

Evidence-Based Practice- the Future of Nursing and the Role of Nurse

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ABSTRACT

During the 1980s, the term “evidence-based medicine” emerged to describe the approach that used scientific evidence to determine the best practice. Later, the term shifted to become “evidence-based practice” as clinicians other than physicians recognized the importance of scientific evidence in clinical decision-making. Various definitions of evidence-based practice (EBP) have emerged in the literature, but the most commonly used definition is, “the conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients”. Evidence-based practice helps nurses provide high-quality patient care based on research and knowledge rather than because “this is the way we have always done it,” or based on traditions, myths, hunches, advice of colleagues, or outdated textbooks. For example, when clinical questions arise, should one look to a nursing textbook for the answers? Remember that books are not published every year, and new information may not be included in the edition you have.

Key words: *Evidenced Based Practice, Future of Evidence Base Practice, Role of Nurse.*

INTRODUCTION

Anything that provides material or information on which a conclusion or proof may be based; used to arrive at the truth, used to prove or disprove the point at issue. It is a conscientious, explicit and judicious use of current best evidence with clinical expertise, and patient values to make decisions about the care of patients. It's the process of shared decision-making between practitioners, patient and significant others, based on research evidence, the patient's experiences and preferences, clinical expertise, and other robust sources of information. Ultimately EBP is both a process and a product... requiring that the evidence which is produced – is also applied to practice.

EVOLUTIONS OF EBP

- 1991 – Evidence-based medicine -first described in the American College of Physicians Journal Club.
- 1992 – the Evidence-based Medicine Working Group described it as a “paradigm shift” in JAMA
- Early 1990's – US Prev. Services TF – began developing EB Guidelines for Screening and Prevention
- 1992 – AHCPR (now AHRQ) – started publishing systematic reviews and consensus statements in the form of Clinical Practice Guidelines, starting with the guideline for Acute Pain, 19 guidelines were produced from '92-'96
- 1993 - the first annual Cochrane Colloquia was held

at the New York Academy of Sciences

- 1993 – Online Journal of Knowledge Synthesis for Nursing
- 1997 – Jan 2011 – 198 Evidence Reports published by the EBP centers
- 1998 – *Evidence-Based Nursing* journal debuted
- 1999 – The UK Department of Health stipulated that, to enhance the quality of care, nursing, midwifery, and health visiting practice must be evidence-based
- 2002 - JCAHO begins requiring monitoring of evidence-based core measures
- 2004 – Worldviews on Evidence-Based Nursing
- 2004 – AACN began publishing “Practice Alerts”

DEFINITION OF EBP

Evidence-based practice can be thought of as requiring “the integration of the best research evidence with our clinical expertise and our patient's unique values and circumstances.” (Straus, et al., 2005) “

Why is EBP important to nursing practice?

- It results in better patient outcomes
- It contributes to the science of nursing
- It keeps practice current and relevant
- It increases confidence in decision-making
- Policies and procedures are current and include the latest research, thus supporting institutional readiness

- Integration of EBP into nursing practice is essential for high-quality patient care and achievement of institutional goals.

Factors Contributing to Emphasis on Evidence-Based Nursing Practice

- Scientific knowledge expansion
- Knowledge availability -- The Internet
- Highly educated nurses in clinical settings
- Aggressive pursuit of cost-effectiveness
- Focus on quality of care, Risk & error reduction
- Highly educated consumers
- Accreditation expectations
- Increased attention to institutional image

Moving Toward our Destiny:

Evidence-based practice is every nurse's responsibility and what can you do to make this goal a reality?

1. Educator's Role

- Encourage inquisitive minds
- Promote risk-taking and flexibility in the clinical environment
- Incorporate EBP activities into performance evaluations
- Provide time & resources – unit internet access
- Provide support personnel
- Empower staff to make EB practice changes
- Acknowledge and reward EB improvements

2. Researcher's Role

- Remain clinically in touch
- Conduct clinically useful studies
- Support clinicians in accessing and synthesizing the evidence
- Collaborate with clinicians and patients
- Disseminate findings that are understandable and accessible
- Emphasize clinical implications

