The Barrier to Implementation of Evidence-based Practice among Novice Therapists

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Abstract:-

Background: The primary reason for the importance of evidence-based practice is that it relates to the most successful treatment possible to achieve long-term results. According to research, newly qualified practitioners (NQPs) can enter areas of clinical practice where evidence-based approaches are difficult or ineffective because some barriers are limiting them from applying EBP.

Objective: The purpose of this study is to identify the barriers faced by novice occupational therapists in implementing evidence-based practice (EBP) in their clinical practice.

Method: The research design used in the qualitative study is phenomenology. Participants in the study are novice occupational therapists who have worked in clinics or health facilities for less than 2-3 years and understand and use Evidence-Based Practice (EBP). Data collection approaches include in-depth interviews, documentation via capturing sound throughout the interview process, and thematic analysis used to analyze the data.

Results: The study discovered that there are two main factors influencing the implementation of Evidence-Based Practice (EBP), which include individual and organizational factors. Additionally, the study identified barriers to implementing EBP among novice therapists, such as a lack of knowledge and skills, client perception, and workplace and resource constraints.

Conclusion: The result of this study, revealed many barriers faced by novice therapists, such as lack of knowledge, confidence, and skills, as well as challenges related to client's perception, workplace support, and resource availability.

Keywords:- Evidence-Based Practice, Occupational Therapist, Novice Therapist, Barriers.

I. INTRODUCTION

Evidence-based practice (EBP) can be a comprehensive approach to wellness care that aims to promote decision-making based on the integration of patient values and clinical circumstances [1]. Therefore, care associations are now challenged to accept an environment that encourages the organization of care based on empirically validated assumptions rather than conventional ones [2]. The main reason that evidence-based practice is important is that it relates to the most successful treatment possible to achieve lasting results. Evidence-based practice advances the state of mind of wellness professionals. An important part of ensuring the intelligent use of social funds is evidence-based grinding, which is taken into account when making charity management funding choices. Limited assets are available to provide social services to individuals. The use of EBP has been an integral part of talk therapy for two decades. Law and Baum [3] described EBP in verbal therapy as "the use of research evidence, combined with clinical knowledge and reasoning, to shape therapeutic options that are successful for a given client" (p. 131). In addition, Holm [4] described the use of evidence as a means of promoting the validity and appropriateness of word-related approaches and as a way of illustrating a therapist's continuous competence. The American Occupational Therapy Association (AOTA) has strengthened EBP by envisioning its 100-year vision for a science-based and evidence-based occupational therapy profession [5].

Internationally, efforts to expand EBP have included combining a professional approach with data interpretation, approaching data integration, and aiming to implement best practices[6]. In related states, among the wishes of healthcare organizations and third-party payers is a word-related nursing staff that reliably evaluates and uses EBP [7,8]. Recently, EBP has been described in the medical literature as an important part of the quality of health care, because occupational therapy services provided without scientifically sound approaches and clearly described decision formats can potentially transfer the vocation to health care pages [9]. This opportunity increases the number of practitioners'ability to acquire it, and implement EBP.

Studies have shown a discrepancy between the amount of research evidence available and the amount of research used in clinical practice [10]. Although its value is known [11]. Research has shown that newly qualified practitioners (NQPs) can enter areas of clinical practice where evidence-based approaches are difficult or ineffective to use, limiting the application of the skills received [12,13]. For example, problems have been identified concerning what health professions are most likely to classify as evidence [14]. Discrepancies between acceptance and implementation of EBP arise from complex factors, including situational (eg organizational) and individual factors [10]. Especially for NQPs, this may reflect a lack of confidence in new models [15], fear of failure and mistakes, demand for resources [16], and social norms within the organization [13].

The ability to understand and evaluate research reports and to incorporate evidence into daily practice varies among health professionals [17]. Furthermore, in other health domains, such as nursing, research has shown that professionals rely on their own mental processes and

knowledge rather than implementing protocols or guidelines related to care delivery [18]. This approach can be good, but it can have negative consequences. Evidence and clinical judgment provide the background environment in which all health researchers must exist, where the task is to support, rather than teach, the effective use of EBP in daily activities [18]. That is, to some extent, attitudes towards EBP can be 'learned' rather than 'taught' [19] and can be developed through immersion in a person's specific work culture.

