

Preface



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Guest Editor

Over 150 years ago, Florence Nightingale taught us that one of the most important practical lessons we can give student nurses is to always observe: teaching them what to observe; how to observe; and which symptoms are important for indicating improvement, decline, or neglect. She further instructed that as nurses, we should not spend our time collecting voluminous amounts of data that we do not use to improve the care we provide to our patients and that handwashing prevents the spread of infection.¹ How can we still be struggling with using our keen observation skills to improve care, collecting data that we do not use and spending millions of dollars attempting to sustain the evidence-based practice of handwashing?

If you have ever attempted to execute practice changes in your setting, particularly if the changes required support from multiple disciplines and administration, you know how complicated and challenging implementing evidence-based practice can be. Critique and synthesis of a body of research literature and changes in practice that are dramatic changes from the traditional way of care further challenge change efforts. In an effort to implement short-term solutions, quick fixes are put into practice, with practices steeped in tradition or “the way we have always done things.” Senge and colleagues² directed us to pay more attention to long-term solutions with our practice issues, using programs that promote a sustainable change, creating and sustaining a learning environment in which point-of-care providers have the resources and knowledge necessary to improve patient outcomes through the use of best evidence. Building the capacity for evidence-based practice at the point-of-care provides a long-term solution to changing patterns of thinking and providing evidence-based care.

Medicine is often credited with the initiation of evidence-based practice; yet, in the mid- to late 1970s, researchers at Western Institute of Collegiate Education in Nursing (WICHEN) studied barriers to the use of research in nursing practice, the same barriers we find today. The Conduct and Utilization of Research in Nursing project examined the research evidence supporting or changing the care we were providing and published 10 practices that had sufficient scientific evidence. The definition for using research in practice at that point in time was research utilization. Concurrently, Dr. Archie Cochrane admonished his fellow physicians for their lack of research

utilization in guiding their practice decisions. In the 1990s, Sackett and colleagues expanded thinking for incorporating more sources of evidence than just research findings in making clinical decisions regarding care. The Institute of Medicine's landmark reports *To Err Is Human* and *Crossing the Quality Chasm: A New Health System for the 21st Century* brought a new awareness to the important decision-making issues of quality and safety facing patients and clinicians alike in our complex health care system.³ Building on the 3 decades of work in nursing and medicine, the thrust from regulatory and credentialing agencies, and the nationwide efforts to build centers of nursing excellence supported by the Magnet Recognition Program from the American Nurses Credentialing Center, evidence-based health care has become the mantra for managing and changing our practice in the twenty-first century.

Use of the best evidence to support nursing practice and the generation of new knowledge to use in practice are the hallmarks of excellence across the nation and the globe. Yet, studies continue to find that nurses at the bedside are limited in the resources and knowledge necessary to change the traditional nursing culture to one in which the use of evidence is incorporated into daily care.⁴ In the hectic world of today's nurse, finding the time to explore clinical and administrative questions systematically often takes a back seat to ever increasing demands of patient care and the work environment. This issue provides a wide array of examples representing the current thinking in and the efforts for establishing evidence-based health care, with continual improvement of patient outcomes.

The issue is organized around two themes, although, as you are likely to note in your reading, there is overlap between and among the articles. The first theme offers a multiplicity of unique partnerships and collaborative efforts used to facilitate evidence-based practice within educational and service settings. The articles within this section describe a unique program within a large academic medical center that addresses nursing education and nursing practice, one example of various joint agreements between an academic institution and clinical settings with multiple benefits, two collaborative strategies among multiple academic centers and multiple health care facilities (one in an urban setting and one in a rural setting), and, finally, a unique Web-based program used by a large multisite health care system to meet the needs of its staff in multiple geographic sites.

The second theme provides a rich collection of point-of-care exemplars. These exemplars include a template for planning and implementing strategies for evidence-based policies and procedures and a synergistic professional practice model that incorporates evidence-based practice and a nursing quality model that drives evidence-based care. Examples of the background on clinical questions, the search and synthesis of the evidence, and improvements in patient outcomes provide evidence-based ideas for use in other settings or opportunities for replication projects addressing important, relevant, common practice issues in a diversity of patient populations. This section concludes with a reflective article on challenges and opportunities in implementing the conduct of research and the use of evidence throughout a nursing department in a health care system.

Several models and frameworks for promoting and sustaining evidence-based practice are available for guidance on your journey toward improvement in patient care based on the best evidence. The articles in this section provide you with the references for a diverse group of models that can be used and further tested by individuals and small groups in addition to organizational models that can facilitate assessing and changing the larger work environment. Clearly, one model does not fit all organizations and all work settings or units. Selection of a model based on your workforce mix and resources is an important initial step in creating and sustaining a work

environment in which the spirit of inquiry thrives and the best available evidence is incorporated into daily decisions for health care.

Almost 30 years ago, at a conference sponsored by the WICHEN entitled “Promoting Nursing Research as a Staff Nursing Function,” Dr. Janelle Krueger declared that if research were ever to be valued and used, staff nurses must know how to read and conduct research studies because they are the individuals who know the important clinical questions. Dr. Krueger went on to say there would never be enough doctorally prepared nurses at the bedside to ask the questions. My own journey into creating an environment in which direct care providers would have the knowledge and support needed to conduct their own research and utilize these scientific findings, along with their expert knowledge, was sparked by her words. It is indeed an honor to bring you an issue packed with the knowledge transfer work of nurse educators, administrators, advanced practice nurses, and bedside staff.

It has been a privilege to serve as the guest editor of this timely issue on evidence-based practice. Building the capacity for evidence-based practice at the point of care provides a long-term solution to changing patterns of thinking through promotion of the use of evidence and generation of new knowledge. Sustaining a learning environment in which point-of-care providers have the resources and knowledge necessary to improve patient outcomes through the use of best evidence requires unique partnerships with academic programs and within and among health care systems. Nursing leadership must be knowledgeable and support the resources needed in the future work environment. I hope that this issue provides you with many ideas for the future.

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