Incorporating Evidence-Based Practice into Daily Practice

Evidence-based practice (EBP) is a hot topic in the world of nursing today. EBP combines clinical expertise, best research evidence, and patient needs and values in order to produce higher quality nursing care, increase patient safety, and help contain costs (Johnson & Webber, 2015). The purpose of this paper is to demonstrate how registered nurses can use EBP to drive their own personal nursing practice, as well as how EBP can influence patients and their family members to step into a more active role in their personal healthcare management.

In preparing for this paper, I recognized I was, somewhat, unaware of how I actually use EBP in my nursing practice. Upon analysis of a nursing shift, I realized my personal practice is driven by two things: research and clinical expertise. I began with the question: without research to lay the foundation of evidence-based practice, what's the alternative? Is it simply anecdotal evidence: should nurses just trust what others say works as opposed to relying on research to drive standardized guidelines? I believe we must have research to help guide us in our clinical practice in order to have a system that proves what works best. Current research studies must be populated and repeated over and over again to find the mechanism behind why one variable works better than another, with the end outcome of producing standardized guidelines for clinical practice that, in turn, improve patient outcomes.

Looking back, I realized I implemented this approach to EBP into my daily practice when I worked at a pediatrician’s office and used the empirical knowledge current research studies, such as Spencer, Thanh, & Louise (2013), provide to counsel patients and their parents on how to identify modifiable risk factors of childhood obesity and intervene appropriately. Before EBP became a goal of nursing practice in general, a nurse might have just measured the child’s weight
and body mass index (BMI) and recorded these numbers in the patient's chart. Now, we know that is simply not enough to improve patient outcomes. Through identifying obesity risk factors, patient needs, and giving the patients and their parents the tools to make lifestyle changes, I was able to deliver higher quality nursing care as compared to simply measuring and documenting BMI. Having a patient return for a check-up with a lower body weight and BMI along with parents who report dietary changes with a more active lifestyle was truly rewarding. Knowing that by implementing these changes the patient was at a reduced risk for diabetes and even cardiovascular disease later in life was even more fulfilling. This is EBP in its truest form.

However, I realized that I simply cannot rely on research alone to dictate my nursing practice. Many of my actions as a registered nurse stem from the priceless knowledge I gained through preceptors and colleagues along the way. Clinical expertise plays a large role in the field of nursing: from panels of expert nurses developing new guidelines for various programs in hospitals, to experienced preceptors and mentors for new nurses who happily hand down expansive knowledge that one simply cannot gain through research to the next generation of nurses.

It cannot be denied that research takes a part in promoting EBP; however, first-hand experience and time spent with a skilled mentor cannot be overlooked as another driving force. Knowledge of current clinical research and literature is imperative, and I encourage nurses today to subscribe to a scholarly journal; but please keep in mind, the clinical judgment that comes from working with experienced nurses is priceless. In determining how I use EBP in daily practice, I realized that by taking the best research evidence available, the clinical expertise that I strive daily to gain, and combining them with the patient's needs and values in mind is, indeed, the very definition of using EBP in my own personal nursing practice.
EBP IN DAILY PRACTICE

I believe by using EBP to drive nursing practice, we can give our patients and their families the best and most current tools they need in order to take more responsibility in their healthcare and improve outcomes. For example, nurses who are up to date and well-informed can use evidence-based guidelines in not only observing “patients’ blood pressure (BP), [but] educating them about lifestyle modifications to improve their BP and reduce their CVD risk factors” as well (Grove, Gray, & Burns, 2015, p. 5). By providing these evidence-based guidelines that have been proven by empirical research we can arm our patients with confirmed ways to reduce risk factors, improve health, and even reduce hospital readmissions.

In conclusion, unlike scientific theory, which is rigid in nature and does not allow for any new evidence to be submitted, EBP provides a basis of knowledge to apply new evidence to. The relationship between clinical practice and EBP in nursing is a reciprocal one, allowing for a fluid exchange of information between the two (Fawcett, 1992). Therefore, as we continue to push towards EBP we can combine this new knowledge with our clinical practice and keep growing and learning as a discipline. The integration of EBP into our daily nursing practice shows nurses’ willingness to think critically. Scientific knowledge in nursing is unique: we understand things change, new ideas arise, and better outcomes can be achieved. I believe that is what sets us apart from other disciplines. We should not strictly adhere to scientific theory, but should strive to grow and develop personal nursing practice through the use of EBP. Combining research and clinical expertise to better meet patients’ needs is the center of EBP, and I urge every nurse to incorporate EBP into his or her own daily professional nursing practice.
References


