

Attitudes and Barriers Toward Evidence-Based Practice Among Nursing Professionals of Private Hospitals: A Cross-Sectional Study

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ABSTRACT

Background: Evidence-based practice (EBP) is essential in modern nursing practice for improving patient outcomes, ensuring quality care, and strengthening professional decision-making. Despite the recognized importance of EBP, several barriers limit its implementation in clinical settings.

Objective: To assess the attitudes and barriers toward evidence-based practice among nursing professionals of Private Hospital.

Methods: A descriptive cross-sectional study was conducted among nursing professionals at Private Hospital, during a two-month internship period from 29th July to 30th September 2021. A structured self-administered questionnaire was used to collect data regarding knowledge, attitudes, and perceived barriers toward EBP. Of 108 nurses targeted based on calculated sample size, 61 registered nurses completed and returned the questionnaire. Descriptive statistics were used to summarize the findings.

Results: Most participants demonstrated positive attitudes toward EBP. Nearly all respondents agreed that EBP improves nursing practice (98.4%), brings rapid knowledge advancement (98.4%), and should be included in nursing curricula (98.4%). Major barriers identified included excessive workload and time limitations (96.7%), lack of interest in EBP (96.7%), lack of knowledge regarding EBP (96.7%), lack of training (96.7%), and limited access to resources (93.4%). However, peer support was not considered a major barrier by most respondents (90.2%).

Conclusion: Nursing professionals showed favourable attitudes toward evidence-based practice; however, organizational and educational barriers continue to hinder its implementation. Continuous professional education, institutional support, and improved access to research resources are necessary to enhance EBP adoption in nursing practice.

Keywords: Evidence-based practice, nursing professionals, barriers, attitude, nursing education, cross-sectional study

INTRODUCTION

Evidence-based practice (EBP) is a subset of research information that also involves the use of non-research sources of evidence. EBP aspires to provide high-quality, safe, and cost-effective care based on the most up-to-date information. ^[1] EBP promotes high-value health care by increasing the quality and dependability of health care, improving health outcomes, and minimizing variability in treatment and expenditures, according to research. ^[2]

The evidence-based practice (EBP) process is commonly described as a systematic seven-step approach that facilitates the integration of research evidence into clinical decision-making. The process begins with Step 0, which involves cultivating a spirit of inquiry and establishing an organisational culture and environment that support EBP. Step 1 focuses on formulating a well-structured clinical question using the PICO(T) framework, which incorporates the patient or population, intervention, comparison, outcome, and time components. In Step 2, clinicians conduct a comprehensive search for the best available evidence from relevant scientific sources. Step 3 entails the critical appraisal of the retrieved evidence to assess its validity, reliability, methodological quality, and applicability to clinical practice. Step 4 involves integrating the appraised evidence with clinical expertise and patient preferences to determine the most appropriate clinical decision. Subsequently, Step 5 requires evaluation of the outcomes associated with the EBP practice change in order to determine its effectiveness and impact on patient care. Finally, Step 6 emphasises dissemination of the outcomes through publications, presentations, educational activities, or other knowledge-sharing platforms, thereby promoting the translation of evidence into broader clinical practice.

The move to EbM puts healthcare workers' methodological abilities and attitudes to the test. Basic EbM skills and scientific literacy are required for a consumer-centered, evidence-based therapy. Evidence-based medicine (EbM) is a requirement for making healthcare decisions. When examining and assessing evidence for healthcare decision-making, healthcare institutes all around the world use the EbM principles. ^[3] Nurse managers play a critical role in creating unit cultures that encourage the use of evidence-based practices (EBPs) in patient care. ^[4] Evidence-based practice (EBP) can aid physiotherapists in accomplishing both parts of this profession, since scientific evidence from academic research and primary data obtained from patients and their carers can assist them in diagnosing and developing particular treatment regimens. ^[5]