There appear to be several reasons why EBP controls were not incorporated.Personal factors, including values, beliefs, and work experiences, also influence the use and implementation of EBP. Studies have shown that occupational therapists and physiotherapists spend very little time searching research databases and are unable to interpret new research in their clinical practice. They experience these issues as barriers to EBP implementation [20,21,22,23,24,25]. As EBP has increased in scope over time, not all occupational therapists(OT) and physiotherapists(PT) are fully aware of their professional obligations related to EBP or engaged in ways to implement it [27]. Thus, the purpose of this study is to explore the barriers to implementation of evidence-based practice among novice occupational therapists.

II. METHOD

A. Design

The research strategy used in this qualitative study is phenomenology. Understanding human life experiences makes phenomenological philosophy a research approach whose processes need researchers to study a variety of

subjects by participating directly and for an extended period in them to build patterns and connections of meaning [28]. This study's final report features a flexible framework or structure [29].

B. Participants

The purpose of this study is to identify the hurdles that novice occupational therapists have while implementing EBP strategies in their OT practice. As a result, the inclusion criteria for this study were novice occupational therapists who had worked in clinics or health facilities (government and private hospitals) for less than 2-3 years and understood and used Evidence-Based Practice. According to the stated criteria, the researcher intends to collect 8 to 10 samples. The researcher limits the sample criteria to focus the selected sample on portraying the study objectives.

C. Data Collection

Data collecting approaches, according to Creswell and Poth [29], include attempts to restrict the research, gather information through organized and unstructured observation and interviews, documentation, visual materials, and efforts to establish procedures to capture information. In-depth interviews and documentation via capturing sound throughout the interview process utilizing smartphone media or audio recorders will be used in this project to obtain data. In-depth interviews are used in qualitative research to investigate respondents' thoughts and opinions on a subject in depth; this approach is believed to generate important information to develop future questions linked to the study topic [30].

Table 1: Participants Characteristics

Participants	Age(years)	Gender	Education Level	Work Area	Work Experience (years)
1	24	Female	Bachelor's	Hospital	2,2
2	26	Female	Bachelor's	Clinic	3
3	25	Female	Bachelor's	Clinic	2,6
4	24	Female	Bachelor's	Hospital	2
5	24	Female	Bachelor's	Hospital	2,2
6	25	Female	Bachelor's	Clinic	2,6
7	25	Female	Bachelor's	Clinic	2,4
8	24	Female	Bachelor's	Hospital	2

D. Data Analysis

Thematic analysis, a widely used qualitative research method, is described by Braun and Clarke as a flexible and accessible approach for identifying and interpreting patterns of meaning within a data set [31,32]. This method, characterized by its iterative nature, consists of six key

steps, including familiarization with the data, generating codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report [33]. It is a valuable tool for exploring complex research issues and can be applied to various qualitative studies [34].

III. RESULTS

Table 2: Results

Theme	Sub Theme
Factors Affecting the Implementation of Evidence-Based Practice	Individual Factors
	Organizational Factors
The Barrierto Using Evidence-Based Practice among Novice Occupational Therapists	Lack of Knowledge and Skills
	Client's Perception
	Workplace and Resources

A. Factors Affecting the Implementation of Evidence-Based Practice

➤ Individual Factors

The application of EBP in a therapist's clinical practice is inseparable from his or her drive. What is within the therapist becomes part of the therapist's clinical reasoning. A therapist must be able to decide what guidelines to use in serving patients. The urge to provide the best service according to existing theories, will result in effective and efficient interventions so that the therapy results provide significant progress.

"I use EBP as a guideline or reference when intervening. I first learn what is in the journal and then I apply it to my patients...The intervention and the results felt by the patient have improved" (R4).

