

Impact of Evidence and Health Policy on Nursing Practice



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KEYWORDS

- Evidence-based practice • Nursing • Health policy • Microsystem
- Nurse educators

KEY POINTS

- The story of evidence-based practice in nursing is long, with many successes, contributors, leaders, scientists, and enthusiasts.
- Nurse educators have great advantages offered from a wide variety of educational resources for evidence-based practice.
- These resources offer students the opportunity to connect their emerging competencies with clinical needs for best practices in clinical and microsystem changes.

INTRODUCTION

The history of nursing reveals a pattern of recurrent issues that the profession has been required to address over time. Some of these issues included autonomy for nurses, maintenance of standards for the profession, and maintenance of control of professional nursing practice. Over time, the profession has also addressed phenomena such as nursing staff shortages, integration of new categories of health care

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providers, and ethical dilemmas. Each decade has brought new insight into how the profession can better meet these challenges.

In recent years, one of the undeniable major developments in health care is the advent of the evidence-based practice (EBP) movement. Today, EBP is widely recognized as a key feature of modern health care. EBP and clinical practice guidelines have become increasingly known to the international health care community since the 1990s. In the early days of EBP, the translation of new knowledge into practice was the sole responsibility of the leaders of the system or teams. Currently, the expectation is that all members of the team, including nurses, must be trained in understanding what evidence is, how it can be appraised, and how it can be adapted to be used in a particular context.¹

However, the implementation of recommended evidence-based knowledge within patient care procedures does not automatically translate into nursing practice.²⁻⁵ Therefore, attention is now moving to the question: how to create the right conditions within the context, the team, and in the attitudes, motivation, understanding, and actions of individual health care workers to achieve changes in practice.⁶⁻⁸ Incredible developments in the synthesis and use of evidence in health care over the last several years have occurred, yet the accompanying science and emerging practices that underpin evidence-based health care are often poorly understood by policymakers and health professionals. This article examines the best available evidence for nurses and critically discusses the impact of evidence and health policy on nursing education, practice, and research.

NURSES AND EVIDENCE

The most frequently used definition of evidence-based medicine from Sackett and colleagues⁹ can be applied to all health care disciplines. Applied to nursing, it states, "integrating the best available research evidence with information about patient preferences, nurses' skills level, and available resources to make decisions about patient care." Such an approach to decision-making is in contrast to tradition-based decision-making or opinion-based decision-making that is based primarily on personal values and resources. Moreover, the increased emphasis on efficiency, controlling costs, and quality in health care delivery systems is rapidly changing, together with the advancement of science and technology, thereby increasing the need for reliable, up-to-date evidence about effective nursing interventions. The EBP process brought with it shifts in the research-to-practice effort, including new evidence formats (systematic reviews [SR]), new roles (knowledge brokers and transformers), new team compositions (inter-professional, frontline, mid management, and upper management), new practice cultures (self-learning teams and organizations), and new fields of science to build the "evidence on evidence-based practice."¹⁰

The first resource for finding high-quality SRs of the effectiveness of different types of interventions is the *Cochrane Database of Systematic Reviews* (CDSR) housed in the Cochrane Library. The library offers all health care providers, including nurses, the best quantitative evidence currently available for clinical decision-making in the form of SRs to provide the most consistent care for patients (visit: <http://www.thecochranelibrary.com>). The perceptions some people have that the contents of the CDSR are not relevant to nonmedical professions such as nursing are incorrect, with nearly a quarter of reviews being of some relevance to nursing care.¹¹ The number of SRs in the CDSR continues to increase annually, and reviews are becoming more complex (ie, with a meta-analysis). However, there is a need for more primary studies to be conducted in nursing care such as those that focus on care to produce

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