“We must all be confident using evidence to shape our practice”

Reflecting on the term “evidence-based” can fill nurses with dread. They are often too busy thinking about the next academic assignment, to consider how they can link theory and practice together to enhance patient care.

A crucial component in delivering high-quality nursing care is basing practice on the best available evidence. The most helpful definition of evidence-based practice I have found was published in *BMJ* in 1996 by Sackett et al as:

> “the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.”

This definition emphasises clinical expertise or clinical reasoning and the integration of this with best available evidence. Having access to the latest research is not enough in itself.

Florence Nightingale said, “the very first requirement in a hospital is that it should do the sick no harm”. Reflecting on the last 30 years, nursing care has done harm to patients. Pressure ulcers were packed with eusol and paraffin, or treated with egg white and oxygen – such actions were due to nurses’ lack of knowledge of evidence-based practice and how to apply it.

Identifying issues in practice relies on nurses using their clinical judgement and knowledge. Sometimes they may need to question established practices in nursing care. For example, they may need to think about the older patient who, according to the SSKIN risk-assessment tool is at high risk of developing pressure damage so is receiving two-hourly position changes, but also needs to be well rested and physically ready for a rehabilitation programme. What is the best outcome for this patient – to think about position changes at night to protect their skin or for them to be rested to be able to get the most from rehabilitation?

There needs to be a pragmatic approach to nursing interventions as the evidence base is not sufficient to give nurses the answer 100% of the time. We will continue to look at the needs of our patients and consider which factor outweighs another. In doing this we will help patients reach their desired goals. We need to base our nursing interventions on the best available evidence, but also use our hearts and minds as well.

Frontline nurses need a framework to enable them to feel confident not only looking at evidence but also to implement changes to demonstrate their leadership, communication and change management skills. *The Shape of Caring* (Health Education England’s most recent review), the revised Nursing and Midwifery Council’s code of conduct and the introduction of revalidation next year should encourage nurses to become more confident looking at evidence.

New recruits, all educated to degree standard, are more familiar with doing so. Using evidence we need to make sure all nurses have the confidence that will enable them to influence practice to benefit their patients by understanding and applying evidence-based practice.

Kerry Bloodworth is assistant director of nursing, Nottingham University Hospitals Trust

Ann Shuttleworth is practice and learning editor of Nursing Times.

Ann.shuttleworth@emap.com

Twitter @AnnNursingTimes. Don’t miss the practice blog, go to nursingtimes.net/practiceblog