In addition to motivation from the therapist, knowledge about what EBP is is also needed. The respondents understood that EBP is a practice based on scientific evidence that has been proven by experts and the evidence is in the form of research journals. Respondents understood that the journals contain specific cases where the effectiveness of methods, techniques, terms of reference, and interventions in treating patients have also been explained.

"I use EBP as a clearer and more measurable foundation, where it is explained from the beginning of the examination, analysis, methods, and terms of reference, interventions, and evaluations that are all clearly measured and standardized..." (R5).

Furthermore, the skills of the therapist are also an important factor in the implementation of EBP. Good patient analysis and intervention skills will result in effective and efficient interventions. Proper application of EBP makes therapists more skillful in handling patients, and faster in determining terms of reference and interventions. With a lot of reading comes creative ideas to provide the best intervention, and therapists become more innovative in modifications and types of therapy performed.

"Using EBP in practice is very helpful when intervening with patients. With this EBP I get an overview of the condition I am treating and it also explains what I should do to the patient" (R6).

Another important factor in the application of EBP is communication skills. The therapy results explained that with the application of EBP, they became more communicative with patients, parents, families, or work teams. If consulted with parents, they can explain theoretically and if there is a discussion activity at work, they can participate in providing appropriate suggestions.

"...more able to explain to parents or family if they consult..." (R3).

➤ Organizational Factors

The results of the study explain that the role of patients and parents in the implementation of EBP is very important. Cooperative patients and parents will support the smoothness and success of the therapy program.

"I follow the procedures in the journal starting from assessment, determining asset limitation, considering environmental conditions, and agreement from parents, for example, parents want academic skills and we still have to finalize the components with play therapy. We will explain first, then we start the intervention..." (R7).

The next factor comes from the workplace institution including friends, work team, service facilities, and infrastructure. managerial and therapy service time. Some respondents stated that friends and work teams were very supportive of the application of EBP during the intervention, as long as what was done was by procedures and gave good results.

The results of further research on the managerial system and bureaucracy of the place of therapy have an important role in the implementation of this EBP. Clear guidelines in the form of service operational standards that are in line with EBP, superiors who provide freedom and opportunities for therapists to advance and be creative, provide permission and facilities to participate in seminars or workshops, and the trust of superiors to handle one patient or provide more patient referrals. Apart from bureaucracy, facilities and infrastructure at the place of service can be a further factor. The availability of facilities for searching, and smooth wifi makes therapists freer to search for EBP.

"...If there is free time at the clinic.... Incidentally, the clinic provides cellphone and wifi facilities specifically for patient needs and I can use it to search for journals..." (R3).

B. The Barrierto Using Evidence-Based Practice among Novice Occupational Therapists

➤ Lack of Knowledge, Confidence, and Skills

A good understanding makes interventions effective and efficient, but some respondents stated that sometimes they could not understand the journal well, so they were hesitant to implement it. Some respondents only implemented the methods and interventions, while the examination and evaluation were adjusted to their respective service sites. Then, the limited research results or journals originating from Indonesia are also an obstacle to the application of EBP.

"... You see, ... sometimes I am still confused to understand what is in the journal. For example, if the stretching action is how much pressure, how much strength, well this is what makes me maybe not right in providing interventions..." (R2).

Confidence and great self-confidence are the biggest motivators for therapists applying EBP. However, sometimes therapists also experience obstacles from themselves where there is a feeling of laziness to learn, do not want to be complicated and there is also a language barrier that makes therapists not always apply EBP in every intervention. In addition to positive experiences, respondents also explained negative experiences, namely the application of EBP which seemed monotonous and boring because it had to be coherent and also the results obtained did not match the journal results and in the field.

➢ *Client's Perception*

The results of the study explain that the role of patients and parents in the implementation of EBP is very important. Cooperative patients and parents will support the smoothness and success of the therapy program. On the contrary, if the patient is less cooperative, it will make the therapy program ineffective and inefficient. Some things that come from patients and parents include therapy schedules that are not kept, parents do not agree with the program provided because their expectations are higher than reality and also parents do not want to implement the home program that has been given.

