Fast Facts for Evidence-Based Practice in Nursing

Implementing EBP in a Nutshell

Second Edition

Maryann Godshall
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FAST FACTS FOR EVIDENCE-BASED PRACTICE IN NURSING
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I would like to dedicate this book to the bedside nurse—whether a new graduate or a long-time, dedicated professional, who seeks to achieve excellence in nursing practice or to further educational goals by completing an advanced nursing degree. This is for you.
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Preface

As a practicing nurse, I realize every day the importance of using the best evidence to deliver excellent-quality care to my patients. As an educator, I assist nurses in achieving their goal of obtaining their BSN. While teaching a course titled Evidence-Based Nursing Practice, I discovered that many of my students had never taken a basic research course. Indeed, they were fearful of research. I also had difficulty finding a suitable textbook that was written at the appropriate level and clearly explained the sometimes complex topics involved in research.

As a result, I decided to write my own book—one that nurses could use to understand basic research concepts, to assist them in obtaining “evidence” about their current daily practice, and to help them develop evidence-based practice (EBP) projects.

This book aims to assist both the experienced bedside nurse and the recent graduate in understanding EBP and in embracing its implementation as a means of improving the quality of patient care. For the bedside nurse who may have significant clinical experience but may not have had the opportunity to take a research course, this book will serve as a guide to understanding the language and process of research. Alternatively, for the new nurse graduate, who may have taken a research course but may not have significant clinical experience, this book will serve as a useful reference in the workplace.
The book reviews the process of EBP, which involves defining a clinical situation of interest, formatting a good clinical question, conducting a literature search (i.e., finding the evidence), reading and critiquing research findings or published research reports (or both), and deciding if the “evidence” warrants a change in practice. This book also reviews basic research terms and principles.

The newly qualified nurse researcher may find this book useful in implementing new research to create evidence when none is yet available. It is my hope that this book will empower the reader to become comfortable with research reports and the research process and to embrace and use research to suggest enhancements to the quality of patient care in the clinical environment.

This book is organized to assist bedside nurses in understanding and developing EBP projects that relate to their patient populations. It delivers a wide scope of EBP content in the abbreviated style of the Fast Facts book series, developed by Springer Publishing. Short chapters offer key content using helpful headings and tables. “Fast Facts in a Nutshell” highlight important concepts and points in every chapter. Basic quantitative and qualitative research approaches are presented, as is an overview of EBP. This includes identifying the “compelling question,” finding and critiquing the evidence, and exploring the importance of disseminating what you have found to your colleagues and professionals throughout the world. This book also attempts to demystify systemic reviews and to explain how to conduct database searches. The book has been classroom tested and used in both live and online course formats.

Maryann Godshall
I would like to acknowledge the RN students in my EBP course, who were the reason this book was developed. The goal was to develop an EBP book to meet the needs of the typical bedside nurse. I would like to thank Margaret Zuccarini, who listened to my idea and encouraged me to write this book. I would also like to thank Kris Parrish and Joe Morita for their assistance in preparing this second edition and making it the best it can be. Without all of these people, this dream would not have become a reality. Thank you all.
Introduction to Evidence-Based Practice

Every day, nurses are on the front line of patient care. It is the nurse who first notices a change in patient status. It is the nurse who implements and then evaluates the effectiveness of interventions. Often, nurses wonder who determines how nursing is practiced or why procedures are performed a certain way. A nurse might think, “It would be so much better if we did this procedure a different way.” Did you ever wonder how you might change or influence the way patient care is delivered? New evidence comes into play every single day at the bedside as technology changes, research evolves, and patients present with new and unique disease processes. Nurses who rely simply on the knowledge learned during their basic education quickly become outmoded. We have all evolved from simple patient care practitioners to nurse scientists. To be a proficient and informed nurse scientist you need to remain current with the latest research and treatment modalities. Simply doing things “because we have always done them that way” is an outdated thought process. Today, we must base our nursing and patient care on the latest evidence-based nursing research. If you have ever asked yourself such questions or wondered about practice issues, evidence-based practice (EBP) can be your roadmap to
In this chapter, you will learn:

1. The history of EBP
2. The definition of EBP
3. How to use EBP
4. An example of EBP
5. The requirements for EBP
6. Models of EBP
7. Controversies surrounding EBP
8. A rating system for the hierarchy of evidence in EBP
9. The limitations of EBP
10. EBP and Magnet™ hospital designation

