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Evidence based nursing: barriers and challenges for contemporary nurses

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EDITORIAL ARTICLE

EVIDENCE BASED NURSING: BARRIERS AND CHALLENGES FOR CONTEMPORARY NURSES

There is a well recognized gap between science and its practical application whereby many interventions never reach those who could benefit. In these lines, it has been estimated that it takes an average of two decades to implement one seventh of original research into benefit for patients and an average of a decade for interventions recommended as evidence-based practices (EBPs) to be fully adopted.^{1,2}

According to Fineout-Overholt & Johnson, (2006) a possible explanation for the delay of transferring research findings into routine daily practice is that some nurses tend to view research as someone else's responsibility to apply.³ Furthermore, the authors state that "Implementation of evidence is essential for patients to receive the best care possible".

Moreover, another barrier to transferring evidence into practice is the lack of research per se on appropriate ways to disseminate it. There is some evidence to suggest that passive approaches such as publication and mass postings are ineffective. On the contrary, more appropriate methods include hands-on training, continuous technical assistance, detailed guides, and targeted workshops with hands-on experience.⁴ Under this light, Purtle et al (2016), suggest that research into the 'art and science' of implementation is needed, i.e. health care professionals need to uncover the reasons why research findings are not routinely incorporated into clinical practice.⁵

Yet, on a more pragmatic and even personal level, here are some of the reasons expressed for reluctance to incorporate evidence into practice based on the author's experience as presented via colleagues' responses and reactions when challenged to explain why recent research findings were not incorporated:⁶

- *That's the way I was trained.*
- *We have always done it that way with no problems.*
- *It is ritual and a strong tradition.*
- *It is a 'sacred cow'; we can't change that.*
- *It is how we do things here; it's our group culture.*
- *Change is uncomfortable. I do not want it.*
- *It costs too much to change.*
- *I don't trust the evidence; who did that study and was it done with rigor?*
- *We can't make all these changes at one time.*
- *When I am in a hurry I do what I have always done.*
- *There needs to be more research so we can be sure before we change.*
- *I don't feel it will make a difference.*
- *There are too many competing demands.*
- *There is a lack of resources for evidence at the bedside, lack of knowledge, lack of skill, and lack of time.*

Hence the immediate question is how we can encourage nurses to implement new evidence in their routine practice. Some simple and relatively low-cost suggestions are presented below:

- Provide opportunities for continuing education for staff on EBP via official channels i.e. short research study courses or an even longer course at a tertiary educational level. Yet, on a more pragmatic level, staff should be offered the opportunity for hands-on simulated practice and nurses should be encouraged to discover new knowledge via small scale action-research projects.
- Ensure that the staff has free and uninhibited access to appropriate online resources and the time to investigate and share their findings. Under this light, evidence-based discussions in staff meetings should be arranged on a regular basis.
- Select a nurse who is keen in nursing research to serve as an EBP facilitator and mentor. Having an EBP mentor amongst the staff legitimizes the use of research in practice. Moreover, mentors can act as advisors on point-of-care decisions based on evidence. Finally, the mentor should help staff with deciphering systematic literature searches.
- The nurse manager in particular should facilitate a culture of inquiry and critical thinking by encouraging staff to ask questions such as: Why do we do this? Is there a better way? What are the alternatives? Moreover, management should demonstrate that they value implementing evidence into practice. A practical way to this, is to provide time for the staff to participate in 'research study circles'.

As professional nurse educators, it is our responsibility to recognize the barriers and challenges that hinder nurses in applying research into their everyday practice. Yet, before incorporating evidence into our practice we need to make sure that the 'tools of the trade' are readily available to staff nurses in order to achieve our greater, shared, clinical goal, i.e. the best possible outcomes for our patients.

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