".. Yes, I want to go to school even though many components are not yet complete. Then maybe the parents' expectations are sometimes too high, not understanding the condition of their children... Parents who do not want to do the home program because their children do not want or bother." (R3).

➢ *Workplace and Resources*

Some respondents stated that friends and work teams were very supportive of the application of EBP during interventions, as long as what was done was by procedures and gave good results. However, there was one respondent whose friends and work team were less supportive of the application of EBP in the field due to certain reasons.

"...sometimes there are also friends who say, don't be too theoretical, the important thing is that we see the patient's complaints and then we treat them. Many patients must be served immediately..." (R8).

Then, some respondents did not have time to look for journals during office hours due to the large number of patients so there was no opportunity, and there were also those who stated that the signal was not friendly so it was difficult to find journals. The lack of facilities and infrastructure in therapy services can also hinder the implementation of EBP. Lack of therapeutic media, and unsophisticated tools. The next factor according to the results of the study explained that the short therapy time of 15-30 minutes made the implementation of EBP ineffective and inefficient. All procedures cannot be done properly.

"... Our technological capabilities are not as sophisticated as abroad, especially in therapy media and patient aids, especially for adaptive movement. They have sophisticated tools that can help relieve patients, while we still have simple and makeshift tools, because of limited

costs and maybe also expertise, not many people can make assistive devices as sophisticated as abroad." (R6).

IV. DISCUSSION

A. *Factors Affecting the Implementation of Evidence Based Practice*

➢ *Individual Factors*

The application of EBP in a therapist's clinical practice is inseparable from his or her drive. What is within the therapist becomes part of the therapist's clinical reasoning. The application of Evidence-Based Practice (EBP) in a therapist's clinical practice is indeed inseparable from their drive, as what within the therapist becomes part of their clinical reasoning. EBP is a critical framework for supporting clinical decision-making and involves using clinical expertise, research evidence, the patient's values and circumstances, and the practice context [35]. The reasoning behind therapists' clinical decisions becomes more transparent when EBP is practiced, reinforcing professional accountability.

A therapist must be able to decide what guidelines to use in serving patients. The urge to provide the best service according to existing theories, will result in effective and efficient interventions so that the therapy results provide significant progress.In addition to motivation from the therapist, knowledge about what EBP is is also needed. The respondents understood that EBP is a practice based on scientific evidence that has been proven by experts and the evidence is in the form of research journals. Respondents understood that the journals contain specific cases where the effectiveness of methods, techniques, terms of reference, and interventions in treating patients have also been explained.Motivated therapists who apply EBP are more likely to seek out new research, attend workshops, and participate in other professional development activities [36]. This ongoing learning and growth can help therapists stay current with the latest advancements in their field and improve their overall skills and expertise. The motivation of therapists to apply EBP is essential for improving treatment outcomes, increasing client satisfaction, enhancing their professional reputation, fostering client motivation, and promoting continued professional development.

Furthermore, the skills of the therapist are also an important factor in the implementation of EBP. Good patient analysis and intervention skills will result in effective and efficient interventions. Therapists must be able to assess clients' needs, preferences, and presenting problems accurately and comprehensively [37]. This involves understanding the client's unique circumstances, cultural background, and psychological history. By doing so, therapists can tailor their interventions to address the client's specific needs and preferences, leading to more effective outcomes. Effective interventions require skilled therapists who can apply various techniques and strategies from EBPs [36,37]. These may include cognitive-behavioral therapy, psychodynamic therapy, or other evidence-based approaches. Therapists must be well-versed in these techniques and be able to adapt them to suit the client's needs and preferences.

Therapists must be able to adapt their interventions based on the client's progress and feedback [38]. This involves being open to modifying treatment plans, trying new techniques, and incorporating client suggestions to ensure that the therapy remains relevant and effective. Proper application of EBP makes therapists more skillful in handling patients, faster in determining terms of reference and interventions. Therapists who were exposed to other therapists' cases, received guidance/feedback, emotional support, and had barriers to accessing resources removed reported that these strategies supported EBP delivery and made them more efficient in their practice [39]. The proper application of EBP can make therapists more skillful in handling patients and faster in determining terms of reference and interventions. Therapists who are exposed to other therapists' cases, receive guidance/feedback, emotional support, and have barriers to accessing resources removed, are familiar with a range of interventions, reflect on their practice, and modify EBPs to increase treatment engagement with their clients, are more likely to be efficient in their practice [36,37,39,40,41].

