NURSING EXCELLENCE THROUGH EVIDENCE

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Nursing Excellence through Evidence
The subject of this paper is evidence-based practice - a term we often hear. It is not a new term but as a concept it is gaining importance. Nurses in many countries have been spearheading evidence-based care replacing tradition or trial and error practices with those based upon research. Through this approach they are growing in confidence; achieving better outcomes for their patients; and moving forward the fronteers of care. In short the identification, synthesis and application of knowledge is a key component of practice in the twenty first century. A commitment to advancing nursing research, knowledge development and evidence based practice is vital to creating a stronger profession. In short, evidence based practice is essential in optimising the care that patients, clients and populations receive.

Powerful statements, but are all nurses in Slovenia, and indeed in other countries around the world clear about exactly what evidence-based practice is. Nurses may ask themselves why they should re-evaluate their decision-making, and change the way they care for patients. Already overburdened, they wonder how they can find time to seek new knowledge and learn new ways of doing things. But answer these questions we must. If our knowledge of our profession is to be turned to power and that power used for the good of the citizens we serve and the profession we love we must make that effort. We must answer the questions.

Nursing knowledge and evidence-based care matters to nurses as individuals, to the patients and populations we serve and to those governments who wish to redesign their health system. This is the agenda for today. This is an agenda that we must shape.

What is evidence-based practice?
Evidence-based practice is a thoughtful integration of the best available evidence, coupled with clinical expertise at the point-of-care. As such it enables nurses and other health professionals to link their work as firmly as possible to the latest and most reliable evidence. It means that we use the best available scientific knowledge—along with our wisdom, experience and judgement—to determine the best care for our patients. It is a shift away from basing nursing mainly on tradition, intuition, anecdote and other non-scientific knowledge.

The term “evidence-based practice” was not around when Florence Nightingale, the founder of modern nursing, was alive. Yet the concept was central to her theory of nursing and health care. Her approach was to document exactly what was happening, then conduct research to figure out why, and learn what action could be taken.

When Nightingale returned from the Crimean War in 1865, she immediately asked the government to investigate why so many soldiers had died.
• For every one who died from battle wounds, seven other died from disease. She wanted to figure out why, so that action could be taken to save lives.

Another example of basing health care decisions on evidence is Nightingale’s landmark study of maternal morbidity from puerperal fever following childbirth. She observed the high number of deaths in maternity wards. She asked the question, “Do more women die after giving birth in a hospital rather than at home? And if so, why?” Her study proved that the death rate was indeed higher for women who gave birth in hospitals; her results were used to implement changes in organisation of midwifery services and to save women’s lives.

These examples are what evidence-based nursing is really about. We make observations. We ask questions. We use the best evidence available. We implement organisational, policy and practice changes. We investigate and evaluate outcomes. And we do this to make a difference.

Some might argue that Nightingale had it easy. The magnitude of death and disease was so great that it was relatively easy to make a difference. In developed countries, the burden of disease is not as great as it was one and a half centuries ago. Still there are opportunities. Still research can inform. Still we can make a difference. The challenge that we face as a profession today is to help ensure that access to quality care is provided to all citizens within the available budget. As a profession we have the knowledge to assist our governments achieve this goal. We must demand the opportunity to do so. We need to bring that evidence to the policy table. Knowledge is power but it is a latent resource. It has no effect unless it is used. We must use our knowledge to influence current and future services as well as the behaviour of our citizens who need to be encouraged and supported to pursue healthy lifestyles.

Why evidence-based nursing is important
There are at least four reasons why you should base our nursing practice on solid evidence. The reasons are:

• We have an ethical responsibility to give our patients the best possible care.
• We are accountable for our actions.
• We are under economic pressure to provide better care for less money and to more people than ever before. And finally,
• Our patients expect us to have the latest information and to provide expert and informed care.

The first and primary reason nurses need to base their practice on sound evidence is because we have an ethical duty to give patients the best possible care. Today knowledge and technology are rapidly advancing. Our ‘contract’ with society requires us to seek new information and stay up to date. Using outdated information to care for patients can cause harm and waste health care resources with poor outcomes. We also need to be current so we can discontinue ineffective treatments. Around the world we are moving from a register that records those that passed an exam once upon a time to a live register and increasingly to a register of the competent.

