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Recommended Citation
Spear, Hila J., "Evidence-Based Nursing Practice: Making Progress and Making a Difference" (2006). *Faculty Publications and Presentations.* Paper 1.
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View Point Article

Evidence-Based Nursing Practice: Making Progress and Making a Difference

Hila J. Spear, RN, PhD

A few years ago, a colleague of mine, an editor of a nursing journal, and I discussed the widely recognized need to promote an evidence-based nursing practice culture, particularly among nurses at the bedside. Based on her interactions with other nurses and nurse administrators, she concluded that interest in evidence-based practice was at best lukewarm. Since that conversation, as a researcher, clinician, and member of a hospital research council, experience suggests that as a profession nursing has made some progress, but challenges and issues remain.

With the promotion of evidence-based care, nurses individually and collectively are asking critical questions of clinical practice and are steadily moving away from a mentality of "that's the way we've always done it." On the other hand, some nurses indicate that their practice is evidence-based because they participate in clinical trials or health care initiatives handed down from other medical or academic institutions. Although nursing support of, and involvement in, research activities related to clinical trials and established practice protocols is important, nurses should be encouraged to independently question and examine the scientific literature and other evidence germane to their own unique nurse–patient experiences and observations. They must acquire the knowledge and skills necessary to make evidence-based nursing an inherent part of their day-to-day practice. Furthermore, with proper mentoring and guidance, nurses can venture beyond the roles of knowledge gatherers and consumers, and may become knowledge generators by engaging in primary nursing-focused research.

Hospital staff nurses ($N = 86$) employed in the southeast region of the United States participated in an unpublished survey that was conducted by the author on attitudes and perspectives regarding evidence-based practice. Similar to the findings of other studies (e.g., McCaughan et al. 2002; Gerrish 2003), these participants consistently identified lack of time and limited knowledge about research and statistics as barriers to evidence-based practice. Frequently, nurses reported that they had not received information about evidence-based practice or research while in nursing school. Despite perceived barriers, the nurses surveyed also expressed great interest in and appreciation for nursing practice based on research evidence, providing confirming statements like "evidence-based practice is important to our profession, practice, and most important, to ensure quality and appropriate care for our patients." Other nurses shared examples of positive patient care indicators such as significantly decreased infection rates and increased patient satisfaction that came about because of the utilization of broad-based evidence which included research studies, patient preferences, and clinical expertise.

Comments made thus far paint a rather rosy picture of evidence-based nursing practice; however, it is realized that this may not necessarily be the norm across the United States, let alone worldwide. Of course, over the past few decades, not all nurses have embraced evidence-based practice. Lingering confusion and ambiguity about the distinctions between evidence, research, knowledge, and a wide array of frameworks for implementation persist (e.g., French 2002; Scott-Findlay & Pollock 2004). No doubt, the sometimes convoluted language, lack of clarity, and overlapping models related to evidence-based practice can be daunting. Beyond negative assessment of terms and definitions, there are those who have voiced critical views about the concept of evidence-based practice itself.

Rolfe (2002) asserted that evidence-based practice "appears to encourage and accept a wide range of different forms of evidence as of equal worth, whereas its hidden agenda is to promote a strict hierarchy with the RCT (randomized controlled trial) at the top" (p. 274). Aside from his implication of duplicity, Rolfe's criticism is understandable, as nursing care is a holistic and complex phenomenon that often does not fit within the philosophical tenets of logical positivism. Clearly RCTs have their place, but nurses are encouraged to value and utilize a wider range of evidence. For example, Rycroft-Malone et al. (2004) described aspects of knowledge generated not only by research, but also evidence derived from "clinical experience, patients,

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Accepted December 13, 2005
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1545-102X1/06

clients, and carers, and local context and environment" (p. 83). Likewise, McCourt (2005) advocates a more open approach to knowledge development relative to evidence-based practice, and recommended that more complex and less linear methods be employed.

