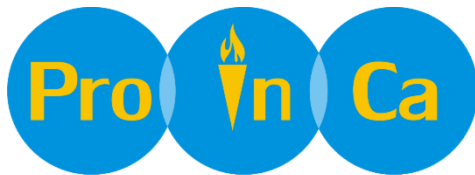




International best practices and recommendations for the enhancement of Evidence Based Nursing Practice

Mateja Bahun, MSc (Nursing), BSc (educ), RN, Senior Lecturer
Zhuldyz Zhetmekova, MSc (Nursing), BSc (Nursing), Lecturer



Promoting the Innovation Capacity of Higher Education in Nursing during Health Services
Transition



ENHANCEMENT OF EBP – WHY?

Evidence based practice (EBP) is the process by which nurses make clinical decisions using the best available research evidence, their clinical expertise and patient preferences and values in the context of available resources (DiCenso et al., 1998).





EBP is globally accepted across health care disciplines as the **fundamental framework to formulate and deliver the best clinical practice for patient care** (Melnik et al. 2015; Williamson et al. 2015; Polit & Beck, 2018).



- It is often difficult to integrate the results of research into practice and may take too long if no active action is taken to speed up this process. The **transfer of knowledge to practice** is clearly a complex activity, with the context and implementation process taking into account before any change in behaviour (Barría, 2014).
- Nurses face a variety of problems, needs and issues in their day-to-day clinical work that require effective clinical decision-making. In order to solve these situations, nurses have historically useful knowledge and skills derived from various mechanisms, including health guidelines, rituals, tradition and personal choice (Joan, 2017).



- EBP is the most optimal approach to solving problems in providing healthcare. When the use of evidence is ensured in accordance with a supportive organizational culture, it is possible to achieve the highest quality of health care and the best outcomes of medical treatment in patients (Gallagher - Ford et al., 2011; Melnyk et al., 2010).
- The main factor in providing high-quality care for patients is the implementation of best practice (EBP), where care leaders have a key role to play (Gifford et al., 2007).



Most common traditional rationalization of clinical practice
„That is the way we have always done it“
is becoming a practice of the past





There are two main considerations relating to EBP:

- First, the interventions that the quality improvement initiative seeks to implement should have evidence of benefit: they should lead to improvements in patient outcomes that are, ideally, both clinically important and cost-effective.
- Second, quality improvement initiatives should be based on sound evidence of what works to implement these products or approaches (Gillam, 2014).



The importance of EBP implementation lies in:

- Maintaining quality of care: safe, effective, in line with the research outcomes
- Society: efficient and transparent care, empowered patients
- Profession: Professionalization of the nursing profession is essential, development of new knowledge, standards, insights and lifelong learning is the philosophy of nursing profession.



EMPOWERMENT

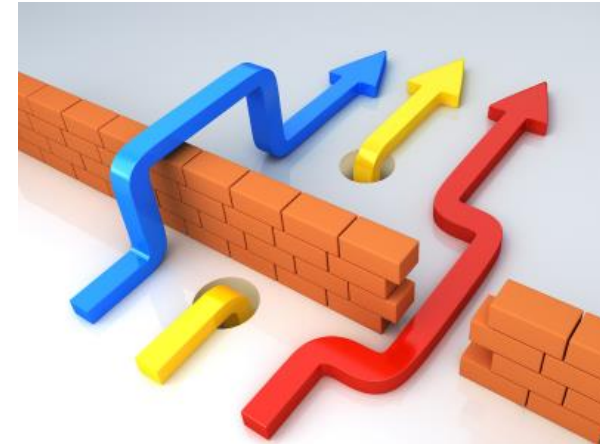




- Even though multiple positive outcomes are the result of evidence-based care, including improvements in healthcare quality, safety, and costs, **it is not consistently delivered** by clinicians in healthcare systems throughout the world (Melnik et al., 2018).



- high time consumption;
- inadequate EBP knowledge and skills;
- negative attitudes about research / EBP;
- rigorous teaching process;
- organizational culture;
- resistance of leaders or colleagues;
- lack of mentors and resources;
- lack of autonomy over practice and incentives;
- a heavy workload;
- a lack of internet or databases access or other recourses;
-



(Melnik, et al., 2004; Ely et al., 2005; Melnyk, et al., 2005; Pravikoff, 2005; Fineout-Overholt, et al., 2005; Hannes, et al., 2007; McGinty & Anderson, 2008; Melnyk, et al., 2008; Titler, 2009; Melnyk, et al., 2012; Heikkila at al., 2016).



