

# Evidence Based Practice in Nursing - A Review

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## Abstract

In the 1980s, the term "evidence-based practice" was developed to represent a process for selecting the best course of action based on available scientific data. The push for evidence-based practise started in England in the early 1990s. Making decisions about a patient's care using the best available evidence is known as evidence-based medicine (EBM) or evidence-based practise (EBP). Evidence-based practising is both a methodology and a way of thinking. The idea is founded on the moral precept that patients have a right to get the best interventions possible. Finding and putting into action those interventions is how we go about using the EBP methodology.

**Keywords:** Evidence Based Practice, Outcome, High Quality Care.

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## INTRODUCTION

All of the following should be integrated to support patient care that is high-quality, economical, and results-oriented: Excellent scientific evidence, clinical knowledge, and patient values and requirements. The following obstacles prevent evidence-based practise from being used consistently: Convenience of putting changes into practise care that follows a "cookbook" or "cookie-cutter" formula. The use of EBP is justified by advantages like better outcomes for patients, their families, and carers. Additionally, EBP has the potential to enhance hospital and provider outcomes (such as nurses, doctors, etc.) EBP results in the "gold standard" or optimum therapies.

### Definition

EBP is a "problem-solving approach that incorporates the best available scientific evidence, clinicians' expertise, and patients' preference and values."

**Evidence-based medicine or practice-** Refers to the thoughtful, explicit, and prudent use of the best available data when deciding how best to treat a specific patient (Rosenberg, 1996; Dr. David Sackett).

Evidence-Based Practice's (EBP) objective is to:

1. To give practising nurses evidence-based information so they can deliver high-quality care.
2. Find a solution in a healthcare setting.

3. Ensure that the highest standard of treatment is provided.
4. Aids in effective decision-making, minimizing variations in nursing care.

### Evidence-based practise, or EBP, is necessary for:

- Ensuring that every client receives the best care available.
- Maintaining current information is crucial for lifetime learning.
- Use sound judgement.
- Boost the standard of healthcare while saving lives.

### Sources of Evidence:

- Filtered resources: Clinical professionals and subject-matter experts pose a question and then synthesis the available research to reach a conclusion. These materials are helpful because the results of a thorough review of the literature and analysis of the findings were used to address a clinical question.
- Unfiltered materials (primary literature): These are the best sources for the most recent information. Databases like MEDLINE, CINHALL, and others contain primary and secondary medical literature.
- ✓ Clinical experiences- Knowledge obtained from professional experience and life experiences makes up the second half of evidence-based, person-centered treatment.
- ✓ Evidence based on patients' knowledge of themselves, their bodies, and their social lives.

- ✓ Patients' knowledge.
- ✓ Audit and performance information based on knowledge of the local context Patient anecdotes and stories knowledge of the culture and personnel of the organisation. social and professional networks Policy at the municipal, state, and federal levels for feedback.

#### The elements of evidence-based practising (EBP) are as follows:

The following criteria are employed by the Institute of Medicine (Institute of Medicine, 2003) for making healthcare decisions:

- a) Research-based evidence: Examples of randomized controlled trials include clinical trials, laboratory experiments, epidemiological research, outcome research, and qualitative research.
- b) Clinical expertise: Long-term practising led to the development of inductive reasoning and knowledge.
- c) Interests, worries, and expectations of patients, along with financial and social resources

#### Barriers to EBP in Nurses:

1. The nurse doesn't have enough time to read research or implement new concepts.
2. Patients are under-rested.
3. The nurse is either unaware of the research or doesn't think it has any bearing on the way she practises.
4. The nurse lacks the authority to alter the way things are done.
5. The volume of research is challenging to keep up with. inadequate resources and a lack of administrative support
6. Providers don't have access to enough EBP mentors.

#### Other Defects of Nurses

1. EBP knowledge and abilities are lacking.
2. EBP is a very recent addition to nursing school, and 3. I've never learned how to search an electronic database.
3. Inability to distinguish research papers from other types of writing.
4. Lack of ability to evaluate or critically analyse the calibre of research papers.
5. Not having the necessary tools, time, or confidence to engage in EBP.

#### STEPS IN EBP

1. **Ask a question** :transforming the requirement for knowledge (about defence, detection, prognosis, treatment, causation, etc.) into a question that can be answered
2. **Find information/evidence to answer question**: Gather information or proof to support your claim. finding the most persuasive proof to answer that question.
3. **Critically appraise the information/evidence**: evaluating the evidence critically for its reliability (truthfulness), magnitude (effect's size), and applicability (utility in our clinical practise)
4. **Integrate appraised evidence with own clinical expertise and patient's preferences** : Integrating the critical appraisal with our clinical expertise and with our patient's unique biology, values and circumstances.
5. **Evaluate** : Evaluating our effectiveness and efficiency in executing Steps 1-4 and seeking ways to improve them both for next time

#### CONCLUSION

Even though the science of putting research into practise is still in its infancy, there is some data that points to the implementation strategies that should be employed to advance patient safety. To translate study results into practise, there isn't a magic solution, though. Implementing evidence-based therapies may involve a combination of tactics. Additionally, what functions in one healthcare setting may or may not function in another, suggesting that context variables are important when implementing EBP.

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