BRIEF HISTORY OF EVIDENCE-BASED PRACTICE

A cornerstone of the evidence-based movement was laid by Dr. Archie Cochrane, a British epidemiologist. Cochrane struggled with the efficacy of health care and challenged patients to pay only for care that was judged effective through proven methods. In 1972, Cochrane published a landmark book, Effectiveness and Efficiency: Random Reflections on Health Services, that criticized the medical profession for not conducting rigorous reviews of research evidence, so that organizations and policymakers could reach valid decisions about health care. Cochrane strongly advocated determining preferred treatment and practice by using evidence from randomized clinical trials (RCTs). His support of the development of a system to systematically organize this information led to the creation of the Cochrane library (www.cochranelibrary.com/).
In 1993, the Cochrane Collaboration was established to support international efforts to improve health care throughout the world. More than 11,000 people have contributed to the collaboration. Cochrane reviews bring together research on the effects of health care and are considered the gold standard for determining the effectiveness of different interventions (Cochrane Collaboration, 2015a).

Research Utilization and Nursing

During the 1980s, the field of nursing supported efforts to apply research findings to practice. This process, called research utilization, uses some aspect of a study in a manner unrelated to the intent of the original research. It may result in changing practice based only on the findings of a single research study (Barnsteiner & Prevost, 2002). Research utilization also focused on translating the extant research to practice instead of systematically determining the worthiness of findings of the research prior to implementing it into practice (Beyea & Slattery, 2013). As research is conducted over time, evidence accumulates about a particular topic (Polit & Beck, 2012) that can be used to varying degrees in clinical practice. For example, after reading a qualitative research article about the implications of hope for inpatients with long-term chronic illnesses, a nurse may be more aware of the importance of maintaining hope when working with these patients. As a result, the nurse may become more aware of how his or her actions may affect patients’ feelings of hopefulness. Through research utilization, the nurse may then change his or her actions based on the reading of this one research article. This may not have been the original intent of the research project. Note that this example illustrates an instance in which the nurse demonstrates a greater awareness of the care he or she delivers. A nurse would not change the actual physical care of a patient without a change in an approved protocol, but a physician might.

The difference between research utilization and EBP is that research utilization may lead to changes in practice.
that are based on the results of one study, whereas EBP answers a clinical question based on an in-depth literature search conducted to find all relevant current research evidence related to that problem. So, although research utilization was an important concept to nursing, the EBP movement has led to important changes in clinical actions and practice as a result of collaboration among the disciplines. Today, most baccalaureate nursing programs have a required research course, which was not the case years ago.

Health care insurers and regulators have placed an emphasis on providing evidence-based care, especially where a cost savings can be found. The goal of improving care, decreasing costs, and promoting high-quality care should lead to shorter hospital stays and save insurance dollars. Health care institutions have focused on encouraging health care workers to develop methods for implementing evidence-based interventions, such as utilizing proper handwashing procedures to reduce the risk of transmission of microbes to patients (Beyea & Slattery, 2013).

Evolution from Research Utilization to Evidence-Based Practice

Because EBP is broader than research utilization, nursing professionals began to actively explore the advantages of reviewing and analyzing all of the available evidence on a given topic or problem before taking steps to recommend a change in practice. Thus, EBP represented a major paradigm shift for health care education and nursing practice. As the profession of nursing has evolved, nurses have become better educated and more involved in critiquing research studies. The purpose of critiquing is to analyze a study for flaws, evidence of bias, or other variables that might have affected the results. Polit and Beck (2012) note that a skillful clinician can no longer rely only on experience or a repository of memorized information, but must now be adept in accessing, evaluating, synthesizing, and applying new research evidence.
51. INTRODUCTION TO EVIDENCE-BASED PRACTICE

Translating research evidence into actual nursing practice is a challenging process. Some resources are available to help implement EBP, including integrative reviews, systematic reviews, meta-analyses, and clinical practice guidelines.

- **Integrative reviews** are scholarly papers that offer generalizations about substantive issues based on a set of relevant studies. They synthesize published studies and articles to find answers to questions of interest. They are frequently found in peer-reviewed professional publications (Mileham, 2009).

