

Evidence Synthesis and Its Role in Evidence-Based Health Care



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KEYWORDS

• Evidence-based health care • Best practice • Nursing

KEY POINTS

- The central role of evidence synthesis (or the systematic review of evidence) in evidence-based health care (EBHC) is often poorly understood by clinicians, academics, and researchers.
- There are numerous examples in the literature of poorly conceived and/or executed systematic reviews and of a lack of awareness of the international standards developed by the international leaders in systematic reviews.
- Most advanced economies—and many low- and middle-income countries—currently identify EBHC as an important component of modern health systems.
- The core of evidence-based practice is the systematic review of the literature on a particular condition, intervention, or issue.

INTRODUCTION

This issue of *Nursing Clinics of North America* focuses on evidence-based health care (EBHC) and the central role of evidence synthesis in this worldwide movement that seeks to improve health outcomes through getting the best available evidence into action in policy and practice. Reflecting the international and cross-disciplinary nature of EGHC, contributing authors come from across the world and from a variety of specialties.

In nursing and all of the health professions, regardless of field or specialty, there is a vast amount of new knowledge created every day. Decision making in health care has

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changed profoundly over the years for both health professionals and consumers; not only are they expected to make decisions that are based on the best available evidence, but they are also required to review such decisions as new evidence comes to light. The promotion of evidence-based practice, which stems from A.L. Cochrane's work in relation to evidence-based medicine, is gaining momentum in most Westernized countries. Cochrane¹ argued that as resources for health care are limited, they should be used effectively to provide care that has been shown, in valid evaluations, to result in desirable outcomes. In particular, he emphasized the importance of randomized controlled trials in providing reliable information on the effectiveness of medical interventions.

The movement toward EBHC practice thus focuses on the need for all health professionals to use those interventions that are supported by the most up-to-date evidence or knowledge available. The evidence-based approach acknowledges the difficulties faced by busy practitioners in keeping up to date with an ever-growing literature in health care and emphasizes the importance of providing them with condensed information gathered through the systematic review of the international literature on a given topic.

Although there is an international focus on a formalized and multidisciplinary approach to the conduct of systematic reviews and dissemination of evidence-based information, until recently, most activity has been in relation to medicine and evidence-based practice has largely been a synonym for evidence-based medicine. This is changing, however, with nurses and allied health professionals taking increasing interest in establishing an evidence base for their practice, and pursuing strategies to utilize evidence in practice.

THE EMERGENCE OF EVIDENCE-BASED PRACTICE IN THE UNITED STATES AND INTERNATIONALLY

Developments in health care in most Westernized countries over the past 20 plus years have been driven by a desire to minimize unnecessary variability in practice and service delivery and to increase effectiveness.

In the United States, high-cost research and development programs were funded in the early 1990s to develop clinical guidelines generated from systematic reviews, and medical practitioners were encouraged to utilize the synthesised evidence within these guidelines in their daily practice. Thus, until 1995, there was an established strategy in place to review international literature and conduct meta-analyses to generate clinical guidelines based on best available evidence. This was led largely by the Agency for Health Care Policy and Research (AHCPR), which existed between 1989 and 1999, through its funding of Patient Outcomes Research Teams (PORTs). PORTs identified priority health problems and then reviewed and synthesized available research, analyzed practice variations, and developed and disseminated practice guidelines. This program of work came to an end in 1995 largely because of funding cuts and a highly publicized controversy over back surgery. An AHCPR report reviewing research on low back pain concluded that there was no evidence to support spinal fusion surgery. Not surprisingly, the North American Spine Society (NASS) attacked the literature review and the AHCPR practice guideline on acute care of low back pain). With the demise of the AHCPR program, evidence synthesis and clinical guideline development became largely the province of the professional medical associations or colleges. AHCPR became the Agency for Healthcare Research and Quality (AHRQ) and focused, for some years, on other aspects of quality and quality improvement.

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