

# Experiences and Perspectives of Indonesian Nurses on Barriers and Facilitators for Implementing Evidence-Based Nursing Practice: A Qualitative Study

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## ABSTRACT

**Background:** Nursing practices must be implemented effectively to transfer health-related research, information, and experience into improvements in healthcare quality. Many studies have been conducted in nursing on implementing evidence-based practice (EBP). The poor utilisation of EBP in healthcare is often attributed to nurses' insufficient knowledge and abilities. **Methods:** This study adopted a qualitative research design. Thirty staff nurses participated in semi-structured interviews. Purposive sampling was employed in the selection of participants. The authors analysed the interview data using COSTA qualitative data analysis. **Results:** Four main themes were identified: (1) the experience of nurses on EBP implementation, (2) the benefits of EBP implementation, (3) barriers to EBP implementation, and (4) facilitators of EBP implementation. **Conclusion:** Although most nurses are supportive and have a positive attitude towards implementing EBP, their knowledge and skills could be improved. Nurses believed EBP should be applied when clinical issues arose. Nursing evidence is not widely available or valuable, which is one of the barriers. Some reasons for introducing EBP included the limited information available in Indonesia and nurses' inadequate comprehension of EBP. Support from the leadership and the widespread availability of web-based social network platforms for quick information access were additional facilitators.

**Keywords:** Barriers and Facilitators; Evidence-Based Practice; Experience; Nursing Practice

## INTRODUCTION

According to the World Health Organisation (WHO, 2017), enhancing health outcomes relies on nursing services that are supported by evidence-based practice (EBP). To provide comprehensive and high-quality care, EBP in nursing entails depending on the most recent research and information rather than just conventional practices, recommendations from peers, or subjective viewpoints ANA (2023). EBP abilities are essential skills that nurses must master. Acquiring valuable scientific information cautiously and discerningly is essential for informing decision-making (Mohamed *et al.*, 2024).

Adopting EBP has numerous advantages, such as improving nurses' leadership capabilities, broadening their critical thinking abilities, and strengthening their ability to deliver safe and valid patient practices (Brunt & Morris, 2023; Ramage & Foran, 2023). EBP lowers the risk of medical errors and patient fatalities by improving the standard of healthcare services and managing expenses within the healthcare system (Dang *et al.*, 2021). Furthermore, EBP promotes the growth of professional skills. Therefore, clinical approaches are less heterogeneous, reducing death rates and increasing patient satisfaction (Chovanec *et al.*, 2021). The healthcare system and clinical nursing depend on applying EBP in nursing. It establishes the global benchmark for providing high-quality, safe healthcare (Alqahtani *et al.*, 2020; Kumah *et al.*, 2022).

Nursing is a vital healthcare profession that significantly influences the quality of healthcare delivery (Pierce, 2020). Rather than depending on customary methods, peer advice, or personal beliefs, evidence-based nursing practice provides thorough and excellent care guided by the most recent research and information

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(Chan *et al.*, 2023). Healthcare organisations must invest in increasing the staff's ability to apply EBP and set aside funds to improve the organisation's capacity to support EBP (Kawar *et al.*, 2024). Leadership, teaching, teamwork, communication, evaluation, feedback, and the capacity to get and modify knowledge are just a few of the many skills that nurses possess. These skills make nurses essential for putting evidence-based methods into practice and bringing about long-lasting improvements in healthcare (Ten Ham-Baloyi, 2022). Nursing practice requires a basis in evidence-based approaches even in the face of fresh research-based information and published articles that can improve nursing care quality and promote EBP (Michelle & Troseth, 2022). Moreover, gaining proficiency in this domain encompasses multiple facets, as evidenced by the discrepancies between study outcomes and real-world application in clinical contexts (Loura *et al.*, 2021). Assessing nurses' current knowledge, abilities, and attitudes about EBP and quality improvement is essential for improving patient care quality, developing nurses' competence in these practices, and having a significant influence on improving healthcare quality and looking into the components that can give decision-makers and nurses a deeper comprehension of the difficulties and barriers to implementing and adopting EBP (Hashish *et al.*, 2020).