Another important factor in the application of EBP is communication skills. The therapy results explained that with the application of EBP, they became more communicative with patients, parents, families or work teams. If consulted with parents, they can explain theoretically and if there is a discussion activity at work, they can participate in providing appropriate suggestions. therapists may modify EBPs to increase treatment engagement with their clients, such as adding content to EBP protocols to enhance communication and rapport-building activities [41]. These adaptations align with what has come to be known as common factors, which can contribute to improved communication and engagement with clients and their families. In summary, the application of EBP can lead to improved communication with patients, parents, families, or work teams due to the enhanced training, support, and ongoing learning that EBP provides to therapists. This can result in therapists being more confident, skilled, and adaptable in their communication and engagement with clients and their families.

➢ *Organizational Factors*

Implementing and sustaining EBPs in health care settings requires complex interrelationships between the EBP topic (e.g., medication error reduction), organizational social system characteristics (such as operational structures and values, the external health care environment), and individual clinicians [42,43,44,45,46]. Using a change champion in the organization who can address potential implementation challenges, piloting/trying the change in a specific patient care area of the organization, and using multidisciplinary implementation teams to assist in the practical aspects of embedding innovations into ongoing organizational processes are all examples of implementation strategies [42,44]. Deploying evidence-based knowledge and products in a specific environment needs significant work at both the individual and organizational levels [46]. When clinical gains are established in pilot studies and disseminated to other relevant units within the organization, important staff may agree to fully embrace and sustain the

change in practice. When an EBP modification is implemented into an organization's structure, it is no longer regarded as an innovation, but rather a standard of care [44,46].

The results of the study explain that the role of patients and parents in the implementation of EBP is very important. Cooperative patients and parents will support the smoothness and success of the therapy program. The results of the studies cited suggest that the role of patients and parents in the implementation of EBP is indeed very important. Cooperative patients and parents can support the smoothness and success of the therapy program. For example, therapists who receive guidance/feedback, and emotional support, and have barriers to accessing resources removed reported that these strategies supported EBP delivery and made them more efficient in their practice [39]. In addition, therapists who can utilize an EBP and receive feedback have more opportunities to apply EBPs, which can contribute to the sustainment of EBPs [40]. Patients and their families can also play a role in the implementation of EBP by providing feedback on the effectiveness of interventions and helping therapists tailor their interventions to better meet their needs [47]. Finally, therapists who can modify EBPs to increase treatment engagement with their clients, such as adding content to EBP protocols to enhance communication and rapport-building activities, can improve the effectiveness of their interventions [41]. In summary, the role of patients and parents in the implementation of EBP is crucial, as their cooperation and feedback can support the success of the therapy program.

The next factor comes from the workplace institution including friends, work team, service facilities, and infrastructure. managerial and therapy service time. Some respondents stated that friends and work teams were very supportive of the application of EBP during the intervention, as long as what was done was by procedures and gave good results. The results of further research on the managerial system and bureaucracy of the place of therapy have an important role in the implementation of this EBP. Clear guidelines in the form of service operational standards that are in line with EBP, superiors who provide freedom and opportunities for therapists to advance and be creative, provide permission and facilities to participate in seminars or workshops, and the trust of superiors to handle one patient or provide more patient referrals. Interpersonal communication channels, methods of communication, and influence among social networks of users affect the adoption of EBPs [45]. The use of mass media, opinion leaders, change champions, and consultation by experts along with education are among the strategies tested to promote the use of EBPs [42].

