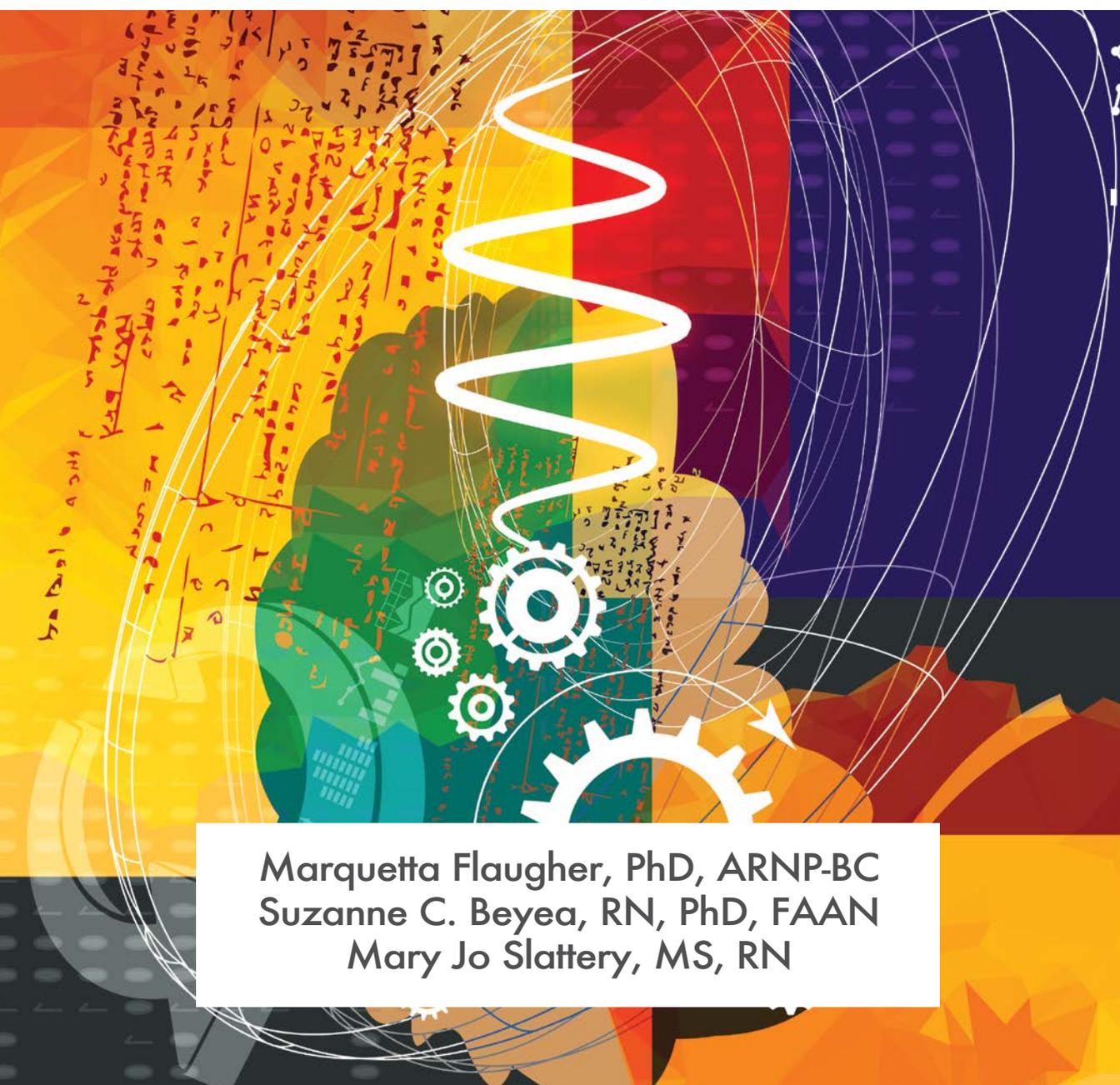


# Evidence-Based Practice Made Simple



Marquetta Flaughter, PhD, ARNP-BC  
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Mary Jo Slattery, MS, RN

