Evidence-Based Nursing in Clinical Practice: Implications for Nurse Educators

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BACKGROUND

To better understand an evidence-based nursing approach, we must establish what this approach means to nursing and what benefits occur when it is used in practice. McEwen (2002) pointed out that many nursing scholars believe evidence-based nursing practice will fill the gaps that are present between research, theory, and practice. McEwen suggested that evidence-based nursing de-emphasizes ritual, isolated, and unsystematic clinical experiences and ungrounded opinions and traditions as the basis for practice. Unfortunately, many registered nurses in clinical practice do not understand the concept of evidence-based nursing or how to incorporate this approach into general clinical practice settings.

Estabrooks (1998) acknowledged that the nursing profession, as a practice discipline sanctioned by society, is expected to incorporate the best sound evidence of patient care with the clear purpose of improving that care. Estabrooks concluded that evidence-based nursing practice is more than use of research because it includes all forms of practice knowledge. In essence, evidence-based nursing is a discipline in which nurses make clinical decisions using current “best” research evidence, which is then blended with approved policies and clinical guidelines, clinical expertise and judgment, and patient preferences (Gilska, Pinelli, DiCenso, & Cullum, 2001; Erickson-Owens & Kennedy, 2001; Ervin, 2002; Rycroft-Malone et al., 2004). Evidence-based nursing practice recognizes the importance of intuition and sound judgment (Ervin, 2002), but also incorporates the components of current, best research evidence on which clinical practice guide-
lines are based. This broader definition of evidence-based nursing ensures a more patient-centered approach to the provision of nursing care (Rycroft-Malone et al., 2004).

By filling the gap between theory, research, and practice, evidence-based nursing strives for improved patient outcomes. Heather, Becker, and Olson (1988) presented results from 84 nurse-conducted research studies involving a total of 4,146 patients in hospital settings. They reported sizable gains in behavior, knowledge, physiologic, and psychosocial outcomes when patients were given research-based nursing interventions. In effect, the outcomes of 72% of the patients were 28% better than those of patients receiving routine nursing care. When research is conducted about nursing practice and used within practice, it has the potential to improve patient care in all clinical practice settings.

Just as important as patient outcomes are the outcomes specific to nursing as a practice discipline. Alligood and Tomey (2002) suggested that theoretical knowledge (on which research evidence is based), when incorporated into the practice of nursing, leads to enhanced professional autonomy. They also suggested that when nursing theory is used to guide clinical thinking and decision making, nurses can understand what they do and why, and they are able to clarify this for other health professionals. Alligood and Tomey concluded that the use of nursing theory allows nurses to realize the unique contribution they make to the healthcare field. In a sense, theory-guided, evidence-based nursing gives a unique identity to nurses and encourages them to define themselves by what they know rather than by nursing tasks. The quest for an evidence-based nursing approach is essential to the enhancement of nursing as a professional discipline.

**IMPLICATIONS FOR CLINICAL NURSING EDUCATION**

Nurse educators have the opportunity to promote improved patient outcomes in the future by facilitating an evidence-based nursing approach within clinical nursing education. Ferguson and Day (2005) emphasized that nursing faculty are incorporating evidence-based practice by helping students increase their skills in accessing and analyzing the most relevant evidence to support their beginning nursing practice. They also suggested that, to provide rationales for quality nursing actions, nursing faculty can help students recognize the importance of current research evidence and other sources of knowledge, such as ethical, personal, and aesthetic.

Kessenich, Guyatt, and DiCenso (1997) pointed out that students must develop critical-thinking skills through independent, evidence-based methods of clinical decision making, instead of relying solely on expert faculty knowledge. They believe that clinical instructors can guide students within a framework of systematic observation, experience, and reliance on current nursing research to develop sound nursing practices.

Erickson-Owens and Kennedy (2001) emphasized that an evidence-based nursing approach is a learned skill for both the students and the clinical educators that requires intellectual curiosity to explore beyond “the way it has always been done” (p. 137). Nursing students who do not learn how to question common practice or how to ask why practice is done in a certain way may not develop the skills needed to continually enhance the quality of nursing care they provide for improved patient outcomes. Expertise and competence within the particular clinical setting are important, but clinical educators also must be familiar with current, best evidence.

