

EVIDENCE BASED PRACTICE

Abstract

Evidence-based practise (EBP) has become a paradigm change in a number of industries, including social work, education, psychology, and medicine. It places a strong emphasis on integrating scientific findings, clinical know-how, and patient or client preferences to guide decisions and enhance results. An overview of the idea of evidence-based practise, its significance, and the difficulties involved in implementing it are given in this abstract. The notion that solid research findings should inform decision-making rather than custom, anecdotal evidence, or personal opinion is the basis of evidence-based practise. Practitioners can improve the efficacy and efficiency of their therapies or treatments by utilising the best available data from systematic research. But there are difficulties in putting evidence-based practise into practise. Adoption of evidence-based strategies can be hampered by obstacles like a lack of access to pertinent research, time restraints, opposition to change, and the requirement for continual training and support.

Evidence-based practise has significant advantages. Practitioners can improve results for their clients, patients, or students by using interventions and tactics that have been proven to be effective. By creating a cycle of continuous improvement where practise informs research and research informs practise, EBP also advances the relevant fields. In conclusion, evidence-based practise emphasises the integration of research information, clinical competence, and client or patient preferences. It marks a significant shift in decision-making. Despite obstacles, promotion of evidence-based practise is nonetheless a priority. By adopting this strategy, practitioners can deliver high-quality, knowledgeable treatment and help develop their professions by utilising the finest available research.

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I. INTRODUCTION

Evidence-Based Nursing Practise entails integrating the best available research evidence with professional expertise, taking into account patient preference, patient condition, setting, circumstances, and health care resources. It has become a significant concern for policymakers, care providers, and professional groups in the health care industry. Efforts have been made in recent years to promote evidence-based practise through the creation of practise guidelines, systematic reviews, and meta-analyses. These resources provide practitioners with valuable tools for keeping abreast of the latest research findings and identifying evidence-based interventions pertinent to their respective fields. In numerous professional disciplines, evidence-based practise (EBP) plays a crucial role in enhancing outcomes and decision-making. By integrating the best available research evidence with clinical expertise and taking into account the preferences and values of clients or patients, EBP offers a structured and dependable method for informing decisions and interventions. One of the primary advantages of evidence-based practise is its capacity to enhance outcomes. By relying on empirical research and studies, practitioners can identify interventions and treatments that have been demonstrated to be effective, thereby reducing the likelihood of employing ineffective or detrimental methods. Whether in terms of medical treatment success, psychological well-being, academic achievement, or community safety, this evidence-based approach increases the likelihood of positive outcomes. In addition, evidence-based practise improves the decision-making process. It abandons reliance on personal opinion, tradition, and anecdotal evidence. Instead, practitioners have access to an abundance of scientific research, systematic reviews, and meta-analyses to inform their decisions. This ensures that decisions are based on the most reliable and up-to-date evidence available, resulting in better-informed and more effective decisions.

II. KEY COMPONENT OF EBP

EBP is a framework that integrates three essential components: research evidence, clinical expertise, and client or patient preferences. These elements collaborate to inform and direct decision-making, interventions, and treatment strategies. Effective implementation of evidence-based practise requires that each component's function be comprehended.

- 1. Evidence from Research:** Evidence from research is the foundation of evidence-based practise. It refers to the results of rigorous scientific studies such as randomised controlled trials, systematic reviews, and meta-analyses. This type of evidence is obtained through systematic and objective research methods, and it provides reliable information regarding the efficacy, safety, and outcomes of particular interventions, treatments, or approaches. Research evidence assists practitioners in identifying best practises, evidence-based interventions, and successful strategies.
- 2. Clinical expertise** incorporates the knowledge, abilities, and experience practitioners acquire through professional education and practise. It requires the application of specialised knowledge to comprehend the specific requirements of clients or patients, to make accurate assessments, and to determine the most appropriate interventions. Clinical expertise includes the capacity to evaluate and interpret research evidence critically and apply it to specific cases. Taking into account variables such as the client's condition,

preferences, and available resources, practitioners' knowledge bridges the gap between research evidence and its application in real-world contexts.