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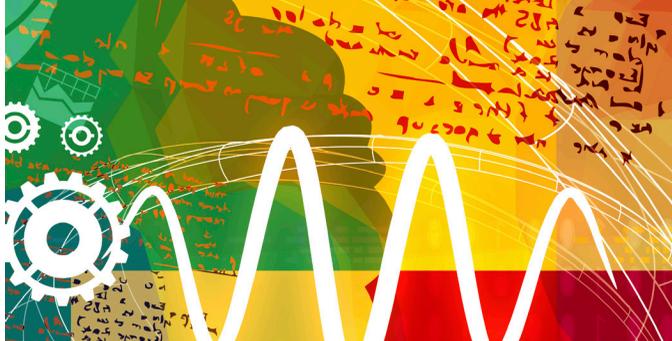
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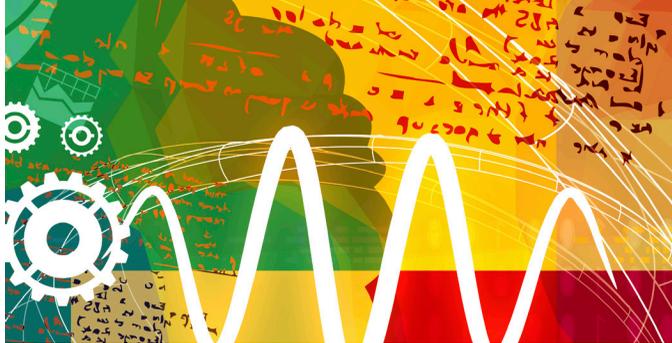
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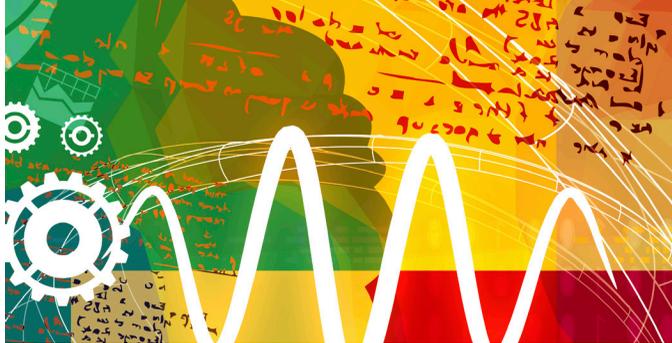
## **Suzanne C. Beyea, RN, PhD, FAAN**

**Suzanne C. Beyea, RN, PhD, FAAN**, has had a career in nursing spanning 40 years as a clinical nurse, adult and geriatric nurse practitioner, and educator in the academic and clinical settings. She has extensive experience and knowledge working with evidence-based practice and nurse residency program and developing interprofessional competency-based programs. Beyea has served as primary author as well as collaborated with other researchers and educators on a number of peer-reviewed publications. She authored a monthly column on evidence-based and research as well as patient safety for the AORN journal and has extensive experience speaking about and working in clinical settings on evidence-based practice and patient safety issues. She was formerly the director of nursing

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# Introduction

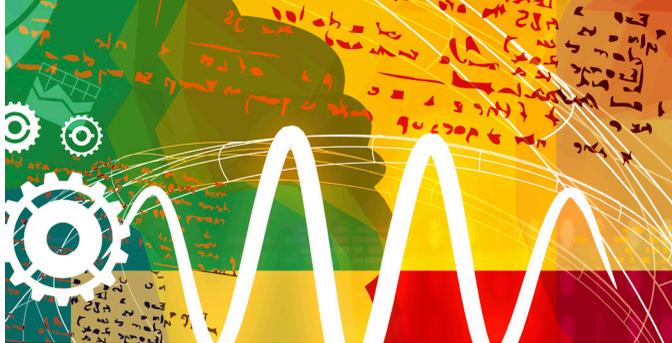
Why is evidence-based practice (EBP) important in nursing? As nurses, it is our commitment to provide the very best of nursing care to our patients while also considering safety and efficiency. EBP is a process in which nurses look at current practices and ask whether the way we are doing things offers the best care possible, based on current knowledge and taking into consideration our professional experiences and the wishes of the patient. Incorporating EBP into our process is key in our ability to fulfill our commitment to the highest standards of care.

As new technological advancements in healthcare impact nursing care, we need to focus on EBP as a process to help us assess these advancements. Gaining access to current information is crucial so that we can implement effective interventions. Although many factors influence nursing practice in our organizations, as nurses, each of us must always be focused on maintaining the quality of care, developing new knowledge, and sustaining our patient's trust.

