FINDING THE RESEARCH FOR EVIDENCE-BASED PRACTICE

PART ONE – The development of EBP

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This is the first article in a three-part series that aims to explore what is involved in developing effective evidence-based practice (EBP) processes. This article discusses the development of EBP, its purpose in healthcare delivery and the development of skills to identify topics of interest. Parts two and three of this series examine the development of skills for critical appraisal of evidence. This is a summary: the full paper and reference list can be accessed at nursingtimes.net.

In order to be credible, healthcare professionals must demonstrate effective integration of evidence, including research findings, into their clinical decision-making. There is an expectation that care should be client-centred and clinically effective (Department of Health, 2000).

The introduction of clinical governance, designed to ensure efficient and effective healthcare, requires practitioners to demonstrate that they are using evidence-based practice (EBP) in supporting service developments. This demands that nurses base their practice on the best available evidence (NMC, 2004).

In order to develop effective strategies in implementing EBP, nurses must examine what EBP is and what it is not. They then need to develop a range of skills to make informed decisions about the reliability and validity of sources of evidence that they wish to integrate into their practice.

This article discusses the development of EBP and considers the skills required to develop effective EBP processes.

WHAT IS EVIDENCE-BASED PRACTICE?
Evidence-based practice has a range of meanings. While some authors emphasise the role of research evidence in clinical decision-making, others have a wider perspective that encompasses the views of both patients and clinicians in informing clinical decisions.

Sackett et al (1996) described evidence-based medicine as: ‘The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.’

In contrast, Appleby et al (1995) stressed the need to move away from clinical actice based on ritual and unsubstantiated union towards research as a source of ‘edence on which to base clinical icisions. On reflection on both views, it is important that nurses:

- Have identified a problem or issue they wish to explore in depth, nurses need to work through the process of identifying keywords and combining these to identify relevant sources of evidence.
- They also need to understand which sources of evidence are relevant for their practice and how to save these so they can be retrieved later. These skills will enable them to prepare for critiquing sources and considering their possible implications for nursing practice.
- The ability to locate and evaluate evidence is essential for those wishing to develop an evidence-based culture in the workplace.
- The development of such skills will enable nurses to consider what issues they can address and how to conduct their enquiry by drawing on credible resources.
- Include careful consideration of experience and expert opinion in making clinical decisions.
- Trinder and Reynolds (2000) argued that developments in the accessibility of a range of information sources to inform nursing practice surfaced at a time when life expectancy was increasing in the developed world. This meant that healthcare professionals had to respond to the needs of society in providing well-informed healthcare delivery.

As the public have had more access to information, they have developed higher expectations of healthcare (DH, 2003). As a result, nurses are increasingly required to demonstrate that their clinical decisions are based on sound scientific evidence.

WHAT IS THE PURPOSE OF EBP?
The aim of EBP is to deliver high-quality care. To achieve this, nurses need to be able to critically evaluate ideas and experiences and apply these to their practice.

Straus et al (2005) argued EBP is more than applying the best evidence. They stated that it requires healthcare practitioners to use it together with a range of clinical skills that include assessment and communication.

As new research and technologies...
emerge, old ideas and opinions are subject to scrutiny. This means that in contemporary healthcare settings evidence is continually changing and developing. Nurses must therefore keep up with new perspectives on care and learn to adopt a process of EBP that is open to scrutiny by their peers and the public. Nurses can draw on a range of sources of evidence to inform clinical decision-making. The hierarchy of these sources is discussed in the third article in this series.

DEVELOPING THE QUESTION
Questions about practice may arise from a number of sources including patients or colleagues, audit processes, management reviews or nurses’ own evaluation of practice or literature. They may relate to physiology, pathophysiology, epidemiology and disease or condition progression. They can also relate to aspects of care such as assessment, screening, diagnosis, prognosis, management options and alternative outcomes.

It is crucial to ask the correct question, which must always focus on the interests of the patient (Fitzpatrick, 2002). In making clinical decisions, practitioners must therefore extrapolate evidence from a wide range of sources.

Searching for evidence is time-consuming and it is important to become efficient and effective in this. For inexperienced nurses this may involve focusing on one crucial question but those with more experience of managing the EBP process may deal with several simultaneously.

In developing an effective EBP process, the first step is to ask a specific and focused question. Cluett (2002) suggested that a good question comprises four components:

- A clearly identified patient group or condition;
- An intervention or issue;
- A baseline or comparison point;
- An outcome or result.

On most occasions, nurses will not be in a position to conduct a direct evaluation or research in practice. They will be looking for information about the issue from published sources.

SEARCHING FOR THE EVIDENCE
Evidence is located in a range of sources. These include people with specialist expertise, literature, the internet, and specialist databases. Nurses need to develop a range of skills to find the evidence, including:

- Questioning attitude;
- Focusing on and refining their area of interest;
- Networking in order to find support in the EBP process;
- Using electronic sources such as search engines and databases.

Librarians, researchers, educationalists, specialist nurses and colleagues can often offer advice and help with getting started.

Online networks such as the Nursing Times online discussion forum at www.nursingtimes.net are also valuable sources of information.

Locating electronic sources
There is a range of electronic resources for locating evidence. The internet provides a credible range of electronic publication and original research (Fitzpatrick, 2004).

Search engines such as Google, AltaVista and Yahoo are a good starting point from which major healthcare organisations’ websites can be located. Some sites such as the clinical archive on the Nursing Times website enable practitioners to develop a more focused search of clinical articles.

Sites such as the National Library for Health (NLH) provide a range of sources on health issues, some of which are freely available (www.library.nhs.uk).

The Cochrane library database (www.cochrane.org) holds a range of systematic reviews of research.

Universities and NHS organisations also provide a range of resources such as books, journals and reference databases.

Identifying search terms
Choosing the correct search terminology is crucial and involves selecting keywords. This often requires an awareness of the relevant terminology. For example, if you are interested in pressure ulcer prevention you may find further evidence using the terms ‘wound management’ and ‘tissue viability’.

SECONDARY SOURCES
Documents such as clinical guidelines, national service frameworks and systematic reviews can be useful sources of evidence. These may be located on the websites of national organisations such as the DH, the RCN and NICE.

REFERENCES


Expert opinion
Many NHS trusts have appointed consultant and specialist nurses such as diabetes nurse specialists and mental health consultant nurses. These nurses are appointed for their specialist knowledge and leadership skills. Many are accessible via local NHS trust networks.

Specialist and consultant nurses also publish articles in journals such as Nursing Times that are based on research evidence and offer advice about the implications for nursing practice.