The barriers to EbM implementation have also been thoroughly investigated. The most common hurdles that healthcare workers experience include a lack of time to put EbM into practise, incorrect ideas about EbM, insufficient support in the clinical context, and poor critical appraisal abilities ^[3] Multiple barriers continue to exist between the generation of research findings and their implementation in real-world clinical settings to improve care and outcomes, including: (a) clinicians' misperceptions that it takes too much time, (b) insufficient EBP knowledge and skills, and (c) academic programmes that continue to teach the rigorous process of conducting research rather than an evidence-based approach to care, (d) organizational cultures that do not support it, (e) a lack of EBP mentors and resources, and (f) resistance from colleagues, managers or leaders, and physicians. ^[6]

Barriers to Research Utilization (RU) in nursing have been researched and shown to come from the organisation, the evidence, and the nurse as a person. ^[1] Implementation

of evidence-based practice (EBP) has consistently been associated with improvements in the quality of healthcare delivery, patient safety, and clinical outcomes. By integrating the best available research evidence with clinical expertise and patient preferences, EBP promotes informed decision-making and enhances the effectiveness of healthcare interventions. Despite its well-documented benefits, the successful implementation of EBP remains challenging, as nurses frequently encounter barriers such as limited time, inadequate knowledge and skills, restricted access to research evidence, insufficient organisational support, and resistance to change. In this context, Nursing Professional Development (NPD) practitioners play a pivotal role in facilitating the adoption and sustainability of EBP. They contribute by fostering a supportive organisational culture, providing structured educational and training programmes on the EBP process, serving as role models in evidence-based clinical decision-making, and mentoring nurses to develop the competencies and confidence required for the effective integration of evidence into routine clinical practice. [7]

Evidence-based nursing practice (EBNP) enables nursing students to grow professionally. EBNP is identifying reliable learning sources to rationalize students' nursing practice. EBNP enables nursing students to establish care standards through critical thinking. [8] The role a nurse can play in patient safety by pursuing evidence-based practice has been identified. [9]

Despite the growing interest in evidence-based practice (EBP) as a fundamental competence for clinicians, there is no data on how to teach it successfully. As a result, EBP is now taught in undergraduate, postgraduate, and continuing health professional education programmes. [10] Train-the-trainer courses have been established in response to the growing demand for teachers and the need to increase the efficacy of EbM. [3] Nurses who have completed bridging or advanced

academic education consistently demonstrate higher levels of evidence-based practice (EBP) competency than those with diploma-level qualifications. Higher educational attainment is associated with improved abilities in formulating clinical questions, critically appraising research evidence, integrating evidence into clinical decision-making, and evaluating patient outcomes. These findings underscore the importance of academic progression and organisational support in fostering the effective implementation of EBP within healthcare settings. Strengthening educational opportunities through bridging programmes, continuing professional development, and evidence-based training, alongside the creation of supportive work environments that encourage research utilisation, mentorship, and access to scientific resources, is essential to enhance EBP knowledge, skills, and engagement among nurses across all levels of clinical practice. [11] Although nurses are expected to participate in EBP by healthcare systems throughout the world, there is a lot of confusion regarding what that degree of involvement entails. [6] Thus, this present study aims to assess the attitude and barriers to of evidence-based practice among the nursing professionals at a private hospital in Vadodara.

Objectives of the Study

To assess the attitudes of nursing professionals toward evidence-based practice.

To identify barriers toward the implementation of evidence-based practice among nursing professionals.

MATERIALS & METHODS

Study Design

A descriptive cross-sectional study was employed to assess the EBP landscape at Private Hospital as the nursing professionals were selected from the private hospital. The study was conducted over a two-month period, from 29th July to 30th September 2021. A non-probability convenience

sampling technique was used; all permanent nursing staff who were on duty and willing to participate were approached and invited to complete the questionnaire.

Participants and Sampling

The study population consisted of permanent nursing staff (N=150) at the Private hospital. Using a margin of error of 0.05 and a 95% confidence level, a target sample of 108 was calculated. [12] Questionnaires were distributed to 108 eligible nurses through convenience sampling. Out of these, 61 registered nurses completed the survey, giving a response rate of 56.5% (61/108). Inclusion criteria required permanent staff status and voluntary informed consent; nurses on leave, in probationary/temporary positions or unwilling to provide consent were excluded.