- 3. Preferences of Clients or Patients:** Recognising and valuing the preferences, values, and objectives of clients or patients is a crucial aspect of evidence-based practise. The preferences of a client or patient depend on their individual characteristics, circumstances, cultural heritage, and personal values. Involving clients or patients in the decision-making process increases their engagement, satisfaction, and treatment outcomes by ensuring that interventions and treatments are tailored to their specific needs and preferences. The preferences of the client or patient are considered alongside research evidence and clinical expertise, and shared decision-making is encouraged to determine the most appropriate course of action in collaboration.

Evidence-based practise provides a comprehensive approach to decision-making and intervention planning by incorporating these three elements: research evidence, clinical expertise, and client or patient preferences.

III. BENEFITS OF EBP

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- 4. Evidence-based Practise** provides a comprehensive approach to decision-making and intervention planning by incorporating these three elements: research evidence, clinical expertise, and client or patient preferences.

IV. BARRIER FACED WHILE IMPLEMENTING THE EBP

Implementing evidence-based practise (EBP) can present a number of obstacles in various professions. These obstacles may arise at the practitioner level, within organisations, or as a result of systemic factors. For successful adoption and assimilation of evidence-based approaches, it is crucial to comprehend and address these obstacles. Here are some frequent obstacles to implementing evidence-based practise:

- 1. Access to Research Is Restricted:** Accessing relevant research literature and keeping abreast of the most recent evidence can be difficult. Access restrictions to scholarly journals, a lack of time to evaluate research articles, and the inability to interpret complex research findings can impede practitioners' ability to incorporate research evidence into their practise.
- 2. Implementing evidence-based practise** necessitates additional time for activities such as locating and evaluating research evidence, conducting assessments, and collaborating with clients or patients. In hectic practise settings, it may be difficult to devote sufficient time to evidence-based approaches due to time constraints.
- 3. Change Resistance:** Change resistance can be a significant barrier to the implementation of evidence-based practise. It is possible for professionals to be habituated to traditional practises or to hold personal beliefs that contradict new evidence. Awareness, education, and a supportive organisational culture that facilitates open-mindedness and a willingness to embrace evidence-based approaches are required to overcome resistance.
- 4. Inadequate Resources:** Effective implementation of evidence-based practise requires adequate resources, including financial resources, access to training and professional development opportunities, and technological infrastructure. The inability of practitioners to access and implement evidence-based interventions, as well as the lack of organisational support for change implementation, can be attributed to limited resources.
- 5. Skill and Knowledge Deficits:** Some practitioners may lack the required skills and knowledge to engage in evidence-based practise effectively. This can include the ability to evaluate research critically, comprehend statistical concepts, and apply research evidence to individual cases. It is vital for the implementation of evidence-based practises to address skill and knowledge deficits through ongoing training and professional development.
- 6. Organisational Culture and Support:** The organisational culture plays a pivotal role in facilitating or impeding the implementation of evidence-based practise. If the organisational culture does not value or support evidence-based approaches, practitioners may encounter resistance, a dearth of resources, or few incentives to adopt change. It is

essential to establish a culture that promotes EBP and provides the necessary resources and incentives.

- 7. Contextual Factors** Contextual factors, such as the issue's complexity, the availability of resources, and the cultural and societal context, can impact the implementation of evidence-based practise. Adapting evidence-based interventions to specific contexts and taking individual or cultural preferences into account can be difficult, but is essential for successful implementation.

