

EVIDENCE BASED NURSING PRACTICE

Praktyka pielęgniarska oparta na faktach

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STRESZCZENIE

W artykule przedstawiono pojęcia medycyny opartej na faktach (EBM) oraz opieki pielęgniarskiej opartej na faktach (EBNP). Wskazano ewolucję pojęć, metody wdrażania EBM i EBNP do codziennej opieki nad pacjentem oraz rolę pielęgniarki w tej opiece.

Słowa kluczowe: medycyna oparta na faktach, praktyka pielęgniarska oparta na faktach, badania w pielęgniarstwie.

SUMMARY

This paper presents the concept of evidence-based medicine (EBM) and evidence based nursing practice (EBNP). Pointed out the evolution of the concepts, methods of implementation EBM and EBNP for daily patient care and the role of nurses in this care.

Key words: evidence based medicine, evidence based nursing practice, nursing studies.

BACKGROUND

Within the nursing profession, it is expected that new information in the form of research findings will be incorporated constantly and knowledgeably into nursing practice. The staff nurse is a critical link in bringing research-based changes into clinical practice. Depending on the environment, a health care organization may or may not have the resources to ensure critical, succinct, reasonable evaluation and application of research findings as they relate to the point-of-care delivery. Health care organizations are beginning to create mechanisms to facilitate the process of information translation from the literature to practice [1].

Nursing has a strong tradition of focusing on various ways of knowing to provide excellent care. Carper identified four fundamental patterns of knowing in nursing: empiric, ethics, personal, and aesthetic patterns. More recently, Fawcett, Watson, Neuman, Walker, and Fitzpatrick updated and applied Carper's theory. *Empirical knowing* relates to factual descriptions, explanations, and predictions. *Ethics* refers to moral obligations, values, and desired ends. *Personal knowing* pertains to the genuine transpersonal relation between each nurse and each patient. *Aesthetic knowing* shows the nurse's perception of what is significant in the patient's behavior and also addresses the artful performance of nursing skills and ways of being. All these ways of acquiring, processing, reflecting, and evaluating nursing knowledge are important in developing a comprehensive clinical perspective. Evidence-based practice explores the empiric way of knowing, focusing on Methods of critically appraising and applying available data and research to understand and inform clinical decision-making better. Although it clearly is not the only way of knowing, evidence-based practice provides a way to frame and address questions about how to provide the best patient care [2, 3].

There are 7 Steps of Evidence-Based Practice:

- 1) cultivate a spirit of inquiry,
- 2) ask the question in the PICOT format,
- 3) search for and collect the most relevant and best evidence,
- 4) critically appraise the evidence,
- 5) integrate the best evidence with the healthcare provider's experience/expertise and patient preference,
- 6) evaluate outcomes of the practice decision,
- 7) disseminate the outcomes of the EBP decision.

OVERVIEW OF EVIDENCE-BASED PRACTICE

Evidence-based health care practices are available for a number of conditions such as asthma, heart failure, and diabetes.

However, these practices are not always implemented in care delivery, and variation in practices abound [4, 5]. Traditionally, patient safety research has focused on data analyses to identify patient safety issues and to demonstrate that a new practice will lead to improved quality and patient safety [6]. Much less research attention has been paid to how to implement practices. Yet, only by putting into practice what is learned from research will care be made safer [6]. Implementing evidence-based safety practices are difficult and need strategies that address the complexity of systems of care, individual practitioners, senior leadership, and – ultimately – changing health care cultures to be evidence-based safety practice environments [6].

Nursing has a rich history of using research in practice, pioneered by Florence Nightingale <http://www.ncbi.nlm.nih.gov/books/NBK2659/ch7.r6>. Although during the early and mid-1900s, few nurses contributed to this foundation initiated by Nightingale, the nursing profession has more recently provided major leadership for improving care through application of research findings in practice [7–9].

Evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions. Best evidence includes empirical evidence from randomized controlled trials; evidence from other scientific methods such as descriptive and qualitative research; as well as use of information from case reports, scientific principles, and expert opinion. When enough research evidence is available, the practice should be guided by research evidence in conjunction with clinical expertise and patient values. In some cases, however, a sufficient research base may not be available, and health care decision making is derived principally from nonresearch evidence sources such as expert opinion and scientific principles. As more research is done in a specific area, the research evidence must be incorporated into the EBP [10–14].

NURSING'S ROLE IN EBP

EBP encompasses multiple sources of knowledge, clinical expertise, and patient preference. The evaluation, synthesis, and application of evidence may sometimes seem daunting. The nurse seeking the best available evidence at the bedside or policy table cannot expect to find easy answers. Nurses need to participate actively in how ideas surrounding the use of evidence evolve within the unit and organization. Nurses need to be active, skilled, and enlightened players. Managing the uncertainty that often surrounds clinical decisions is critical; nurses cannot afford to be intimidated or hesitant. Exploring ways to systematize the

use of evidence (or deal with a lack of evidence) to promote optimal decisions excludes no source of knowledge or theory.

EBP integrates all decision makers who influence patient outcomes and system operation. Nurses are central to patient care and have strong incentives to use evidence and collaboration to support their decisions. Nurses have much to share and cannot afford to isolate themselves. Nursing as a profession has made a strong contribution to the collective understanding of how best to support decision making based on the best available evidence [15–18].

CONCLUSION

Although the science of translating research into practice is fairly new, there is some guiding evidence of what implementation interventions to use in promoting patient safety practices. However, there is no magic bullet for translating what is known from research into practice. To move evidence-based interventions into practice, several strategies may be needed. Additionally, what works in one context of care may or may not work in another setting, thereby suggesting that context variables matter in implementation.

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