- A **systematic review** is a state-of-the-art summary of all the research information available at a given time on a particular subject. This is not a literature review, but a review of actual research studies. All items in a systematic review address a specific clinical question. A systematic review attempts to cover all the evidence available. Systematic reviews can be found online at the Joanna Briggs Institute (www.joannabriggs.org) and the Cochrane Collaboration Center (http://community.cochrane.org/handbook). The Cochrane Collaboration primarily addresses questions on the effectiveness of interventions or therapies and has a focus on synthesizing evidence from RCTs (Cochrane Collaboration, 2015b). The Briggs Institute includes other study designs and evidence derived from different sources in its systematic reviews (Aromataris & Pearson, 2014). It is important to consider the source of a systematic review, particularly the credentials of the individual conducting the review and the integrity of the sources searched.
1. INTRODUCTION TO EVIDENCE-BASED PRACTICE

- A **meta-analysis** is a combination of the results of studies into a measureable format that statistically estimates the effects of proposed interventions and then critically reviews them to minimize bias. It is different from an integrative review in that it includes works that are similar or identical, so that a statistical comparison can be made (Schmidt & Brown, 2009).

- **Clinical practice guidelines** (CPGs) are available to help guide clinical practice. As with systematic reviews, they distill a large amount of evidence into a manageable and usable format. CPGs are **practice recommendations based on the latest and best medical evidence available**. They can be used to guide clinical practice and clinical decision making that affects the diagnosis, treatment, prevention, or management of a particular medical issue or condition. This involves balancing the benefits and risks of an EBP decision. CPGs usually are based on systematic reviews and give specific practice recommendations and prescriptions for evidence-based decision making (Polit & Beck, 2012). CPGs are developed to help guide clinical practice even when only limited evidence is available. As multiple guidelines are being developed for the same topic, the same rigor must be used to critically appraise them as would be used in appraising a research article.

**FAST FACTS in a NUTSHELL**

Sources for CPGs include the National Guideline Clearinghouse (www.guideline.gov), the Registered Nurses Association of Ontario (www.rnao.org/bestpractices), the Canadian Medical Association (www.cma.ca/En/Pages/clinical-practice-guidelines.aspx), and Translating Research into Practice (www.tripdatabase.com/index .html). There are also guides specific to such specialties as, for example, women’s health and neonatal nursing.

EBP is based on a comprehensive review of research findings that emphasizes intervention, RCTs (the gold standard), integration of statistical findings, and critical decision
making about the findings based on the strength of the evidence, tools used in the studies, and cost (Jennings, 2000; Jennings and Loan, 2001). Basic steps involved in implementing EBP are listed in Table 1.1.

**TABLE 1.1 Seven Steps of Evidence-Based Practice**

1. Ask or identify the important clinical question.
2. Collect the best and most pertinent evidence.
3. Critically analyze and rate the evidence.
4. Integrate the evidence with your own clinical expertise, patient knowledge, and patient values in making a practice decision or recommending a change.
5. Implement your practice change, if authorized.
6. Evaluate how the practice change has influenced or affected your practice area.
7. Disseminate and share this evidence with your peers and colleagues.
1. INTRODUCTION TO EVIDENCE-BASED PRACTICE

Steps and procedures in many of these models are similar; what differs is how these perspectives translate research into practice (Polit & Beck, 2014). Methods for implementing EBP and for asking the important clinical question are summarized below and explored in detail in later chapters of this book.

DEFINITION OF EVIDENCE-BASED PRACTICE

The definition of EBP varies in relation to the concepts included. A search of the literature reveals that most definitions include (a) a focus on either the patient or the practitioner or (b) three components: research-based information, clinical expertise or practice, and patient care. Melnyk and Fineout-Overholt (2010) define EBP as an “approach that enables clinicians to provide the highest quality of care in meeting the multifaceted needs of patients and families” (p. 3). An article by Melnyk (2003) states that EBP is “a problem solving approach to clinical decision making that incorporates a search for the best and latest evidence, clinical expertise and assessment, and patient preference and values within a context of caring” (p. 149).

Sigma Theta Tau International (2005), in a position paper, defines evidence-based nursing as “an integration of the best evidence available, nursing expertise, and the values and preferences of the individuals, families and communities who are served.” This takes into account not only the
research-based evidence, but also the situations nurses face when implementing best practices with people of various cultures, needs, and health care preferences. Sigma Theta Tau considers evidence-based nursing as a foundation for nursing practice.