- Support and encouragement from leadership/administration;
- time to critically appraise studies and implement their findings;
- clearly written research reports;
- EBP mentors with EBP skills, knowledge and proficiency in individual and organizational change strategies (Melnyk, 2007; Melnyk & Fineout Overholt, 2002b; Melnyk, et al., 2004; Newhouse, et al., 2007);
- tools to assist EBP at the point of care (e.g., computers, educational programs) (Hart, et al., 2008);
- Clinical promotion systems that incorporate EBP competencies for advancement (Newhouse et al., 2007);
- Evidence-based clinical practice policies and procedures (Oman, et al., 2008);
- Journal clubs and EBP rounds;
- Objective documentation of the status of EBP to demonstrate a change in outcomes (Melnyk et al., 2015);
- influence of organizational culture, leadership of the organization, increasing knowledge, competences and educational structure (Bole & Skela Savič, 2018);



- culture for EBP in healthcare organizations and incorporating its use in everyday practice;
- Supportive organizational culture and readiness for system-wide implementation of EBP;
- Interdisciplinary professionals work together in a collaborative team spirit; Interprofessional collaboration (Skela Savič, 2017);
- Surveys or focus groups conducted with healthcare providers to assess their baseline knowledge, beliefs, and behaviours regarding EBP (Melnik, et al., 2008).
- healthcare providers with basic knowledge and skills about EBP, with believe that EBP will produce better outcomes in order for changes in their practices to occur (Melnik, Fineout-Overholt, & Mays, 2008).
- access to databases (Skela Savič, 2017);
- Healthcare organizations and systems, health insurers, policy makers, and regulatory bodies that require EBP use and Research funding agencies that promote it
- National centers for EBP, to educate clinicians on EBP or to conduct systematic reviews.



- The quality of scientific research in Kazakhstan remains poor, which is partly due to years of underinvestment in facilities and equipment (Ministry of Health, 2004).
- The National Programme of Health Care Reform and Development for 2005–2010 envisages the development of medical science through the following activities:
 - development and application of modern technologies for disease prevention, early detection, treatment and rehabilitation;
 - fundamental and applied medical research in areas identified by the Ministry of Health;
 - strengthening the links between medical research and its practical applications in the health sector;
 - development of international partnerships;
 - integration of medical science, education and practice;
 - monitoring and evaluation of health reform initiatives;
 - implementation of evidence-based medicine (Kulzhanov & Rechel, 2007).





EDUCATION

- Importance for faculty members to use EBP in nursing education and that EBP contributes to advancing science and improving the quality of nursing education are reported by several recent studies (Balakas & Smith, 2016; Saunders & Vehviläinen-Julkunen, 2016, Naglaa et al., 2018).
- By **empowering the teachers**, we will be able to find already existing strengths and deficits in current teaching/clinical practice.

SWOT analysis - education of EBP in KZ - 2018 nov Masterclass

INTERNAL FACTORS

STRENGTHS (+)

- Educational programs in nursing (bachelor and master degree)
- Experience in implementation of EB Medicine
- Access to some databases
- Support: of Finland, Netherlands and Slovene partners, international programs, nursing association

WEAKNESSES (-)

- No colleges – universities collaboration
- Weak knowledge and skills on EBN of practice nurses, no support and motivation, low language competencies
- Lack of evidence in Kazakh and Russian language available
- Not using knowledge that they have
- Lack of faculty capacity for teachers in nursing

EXTERNAL FACTORS

OPPORTUNITIES (+)

- PhD in nursing is going to be implemented
- Practice nurses have opportunity for master degree
- Department of nursing in the Ministry of health
- Abilities to research; seminars, educational standards are formed
- In 2017 - 20 nurses bring knowledge from other countries to Kazakhstan
- Policy of multilingual education (English, Kazakh, Russian)
- Guidelines are important tool for autonomy of nursing

THREATS (-)

- no motivation, no support in politics
- Skills are not recognized in broader level
- No financial support
- low level of social status of nurses
- No continuation of work and no use of new knowledge



- The lack of information about the results of the implementation of the principles of EBP in Kazakhstan
- The somewhat controversial nature of the results of the studies conducted (systematic reviews, articles and theses, etc.)
- There is no information about the implementation of the EBP principles in the educational process and science - is there any research at all in this area?
- There is a need to accept and transfer the experience of other countries.



INTERNATIONAL BEST PRACTICES



- Setting the Stage
- Identify Problem: Identify, Review, Select Knowledge
- Adapt Knowledge to Local Context
- Stakeholders
- Resources
- Assess Facilitators and Barriers to Knowledge Use
- Select and Tailor Implementation Interventions and Strategies
- Monitor Knowledge Use & Evaluate Outcomes
- Sustain Knowledge Use



We are listing identified contents that should be implemented into education process in Kazakhstan as example:

- Definition, principles and development of EBN, differences EBM and evidence-based nursing practice
- The concept of the design of nursing research. Classification of nursing research. Levels of evidence
- Five stages of evidence-based nursing.
- Critical analysis of information. Assessment of methodological quality of clinical research in nursing
- Nursing databases
-



More to read about the EBN is in Center of nursing excellence and useful links (in english)

Co-funded by the
Erasmus+ Programme
of the European Union



Thank you