Op-Ed

EVIDENCE-BASED NURSING: WHAT IT IS AND WHAT IT ISN'T

Gail L. Ingersoll, EdD, RN, FAAN

The term "evidence-based practice" seems to be the up-and-coming buzzword for the decade. Conferences are being presented, books are being written, and arguments are being waged. For those of us who consider "evidence-based practice" just another term for research usage, we question the need for all the fuss and fury. Nonetheless, nursing's growing interest in the term suggests that a careful exploration of its relevance to nursing is warranted.

During the past several years, several schools of nursing have incorporated the terms "evidence-based nursing" (EBN) or "evidence-based practice" into their mission and philosophy statements. Some schools have revised the names of their research centers to reflect their increased focus on the outcomes of research. Most schools would argue that they have always considered research usage an integral part of their thinking about the research process but believe that the inclusion of the term "evidence-based practice" in the title puts the focus right up front where others can see it. One of my colleagues has gone so far as to suggest that the term EBN be used when discussing nursing research with non-nurses who are unfamiliar with what nursing research is all about. She suggests that the link with the current focus in medicine will help eliminate some of the ignorance evident in the past. However, replacing one term for the other is clearly a mistake. Both EBN and nursing research are scholarly processes, but they focus on entirely different phases of knowledge development—application versus discovery.

Much of the concern about nursing's widespread acceptance and adoption of the principles of evidence-based medicine (EBM) (from which evidence-based practice and EBN are derived) stem from the focus of EBM on positivist thinking and the absolute dominance of randomized clinical trials.[1-3] In most discussions of EBM/EBP published in the literature, randomized trials are described as the only studies worth considering. In the few cases in which other designs are discussed, randomized trials are always identified as the most important and most appropriate for use in clinical practice. Other types of quantitative designs are described as lesser, and readers are encouraged to treat them as such. In the discussions about EBM, no mention is made of the use of research garnered through qualitative means.[4-6] This absence is what worries nurse scholars the most.

Other nurse scholars decry the exclusion of comment about the use of theory to guide decision making and practice.[7,8] They are concerned about the failure of EBP proponents to consider the importance of a theoretical foundation in the discussions of evidence-derived decision making. They note the absence of discussions about theory in both the interpretation phase and the application phase of the EBP process. For these nurses, the current concept of EBP is deficient in some of the critical dimensions that guide clinical practice.

As one example, Stetler et al[7] have identified 3 other components of nursing practice that they believe are missing in the focus on EBP. Included in these are philosophic and technical aspects that shape the decisions made by nurses. Stetler et al argue against the minimization of the traditional ways of knowing in nursing, including the use of anecdotes, rituals, and isolated experiences. They place equal emphasis on what they define as the 4 components of nursing practice—EBP, philosophic/conceptual basis, regulatory basis, and traditional basis.

An additional area of concern is the negative ethical consequences that may result from practices derived solely from research findings. Critics fear the loss of individual patient input into decision making and the potential for adverse outcome when findings derived from large samples are applied to small groups or persons with unique characteristics and needs.[9] Although EBP proponents stress the importance of including patient preference in decisions about treatment options,[10] skeptics worry about the potential for linking health care reimbursement to only interventions that can be substantiated by a documented body of evidence.

The intent of EBP is worthy of exploration in nursing; the simple lifting of terms and approaches from medicine is not. Nor is the insertion of the word "nursing" likely to eliminate nurses' concerns about the existing definitions of EBP. These definitions intentionally preclude the use and application of what many authors believe are lesser research

Gail L. Ingersoll is the Director of Clinical Nursing Research, Strong Memorial Hospital, and professor, University of Rochester School of Nursing, New York.

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studies. These definitions are derived from one proposed by Sackett et al[10] in 1996, which states:

> Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

Few critics of EBP argue with the intent of the first sentence, which is the general definition of the term. Some critics question its applicability to nursing because of its failure to mention theory or the inclusion of patient input into clinical decision making. Where the major problem lies is with the second sentence, which quantifies the statement and specifies that the research must be *systematic.* Although this term could be considered broadly as a statement of the need for research that is rigorous and well designed, it generally has been interpreted to mean research that is undertaken by randomized clinical trial. It also implies a series of studies, which most nurses would concur is necessary for clinical decision making.

Added to this problem is the use of the term "systematic" to describe the type of review expected for critical analysis of studies. This systematic review process serves as the standard by which the existing body of evidence is examined, summarized, and reported. This systematic approach, although highly desirable, further muddies the understanding of what is meant by systematic research. The systematic review of research and the systematic conduct of research are two entirely different things.

Of importance to this discussion is a notation made by the authors of the original definition in their article pertaining to EBM. They commented that EBM should not be restricted to randomized trials or to meta-analyses of studies. They stressed the use of the best external evidence available to answer clinical questions and recognized that evidence is not always collected in randomized trials. However, they noted that randomized trials are the gold standard but proposed that when necessary, practitioners explore the next best evidence and work from there.[10]

Because of the concerns about the current definition of EBP and its focus on quantitative methods, a revised definition is proposed for nursing. This definition clearly eliminates the attention to type of research design and incorporates the dimensions missing in previous works. It states:

> Evidence based nursing practice is the conscientious, explicit and judicious use of theory-derived, research-based information in making decisions about care delivery to individuals or groups of patients and in consideration of individual needs and preferences.

This revised definition does not eliminate the necessity for careful review of research findings according to guidelines that nurse scholars have used forever to measure the merit of a study or group of studies. It also does not imply that one research design is necessarily superior to others or that an entire body of evidence should be excluded from application to the practice setting.

This definition also could be modified slightly for persons interested in theory-derived, research-based action by administrators and managers in health care and educational institutions. In this modification, the focus shifts from delivery of care to patients and moves to the organization and the persons within it. In this modified definition, EBN administration is defined as:

> the conscientious, explicit and judicious use of theory-derived, research-based information in making decisions about care delivery systems and in consideration of internal and external consumer needs and preferences.

The same approach could be used to the definition of EBN education. In this modification, EBN education is defined as:

> the conscientious, explicit and judicious use of theory-derived, research-based information in making decisions about educational options and approaches with individuals or groups and in consideration of individual or group needs and preferences.

Perhaps some of my confusion about the debate about EBP stems from the fact that nurse researchers have always been interested in the application of research findings to clinical practice. Usage of research has been an ongoing discussion in nursing journals since authors first began talking about their research findings. Moreover, nurses have routinely worked to bridge the divide between science and clinical practice. However, this is a new area for medicine and thus the need for the development of a new term. The decision for nursing to adopt the term should be based on what it can add to the understanding of nursing research and the care nurses provide to patients. If it contributes to and expands the ways in which nurses think about discovery and application, I am all for it. ■

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