Erickson-Owens and Kennedy (2001) suggested that this does not mean that clinical educators must know everything, but they should know how to search for and evaluate evidence in clinical practice. In Tilley, Runciman, and Hockey’s (1997) qualitative study, nursing faculty respondents consistently emphasized the importance of questioning and inquiry for nursing education to have a stronger base in relevant research evidence. Nurse educators must be willing to ask questions about the application of evidence-based nursing and to use their clinical judgment when adapting practices to their particular students or clinical situations (Ferguson & Day, 2005).

Goodfellow (2004) stated that even if research use and appraisal skills are taught in a nursing program, students still may be unaware of how to incorporate those skills into clinical practice. Goodfellow also suggested the use of journal clubs with clinical nursing students to promote and teach evidence-based nursing in clinical practice settings. Goodfellow’s journal club met once a month during an entire medical–surgical clinical period and students critically analyzed nursing research (using prescribed guidelines) and discussed the validity and reliability of their findings. The students developed skills in reading and appraising research, and they were able to incorporate new learning into practice settings. Individual registered nurses asked for copies of the research articles, which they then posted for everyone to view. Clinical registered nurses joined the last two journal club sessions and developed their own skills in statistical appraisal and critical reflection. Nurses sacrificed their own time to prepare for the club and organized their patient care so that they could become involved (Goodfellow, 2004).

Foster (2004) made an attempt to facilitate clinical student learning of the principles of evidence-based nursing. The author had 106 baccalaureate nursing students analyze whether certain pediatric nursing procedure statements were consistent with current research evidence.
The students enhanced their evidence-based knowledge by creating guided research questions, conducting systematic searches, reading and critiquing the strength of the evidence, synthesizing the evidence, and preparing evidence-based recommendations.

Newhouse, Dearholt, Poe, Pugh, and White (2005) proposed a model for evidence-based practice that is practical and effective for the implementation of evidence-based changes to nursing practices. The three-phase model includes identifying an evidence-based practice question, identifying evidence, and translating an evidence-based change. This model could be used by nursing faculty as a teaching guide for clinical student journal clubs and student analysis of nursing procedures within their clinical practicum settings.

**ISSUES PRESENT WITHIN CLINICAL PRACTICE SETTINGS**

Although nursing research and advances in health sciences have resulted in knowledge only dreamed about decades ago, the nursing profession still struggles with how to implement the results of these discoveries into clinical practice (Ervin, 2002; McEwen, 2002). Young (2003) emphasized that although nursing literature, schools of nursing, evidence-based practice centers, and Magnet hospitals promote the concept of evidence-based nursing, they have yet to become a reality in all areas of practice. Although an evidence-based approach to nursing is modeled within many nursing education programs, issues within current clinical practice settings may affect nursing students’ implementation of this approach as future registered nurses. Issues that have an effect on the implementation of an evidence-based nursing approach within current clinical practice settings must be acknowledged. Clinical nursing issues that must be addressed by nurse educators include time factors, access to information and resources, nurses’ research knowledge and skills, and the current nursing culture.

**Time Factors**

One of the major issues present in clinical practice settings is time constraints. Nurses feel they are too busy to take part in evidence-based nursing activities (Mitchell, Janzen, Pask, & Southwell, 1995; Newman, Papadopoulos, & Melifonwu, 2000; Paramonczyk, 2005; Pravikoff, Pierce, & Tanner, 2003; Young, 2003). As Young (2003) pointed out, nursing’s worth continues to be measured in tasks rather than the critical thinking being done by nurses. Farrell (2001) referred to this as task–time imperatives in which the patient’s day is constructed within strict task–time grids. Farrell suggested that the consequence of striving to meet strict task–time schedules is that they can entrap nurses.

Unfortunately, these task–time imperatives are well-established within many clinical practice settings. Maljanian (2000) emphasized that although the provision of task-oriented care is rewarding to some, the efficient provision of ineffectual care is not good caring. Maljanian concluded that integration of best current evidence with care activities leads to evidence-based practice in nursing that is synonymous with caring. Adherence to task–time imperatives may leave little time for nurses to explore and envision sound evidence as a base for practice.

