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Practice Based on Evidence: An opportunity for quality care

Práctica Basada en la Evidencia: Una oportunidad para un cuidado de calidad

Prática Baseada na Evidência: Uma oportunidade para um cuidado de qualidade

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Research in nursing is fundamental for the development of scientific knowledge aimed at providing efficient care and, consequently, improving the quality of care for users. Nevertheless, in many countries, among them those in Latin America, research in nursing by clinical professionals is poorly developed and has been relegated to the academic spheres. It is a fact that clinical nurses do not research, alluding to several factors that limit their development, including the lack of time, incentives, or funding. Some even acknowledge lack of interest. However, not conducting research does not keep the nursing practice to develop and adopt updated and effective strategies and interventions, as a way of avoiding its becoming obsolete and based on arbitrary actions.

By early 1980s, it was argued that the lack of application of research in nursing was a consequence of nurses not knowing about research results, not understanding or believing in them, not knowing how to use them, or not being authorized to use research results.¹ In recent decades, disciplinary and professional development has valued research and its application as one of the fundamental tools in the nursing practice and in decision making for care management. Consequently, specific contents of research and application of evidence have been integrated onto study plans. Nonetheless, it would seem that these measures have not generated the expected changes in the practice, given the presence of obstacles and barriers against said measures. In this sense, it is noted that although some professionals easily and quickly use interventions based on research, others refuse to make changes in their practices. Resistance to change and the sole evaluation of the clinical experience

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clearly hinder delivery of healthcare based on evidence.

Although evidence-based practice (EBP) has proven fundamental in providing healthcare favoring the quality of the care offered to patients and their families, its use in nursing is yet to be generalized and in many places it has even been dismissed. In simple terms, EBP is a systematic way of reviewing and evaluating research literature to select the best intervention for a problem. It may, then, be understood as a method to solve problems, which implies identifying a clinical problem, searching for and selecting pertinent scientific literature, evaluating the evidence, and deciding on its application. During the professional exercise, EBP considers that nursing professionals make clinical decisions and apply care based on the best current evidence and evaluate these according to EBP.

A fundamental characteristic in this process is that it intentionally integrates and makes explicit the results of investigations existing on a particular setting seeking continuous improvement of the quality of care. The clinical experience and professional trajectory permit deciding if the evidence available is or is not applicable to the context at hand. A difficulty in exercising EBP is that many interventions require synthesizing evidence from random clinical trials (RCT), which in many settings are limited. However, in recent years an increase has been noted of studies on nursing interventions using this design.² For other interventions, systematic reviews are available that facilitate decision making during the daily practice.³

Current contexts in which healthcare professionals perform their work urge responding to the demands for rapid and high-performance attention and care; this has set a demand scenario that imposes acting, quite often, without evaluating how care is given. The space in which nursing is performed

places it amid institutional demands and of the users that generate tension in the practice, which can blur any more profound reflection on the actions. This is how, currently, many decisions on healthcare are still based on values, resources, and needs, with scarce attention to applying any evidence derived from research.⁴

Recognizing the limitations still present in many places to practice EBP, nursing must transit from hegemonic and arbitrary practices based on the authority of experience or through care that only responds to exigencies and requirements without critique or reflection. It is necessary to enhance skills and competencies for EBP, beginning in the undergraduate and maintained as continuous formation. Thus, it is not sufficient to deliver contents on the methodology of research, but specifically, to provide tools to interpret, evaluate, and apply research results. It must be recognized that EBP is an opportunity to opt for excellence care, and beyond being a dogma, value its potentialities. Nonetheless, nurses must not permit an emphasis on EBP to be used as an excuse to limit resources and interventions or generate inequity in providing care.

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