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Implementing Evidence-Based Practice: A challenge for the nursing practice

Implementando la Práctica Basada en la Evidencia: Un desafío para la práctica enfermera

Implementação Prática Baseada em Evidências: um desafio para a prática de enfermagem

R. Mauricio Barría P¹

Research in nursing has evidenced sustained increase during recent decades, responding to the need to strengthen the scientific base of the practice, as a way of providing cost-effective care and implementing prevention and promotion strategies that are pertinent to the contexts. Consequently, it would be expected that using research in the customary practice would progress likewise through an Evidence-Based Practice (EBP). Nevertheless, although it would be evaluated as an opportunity and need for quality caregiving, research has been relegated to the academic context and distant from the everyday work of the practice.¹

To bridge the gap between research and practice, it is emphasized that EBP can contribute to: developing clinical practice guides, updating knowledge, developing nursing as science, improving the credibility of nurses as autonomous professionals, improving health results of patients and limiting health costs, and using in timely manner results of updated and reliable research to improve the quality of healthcare attention.² In turn, adoption of an EBP can be seen from the perspective of those who investigate or generate knowledge, those who use the information based on evidence, and those who serve as binding links between generators and users of knowledge.³

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The EBP is based on the premise that sufficient research is available to make clinical decisions in relation to attention. When such is not sufficient, valid studies must be designed and carried out to generate evidence to apply it to the practice. Hence, EBP and research have different definitions and processes but are interconnected with aim of improving results in patients.⁴ Healthcare systems have increasingly recognized the value of EBP and have

generated mandates and guidelines to face the need to offer safe and quality care. Within this, the guides for EBP provide nurses and other healthcare professionals the best evidence available to aid in making appropriate decisions on healthcare in a given clinical situation. Its objective is to use the best current evidence to make explicit recommendations hoping professionals adopt and use these recommendations to improve the results of the practice.

The process for the elaboration of guides for EBP includes several steps: definition of the problem like the need for an EBP guide; a systematic search and review of literature, including identification of the level of evidence available; evaluation of the evidence and recommendations for the practice; review by experts and dissemination.⁵ It is often difficult to integrate research results onto the practice and it may take too long if active measures are not taken to accelerate this process. Transference of knowledge onto the practice is obviously a complex activity, where the context and the implementation process must be kept in mind prior to any change in behavior. Several barriers have been identified against the adoption of research in the practice, noting barriers like lack of access to research, poor understanding of the research process, insufficient knowledge for critical analysis of research, lack of time, and little support from the organizational structure to change the practice. On the contrary, facilitators exist like positive attitude toward research, level of formation, autonomy, attendance to conferences, cooperation, self-efficacy, work satisfaction, participation in research activities, and time dedicated to reading professional journals.⁶

Additionally, implementation of EBP not only involves personal attributes, but also factors related to the organization's context, like culture, responsibility, work load, and resources. Hence, to become effective in promoting EBP, nurses need support to confront personal, interpersonal, and organizational factors that intervene in their capacity to avail of their whole potential.⁷ Thus, a culture and context that support EBP must integrate care based on evidence within their

vision, philosophy, mission, and strategic plan, which must be visible and clearly communicated throughout the organization. Another relevant factor is the development of a critical mass of professionals trained in EBP who can collaborate with the clinical staff in the application of the best practices. These have to assess their knowledge and skills and help them to overcome obstacles within the system to apply the EBP consistently through continuity of care. Leaders and administrators have a key role in the implementation of EBP, not only by supporting care based on evidence and by providing the infrastructure for such, but also by modeling evidence-based decisions.⁸ Nevertheless, often nursing leaders are quite busy and may not be prepared for said challenge, considering that the selection of strategies and moment of implementation must respond to the needs of clinician and organizational context.⁹ Thus, although the importance of leadership is recognized for the EBP implementation process, we must highlight the importance of the organization and culture in which it operates, as well as some of the components that characterize these factors. This carries a complex panorama where the three factors and their characteristics are intrinsic parts in the creation of a receptive nursing environment for EBP application.¹⁰

Lastly, independent of the conditions and contexts in the nursing practice takes place, caregiving, the guarantee of security and care quality, and the development of nursing as discipline and profession must move from the arbitrary hegemonic practices toward the adoption of models that integrate the best evidence available for the practice. The challenge must, then, be assumed to search for the strategy that adjusts to each scenario. Therein, action research has recently been highlighted as useful tool to detect barriers and opportunities for EBP implementation.¹¹⁻¹³

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