knowledge, and skills in accessing information significantly influenced EBP implementation. Support for technology access is crucial in improving evidence-based practice. |

## DISCUSSION

The main findings of this scoping review confirm that various interrelated barriers still hamper the implementation of Evidence-Based Practice (EBP) among nurses. Limited access to information sources, ongoing training, an intuition-oriented work culture, low managerial support, minimal motivation, and self-confidence are the main inhibiting factors. This condition is exacerbated by inadequate infrastructure and a lack of systematic support from health institutions, especially in countries with limited resources, such as Ghana (AH et al., 2021; Atakro et al., 2020)

In particular, the most significant barrier identified is the lack of access to EBP information and training. Although some institutions have provided digital libraries and scientific journal databases, nurses in certain regions, especially in developing countries, still have difficulty obtaining the latest scientific literature (Yeheyis et al., 2024). These limitations encourage health workers to rely on traditional practices or intuition, which can ultimately reduce the quality of health services (Giesen et al., 2024). This obstacle is also closely related to a work culture that does not emphasize continuous learning, so resistance to change is getting stronger (Madhuvu et al., 2022).

An organizational culture that does not support innovation is an additional trigger for the slow integration of EBP into clinical practice. Many nurses feel more comfortable with old, familiar practices, where changes to evidence-based practices are considered troublesome and require extra time (Schuler et al., 2021). Managerial support, such as special time for journal clubs, regular training, and rewards, can facilitate the transition to EBP (Madhuvu et al., 2022:Torres et al., 2024). This lack of support significantly impacts nurses' motivation, confidence, and ability to make evidence-based

decisions (Dagne et al., 2021; Yeheyis et al., 2024)

Nurses' low motivation and self-confidence in accessing, assessing, and applying scientific evidence is also a challenge that cannot be ignored (Crawford et al., 2023; Schuler et al., 2021). Limited knowledge, lack of mentoring, and the unequal distribution of systematic discussion forums further hamper the collaborative learning process needed in implementing EBP. Equally important, high workloads also play a significant role: limited time to search for, review, and apply scientific evidence often makes nurses rely on habit or intuition (AH et al., 2021).

Health institutions need to formulate policies that support the implementation of EBP. One concrete example is the integration of EBP into the daily work agenda of nurses through ongoing training, regular scientific discussions, and the appointment of competent mentors. An organizational culture that supports innovation and learning can be created by formulating incentive policies, providing recognition for nurses who actively implement EBP, and providing special time to review scientific literature (Tucker & Gallagher-Ford, 2019). Strong management support also has the potential to reduce non-clinical workload, giving nurses more opportunities to deepen their evidence-based practice.

Strategic recommendations include developing policies that support EBP, competency-based training, mentorship, and improving technology infrastructure. Competency-based training can be conducted through intensive workshops that use case studies, interactive discussions, and reflective processes to assess research quality. Meanwhile, mentorship and role modeling help increase nurses' confidence in assessing and applying scientific findings (Torres et al., 2024). If implemented sustainably, these steps will create a more collaborative and innovative work culture, where EBP is no longer seen as an additional burden but as an integral part of clinical practice.

## CONCLUSION

There are still various obstacles that nurses encounter when implementing EBP in hospitals. These obstacles include lack of hospital support, high nurse workload, lack of specific time to implement EBP, lack of access to research articles, lack of training related to EBP implementation, and the tendency of nurses to maintain nursing actions that are by previous 'traditions' so that it is difficult to switch to innovative, latest nursing actions, and by scientific evidence.

Recommendations for future actions are that hospitals facilitate access to the latest information, provide training to improve nurses' knowledge and skills in implementing EBP, create policies and SOPs related to implementing EBP for nurses in hospitals, and motivate nurses to build an EBP culture through increasing interprofessional collaboration to meet patient needs and improve the quality of care.

### Limitation

The limitations of this study include its reliance on qualitative data, which may limit the generalizability of findings to broader nursing populations. While valuable for exploring a wide range of barriers, the scoping review methodology does not quantify the extent of these issues or establish causal relationships. The included

studies were also predominantly from specific geographical contexts, such as developing countries, which might not fully represent global EBP challenges. The absence of a systematic review framework and the limited inclusion of interdisciplinary perspectives, such as from allied health professionals, also restrict the comprehensiveness of the insights. These limitations underscore the need for further empirical studies to validate and expand on these findings.

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