**Access to Information and Resources**

Another issue present within clinical settings is that registered nurses may not have the appropriate access to current information and the resources to support the search for new knowledge (Ervin, 2002; Paramonczyk, 2005; Young, 2003). An evidence-based nursing approach can become a reality only if registered nurses have access to libraries near clinical settings, current research journals and research resources, and the Internet for use in clinical practice (Mohide & King, 2003; Pravikoff et al., 2003). In a study of 126 registered nurses in Ontario hospitals, only 52% of the agencies had nursing research journals in their libraries (Mitchell et al., 1995). A more current study by Pravikoff et al. (2003) investigated evidence-based practice resources in acute-care hospitals in Louisiana and New York. Fewer than 35% of hospitals provided access to the Internet or computerized references in clinical units, 66% provided only nursing practice journals, and fewer than 20% made nursing research journals available.

Paramonczyk (2005) stressed that the presentation and accessibility of research are not appropriate for Canadian acute care nurses. Specifically, research reports are not readily available and the relevant literature is not compiled in one place. Without the support of organizations and administrators, which supply and encourage nurses to access current best evidence, it will take a concerted effort to fully use evidence-based nursing within clinical practice settings.

**Nurses’ Research Knowledge, Skills, and Learning Opportunities**

Clinical registered nurses may also require additional knowledge and skills to critically appraise the findings from research and its affect on their practice (Ervin, 2002; McCaughan, Thompson, Cullum, Sheldon, & Thompson, 2002; Paramonczyk, 2005). The literature provides examples where additional learning such as increased knowledge about available evidence, the skills to search for and critique research, the ability to read, interpret, and translate research into practice, and the skills to evaluate the strength of the evidence is necessary (Ervin,
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The unique nursing knowledge gained through nursing research (qualitative and quantitative) must be the primary guide for practice. Intuition, clinical judgment, and experience cannot be dismissed as valid sources, but quality research evidence must work in partnership with these sources of knowledge.

**CLINICAL NURSE EDUCATORS: CHANGE AGENTS FOR EVIDENCE-BASED NURSING**

Registered nurses in clinical practice need a sound education base in the process of evidence-based nursing to contend with some of the issues addressed earlier. Of primary importance are clinical nurse educators who believe in and promote the benefits of evidence-based nursing. Although role models are difficult to find under the new paradigm of evidence-based nursing (Young, 2003), the clinical nurse educator has the opportunity to start the process of change.

Ervin (2002) emphasized the need for change agents that can begin setting an organizational tone for change. Harvey et al. (2002) suggested that facilitation is a change agent’s role in which supporting people to change and implement evidence into practice is the key. Ervin suggested that if registered nurses are excited about what they see as a result of implementing evidence, they will generate more interest and may be more open to continued change.

First and foremost, the clinical nurse educator must have a sound educational foundation in evidence-based nursing. Kruman (2003) identified that clinical nurse educators must first incorporate the terms (talk the language) and start using evidence in current programs. Clinical nurse educators play an influential role in the development of orientation programs for new nursing staff and have the opportunity to promote best evidence-based nursing practices.

Another step to building a foundation for evidence-based nursing is to ensure that policies, procedures, and practice guidelines are evidence-based (Ciliska et al., 2001; Kruman, 2003). Clinical nurse educators can provide support by setting up computer links to local library databases, providing relevant systematic reviews that summarize findings, circulating valid and reliable research literature within clinical settings, and introducing nurses to the Cochrane Library and the journal Evidence-Based Nursing (Ciliska et al., 2001; Kruman, 2003).

Ciliska et al. (2001) encouraged an inquiring, reflective approach to nursing practice by taking time to ask questions about the validity of current practices and possible alternatives. Clinical nurse educators have access to programs that can assist nurses in analyzing current evidence. Professional development courses on evidence-based nursing and research inquiry courses can assist nurses in critically examining evidence directly related to current clinical is-
Evidence-Based Nursing


1. Evidence-based nursing practice is an approach to nursing care that is essential to the improvement of patient outcomes.

2. Situational issues present within clinical practice settings have made a more evidence-based approach difficult to attain for many registered nurses.

3. Clinical nurse educators have the opportunity to become potential change agents in the facilitation of evidence-based nursing within the clinical practice setting.

REFERENCES