V. WAYS TO OVERCOME BARRIERS IN IMPLEMENTATION OF EBP

Individual, organisational, and systemic factors must be addressed proactively in order to overcome implementation barriers in evidence-based practise (EBP). Some of the ways of overcoming barrier are mentioned below:-

- 1. Education and Training:** It is essential to provide comprehensive education and training on evidence-based practise. This includes enhancing practitioners' critical evaluation of research, comprehension of research methodologies, and incorporation of research evidence into decision-making. Providing seminars, webinars, or online courses can assist in bridging knowledge gaps and fostering EBP competence.
- 2.** Facilitate access to pertinent research literature by subscribing to scholarly databases or forming partnerships with academic institutions. This ensures that practitioners have the means to access and remain current with the most recent research evidence. Creating user-friendly portals or libraries that curate and disseminate summaries of evidence can also facilitate access to research findings.
- 3.** Foster a supportive organisational culture that promotes and values evidence-based practise. This includes providing support for leadership, allocating resources for training and implementation, and recognising and rewarding practitioners who employ evidence-based approaches. Incorporating evidence-based practise (EBP) into performance evaluations or quality enhancement initiatives can further increase its significance within an organisation.
- 4. Collaboration and Knowledge Transfer:** Encourage researchers, practitioners, and stakeholders to collaborate. Facilitate knowledge exchange, research translation, and co-creation of evidence-based interventions by fostering partnerships between academic institutions and clinical settings. Collaborative networks, communities of practise, or regular interdisciplinary meetings can facilitate shared learning and the adoption of evidence-based practise (EBP).
- 5. Champions of Implementation:** Identify and empower champions of implementation within the organisation. These individuals can function as mentors, advocates, and role models for evidence-based practise. They can support and guide coworkers, share success tales, and assist with overcoming implementation obstacles. Developing a network of advocates can generate a positive ripple effect and promote the adoption of EBP.
- 6. Tools and Resources:** Provide practitioners with tools and resources that facilitate evidence-based practise implementation. Guidelines, protocols, decision aids, and practise

manuals that synthesise research evidence and provide step-by-step guidance are examples. User-friendly databases or online platforms that compile interventions and implementation strategies supported by empirical evidence can also be valuable resources.

7. **Implement processes** for continuous quality development that include feedback loops and data-driven decision making. Assess the outcomes of EBP implementation efforts on a regular basis, elicit practitioner and client feedback, and make any necessary adjustments to enhance the effectiveness and sustainability of EBP.
8. **Recognise the significance** of context and adapt evidence-based interventions to the setting's particular requirements, preferences, and resources. This may involve taking into account cultural factors, available resources, or client-specific characteristics. Stress the significance of adaptability and originality in the application of evidence-based practises while adhering to EBP's fundamental principles.

VI. EXAMPLES OF IMPLEMENTATION OF EBP

1. In healthcare, using prophylactic medicines before surgery is a proven way to keep surgical sites from getting infections. Antibiotic prophylaxis has been shown in a number of studies to reduce the chance of infections in surgical patients. Guidelines and procedures are used in hospitals and surgical centres around the world based on this evidence. This has led to better patient outcomes and lower healthcare costs.
2. Response to Intervention (RTI) is a practise in education that is based on facts and is used to find and help students who are having trouble learning. RTI is a tiered system of interventions in which students get targeted teaching and interventions based on their own needs. Research has shown that RTI is a good way to find difficult students early, help them with the right things, and improve how well students in all grade levels learn.
3. Cognitive-Behavioral Therapy (CBT) is a practise in psychology that has been shown to help many people with mental health problems. CBT works well for treating diseases like depression, anxiety disorders, and post-traumatic stress disorder, as shown by many studies. CBT focuses on finding and changing unhelpful ideas and behaviours. It also gives clients practical ways to deal with problems and improve their health.
4. In the field of social work, Multisystemic Therapy (MST) is a method that has been shown to help at-risk kids and their families. MST is a family- and community-based strategy that works on a number of things that can lead to youth crime. It focuses on making families work better, helping kids make good friends, and putting families in touch with neighbourhood resources. Research has shown that MST lowers the number of times young people go back to jail and improves their long-term results if they are in the juvenile justice system.
5. In the field of criminal justice, Drug Courts are programmes based on facts that try to keep people who have problems with drugs from going back to jail. Drug courts are an option to the way courts usually work because they offer full treatment, counselling, and support services. Studies have shown that Drug Courts work to reduce drug use, criminal behaviour, and re-arrest rates while also improving the social functioning and general well-being of their participants. Studies have shown that Drug Courts work to

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