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Review Article

Evidence Based Practice- A Review

Neetha Dalvi S[1*], Sukanya V[1]

[1]Tutor, JSS School of Nursing, Mysuru, Karnataka State, India

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***Corresponding author:** Neetha Dalvi S
Tutor, JSS School of Nursing, Mysuru, Karnataka State, India

Abstract

The term "evidence-based medicine" was coined in the 1980s to describe a method of determining the optimal treatment based on scientific evidence. In the early 1990s, the evidence-based practise movement began in England. Evidence-based medicine (EBM) or evidence-based practise (EBP) is the careful application of the best available evidence in making decisions regarding a patient's care. Evidence-based practise is both a philosophy and a methodology. The concept is based on the ethical principle that clients are entitled to the most effective interventions available. The approach of EBP is the way we go about finding and then implementing those interventions.

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

INTRODUCTION

Integration of all of the following to promote high-quality, cost-effective patient care with good outcomes: Best research evidence, Clinical expertise, Patient values and needs. Evidence-based practice is not always incorporated due to the following barriers: Practicality of implementing changes 'Cookie-cutter' or 'cookbook' approach to care. EBP is used because of benefits such as improved patient, family and caregiver outcomes. EBP can also improve provider (i.e., nurse, physician, etc.) and hospital outcomes. EBP leads to the 'gold standard' or best treatments.

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

The conscientious, explicit and judicious use of current best evidence in making decision about the care of individual patient (Dr. David Sackett, Rosenberg, 1996).

The goal of Evidence-Based Practice (EBP)

1. To provide evidence-based data to practicing nurses so that they can provide effective care.
2. In a clinical environment, resolve the issue.
3. Ensure that care is delivered to the highest possible standard.
4. Assists with efficient and effective decision-making and reduces variances in nursing care.

EBP (Evidence-Based Practice) Is Required...

- Ensuring that every client receives the best service possible.
- Keeping one's knowledge up to date is essential for lifelong learning.
- Make clinical judgments
- Improve health-care quality and save lives.

Sources of Evidence

- Filtered resources- Clinical experts and subject specialists pose a query and then synthesise evidence to arrive at a conclusion based on the research available. These resources are useful because they have been scoured through the literature and the results analysed in order to provide a response to a clinical question.
- Unfiltered resources (primary literature) – It contains the most up-to-date information. Primary and secondary literature for medicine can be found in databases such as MEDLINE, CINHAL, and others.

➢ Clinical experiences- The second half of the evidence-based, person-centered care is knowledge

gained from professional practise and life experiences.

- Patients' knowledge—Evidence based on patients' understanding of themselves, their bodies, and their social life.
- Audit and performance data based on local context knowledge Stories and anecdotes about patients Understanding of the company's culture and the people who work there. Networks, both social and professional Feedback information Policy at the local, state, and federal levels.

Evidence-based practise (EBP) consists of the following components:

The Institute of Medicine (Institute of Medicine, 2003) uses the following criteria to make care decisions:

a) Evidence from research: Clinical trials, laboratory experiments, epidemiological research, outcome research, and qualitative research are all examples of randomised controlled trials.
b) Clinical expertise: Inductive thinking and knowledge developed via practise over time.
c) Patient preferences, concerns, and expectations, as well as financial and social resources.

Barriers to EBP in Nurses

1. There isn't enough time for the nurse to read research or put new ideas into practise.
2. Patients are overburdened
3. The nurse is either uninformed of the research or does not consider it to be relevant to her practise.
4. The nurse does not have the authority to make changes to the way things are done.
5. It's difficult to keep up with the amount of research. Lack of administrative support and insufficient resources
6. There aren't enough EBP mentors for providers to work with.

Nurses' Other Shortcomings

1. Knowledge and skills in EBP are insufficient.
2. EBP is a relatively new addition to nursing education, and 3. I've never learned how to search an electronic database.
3. Inability to distinguish research reports from other sorts of writing.
4. Inability to appraise the quality of research reports or to critically examine them.
5. Lack of confidence, skills, time, and adequate tools to engage in EBP.

STEPS IN EBP

1. **Ask a question** :Converting the need for information (about prevention, diagnosis, prognosis, therapy, causation, etc) into an answerable question
2. **Find information/evidence to answer question**: Tracking down the best evidence with which to answer that question
3. **Critically appraise the information/evidence**: Critically appraising that evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our clinical practice)
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

Although the science of translating research into practise is still in its early stages, there is some evidence to suggest which implementation techniques should be used to promote patient safety. However, there is no silver bullet for putting study findings into reality. Several strategies may be required to put evidence-based therapies into practise. Furthermore, what works in one setting of care may or may not work in another, implying that context variables matter in EBP implementation.

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