Rutledge and Grant (2002) define EBP as “care that integrates best scientific evidence with clinical expertise, knowledge of pathophysiology, knowledge of psychosocial issues, and decision making preferences of patients” (p. 1). This definition expands EBP to include consideration of pathophysiology and psychosocial issues in the decision-making process. Magee (2005) directs the definition toward physician care versus nursing care and states that EBP is “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patients” (p. 73). Pravikoff, Tanner, and Pierce (2005) offer a simplified definition of EBP as “a systematic approach to problem solving for healthcare providers, including RNs, characterized by the use of the best evidence currently available for clinical decision-making in order to provide the most consistent and best possible care to patients” (p. 40). Ingersoll (2000) includes both the patient and the practitioner in her definition, stating that EBP is “the conscientious, explicit, and judicious use of theory driven research-based information in making decisions about care delivery to individuals or groups of patients and considers individual needs and preferences” (p. 152).

After considering these definitions, how can we define EBP for nursing? Quite simply, EBP is using the best available evidence to guide clinical practice so that patients receive the best possible nursing care. It is important to differentiate among the terms evidence-based practice, evidence-based medicine, and evidence-based nursing, as they should not be used interchangeably. Evidence-based medicine is how physicians practice medicine. Evidence-based practice refers to physicians’ or nurses’ use of evidence to guide practice. Finally, evidence-based nursing emphasizes nursing interventions that are based on the best evidence.
HOW DO I PARTICIPATE IN AN EVIDENCE-BASED PRACTICE?

Think of a clinical situation that generated questions in your mind for which you had no answers. There are several ways that you might try to find an answer to your question(s), including:

- Asking an authority or expert in the field
- Consulting a textbook
- Looking for an article in a nursing journal
- Looking for an article in a scholarly journal
- Asking a nursing peer
- Using simple trial and error
- Using your intuition, judgment, or reasoning skills to solve the problem yourself

As you can see, these responses are varied. In nursing, especially if time is critical, nurses may be required to make the best judgment at a particular moment. But, is this best practice? In making such a decision, does the nurse act in a routine manner in following accepted practice, or as an individual who takes the steps to find answers to questions, thereby promoting the knowledge base of nursing? By using research evidence to guide practice, nurses can provide patients with the best interventions possible based on current research.

EBP uses current research findings as the basis for practice rather than using “acceptable standards” of practice. In essence, the latter meant doing things because “that is how we have always done them.” Nurses may make specific decisions in caring for patients because they have been taught that the expert nurses’ experience “works the best.” Those expert experiences are important and valued, but in the context of EBP they now are considered evidence that needs to be substantiated or validated through research and research dissemination in professional, scholarly, academic, and peer-reviewed publications. As the amount of evidence increases, so will EBP increase across professional nursing.
AN EXAMPLE OF EBP IN ACTION: SALINE VERSUS HEPARIN FLUSHES

Numerous studies have examined whether intermittent intravenous infusion reservoirs (heparin locks or wells) remain as patent with flushes of normal saline solution as with use of a heparin lock solution. Research evidence has demonstrated that saline flushes are as effective as heparin flushes for maintaining peripheral intermittent infusion devices using catheters larger than 24 gauge. This topic has been studied frequently in children (Wong, 2002). Lombardi, Gunderson, Zammett, Walters, and Morris (1988) conducted a sequential, nonrandom design of 74 catheter sites and found no difference in patency of catheters sized 20 to 24 gauge. In fact, there was a tendency for phlebitis to develop more often (13 versus 7 sites in the normal saline group) when using heparin flush solutions. Danek and Norris (2002) examined 160 infusion devices and found no difference in patency of 22-gauge catheters. These findings were also supported by McMullen, Fioravanti, Pollack, Rideout, and Sciera (1993), Hanrahan, Kleiber, and Fagen (1994), and Robertson (1994). Beecroft, Bossert, and Chung (1997) carried out a collaborative study involving nine hospitals and 451 subjects and found that heparin-maintained (10 units/mL and 100 units/mL) catheters sized 22 and 24 gauge remained patent longer than did catheters that used saline alone as a flush. A randomized controlled trial by Mok, Kwon, and Chan (2007), two of whom are clinical nurses and one a nursing professor, found no significant differences in the longevity of catheter patency or incidence of intravenous complications of 123 intravenous locks maintained with saline flush or heparin flush (1 unit/mL or 10 units/mL).