According to Zeitz and McCutcheon (2003), evidence-based practice is not an immediate solution to changing practice for the better. These authors stated that although evidence-based practice is currently in vogue and promoted in a number of nursing venues, it seems to have minimal influence on everyday nursing care. To illustrate their point, Zeitz and McCutcheon stated that longstanding protocols related to assessment of postoperative vital signs continue to be founded on tradition, not evidence. Nonetheless, even those who are skeptical about the virtues of evidence-based practice concede that it is at least a step in the right direction as far as improving the quality of care and related outcomes is concerned. Despite the semantics and differing opinions on what evidenced-based practice is, is not, or should be, it could be suggested that today nurses render care that is increasingly driven by scientific research and other systematically generated evidence.

Magnet status, a coveted designation granted by the American Nurses Credentialing Center, has been instrumental in a greater emphasis on research and the adoption of an evidence-based model of nursing care (Turkel et al. 2005). M. Doolittle, Senior Specialist, International Programs, American Nurses Credentialing Center (personal communication, 2005) confirmed that, although eligible, no facilities in Europe have been awarded Magnet status, and stated, "The Magnet standards and criteria are, indeed, transferable across settings and cultures." She noted that a hospital in Brisbane, Australia received Magnet designation in January 2004. Though regarded as the gold standard for quality nursing care and services, only approximately 3% of the 6000 hospitals in the United States have achieved Magnet status. Moreover, the financial and human capital investment required to ready an institution for this award makes it cost-prohibitive for some institutions. Hence, though obtaining and maintaining Magnet status has become synonymous with nursing practice guided by research and an evidence-based approach, it is not a panacea. The link between Magnet status is complicated; it is fair to state that there will always be factions of the nursing population within Magnet institutions that do not necessarily provide patient care founded on an evidence-based practice paradigm.

Nurses do seem to have "jumped on the bandwagon" toward evidence-based practice. Perhaps, unlike the polarizing topic of a standard, uniform educational requirement for practice as a professional nurse, evidence-based practice is a problem-solving approach designed to enhance the profession of nursing and to promote quality patient care which nurses can agree upon without feeling threatened. Some countries, particularly the United States and the United Kingdom, continue to grapple with and hotly debate the notion of mandating the baccalaureate degree for entry into practice as a registered nurse (Spear 2003). It is difficult for nurses, regardless of type of educational background, to argue that the delivery of nursing care should not be based on scientific research and the best evidence available. Though nurses in general seem to have favorable attitudes toward evidence-based practice, knowledge and exposure to concepts relative to an evidence-based approach and research vary across the different levels of nursing education. Therefore, the variable of nursing education must be taken into account when developing and implementing interventions designed to foster an interest in research and to facilitate an evidence-based mode of practice.

Evidence-based nursing practice is becoming a more visible part of the universal nursing environment (Kitson 2004), yet disparity remains between evidence-based best possible care and actual care rendered (Lee 2003; National Healthcare Quality Report 2004). While across nursing specialties, numerous articles have been published on improved patient outcomes due to the implementation of evidence-based practice, ongoing efforts to promote appropriate, safe, and effective practice based on legitimate evidence are warranted (Bucknall et al. 2004; Global Health and nursing research priorities research paper 2005). Even so, experience indicates that there is cause to be optimistic about the future of nursing regarding the level of interest in and commitment to the promotion of an evidence-based culture. Granted there are thorny issues, especially related to numerous definitions and models, lack of agreement as to what constitutes acceptable evidence, the fragmented state of nursing education, and the task of gaining buy-in from those who are reluctant to make evidence-based nursing an essential component of their professional practice. Nevertheless, nursing appears to acknowledge and value the need to continue the pursuit of evidence-based practice.

Krugman (2005) stated, "Our patients depend on us to do the best on their behalf. If we do not take accountability for our practice—continually examining what is the best way to deliver care—we are limiting our role to technical skills and not fully actualizing our professional role. Evidence-based practice is essential to practicing safely as nurses" (p. 4). In agreement, it is believed that evidence-based practice has been and continues to be a positive influence for nursing. It is making a difference in how nurses practice and how they think about practice. Steadfast commitment to a comprehensive evidence-based practice

approach is congruent with quality care, better patient outcomes, professional empowerment and satisfaction, and excellence in nursing practice.

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