### **Purpose**

EBP can be used to assess nursing practice regulations, employ new tools, and solve issues with nursing interventions. Implementation outcomes can be enhanced by applying EBP within a suitable framework. EBP may allow nurses to solve issues in their line of work (Suyatno & Syahrul, 2024). This EBP should guide educational initiatives to give medical professionals the resources to manage patients' symptoms effectively (Zheng *et al.*, 2025). It puts the patient at the forefront, emphasizing its importance in nursing practice. This study explored the nurses' experiences and perspectives regarding implementing EBP in healthcare settings. Obtain information on EBP in nursing, including its importance and methods for incorporating it into regular patient care. By incorporating EBP into their clinical practices, nurses can enhance their critical thinking skills and effectively address challenges in the clinical setting.

## **METHODOLOGY**

### **Design**

Qualitative research methodology was selected because it was appropriate for the study questions, helped the authors understand the participants, actions, and settings of events or experiences, and provided insights into phenomena that were not fully understood (Patton, 2015).

### **Setting and Participants**

This study was conducted at five hospitals in Jakarta, Republic of Indonesia. After the authors received ethical approval from Universitas Binawan Jakarta, the authors met with the hospital's director and the head of research and education to discuss the study and its objectives. This study recruited thirty participants. According to Charmaz (2006), 12-30 participants in a qualitative study are enough to reach data saturation. The authors only included Indonesian national nurses who have worked for at least one year in healthcare settings. All interviews took place on-site at the hospital, and participants were interviewed before or after their work shifts. The interview settings offered privacy and quiet to ensure the participants felt comfortable. No participant benefitted directly from taking part in this study in any way. All participants gave their permission or consent to take part. Before the interview, all participants were informed of the purpose and methodology of the research, and the authors received written informed consent from each study participant. Before the interview, participants were assured of the study's confidentiality and anonymity. Participants were informed that their participation in the study was entirely voluntary and that they might quit at any time. Participants must be assured that their information will be kept private unless they consent otherwise. The information a participant provides to a researcher is private, and there are restrictions on how and when it can be shared with others. All sensitive information and materials related to this study were kept secure in the principal researcher's office with a password-protected private computer. After the study's completion, the data was stored for five years before being deleted (transcriptions were shredded and tapes demagnetised).

### **Data Collection**

Data for the study were systematically collected over seven months, from August 2022 to February 2023. Data was collected from nurses who work at five hospitals in Jakarta. In this study, the primary method used for

gathering data was semi-structured interviews. All interviews were conducted in the hospital with the consent of the participants. Each interview lasted between 35 and 50 minutes and was audiotaped with the participants' permission. Memos and field notes were also used as data collection techniques to increase the validity of the data interpretations. These additional methods for gathering data were essential in helping the authors interpret the participants' emotions, viewpoints, experiences, attitudes, and beliefs.

### Data Analysis

This study adopted COSTA qualitative data analysis. Costa (2020) describes six data analysis phases. In the first and second stages, team members checked and read each audiotape transcription of the interview sessions. In these stages, the authors also checked the field notes. In this stage, the authors started to transcribe all transcripts verbatim. Stage three was preliminary coding, which involved noting and assigning a descriptive code to words or phrases repeatedly used by one or more participants. The authors read all interviews and worked on coding line by line, linked with one or more data extracts or particular words of conversation. In the second coding stage, the authors carried out this procedure independently, and two team members evaluated, confirmed and categorised codes. The codes were grouped into prospective themes in the third coding stage, and possible relationships between the codes, themes, and various levels of themes were identified. Three team members participated in the completion and review during this process. The fourth phase involved reviewing and improving each theme until the information inside each theme made sense and each theme could be distinguished from the others. In this phase, the themes were assessed and evaluated to determine how well they represented the data set as a whole. In addition, the authors reread the transcripts to see if the preexisting themes still made sense when applied to the entire data set. The transcripts were also reviewed again to find new information within the themes missed in earlier rounds. Phase five involved giving each theme a name and definition. Ensuring how each theme fits into the larger picture entailed conversations among the research team. The authors need to validate the findings of the study through participants' feedback. Phase six involved producing a concise, comprehensible report of analysis. This report included an analysis of the frequency of thematic responses, in-depth operational descriptions of each theme, and excerpts of the interviewees' conversations.

### Ethical Consideration

The study received ethical approval from the Research Ethics Universitas Binawan, Jakarta, Indonesia, with reference number 17/EP/KE/UBINAWAN/IV/2021) on 12<sup>th</sup> April 2021.