Now, if you ask who first questioned the practice of using heparin flushes or whether saline flushes might be as effective as heparin flushes, you will learn that it was a nurse. This is just one example of how a nurse’s observations and subsequent questioning changed nursing practice. Your observations or ideas, too, can change practice by initiating the question, conducting a literature review based on that
question, examining the evidence and, if no evidence exists, suggesting that research studies might be needed to create the evidence to substantiate your hunch or idea.

**FAST FACTS in a NUTSHELL**

As a nurse embarking on EBP, it is important for you to first understand the basic concepts of research and how to rate or evaluate the evidence before suggesting that it be used to guide practice. Understanding nursing research will enable you to better apply research findings in your everyday practice.

**REQUIREMENTS FOR AN EVIDENCE-BASED PRACTICE STUDY**

The move toward EBP means, by definition, that anyone can conduct an exhaustive search of the literature and analyze the findings to determine the best evidence. A hospital librarian or nursing colleague can assist you in getting started to find research articles. A novice, who does not have the background or perhaps does not understand basic research methods, should ask a more experienced mentor for assistance in evaluating such research. Always remember that an EBP project requires an exhaustive, systematic, and analytical review of the literature. Although a single study should never result in a change in practice, the results of one study might provide the impetus to look at a current clinical process, construct a clinical question, and conduct further research that might support or invalidate the findings of that one study.

**FAST FACTS in a NUTSHELL**

One research study should never change nursing clinical practice. A researcher must collect and analyze a complete review of the literature and then determine if this evidence has merit and should actually change practice.
The seasoned nurse must use sound reasoning and clinical judgment. Benner, Tanner, and Chesla (2009) describe clinical judgment as the way in which nurses come to understand and respond in concerned and involved ways based on salient information in a situation. Clinical judgment should encourage use of all types of available knowledge on which decisions can be based. The nurse’s knowledge of patients or clients as people takes into consideration both cultural and ethical values in every step of the nursing process (Benner et al., 2009). For example, although research might show that a particular intervention is effective in reducing complications of stroke, this same intervention might not be acceptable in populations whose religious or cultural beliefs oppose this type of intervention.

CONTROVERSIES SURROUNDING EVIDENCE-BASED PRACTICE

Evidence-Based Practice as a “Cookbook” Approach to Care

One controversy about EBP is that it offers a so-called cookbook approach to care and may override the individualization of care. Clinical decisions should be based on the evidence, as well as on a response to specific clinical situations or patients (Melnyk & Fineout-Overholt, 2005). It could also be argued that EBP might discourage attention to cultural issues, but nursing care must consider cultural variations in every given situation.

No Evidence

Another important controversy surrounding EBP is that no evidence may exist pertaining to a particular clinical question or that the purported evidence or research published on the clinical topic of interest may be weak, poorly structured, or flawed. Another concern is that existing evidence may be too limited to serve as the basis for changing practice. For
some topics of interest, there may be just one published research study. While you may be excited to find research on your topic of interest, it is important to critically evaluate the research that you have found. How do you conduct a critical evaluation to determine if it is good research? There are protocols to follow when evaluating research. If the research is not considered “good”—that is, reliable—then there is a need for a research study to be conducted on your clinical question, so that good evidence can be generated and published.

Randomized Clinical Trials

Some experts argue that because an RCT is the gold standard for evaluating EBP results, other research methods should essentially be ignored. Using this reasoning, qualitative research studies that yield valid and important evidence in exploring the problem under consideration might be disregarded in place of an RCT. However, integration of evidence relevant to nursing practice is a key component of EBP. Nurses must pay attention to all types and levels of evidence and not simply look for or use only RCTs, even though they are considered the highest level of evidence. In addition, the prudent nurse researcher should consider evidence from all disciplines, as well as all types of research methodology, to gain a thorough understanding of the available literature on the clinical question. The hierarchy and rating system for evaluating research evidence is provided in Table 1.2.

Finally it might be argued that EBP does not consider nursing theory as well as humanistic aspects of care. For those interested in nursing theory, very few research studies are based on or use nursing theory. This is another issue and concern voiced by the nursing profession.