• Ethically we must remain competent throughout our careers.
• We need to continue to learn,
• We need to keep current,
• We need to use evidence.
Linked to the first reason a second reason to practice evidence-based nursing is that we are held accountable for our actions. We are expected to use the most recent information as the basis for our clinical decisions. As an example, nurses once were taught to use soap, hot water and a rubbing action when cleansing skin. The belief was that such massage stimulated blood flow and prevented pressure ulcers. In fact, evidence now suggests that soap and water massages may result in deep tissue trauma. So we need to be aware of research findings and their implications for patient care.

Researchers have a major role to play in ensuring that the evidence is readily available in a format able to be used by the rank and file of our profession as well as those in senior policy positions. We therefore need to demand that governments invest in Nursing research. We need to demand that governments provide us ready access to knowledge and we need to use that investment to make a difference. We need to challenge poor practice and replace it with evidence based care.

A third reason to base our actions on evidence is to develop the best and most efficient nursing care possible. Today we work within a context of health care reform, increased public expectations and scarce resources. In response, nurses need to develop innovative ideas to provide better health care in a cost-effective way.

For example, nurses in the United States participated in a research study that proved women with recurrent bladder infections can be treated safely over the telephone. The study found that women diagnosed over the telephone and given a prescription are just as likely to recover, and be satisfied with their care, as women who visit a doctor or clinic. And it saves time and money. Similarly evidence from programme implementation in Ghana using community health nurses to provide ambulatory and door-to-door services using motorbikes showed the nurses operating in the community outreach site achieved reductions in child mortality rates. Remember this is in a context where a medical model of care dominates and public transportation is limited. The evidence was used to scale-up community-based and nurse-led approaches to treatment that made a real difference to patient outcomes.

Finally, nurses should base their clinical practice on evidence because consumers expect us to have the latest knowledge. Consumers in Europe are sophisticated and well educated. Many of our patients use the Internet or other sources of information to research their symptoms and treatment options.

The burden is now on us to know where to go to find information so that we can answer our patients’ questions and remain ahead of them.

**Research is central to care**

We live in a time when research is more critical than ever. For nursing it is an exciting time. Around the world, nurse researchers and scholars are asking and answering important questions, and adding to our knowledge of health and illness and caring. The work of the researcher improves clinical practice, informs education, influences health service planning, management and policymaking. ICN firmly believes that research is central to quality, accessible and cost-effective nursing care. ICN believes that research knowledge has a place in the practice of every nurse. Yet many clinical nurses still view research as somewhat mysterious something from an ivory tower and divorced from clinical practice. They think of it as an academic activity, far from the “real” world and work of nurses.
But research is not just an academic activity. It can and does change how we care for patients. So how can researchers communicate their message? How do they make a real difference in practice?

We know it is of crucial importance for nurses to seek new knowledge, to share new ideas, and to stay up to date with the latest research and evidence. We also know, from our clinical and management experiences, and from the experience of many countries, that nurses today are short-staffed and overburdened. We understand when nurses ask, “Where will we find time and energy to seek new information and evidence?”

**Adopting an evidence-based practice**

The challenge of staying up to date with new skills and knowledge may seem overwhelming. It is less daunting if we support each other. For example, nurses working in the same unit or clinic can share the task of keeping up with research findings. They can appoint individuals to be responsible for monitoring studies in certain fields, or certain journals and for convening “journal club” sessions. They can create search algorithms that can routinely send the most recent articles on a particular subject.

But also organisations that employ nurses must create conducive environments and support them in their attempts to incorporate evidence in their practices. To encourage this, ICN together with our colleagues in medicine, dentistry, pharmacy, physiotherapy and hospital management launched the Positive Practice Environment (PPE). The PPE campaign aims to foster settings that support excellence, quality patient care and improve the motivation, productivity and performance of individuals and organisations.

All of us must engage in critical thinking about issues in nursing. We must feel comfortable asking questions, and we must apply research findings in caring for our patients. Above all we must foster the conviction that every nurse has a vital role in knowledge application.