## RESULTS

The study involved thirty nurses from five hospitals in Jakarta, Indonesia. All participants were female and had at least three years of job experience in healthcare settings. All study participants possessed a bachelor's degree in nursing sciences. Regarding job experience, 16 participants had less than five years of experience, and 14 had worked between 5 and 20 years. Four main themes were identified: (1) the experience of nurses on evidence-based practice implementation, (2) the benefits of EBP implementation, (3) barriers to EBP implementation, and (4) facilitators of EBP implementation in nursing practice. The following is a table that summarises the themes and subthemes:

**Table 1: Summaries of Themes and Subthemes**

Theme	Subtheme
Theme 1: Experiences of implementing the EBP	Familiarity with EBP Dissemination of EBP in nursing
Theme 2: Benefits of EBP Implementation	EBP benefits for patients EBP benefits for healthcare professionals EBPs are sources of knowledge in clinical settings
Theme 3: Barriers To EBP Implementation	Lack of knowledge Language barriers Lack of time
Theme 4: Facilitators of EBP implementation	Resources for EBP Nurse leaders as facilitators

**Theme 1: Experiences of Implementing the EBP****Subtheme: Familiarity with EBP**

Study participants indicated that applying clinical trials and scientific discoveries to practice is a component of EBP, considered a standard clinical practice guideline for excellent patient care.

*EBP is implementing clinical practice based on the findings of experiments and recommendations. In addition, I believe the implementation of EBP has not yet been realised ... I became acquainted with evidence-based practice ... I need a greater understanding of EBP. (Participant 9)*

**Subtheme: Dissemination of EBP in Nursing**

Study participants said multiple methods are available for disseminating information and accompanying EBP treatments.

*... Undoubtedly, research findings are disseminated by publishing scholarly articles in academic journals. Attending frequent educational seminars, meetings, training programmes, and workshops is the most effective way to spread new knowledge in nursing. (Participant 27)*

**Theme 2: Benefits of EBP Implementation****Subtheme: EBP Benefits for Patients**

EBP improves patient satisfaction with healthcare and accelerates the course of disease. Additionally, it may lessen injury and medical errors, which could eventually result in patients spending less time in the hospital.

*We have had many patients in the ward. Implementing EBP can effectively reduce the duration of patients' hospital stays, identify and prevent care-related errors, and minimise the occurrence of mistakes. EBP can enhance disease progression and ensure the patients are content with their care. (Participant 22)*

**Subtheme: EBP Benefits for Healthcare Professionals**

Participants acknowledged the advantages of utilising data in clinical practice and research and how EBP assures uniformity among healthcare providers.

*... Yes, EBP will provide us with accurate, dependable, and up-to-date scientific knowledge... As a nurse, evidence-based practice affords me diverse options and enhances my ability to manage my professional responsibilities effectively... (Participant 9)*

**Subtheme: EBPs are Sources of Knowledge in Clinical Settings**

Participants discussed utilising various information sources, such as online resources like Baidu, social media applications, educational conferences, and seminars. Mobile text and voice messaging provider WeChat was the top resource for obtaining data to help with practice decision-making.

*... You can get fresh perspectives on nursing practice and research on Baidu Search, the Nursing Association website, and the public WeChat channel 'Nurses Learning Notes. (Participant 17)*

**Theme 3: Barriers To EBP Implementation****Subtheme: Lack of Knowledge**

The participants discussed the clinical nurses' lack of knowledge and abilities in locating, obtaining, and comprehending research data.

*...I think there needs to be more understanding of scientific research among nurses. They need to know how to locate, evaluate, or use evidence. Regular clinical nurses may need to be made aware of their responsibilities or the tasks assigned to them by the head nurse... (Participant 17)*

**Subtheme: Language Barriers**

According to the participants, most nursing research publications and guidelines were published in English, and more high-quality evidence needed to be written in Indonesian.

*Yes, language [foreign languages] problems... Since most of us do not write and read in English, we cannot acquire any new knowledge or learn about nursing procedures. It is difficult because most of the evidence is only available in English. (Participant 19)*

#### **Subtheme: Lack of Time**

Another barrier is the limited time for EBP implementation. Due to their busy work lives, participants frequently require extra time to apply EBP.