3. Nurse Clinician's Role

- "Worry and Wonder"
- Be the Inquiring Mind
- Question clinical traditions
- Stay abreast of the literature - guidelines
- Find your niche – and become the expert
- Collaborate with clinical nurse practitioners & researchers
- Be an advocate for evidence-based changes
- LISTEN to your PATIENTS – to guard patient & family preferences

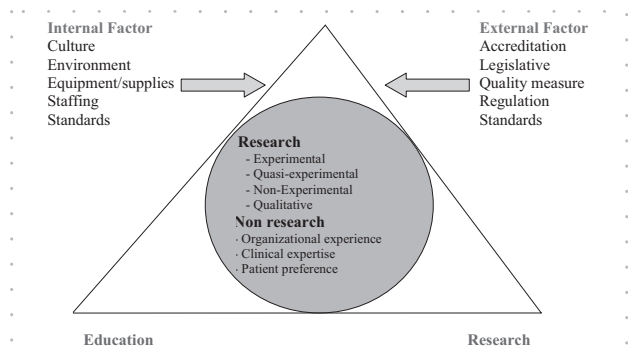
What are the barriers to implementing evidence-based practice?

- Lack of value for research in practice
- Difficulty in changing practice
- Lack of administrative support

- Lack of knowledgeable mentors
- Insufficient time to conduct research
- Lack of education about the research process
- Lack of awareness about research or evidence-based practice
- Research reports/articles not readily available
- Difficulty accessing research reports and articles
- No time on the job to read research
- Complexity of research reports
- Lack of knowledge about EBP and critique of articles
- Feeling overwhelmed by the process

Nursing Evidence practice Model

Practice



The Future of Nursing Leading Change, Advancing Health: Recommendations

1. Remove scope-of-practice barriers
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts
3. Implement nurse residency programs
4. Increase the proportion of nurses with a baccalaureate degree to 80% in 2020
5. Double the number of nurses with a doctorate by 2020
6. Ensure that nurses engage in lifelong learning
7. Prepare and enable nurses to lead change to advance health
8. Build an infrastructure for the collection and analysis of inter professional health care workforce data

The Problem – Transition to Practice: Promoting Public Safety

- 35 to 60% new nurses leave position in first year of practice, estimated replacement cost \$46,000 to \$64,000 per nurse
- 10% typical hospital's nursing staff comprised of new graduates
- New nurses' experience increased stress 3-6 months after hire, increased stress levels are risk factors for patient safety and practice errors.

CONCLUSION

Senior nurses are developing skills in evidence-based practice. However, the nursing culture seems to dis-empower junior nurses so that they are unable to develop autonomy in implementing evidence-based practice. Nurses face a real challenge when translating best evidence into clinical practice. For example, the relevant research-based databases are not comprehensive in many areas. Also, there is an ongoing explosion in the amount and type of information available. Bridging the gap from research to clinical practice can be accomplished by multiple means. One of the most common is incorporating evidence-based research into an organization's policies and procedures. There are also issues to consider when asking colleagues for advice—specifically, be mindful that their responses may be based on their personal experiences, their observations, what they learned in school, what was reviewed during nursing orientation, or myths and traditions learned in clinical practices.

REFERENCES

1. Berwick, D. M. (2003). Disseminating innovations in health care. *The Journal of the American Medical Association*, 289 (15), 1969–1975.
2. Centers for Disease Control and Prevention. (2002). Guideline for Hand Hygiene in Health-Care Settings. Retrieved January 3, 2006, from www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm.
3. Clifford, C., & Murray, S. (2001). Pre- and post-test evaluation of a project to facilitate research development in practice in a hospital setting. *Journal of Advanced Nursing*, 36 (5), 685–695.
4. Melnyk, B. M. & Fineout-Overholt, E. (2005). *Evidence-based practice in nursing and healthcare*. Philadelphia: Lippincott, Williams & Wilkins.
5. Sackett, D. L., Rosenberg, G., Gray, J. M., Haynes, R. B., and Richardson, W. S. (1996). *Evidence-based medicine: How to practice and teach EBM*. New York: Churchill Livingstone.
6. http://www.ncsbn.org/pdfs/Evidencebased_NSpector.pdf#search=%22evidence%20based%20practice%20in%20nursing%22
7. <http://www.med.yale.edu/library/nursing/education/ebhc2.html>

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