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THE UNIQUE ROLE OF NURSES IN BRIDGING EVIDENCE-PRACTICE GAPS

Health care professionals face enormous challenges in grappling with very complex systems to provide patients with clinical care that is supported by credible evidence.

Over the past twenty years, there has been an increasing emphasis of the importance of research in nursing, with an abundance of information and new evidence emerging every day. However, the use of research in everyday practice presents enormous challenges.

Consider the perennial issues associated with the simple technical process of 'hand washing'. Medline listed 69 articles on this topic in 1984, 103 in 1994 and 263 in 2004. Despite the knowledge underpinning this growing evidence base, hand washing remains a major issue across the health care system.

Nurses, working in collaboration with other professional groups, have a pivotal role in shaping and influencing clinical practice, and therefore share responsibility for the quality of care provided within their local environment. However, recent research suggests that nurses are not well enough supported to ensure the quality of care provided draws on the best available evidence.¹

A recent USA study published in the *American Journal of Nursing*¹ revealed nurses face a range of difficulties in establishing clinical care processes based on the best available evidence.

This study concluded that nurses' ability to use the latest evidence to inform their clinical practice is hampered by unmet learning needs in the use of computers; poor access to information technology; and a lack of education on the relationship between research and patient care.

From a review of the literature, Melnyk and colleagues identified the major barriers to adopting evidence in clinical practice include:

- perceived lack of time, busy clinical workloads;
- misconceptions about the value of research;
- inadequate education and training;
- lack of control over one's practice;
- inadequate administrative support; and
- insufficient resources.²

Establishing networks for sharing knowledge encourages the dissemination of ideas and strategies that can help nurses become more involved in the implementation of evidence-based practice.

The National Institute of Clinical Studies (NICS) is Australia's national agency for improving health care by helping close important gaps between best available evidence and current clinical practice. NICS works to raise awareness of the gaps in clinical practice, and through a number of programs and initiatives, guide's individuals and health care organisations to implement and sustain the required changes to improve clinical practice.

One such program, the Emergency Department Collaborative (2000), involved 47 emergency departments across Australia. The clinicians who participated in this initiative worked together to develop new strategies and protocols to improve clinical practice using the best available evidence. The aim of the Collaborative was to reduce time to analgesia for people presenting to the emergency department in pain. Collaborative teams also had the opportunity to undertake other improvements from a selection of 15 key emergency care priorities.

Staff culture surveys undertaken as part of the evaluation of the Collaborative identified nurses as key change agents, driving the evidence implementation process. Nurses took on a leadership role among the individual project teams, and generated momentum in their organisations to bring about changes that improved patient outcomes. This was demonstrated by a 19% improvement across 41 hospitals in time to analgesia for patients who presented to emergency departments. This improvement was equivalent to a 20 minute reduction in the median time for analgesia delivery.³

This collaboration has been followed by the formation of an Emergency Care Community of Practice, which provides nurses and their professional colleagues with opportunities to be involved in the uptake and implementation of evidence-based emergency care.⁴ The Emergency Care Community of Practice enables clinicians to share resources, test ideas, and be involved in regular activities and projects that support evidence-based practice and implementation.

From our experience, opinion leaders who promote nursing and the profession's capacity to create change can have a very positive influence in changing the attitudes of busy clinicians, who at times have been reluctant to become involved due to lack of confidence.

Six nurses are actively engaged as clinical leaders in the Community of Practice, working to develop nursing leadership in evidence implementation within the emergency care setting. This involvement is giving them the opportunity to learn from local and international experts in the field of evidence implementation.

Individual nurses can also become involved and contribute to NICS programs and activities. As clinical leaders, nurses are encouraged to identify areas of clinical care that have demonstrated evidence-practice gaps and contribute to discussions and projects to help close those gaps.

The needs of nurses at both undergraduate and postgraduate levels should be addressed in order to equip nurses to understand and routinely adopt evidence implementation activities. NICS is working toward establishing strong partnerships with the nursing colleges to continue to support and encourage nurses in this important area.

Acknowledging the unique role of nurses as key professionals in achieving evidence-based care is a critical step in establishing care processes that are supported by the best available evidence.

Equipping nurses to undertake evidence-based practice has the potential to provide enormous benefits in patient care, with progressive reductions in the time taken for research findings to make a real difference.

Further information on NICS can be found at www.nicssl.com.au.

1 Pravikoff, D.S., Tanner, A.B. and Pierce S.T. 2005. Readiness of US nurses for evidence-based practice: Many don't understand or value research and have had little or no training to help them find evidence on which to base their practice, *American Journal of Nursing*, 105(9):40-51.

2 Melnyk, B.M., Fineout-Overholt, E., Fischbeck Feinstein, N., Li, H., Small, L., Wilcock, L. and Kraus, R. 2004. Nurses' perceived knowledge, beliefs, skills, and needs regarding evidence-based practice: Implications for accelerating the paradigm shift. *Worldviews of Evidence- Based Nursing* 1(3):185-193.

3 National Institute of Clinical Studies. 2004. *National Emergency Department Collaborative report*.

4 Amos Consulting, 2005. *Understanding communities of practice and how they apply to the health context: A summary*.