Data Collection

Data were collected using a self-prepared structured questionnaire available in both English and the local language (Gujarati) as a pre-validated tool specific to this population and setting. The tool was developed based on a review of existing EBP attitude and barrier literature [5,6,11] and comprised 18 substantive items across three domains, in addition to a demographic profile section; knowledge of EBP, attitude towards EBP and perceived barriers to EBP. Responses within each domain were summarized as frequencies and percentages. Content validity was established through review by a panel of subject experts and their suggestions were incorporated into the final version of the tool. The questionnaire was then pilot tested on 10 nursing staff, who were excluded from the main study, to

assess the internal consistency. Cronbach's Alpha value was 0.89, indicating good internal consistency of the tool. The different components of the data collection tool were:

Demographic profile: Age, gender, and years of experience.

Knowledge: Assessment of participants' understanding of the fundamental concepts and principles of Evidence-Based Practice (EBP), including its definition, key components, sources of evidence, and the initial steps in the EBP process.

Attitudes: Beliefs regarding the value and impact of EBP.

Barriers: Identification of organizational and personal obstacles.

Ethical approval for this study was granted by the Institutional Ethical Committee (Approval Number: SVIEC/ON/MBA/SRP/BNPG20/D21039). Additionally, formal administrative permission and approval to conduct the study among the employee population were obtained from the Hospital authorities prior to data collection.

Statistical Analysis

Statistical analysis was performed using Microsoft Excel and SPSS (version 25.0). Data were analyzed using descriptive statistics, including Frequency distributions and percentages for categorical variables. Given the modest sample size (n=61), only descriptive statistics were used to summarize the findings in this study; no inferential statistical tests were performed.

RESULT

Demographic Characteristics of Participants

Table 1: Demographic Characteristics of Participants

Variable	Category	Frequency (%)
Total Work Experience	Less than 1 year	3 (4.9%)
	1–3 years	23 (37.7%)
	3–5 years	12 (19.7%)
	More than 5 years	23 (37.7%)
Working Experience in Current Hospital	Less than 1 year	9 (14.8%)
	1–3 years	25 (41%)
	3–5 years	21 (34.4%)
	More than 5 years	6 (9.8%)

The total number of RNs who took part in the study was 61. Regarding the total work experience, 37.7% of the sample had 1 to 3 years of experience and 37.7% had more than 5 years of experience. About 19.7% had from 3 to 5 years' experience and only 4.9% had less than 1 year work experience. In terms of current hospital working experience, 41.0% of the sample had

worked in the hospital for 1 to 3 years, 34.4% of the sample had worked for 3 to 5 years, 14.8% had less than 1 year experience and 9.8% had work experience more than 5 years (table 1).

Knowledge Regarding Evidence-Based Practice

Table 2: Knowledge Regarding Evidence-Based Practice

Question	Response	Percentage (%)
Definition of Evidence-Based Practice	Integration of best research evidence with clinical expertise and patient values	16 (26.2%)
	Systematic approach to problem-solving in healthcare	7 (11.5%)
	Both of the above	37 (60.7%)
	Information obtained systematically	1 (1.6%)
Need for EBP Training	Yes	61 (100%)
Major Resource of EBP	Research evidence	40 (65.6%)
	Circumstances/practice context	19 (31.1%)
	Client values	1 (1.6%)
	Professional expertise	1 (1.6%)
Methods to Recognize Professional Gaps	Guidelines by professional organizations	17 (27.9%)
	Practice-based audits and peer review	12 (19.7%)
	None of the above	31 (50.8%)

Participants were asked to define evidence-based practice (EBP). 60.7% of respondents accurately identified EBP as the synthesis of best research evidence with clinical expertise and patient values, and also a systematic approach to solving healthcare problems (table 2). Approximately 26.2% define evidence-based practice as the synthesis of best research evidence with clinical expertise and patient values, and 11.5% perceive EBP as a systematic approach to problem solving for providers. Only 1.6% see EBP as the information or facts collected methodically.

100% of participants concur that training in evidence-based practice is essential for nurses, signifying they all recognize the importance of education in evidence-based practice.