We can teach clinical nurses how to search for and retrieve data from electronic databases, such as the Cochrane Centre. We can familiarise nurses with journals that summarise published studies. These journals help nurse clinicians who don’t have the time or skills to review a range of journals, or don’t have access to journals. For example, a journal called *Evidence-based Nursing* summarises studies drawn from more than 140 nursing and medical journals.

But spreading knowledge and getting it used is a challenge. We must seek out opinion leaders and focus our efforts on those that will magnify, reinforce and disseminate our message. Easily said and perhaps easily done if we think outside our normal comfort zone.

Let me tell you a story, a true story, a story that describes how network topology and the roles that our colleagues play can make a difference to communicating our message.

A long time ago, workplaces were stable. People qualified and pretty much got a job and remained in that organisation until they retired. Movement within the institution did occur but movement across institutions or migration from one part of the country or to other countries was left to a small number of pioneers - pioneers, who would seek out new experiences both professional and personal. In those good old days we knew who were the ‘gossips’. We knew who to go to get the latest tasty tip-bit. In short we knew who the key people in the organisation were who supported the transfer of information.
When I took up post as Director of Nursing of a large and complex University Health System I needed to know quickly who the nurse leaders were in the systems – who were the good communicators. Who did people listen to and who did they communicate with. Knowledge of how knowledge flows is as important as the knowledge itself. The science of network analysis and communication topology may sound distant from patient care but it is a tool that places power in the hands of our profession. We simply need to embrace and use this and other tools.

Knowledge is central to good nursing care. Good nursing not only save lives; it increases access and it saves money. Having hard data is the best way to influence health policy in our countries, and increase funding for nursing care. We can use evidence to prove the value of our work, and to make nursing more visible in society. At this time we have some way to go to use evidence to influence health policy and decision-making. We need to start from an understanding about how to influence health policy and decision-making and we need to show how evidence based nursing can contribute to achieving health outcomes and the health system redesign aspirations of our governments

Sharing the evidence and telling people what nurses do
Nurses’ work is one of the best-kept secrets in the world of health care. The public has confidence in us. Yet few people understand the complexity of what we do. Or few realise that we must be well educated and highly skilled to do our work. The public doesn’t understand that many nursing interventions, which look simple, are complex, and involve a critical thinking process – they are not just a series of sequential tasks!

Perhaps we are in part to blame for this misrepresentation. After all, we don’t always give ourselves credit for what we do. It’s a cultural bias, probably from our training or from the heroic attributes of nursing. But it’s time to help people understand and value nurses’ contributions to health care. We will not receive the respect—and the pay—we deserve until society really understands what we do.

So we need to talk about our work, the skill it requires, we need to communicate our knowledge and work in partnership with our patients if we are to make the biggest difference. We need to talk to our patients, families, politicians, and the media. We need to map and navigate social networks to maximise dissemination. Let’s make them aware that nurses provide most of health services to the public—up to eighty percent in some countries. Nurses are the largest group of health professionals worldwide. In Europe, there are approximately six million nurses and midwives, and globally, there are over 13 million. Empowering the millions of nurses with knowledge and evidence is a sure way to excellence in care. Nurses have shown time and time again their ability to adapt and meet the changing needs of citizens.

International Nurses Day—on May 12—gives us an excellent opportunity to inform and remind the public about the importance of the work we do. The theme for this year is: Delivering Quality, Serving Communities: Nurses Leading Care Innovations. Nurses worldwide are engaged in innovative activities on a daily basis; activities motivated by the desire to improve patient care outcomes and the need to reduce costs to the health system. Many of these initiatives have resulted in significant improvements in the health of patients, populations and health systems. However, the nursing contribution to health care innovation
is seldom recognised, publicised or shared among nursing and the wider public. Together we need to change these perceptions. Together we need to harness our knowledge and exercise power for the benefit of our patients and the development of our profession.

In this century, our challenge is to build on our strengths and make nursing even stronger. By doing so, nurses can lead the way to a future of healthy people in a healthy world. As the custodians of nursing knowledge we must disseminate it in a systematic and effective way – one where nurses, policy makers and those that influence policy makers become our champions. We must shape that future together.