Regardless of the role or area where nurses work, EBP is a vital part of our profession. Nurse educators, direct staff nurses, nurse researchers, nurse practitioners, and even nurses in management need to practice EBP concepts and implement the knowledge of the best evidence available, often in collaboration with other disciplines and with nurses in various roles. As we continue our professional growth within our discipline, our personal practice must be to routinely apply EBP as part of standard scope of practice.

*Evidence-Based Practice Made Simple* will help you better understand EBP principles and ease the way to using it consistently in your daily work. In this book,

you'll find ideas on how to gain and maintain organizational support, develop projects, evaluate information sources, and conduct research. You'll also find advice and stories from your fellow nurses sprinkled throughout the book in "EBP Field Notes," to encourage and inspire you as you build your skills and start EBP projects of your own. Your EBP journey begins in Chapter 1.



## Chapter 1

# What Is Evidence-Based Practice?

Evidence-based practice (EBP) helps nurses provide high-quality patient care based on best practice obtained from experts, research, and knowledge rather than on traditions, myths, hunches, advice of colleagues, or outdated textbooks. EBP changes the familiar saying “this is the way we have always done it” to “show me the evidence.” This chapter offers you a solid understanding of what EBP is and dispels some of the misconceptions around related concepts of quality improvement projects and research projects.

## Genesis of EBP

During the 1980s, the term “evidence-based medicine” emerged to describe the use of scientific evidence to determine best practices. Later, the term shifted to become “evidence-based practice” as clinicians other than physicians recognized the importance of scientific evidence in clinical decision-making. Various definitions of EBP have emerged in the literature, but the time-tested definition is “the conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients” (Sackett et al., 1996).

Subsequently, experts began to talk about evidence-based healthcare as a process by which research evidence is used in making decisions about a specific population or group of patients. EBP and evidence-based healthcare assume that

evidence is used in the context of a particular patient's preferences and desires, the clinical situation, and the expertise of the clinician. They also expect that healthcare professionals can read, critique, and synthesize research findings and interpret existing evidence-based clinical practice guidelines.

## **EBP, Quality Improvement, and Research Projects**

Evidence-based practice isn't research utilization, quality improvement (QI), or nursing research, although it may be related to each of these processes. For example, QI projects may be evidence-based, and the findings may contribute to other EBP or research initiatives. Also, an evidence-based practice project can lead to a subsequent research study or quality/performance improvement initiative.

For decades, nurses have used available research to guide nursing practice and efforts to improve patient outcomes. This process involved critically analyzing and evaluating research findings and then determining how they fit into clinical practice. Incorporating pertinent research findings into clinical practice (and evaluating the changes' effectiveness) helps close the gap between research and practice. However closely related nursing research projects may be to EBP, though, conducting nursing research is a separate activity.

Let's look at how these important concepts relate to and differ from EBP.

### **What is quality or performance improvement?**

Quality, clinical, or performance improvement focuses on systems, processes, and functional, clinical, satisfaction, and cost outcomes. Typically, QI efforts aren't designed to develop nursing practice standards or nursing science, but they may contribute to understanding best practices or the processes of care in which nurses are actively involved.

A commonly accepted view is that QI activities in healthcare are intended to serve as management tools to improve an organization's processes and outcomes within a specific setting. Experts typically focus on improving care by examining

and working within clinical microsystems or the specific places where patients, families, and care teams meet (U.S. Department of Health and Human Services, 2011). To improve and maintain quality, safety, and efficiency, clinical teams blend analysis, change, and measurement into their efforts to redesign care within these clinical microsystems.

Four key principles of QI include the following (DHHS, 2011):

1. Focus on system and process
2. Focus on patient
3. Focus on teamwork
4. Focus on use of collected data

Initiatives to improve quality generally address clinical problems or issues, examine clinical processes, and use specific indicators to help evaluate clinical performance. Data are collected and analyzed to help understand the process as well as the related outcomes. The findings are used in efforts to achieve and maintain continuous improvement through ongoing monitoring and improvement activities.

For example, a hospital interested in improving its smoking cessation education for hospitalized patients may convene a multidisciplinary QI team to address the issue. The team may decide to measure the hospital's performance using the percentage of discharge summaries that indicate that a smoker received instruction about smoking cessation.