With regard to the sources of evidence-based healthcare, 65.6% of the participants recognized research evidence as the main

source of evidence-based practice, whereas circumstances and practice context were considered as the most important resources of evidence-based practice by 31.1%. None of the respondents thought client values and expert knowledge were the main source of evidence-based practice. 1.6% and 1.6% thought client values and professional knowledge were sources of evidence-based practice respectively.

When participants were asked what methods could be used to identify gaps in professional practice, "none of the above" was chosen by 50.8%, while 27.9% perceived guidelines issued by professional organization as a source. 19.7% think practice-based audits and peer review are helpful for identification of gaps.

Attitudes Toward Evidence-Based Practice

Table 3: Attitudes Toward Evidence-Based Practice

Statement	Agree (%)	Disagree (%)
EBP brings rapid advancement of knowledge	60 (98.4%)	1 (1.6%)
EBP should be included in nursing curriculum	60 (98.4%)	1 (1.6%)
EBP positively impacts nursing practice	60 (98.4%)	1 (1.6%)
EBP is a waste of time	14 (23%)	47 (77%)
Workload prevents updating research knowledge	20 (32.8%)	41 (67.2%)
Prefer experimental and trusted methods before accepting new approaches	60 (98.4%)	1 (1.6%)

The survey results reflect a very positive outlook towards evidence-based practice among the nurses.

More than three-fourths of participants (98.4%) perceived evidence-based practice as something which helps knowledge to develop quickly. Likewise, 98.4% of the nurses thought that evidence-based education should be incorporated in the nursing curriculum and 98.4% of nurses perceived that evidence-based practice contributes positive influence on the nursing care (table 3).

A large percentage of nurses (77.0%) disagreed to the fact that evidence-based

practice is a waste of time, reflecting the positive response to implementing it in practice.

With regards to the dissemination of new research information, 67.2% of nurses stated that work load is not a barrier to being kept up to date with new research findings; although 32.8% believe it to be.

Most of nurses (98.4%) tend to favour the use of experimental and accepted methods instead of instant adoption of the new one, expressing caution with new evidence.

Perceived Barriers Toward Evidence-Based Practice

Table 4: Perceived Barriers Toward Evidence-Based Practice

Barrier	Agree (%)	Disagree (%)
Excessive workload and lack of time	59 (96.7%)	2 (3.3%)
Lack of interest in EBP	59 (96.7%)	2 (3.3%)
Lack of knowledge regarding evidence-based nursing	59 (96.7%)	2 (3.3%)
Lack of training	59 (96.7%)	2 (3.3%)
Lack of concept clarity	59 (96.7%)	2 (3.3%)
Lack of access to resources	57 (93.4%)	4 (6.6%)
Financial limitations	24 (39.3%)	37 (60.7%)
Lack of peer support	6 (9.8%)	55 (90.2%)

Many obstacles toward the implementation of evidence-based practice were perceived by the participants. Almost all the participants (96.7%) agreed that work overload and time constraint were a hindrance in the implementation of EBP. All the respondents (96.7%) replied that lack of interest in EBP, lack of knowledge in evidence-based nursing, lack of training and lack of concept clarity were the main obstacles (table 4).

A high proportion of the respondents (93.4%) reported lack of access to resources as an obstacle. This could mean the need for greater access to the research materials and the learning materials. The lack of money

was cited by only 39.3% of the participants; however, 60.7% of the participants reported that they did not see money as an obstacle. However, there was consensus that lack of peer support was not seen as a main obstacle by the majority of the participants, since 90.2% replied they disagreed that lack of peer support was a main hindrance in practicing evidence-based nursing.

Overall, many factors contributed toward these obstacles to evidence-based practice implementation in nursing professionals, the factors mainly include those related to organization, learning, and resources.

DISCUSSION

The current study aims to describe the knowledge, attitudes and perceived barriers toward EBP among nursing professionals working in private hospital. The study findings showed that although nurses had a positive attitude toward EBP, it has benefits in improving nursing care practices but it can be concluded that there is limitation in implementation of it in clinical practice due to several barrier.

