

# **HISTORY AND BARRIERS OF EVIDENCED BASED PRACTICE**

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## **I. INTRODUCTION**

There have been times in the past when practise was based on ill-defined bodies of knowledge in many different fields of professional practise, including medicine, nursing, psychology, psychiatry, and other fields. Some of the information was merely folklore based on the observations of previous generations of experts, and a lot of it was supported by little to no real scientific data.

Additionally, nursing practises are frequently dependent on the historical experiences of the nurses; nevertheless, there is little scientific support for the clinical decisions and expected results of nurses. Through nursing practises supported by research findings, the client objective is accomplished and the legitimacy of nursing practises is strengthened. Therefore, nurses must base their practises on scientific research in order to enhance client outcomes, provide safe, economical procedures, and improve the public's view of nursing care.

The principles of evidence-based nursing (EBN) can be found in Florence Nightingale's nursing techniques. Her approach was based on the three pillars of promoting health, preventing illness, and treating the sick. Finding trustworthy research results and applying them into nursing practises is required to enhance patient care.

The terms using research and evidence-based practise (EBP) are occasionally used synonymously. However, in practise, the term "research utilisation" only refers to the application of empirically acquired knowledge in nursing practises. The use of research, or to put it simply, the use of research findings in any or all aspects of one's professional life as a registered nurse, has also been referred to as research utilisation.

The quantity of scientific information that is currently available to back up the clinical judgments of health professionals has increased recently. Even though this data is readily available, many healthcare systems in the United States and around the world still do not include evidence-based care as a regular practise because American physicians lack EBP competency and cultural practises are still very firmly established in tradition. Scientific discoveries are still painfully slow to translate into therapeutic practise, usually taking years or even decades.

## **II. HISTORY**

Dr. Archie Cochrane, a British epidemiologist who struggled with healthcare efficacy and urged the public to only pay for treatments that had been empirically proven to be beneficial, launched the EBP movement. In a seminal book released in 1972, Cochrane criticised the medical community for failing to conduct thorough evaluations of the available evidence to help organisations and policy makers make the best healthcare decisions. Cochrane was a big supporter of using RCTs (Randomized Control Trials) data because he thought it was the most reliable source of information for making treatment decisions in clinical practise. He argued that systematic, process-driven assessments of research findings across all specialised areas are necessary, and that they should be maintained to take the production of new evidence into account.

In 1988, Cochrane passed away. The Cochrane Center and The Cochrane Collaboration were founded in 1992 in Oxford, England, thanks to his influence and demand for ongoing updates to systematic reviews of RCTs. The primary objective of the collaboration, a global network of more than 37,000 dedicated people from more than 130 countries, is to assist healthcare practitioners, policy makers, patients, and their advocates in making healthcare decisions that are supported by the best available evidence by creating, maintaining, and updating systematic reviews of healthcare interventions (i.e., Cochrane Reviews) and ensuring that these reviews are accessible to the general public. Examples of systematic reviews can be found on the Cochrane website for influenza vaccines for healthy people, steroids for treating influenza, and more.

### III. EVIDENCE-BASED PRACTICE DEFINITION

EBP was described by Sackett et al. in 2000 as the conscious use of the best available research when making decisions about patient care. Since then, the definition of EBP has expanded in scope and is now characterised as a continuous method of problem-solving in clinical practise that includes the following:

1. To answer a critical clinical question, a careful search for and assessment of the best and most relevant research (external evidence);
2. To achieve intended patient results, it is essential to conduct a thorough patient assessment, gather internal information through outcomes management or evidence-based quality improvement projects, and evaluate and employ the available resources;
3. Values and preferences of the patient and family;



Figure 1

#### 4. Evidence based medicine (ebm) in India

- With the publication of an article and a compilation of articles titled Users' Guides to the Medical Literature, which were first published in the Journal of the *American Medical Association* (JAMA) from 1993 to 2000, EBM became a recognised movement on a global scale. There were ideas in the manuals that were covered in clinical epidemiology training. *The International Clinical Epidemiology Network* (INCLIN) programme, which supported by Rockefeller foundation, included India at the time the instructions were published. Between 1988 and 1998, the programme

trained 60 faculty members from 6 medical colleges/institutes in clinical epidemiology.

- Incorporating EBM concepts to varying degrees of their instruction of medical students and residents, several faculties gained expertise in the subject. *The Indian Clinical Epidemiology Network's* (INDIACLEN) annual meeting was held in Kodaikanal in 1995, and that event likely included the first formal session on EBM. Since that time, one to three-day workshops, talks, seminars, and workshops on "How to teach EBM" have been held around the nation.
- These workshops were held primarily with individual and occasionally with organisational efforts. The author has had the honour of taking part in a lot of these seminars, which are largely geared toward teachers of medical college, practitioners, and a few workshops that are geared at residents and students. These are just a few of the institutions where such seminars have been frequently held: Christian Medical College in Vellore, The MGR University of Health Sciences in Chennai, the Postgraduate Institute of Medical Education & Research in Chandigarh, and the All India Institute of Medical Sciences in New Delhi are three examples.
- The Indian Pediatrics Journal added the "EURECA" section in 2008. (Evidence that is Understandable, Relevant, Extensible, Current, and Appraised). For the benefit of Indian Pediatrics readers, evidence summaries on major clinical themes were provided in this section.
- There is growing interest in using EBP in clinical and governmental policies, and the Journal of the Association of Physicians of India supported this. Sharma et al. found inadequate usage of several evidence-based medications after auditing 2,993 prescriptions written by doctors working in primary, secondary, and tertiary care settings. The Indian Journal of Medical Research has established a forum for discussion of health-related government policy in India. A report from a workshop held on June 4 and 5, 2009, aimed at reengineering the design and implementation of the universal immunisation programme, was published in the journal as one example. It was titled "Policy document: evidence-based national vaccine policy."