Evidence-Based Practice and Magnet Hospital Designation

Twenty-five years ago, the American Nurses Credentialing Center (ANCC) developed the Magnet Recognition Program®
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as a way of highlighting health care organizations that achieve a hallmark of excellence for nursing practice and professional development. To attain Magnet status, hospitals must demonstrate quality nursing care through EBP. This includes patient care delivery that is guided by the integration of best evidence, clinical care decisions based on critical thinking, and improved patient outcomes. Evidence-based practice committees have emerged as a way to provide a systematic approach for enabling new evidence to reach the bedside nurse. For ANCC Magnet reapplication, the focus is placed more strongly on clinical outcomes. The Magnet program encourages nurses to guide their clinical practice and make recommendations. An EBP committee becomes the best mechanism for integrating best evidence into clinical practice settings and keeps nurses actively involved in improving patient outcomes (Wise, 2009).

LIMITATIONS OF EVIDENCE-BASED PRACTICE

Limitations of EBP include a shortage of good, coherent, and consistent scientific evidence in support of nursing practice.

<table>
<thead>
<tr>
<th>TABLE 1.2. Rating System for Hierarchy of Evidence</th>
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<tbody>
<tr>
<td>Level 1: Evidence from a systematic review or meta-analysis of all relevant RCTs or established EBP clinical guidelines</td>
</tr>
<tr>
<td>Level 2: Evidence obtained from at least one well-designed RCT</td>
</tr>
<tr>
<td>Level 3: Evidence obtained from a well-designed controlled trial without randomization or a systematic review of correlational/observational studies</td>
</tr>
<tr>
<td>Level 4: Evidence from well-designed case-control and cohort studies that are correlational or observational</td>
</tr>
<tr>
<td>Level 5: Evidence from systematic reviews of descriptive, qualitative, or physiological studies</td>
</tr>
<tr>
<td>Level 6: Evidence from a single descriptive, qualitative, or physiological study</td>
</tr>
<tr>
<td>Level 7: Evidence from the opinion of authorities/experts or case reports of expert committees, or both</td>
</tr>
</tbody>
</table>

Adapted from Polit and Beck (2014); Melnyk and Fineout-Overholt (2010).
There is also difficulty in applying the evidence obtained to individual patients in particular clinical situations (Fain, 2009). Some nurses are hesitant or might even refuse to consider using EBP in their nursing practice and care. It is important to understand why this occurs. The reasons nurses give for not using research findings in their clinical practices are listed in Table 1.3.

### FAST FACTS in a NUTSHELL

Pravikoff, Tanner, and Pierce (2005), in a report entitled “Readiness of U.S. Nurses for Evidence-Based Practice,” summarized their findings from a random sample of 3,000 nurses in the United States. They concluded that while registered nurses (RNs) generally acknowledge the need for information in order to assure effective practice, they simply were not prepared to use the information resources available to them.

### TABLE 1.3 Reasons Why Nurses Do Not Use Research Findings in Their Practices

1. Nurses may not know or be aware of research findings.
2. Nurses in practice do not usually associate or communicate with those who produce research findings.
3. Nurses lack the ability to locate and find relevant research reports.
4. Research is often in language that is not clinically meaningful.
5. Nurses do not understand research methods and have never had formal research classes in their nursing schools.
6. Nurses lack the value for research in practice.
7. Computer databases are not readily accessible to the nurse.
8. Nurses lack the basic knowledge to use information technology.
9. Nurses have no time to obtain this information.
10. Nurses do not understand exactly what EBP is.
11. People have a fear of the unknown and a fear of change. By understanding these processes, fear can be alleviated.

Adapted from Fain (2009); Pravikoff, Tanner, and Pierce (2005)
The reasons why RNs were generally unprepared for EBP include:

- Limited time availability
- Little or no education or training in information retrieval or accessing computer databases
- Lack of needed basic computer skills
- Limited access to high-quality information resources or databases
- Attitudes that did not value or understand research

Pravikoff and colleagues (2005) felt this could be attributed to the rapid technological changes over the past 10 to 15 years, along with the failure of nursing education programs to prepare students at all levels to understand and value research-based practice versus a practice based on tradition, intuition, and nursing experience.

**FAST FACTS in a NUTSHELL**

So, now is the time for you to learn about basic research principles and to increase your understanding of what EBP is all about. This book will guide you in unlocking the mysteries of EBP and help you understand how evidence can be used in your clinical area to change or improve practice. Let’s get started in determining how EBP can be used by working through some examples of how an evidence-based project might begin.

Once you have explored the beginnings of an EBP project in the next few chapters, you will learn why it is important to pay careful attention to overcoming the barriers to implementing EBP. Methods and suggestions to do so will be discussed in detail in Chapter 8.