Majority of nurses had work experience of 1-3 years and above 5 years in this study. Difference in work experience may affect on research activities, clinical decision making, evidence-based care. Experienced nurses may acquire practice knowledge on the job, and novice nurses may be more aware of current academic and nursing trends and evidence-based practices. Similar result was found in a study by Mohamed RA et al. (2024) that both experience level and organizational factors, including non-supportive environments and limited institutional commitment, significantly influence EBP implementation among nurses. [13]

For the EBP knowledge, more than half of the nurse knows that EBP is integrating the best research evidence, clinical expertise and patients values to nursing care, also it can also define as an approach toward clinical practice based on evidence, all of the subjects agree that EBP education is necessary. All participants believe that knowledge toward the EBP will influence to the nursing care. These findings are similar with study, [6] have stated that EBP is about integrating best evidence, clinical expertise and patient preference in improving health outcomes. Also, all participants believe that EBP education is necessary.

In terms of the attitudes towards EBP, almost all nurses have highly positive attitudes towards EBP and belief that EBP rapidly advances nursing knowledge, EBP positive affect nursing care practices and EBP should be a part of nursing curriculum. This finding is similar with Albarqouni L et al study which shows that EBP is being

increasingly integrated into undergraduate and postgraduate nursing and health care education. [10] A positive attitude is important for nurses so as to implement the new research findings and to achieve improved patient care. Almost all of the participants disagreed with the statement that EBP is a waste of time, this is a sign of belief in evidence-based approach toward the patient care.

Nevertheless, participants expressed careful attitude toward implementation, since more than half were inclined to accept research before experimental trials in new practices which reflects the acceptance of practice is about reliability and experience over research findings. Similar trend has been found in prior study that nurse preferred toward a well-tested and accepted method before trying any new practice.

The significant barriers toward EBP implementation identified in this study are numerous. Time constraints and workload were the major obstacles indicated by almost all participants. These findings are in agreement with Buhse, Hecht, and Meyer, who have mentioned that healthcare professionals face numerous time constraints and workload pressures, thus preventing nurses from actively seeking and critically appraising research evidence. Clinical responsibilities often result in a lack of time for research activities and evidenced based decision-making processes. [3]

Lack of knowledge, insubstantial education and concept clarity toward evidence-based nursing also found to be major barriers by almost all of the subjects. This finding is similar with Fineout-Overholt, et al. (2014) [2] who noted that poor understanding and lack of education is one of the greatest barriers influencing EBP implementation in clinical setting, and Ehrenberg, Forsman, and Renck-Holm, et al. (2012) [1] found that barriers exist for reasons beyond those related to nurse.

Resource constraints were among another significant barriers that emerged in this study. Limited access to journals, databases, internet access, institution support might

lead to the deficiency of accessing research data required for evidence-based nursing practices. Healthcare organization need to invest resources and support to overcome the problem.

Notably, a financial barrier and colleague support were identified as least important barriers, which reflect a relative supportive environment between nursing personnel in current settings. Hence, work, education and resource constraints are more critical in EBP implementation among nurses. It can be concluded that although nurses are positively oriented to evidence-based practice; work constraints such as increased time demands and poor accessibility to research data are primary issues to be address before nurses can effectively utilize EBP. The study highlights the critical need for education, and organizational support system to foster the application of EBP among nursing professionals. Encourage of inquisitive culture, easy accessibility to research may have an impact in improving evidence-based practice among nursing professionals.

CONCLUSION

In conclusion, nursing practitioners at the Private Hospital had favourable attitude toward evidence-based practice. The majority of respondents were agreed that EBP helps in advancing nursing practice and patient care.

Though, several obstacles still limiting EBP to be implemented as it should be namely excessive workload, time constraints, lack of education and training, poor knowledge and lack of access to resources. Eliminating these obstacles with the combination of educational programs, administration support and enhance the accessibility to the research might strengthen evidence-based nursing practice.

By advocating EBP for nurses it would greatly influence patient care, improve the quality of care, enhance patient safety and develop nurses.

Recommendations

In-service sessions/training regarding EBP need to be organized on a regular basis for nursing professional. Nursing curricula need to be based on evidence-based practice competencies. Nursing professionals should be provided improved access to research journals, databases and learning resources by the hospitals. Better administrative support needs to be provided for lowering the barriers associated with work load. Further studies with large sample size and a greater number of healthcare settings need to be conducted.

Declaration by Authors

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