To measure performance, the QI team might implement an educational program and an electronic discharge summary that prompts clinicians to indicate whether the patient is a smoker and, if so, whether he or she received smoking cessation advice. The team would monitor the rate of compliance over time and modify the interventions until compliance with the requirement to provide smoking cessation advice is greater than a determined goal of 95%, for example.

## Research projects vs. quality improvement projects

It is not uncommon to assume that QI projects are the same as research projects—but they're different animals. In clinical practice, these efforts may seem similar in that both may seek answers to clinical problems and use similar data collection and analysis methods. However, factors that may differ include participant or subject recruitment, the study's methods, and how the results are used.

For example, in most quality/performance improvement activities, the participants are generally the patients within a specific clinical microsystem. In research efforts, the investigator recruits human subjects using approaches that will ensure that there is a representative sample of the population. In many improvement activities, the intervention may change as it is evaluated, whereas in a research study, the treatment or intervention remains the same.

It's important to recognize that in most QI initiatives, the healthcare team is trying to solve a *specific problem in a particular setting*, which is quite different than trying to generalize the results of the study in application to other settings and populations. Specific QI project findings may or may not apply to other settings or patient populations. The intent of research is to develop *new knowledge that can be generalized to other clinical settings and similar populations*.

## What is nursing research?

Nursing research is systematic inquiry specifically designed to develop, refine, and extend nursing knowledge. As part of a clinical and professional discipline, nurses have a unique body of knowledge that addresses nursing practice, administration, and education. Nurse researchers examine problems of specific concern to nurses and the patients, families, and communities they serve.

Nursing research methods may be *quantitative, qualitative, or mixed*:

- In quantitative studies, researchers use objective, quantifiable data (such as blood pressure or pulse rate) or use a survey instrument to measure knowledge, attitudes, beliefs, or experiences

- Qualitative researchers use methods such as interviews or narrative analyses to help understand a particular phenomenon
- Mixed (or *triangulated*) approaches use both quantitative and qualitative methods

Regardless of the method they use, researchers adhere to specific approaches to ensure the quality and accuracy of the data and related analyses. The intent of each approach is to answer questions and develop knowledge using the scientific method. Researchers collect observable, measurable, and verifiable data in a prescribed manner so as to describe, explain, or predict outcomes.

As an example, a nursing research project might collect data to describe the effects of massage on blood pressure, explain decreased needs for sedation, or predict lower levels of anxiety. The collected data must remain objective and not be influenced by the researcher's hypotheses, beliefs, or values. In this massage example, the researcher could easily bias the results by administering the massages or collecting the data personally. The careful researcher must develop a plan that minimizes these risks and supports the development of reliable information and results.

Conducting nursing research is not as simple as saying, "I want to do research." Nurses interested in conducting research may work with or be mentored by an experienced researcher or may choose to develop their own skills by taking statistics and research methods courses.

The first step staff nurses can take to get involved in research is to get involved in efforts related to evidence-based nursing practice. Working with others who have expertise in evidence-based practice is a great introduction to the processes of critiquing, analyzing, and evaluating published research, which is a necessary step in any research activity.

So now that we know how QI and research connect to evidence-based practice, let's look more closely at what evidence-based practice is, how it benefits the nursing profession, and how to get started.

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# Evidence-Based Practice Made Simple

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***Evidence-Based Practice Made Simple*** demystifies the purpose, meaning, and application of evidence-based practice (EBP). It clarifies the difference between EBP and nursing research, explaining what EBP is, how nurses can find, analyze, and interpret published literature, and how they can make changes to healthcare procedures based on research to improve patient care.

In recent years, EBP has become increasingly important in the nursing profession as a result of the drive for better outcomes and higher satisfaction ratings, including value-based purchasing and HCAHPS. Nurses know that quality and outcomes improvement hinge on the use of proven techniques supported by evidence—and that the health of the organization hinges on those improvements. As such, many nurses want to use research to find their own answers to clinical questions, but they don't know where to begin. This book is the first step. Written for use in the busy workplace, it presents the basics of EBP in a non-intimidating, easy-to-digest format.

## **This book will give you:**

- An easy-to-read, yet professional introduction to EBP that will appeal to time-pressured nurses
- Expert advice packed into a small, approachable format
- Easy techniques to assimilate new, effective practices and get buy-in from peers, management, and the organization

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