Apart from bureaucracy, facilities and infrastructure at the place of service can be a further factor. The availability of facilities for searching, and smooth wifi makes therapists easier to search for EBP material.This is because access to relevant resources, such as research articles, guidelines, and training materials, is crucial for therapists to stay up-to-date with the latest evidence and to effectively apply EBP in their

practice. The availability of facilities for searching and smooth Wi-Fi can provide therapists with easy access to relevant resources, making it easier for them to stay informed and apply EBP in their practice [40].A supportive environment, provided by clear guidelines, supportive supervision, trust, and ongoing learning, can further facilitate the application of EBP in clinical practice.

B. Barrier of Using Evidence Based Practice among Novice Occupational Therapist

➤ *Lack Knowledge, Confidence And Skills*

A good understanding makes interventions effective and efficient, but there were respondents who stated that sometimes they could not understand the journal well, so they were hesitant in implementing it. There were also respondents who only implemented the methods and interventions, while the examination and evaluation were adjusted to their respective service sites. Then, the limited research results or journals originating from Indonesia are also an obstacle to the application of EBP. The study of Araya and Pérez [48] found that the majority of participants (68.3%) defined EBP as the use of research knowledge only and perceived the evidence as being in the form of research journals. The study also found that Chilean occupational therapists did not feel confident finding, appraising, and integrating research evidence. Of the four sources of knowledge used in EBP, participants predominantly relied on clinical observations of clients (99.5%), their clinical expertise (89.1%), and research knowledge (68.3%). The most significant barriers to the application of research knowledge included lack of time (68.2%), an emerging research culture (67.7%), and restricted access to scientific literature (56.8%).Limited research results or journals can pose a significant obstacle to the application of evidence-based practice (EBP) in therapy [49,50]. Therapists may face challenges such as insufficient time to find and read research articles, difficulty understanding the content of research reports, and a lack of access to necessary resources such as research tools, library sources, and journals [51,52]. Additionally, poor understanding of statistical analysis, inadequate training in research methods, and language barriers can further hinder the effective implementation of EBP. To address these obstacles, therapists can seek support from their organizations, colleagues, and professional associations, as well as engage in continuous learning and training to improve their research skills and understanding of EBP.Individuals must be both motivated and competent to effectively implement [53]; motivated in that they want to find the information that best serves the needs of their patients; and competent in that they have the necessary skills and resources to find, critically analyze, and interpret the data they need [54,55,56]. In summary, healthcare practitioners must be knowledgeable and skilled consumers of EBP data.

Confidence and great self-confidence are the biggest motivators for therapists applying EBP. However, sometimes therapists also experience obstacles from themselves where there is a feeling of laziness to learn, do not want to be complicated and there is also a language barrier that makes therapists not always apply EBP in every

intervention. Ringle [57] examined barriers to implementing CBT for anxious youth and found that community therapists reported that client factors including stressors, comorbidity, and low motivation presented the greatest challenges to implementation. In addition to positive experiences, respondents also explained negative experiences, namely the application of EBP which seemed monotonous and boring because it had to be coherent and also the results obtained did not match the journal results and in the field.Therapists may face obstacles in applying evidence-based practice (EBP) due to various factors. These barriers can include a lack of access to research tools poor understanding of research, limited time to find and implement research, language barriers, and cultural differences. For example, a study on physiotherapy students identified barriers such as lack of access to library sources, poor understanding of research tools, and insufficient time as top obstacles to EBP[58,59]. Occupational therapists also cited time constraints as a significant barrier to implementing EBP in their practice. Additionally, language barriers can hinder the expression and understanding of thoughts, feelings, and needs, leading to misunderstandings and frustration [60].

➤ *Client's Perception*

The results of the study explain that the role of patients and parents in the implementation of EBP is very important. Cooperative patients and parents will support the smoothness and success of the therapy program. On the contrary, if the patient is less cooperative, it will make the therapy program ineffective and inefficient. Becker et al. [61] describe engagement as a dynamic, complex process that demonstrates an individual's commitment to therapy. Multiple dimensions are consistently included in models of engagement [62,63,64], and generally include behavioral dimensions such as attendance, homework completion, and other markers of participation; relational dimensions such as therapeutic alliance and other aspects of relationship quality; and cognitive dimensions such as attitudes, motivation, and therapy expectations [65]. Engagement problems in these areas have been identified as possible hurdles to the robust delivery of EBPs [61], and inadequate handling of such challenges may contribute to the voltage drop when EBPs are carried to community settings.Some things that come from patients and parents include therapy schedules that are not kept, parents do not agree with the program provided because their expectations are higher than reality and also parents do not want to implement the home program that has been given.Parents are becoming increasingly involved in the delivery of intervention programs for their children [66]. Child and parent engagement both contribute to the achievement of therapeutic outcomes in mental health settings [67,68].