*... Lack of EBP implementation occurs when upper management asks for computer-based documents. We cannot apply and do so because we are too busy with work in the field to carry out the process. When asked to visit the library, it presents a problem since you must care for patients. We have no time... (Participant 11)*

### **Theme 4: Facilitators of EBP Implementation**

#### **Subtheme: Resources for EBP**

The study participants indicated the effective use, availability of required resources, and the time needed to implement EBP.

*... Actually, the hospital offers internet access to enable us to engage in research endeavours. Additionally, all health workforces are covered by rotating in the three-month EBP training programme. the institution also hires additional staff with prior EBP experience and expertise to reduce workloads. (Participant 23)*

#### **Subtheme: Nurse Leaders as Facilitator**

Most participants highlighted the importance of nursing leadership in enabling different levels of EBP. Nursing leaders were influential in increasing organisational leaders' knowledge of the significance of EBP in nursing.

*... Yes, motivation from hospital managers to back research is a facilitator... The hospital leadership focus should be on improving nurses' educational qualifications... They [management of hospitals] also prioritise strategic planning and the implementation of robust medical safety protocols. (Participant 2)*

### **DISCUSSION**

Evidence-based practice (EBP) integrates patient preference, clinical knowledge, and the best evidence to improve health results (Mohamed *et al.*, 2024). EBP was a successful approach for assisting employees in developing their EBP. The success and durability of EBP depend on sustained leadership support. This EBP might also be a helpful method for fostering the growth of an organisation's EBP culture (Azama, Latimer & Isherwood, 2025). The study showed that nurses' experiences showed little support for implementing this strategy. One plausible explanation is that nurses are not motivated enough to recognise the EBP method, which is caused by a lack of access to scientific and informational resources (Valizadeh *et al.*, 2023). Additionally, because of organisational barriers, nurses encountered unfavourable opinions toward EBP. Using EBP presents some challenges. The first is striking a balance between the science and art of medicine when making evidence-based judgements regarding patient treatment or important patient communications. Combining research and clinical experience is crucial since making medical judgements solely based on science ignores the patient's values and preferences (Comer, 2025). These results also corroborate a study conducted by Zammar (2022) that found that most nurses lack awareness of the value of EBP in their line of work. However, these results differ from a study that found that the nurses had a higher positive perception of and optimism about EBP (Kaseka & Mbakaya, 2022).

Despite positive attitudes about EBP, EBP application and knowledge were deficient. Understanding how nurses view the environment surrounding EBP implementation in their organisations can help pinpoint specific obstacles and enable EBP's successful development and implementation (Zhang *et al.*, 2024). According to the participants, the most frequent organisational obstacles are a need for more technical resources, a high workload due to the nature of the nursing profession, and the requirement for additional time to locate pertinent resources. Anaman-Torgbor *et al.* (2022) found that nurses face several obstacles and difficulties when attempting to apply evidence-based practice (EBP). Personal factors, including resistance to change, can also make it challenging to apply EBP (Eisman *et al.*, 2020). Two obstacles to EBP, according to survey participants, are staff shortages and



a lack of EBP training. A study in Ethiopia found that many nurses rarely utilise evidence-based practice. Factors such as hospital level, education level, knowledge, attitude, self-efficacy, and availability of job rotation all play a role in the poor adoption of EBP (Golge *et al.*, 2024). Lack of time and resources is one of the obstacles to putting EBP into practice (McNett *et al.*, 2021). Implementing EBP is further hampered by a need for more funding (Garcia, Camacho Carr, & Yuwen, 2021). Furthermore, many barriers impede the implementation, planning, execution, evaluation, and dissemination of EBP in healthcare organisations (Smith-Miller, 2022; Speroni *et al.*, 2020). The lack of established procedures is one of the other organisational traits identified as impeding the implementation of EBP (Garcia, Camacho Carr, & Yuwen, 2021). The adoption of EBP in nursing has been strongly correlated with smartphone ownership, Internet availability, participants' favourable opinions, their degree of skill efficacy in locating and using it, and their level of knowledge about it. As a result, stakeholders should consider removing these barriers to the widespread use of EBP (Yeheyis *et al.*, 2024). Implementing EBP is further hampered by a lack of leadership support (Ecker *et al.*, 2021). Additional factors that led to disenfranchisement were being cut off from specialists, having too much work to do, not being able to assess the quality of the evidence accurately, and not being able to put new information into practice (Wang, Zhang, & Guo, 2021) and nurses cannot implement EBP and alter practices inside their organisations due to these barriers (Berthelsen & Hølge-Hazelton, 2021; Smith-Miller, 2022; Whitehorn *et al.*, 2021). Similarly, it is frequently challenging to implement EBP regularly in clinical settings when one or more supporting components are missing. Implementation could be problematic without EBP expertise (Garcia, Camacho Carr & Yuwen, 2021).