#### **IV. HISTORY OF EBP IN NURSING**

1. For nursing education at the undergraduate and graduate levels, evidence-based practise is essential.
2. A pioneer of evidence-based practise was Florence Nightingale.
3. The development of evidence-based practise depends heavily on technology.
4. The nursing profession will be informed by the application of evidence-based practise.

Evidence-based practise has evolved since Florence Nightingale first popularized it in the 1800s, and it is now advancing once more within the medical community. Nursing education at the undergraduate and graduate levels is built on the principles of evidence-based practise, which also helps to close the theory-practice gap in the field of nursing.

The need for registered nurses to actively seek out research knowledge is critical to ensuring that the divide between theory and practise keeps shrinking.

Nursing may progress as an informed discipline by utilising nursing best practise guidelines, examining and putting into practise relevant research evidence, and utilising technological advancements.

## **V. PURPOSE OF EVIDENCE-BASED PRACTICE**

1. The best patient outcomes and highest quality of treatment are the two main benefits of continuously applying EBP.
2. EBP also lowers the cost of healthcare as well as regional variations in how treatment is delivered.
3. Studies have also shown that clinicians who use EBP report feeling more in control and having a greater sense of job satisfaction.
4. A significant healthcare systems and clinicians fail to regularly adopt EBP or adhere to evidence-based clinical practise standards, despite the numerous favourable outcomes linked to the EBP with high desire of health professional to receive evidence-based care.
5. Reports of EBP competency were associated with a culture that supports EBP, mentorship in EBP, knowledge, and beliefs about the value of EBP.
6. Reports of EBP competency were linked to knowledge, EBP-related beliefs, mentorship, and an environment that values EBP.
7. Registered nurses, doctors, pharmacologist, occupational and physical therapists, with other health care providers constantly look for solutions to a wide range of clinical concerns to enhance patient care and results.

## **VI. BARRIERS TO EVIDENCE-BASED PRACTICE**

Various barriers to EBP are listed by the nurses, doctors, with other health care providers, including the followings:

Lack of information and expertise in EBP;

Traditionally based cultures (e.g., that is the way it is done here);

Negative/false conceptions on science and EBM;

1. Lack of confidence that using EBP will produce better results than using standard treatments;
2. Large volumes of material in scholarly journals;
3. Inadequacy of time and resources for evidence research and critical evaluation;
4. Patient burdens that are excessive;
5. Organizational barriers such as inadequacy of administrative assistance/incentives;
6. Insufficient of EBP mentorship;
7. Demands from patients for a certain kind of treatment (e.g., patients who demand antibiotics for their viral upper respiratory infections when they are not indicated);
8. The influence of peers to maintain long-standing customs;
9. Unwillingness to change;
10. Failure to execute EBP without consequences;
11. Resistance from peers and leaders/managers;
12. Absence of autonomy and influence on practise change;
13. Rather of providing instructions based on evidence, treatment, baccalaureate and master's degree programmes continuously teach rigorous research methodologies, develop behavioural skills, and provide inadequate EBP content.

## VII. FACILITATORS OF EVIDENCE-BASED PRACTISE

There needs to be champions at all levels of practise, as well as an environment and culture that support the use of EBP. Realize that, many variables which might affect behaviour change, such as values, perspectives, resources, and the availability of evidence to modify practise.

The following enabling factors have been developed to improve EBP:

1. For support and encourage from management and guidance that promotes an EBP culture with expectations;
2. Coordinating with collaborators;
3. To evaluate attentively and apply their conclusions studies accordingly;
4. Research reports that are written clearly;
5. At the point of care, the right tools to support EBP;
6. Integrating the EBP competences into clinical promotion systems and performance assessments;
7. Clinical practise guidelines and practises based on evidence;
8. Models of EBP that can help with implementation and long-term sustainability;
9. EBP rounds and journal clubs;
10. An advanced education and a certification.

## VIII. CONCLUSION

Evidence-based practise application is more beneficial for patients, professions, and carers and is more scientific. It provides top-notch care based on the values and interests of the patient. Nursing evidence-based practise implementation is challenging. EBP's success depends on all parties engaged, including healthcare organisations, administrators, nurses, physicians, and other medical specialists. Everyone must contribute to ensuring that the medical treatment provided to patients and their families is based on the most recent, highest-quality research.

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