Parents can play an important role in the rehabilitation process of these children and are an important factor in facilitating the process of therapy. Parent-centered care is an important approach in the care of children [69] and adherence significantly impacts the ability to obtain an optimal outcome. Adherence is defined as "The extent to which a person's behavior corresponds with agreed recommendations from a healthcare provider"[70]. Adherence can be measured in many ways, including

appointment attendance, following treatment recommendations, appointment frequency, maintenance of prescribed home programs, and the level of participation of the parent or caregiver in treatment [71]. Poor adherence is directly associated with poor treatment outcomes [72].

➢ *Workplace And Resources*

EBP implementation is a dynamic process that depends on several variables. Individual experiences, biases, and attitudes, as well as professional, organizational, and workplace factors, can act as roadblocks to the translation of empirical knowledge into practice, which can take many years [73,74]. Some respondents stated that friends and work teams were very supportive of the application of EBP during interventions, as long as what was done was by procedures and gave good results. However, there was one respondent whose friends and work team were less supportive of the application of EBP in the field due to certain reasons.

The individual healthcare practitioner is not entirely responsible for implementing EBP in the workplace. Organizational aspects include the workplace environment, administrative support, and research-friendly facilities [75]. The research itself can restrict its application if it is of poor quality, difficult to comprehend, or the advantages for practice are unclear [74,75,76]. To successfully offer the greatest level of care, a healthcare organization must create an atmosphere favorable to the application of EBP [77,78].

Then, some respondents did not have time to look for journals during office hours due to the large number of patients so there was no opportunity, and there were also those who stated that the signal was not friendly so it was difficult to find journals. The lack of facilities and infrastructure in therapy services can also hinder the implementation of EBP. Lack of therapeutic media, and unsophisticated tools. The next factor according to the results of the study explained that the short therapy time of 15-30 minutes made the implementation of EBP ineffective and inefficient. All procedures cannot be done properly. In Saudi Arabia, Hamaideh [79] noted that the barriers to using EBP include lack of time to find research outputs, insufficient availability of resources, and difficulty in understanding research findings. In addition, Alqahtani et al. [50]conducted the most recent study involving 227 staff nurses in four hospitals in Riyadh. The study revealed that 36.6% of the respondents reported that workload, lack of time, lack of skills and knowledge, lack of organizational communication and dissemination of information on EBP, fear of mistakes and error, colleagues' resistance to change, and lack of financial support prevented them from implementing EBP in their practice. A mixed-method study conducted in Canada found that nurses recognized contextual limitations related to time availability and financial resources, which led to their unfavorable impressions of EBP treatments for managing patient-oriented outcomes [80]. However, as reported in this study, organizational barriers to EBP adoption, such as a lack of time and resources as well as a lack of autonomy to change practice, as well as other barriers, such as infrastructure, administrative support, and facilities, have been consistently reported in previous studies and reviews [81,82,83].According to a study done in the United States, the barriers to implementing EBP among nurses remain significant, including resistance from colleagues, nurse leaders, and management [84]. Similarly, in Saudi Arabia, nurses were discouraged from implementing EBP owing to a fear of making mistakes, opposition from colleagues, and a lack of time, resources, EBP skills and expertise, financial support, and EBP diffusion across the organization [50] Furthermore, Saudi mental health nurses said that the hurdles to EBP implementation included a lack of time to uncover research outputs, a lack of resources, and difficulty understanding study findings [79].These barriers underscore the need for improved resources, organizational support, and training to facilitate the successful implementation of EBP in healthcare settings.

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