Nurse participants indicated that EBP facilitators recommend that healthcare facilities provide unstructured free time free from clinical commitments, internet access, and leadership development opportunities. When an interprofessional team has strong leadership, sufficient resources, and stakeholder involvement in a supportive EBP organisational culture, EBP will be utilised in hospital settings more successfully (McNett *et al.*, 2022). This finding is consistent with Melnyk *et al.* (2021) findings that clinical practice guidelines, clinical protocols, and academic interventions were the most widely used means of putting the EBP approach into practice and disseminating it. The organisation's implementation of EBP enables nurses to take on a transformative role, influence patient outcomes, and promote nurse autonomy (Cleary-Holdforth *et al.*, 2021; Khoddam *et al.*, 2023).

Professional nurses must prioritise EBP as part of their organisational and leadership responsibilities. For experienced nurses to apply EBP in healthcare and evaluate, interpret, and synthesise scientific and other types of evidence, nursing leaders must give them the required tools and information (Speroni *et al.*, 2020). NGN (Next Generation Network) turnover was addressed in healthcare facilities using an evidence-based practice (EBP) approach. The programme demonstrated an organisational return on investment while keeping the initial NGN cohort. In addition to being economical, mentorship programmes can influence NGN turnover and retention (Bell *et al.*, 2025). A solid organisational architecture that promotes clinical inquiry and integrates EBPs across teams and environments is one of the best approaches to support EBP implementation and sustainability. For example, EBP is facilitated in various settings by initial and ongoing education and skill development for physicians (Eisman *et al.*, 2020; McNett *et al.*, 2021). Furthermore, organisational features such as commitment, support, and leadership participation help to make EBP implementation easier (Albers *et al.*, 2021; Ecker *et al.*, 2021).

### **Limitation**

The main limitation of this study is that the data and information were gathered from nurses connected to only five hospitals in Indonesia. Transferring the results to other professional nurse groups and healthcare settings is not feasible. Other noteworthy themes not included in this study might be found through more research using a broader sample from various contexts and regions that include practising nurses. Participants lacked the necessary knowledge and abilities but had favourable attitudes and believed EBP could improve nursing practice and patient outcomes.

### **CONCLUSION**

It is evident in this study that several research participants found the EBP approach problematic. This study identified several barriers to and facilitators of EBP in Indonesian healthcare. The main challenges were the following: the absence of incentives for postgraduate education or research, the restricted applicability of

nursing evidence, the lack of connection between academic and clinical practice settings, and the need for recognition of nurses as a unique profession. Encouraging the application and training of EBP is essential. The findings are essential for international comparisons so that nurses may design strategies for implementing EBP and improving patient care standards. Authorities must prioritise reducing barriers to narrow the implementation and knowledge gaps between nurses and EBP. In Indonesia, it is mandatory to provide nurses with evidence-based suggestions so they can make informed decisions about their practice. The significance of nursing leadership in fostering an environment at work that encourages EBP was found in the study. It also emphasises how challenging it is for leaders to bring about change.

It is essential to allow nurses enough time to read research and acquire the authority to modify patient care protocols based on empirical facts. Enrich nurses' perspectives on research by enrolling in courses that highlight the advantages of the best available data. Nurses can enhance their computer abilities by participating in workshops and training programs. Information resources such as printed materials and internet resources should be provided to make it easier for nurses to access research findings. The authors recommend that those creating interventions to assist the implementation of EBPs assume that the research's most common barriers and facilitators are present and develop plans focusing on psychological and social opportunity and physical capacity. More studies of the barriers and facilitators particular to the EBPs they are implementing may be required. Future research in this field should openly disclose researcher reflexivity, which should include an analysis of the roles played by the researchers and how this might have affected the study's conclusions. Further research is required to understand Indonesia's leadership and develop nurse leaders capable of promoting and facilitating the implementation of EBP. Researchers also need to ensure readers can assess whether the results are applicable in the local context.

### Conflict of Interest

The authors declare that they have no competing interests.

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