Policy Change and Evidence Based Practice

The influence of evidence-based practice (EBP) has bounced back from the nursing science, practice, and education. A call for evidence-based healthcare transformation and quality enhancement has been echoed so as to a redesign healthcare organization that is efficient, effective, and safe. Over a long period of time, health professionals have offered patient outcomes that are inefficient and sub-standard is as far as patient centered care is concerned. The healthcare sector has been hampered by poor patient outcomes since health delivery and care services are below par (Quality and Safety Education in Nursing Institute, 2013). Nurses in the healthcare sector have responded by launching initiatives aimed at maximizing valuable contributions so as to fully deliver on the evidence-based practice promises. Such initiatives comprise education and curricular realignment, scientific involvement in new study fields, practice adoption, and theory and model development (Brownson, Colditz, & Proctor, 2012). It is evident that nurses have been on the forefront of a movement that reflects a change in the healthcare organization. Nursing knowledge can be converted into clinically valuable systems, implemented effectually through the whole team of care contained by system setting, and stately in relations to significant effect on health outcomes and performance so as to affect better patients' outcome (American Association of Colleges of Nursing, 2013).

As nurses transform healthcare, they need new competencies and go beyond Evidence-Based Practice so that they lead the interprofessional teams to improve delivery care and systems. The evidence-based practice (EBP) intends to relate contemporary knowledge in most health care choices to improve patient outcomes and care practices. Some of the most important deficits experienced in healthcare are triggered by a noteworthy preventable harm. An outline to restructure and redesign health care by the nurses' movement is aimed at improving healthcare quality. A great promise to move care to a higher level to produce the intended health care outcomes is held by evidence-based practice.

The current nursing practice needs to be changed for a number of reasons. First, the evidence-based practice is known by all staff nurses from those in the ambulatory services and those in the governmental agencies. Institutions that set up EBP systems are designated to achieve patient centered care and quality in healthcare delivery. Through this, they improve patient-centered care and improving nurse satisfaction. The Evidence-based practice serves as a basis for disease management practice done by the nurse practitioners. Secondly, the current nursing practice needs to be changed so as to improve the safety as well as the healthcare quality. Notably, the quality of care

and patient safety are among the major trends that have a great influence in the nursing practice. Similarly, the National Quality Indicator Database is quoted by the American Association of Colleges of Nursing as an example of a program that addresses the impact nurses have on patient care outcomes (2013). This nurse-sensitive indicators database demonstrates the importance of the nurses in health care delivery. This puts the healthcare workforce leaders on the toe to ensure they give desirable health care services due to quality push up (Grove, Burns, & Gray, 2014).

There are a number of stakeholders within the healthcare setting who are part of the current nursing practice change. In other words, the stakeholders have some vested interests in the current evidence-based practice change. These stakeholders include researchers, clinicians, caregivers, advocacy groups, policymakers, professional societies, patients, and others. Each group of the stakeholders plays a different role. For instance, the researchers help in generating new knowledge, or validating existing knowledge based on theory through researches they conduct. The researchers collect and analyze data, and eventually interpreting results and outcomes. Further, the clinicians keep up to date with the new evidence, hence improving the quality of health care to a certain population. Caregivers deliver quality care to patients as advised by the health professions. They, therefore, play a great role in EBP as they are part of the health team that administers new practices to the patients. In other words, they adhere to the outcomes and recommendations of new health practices suggested by EBP.

Notably, advocacy groups ensure that the health care workers adhere to the code of ethics while implementing new or improved evidence-based practice to develop the value of healthcare quality (Matthews, 2012). The policy makers allow clear and relevant evidence-based practice outcomes to be implemented in the nursing practice. Further, they examine the ethical morals of the EBP outcomes before implementing them as far as healthcare delivery is concerned. The role professional societies is almost similar to that of the advocacy groups, although that of professional societies is more of professional-oriented while that of the advocacy groups is more political, economic, and social related. Therefore, the role of professional societies is to use the EBP strategies to improve the quality of healthcare delivery by reducing the gap between the knowledge of research and practice. The role of patients in evidence-based practice is to be consulted on the worthwhile research questions during the development and evaluation of the patient-designed interventions.

Sample Evidence Critique Table

Sources

Evidence Strength and Hierarchy

Grove, S. K., Burns, N., & Gray, J. R. (2014). Understanding nursing research: Building an evidence-based practice. Elsevier Health Sciences.

VII and expert opinions

Polit, D. F., & Beck, C. T. (2013). Essentials of nursing research: Appraising evidence for nursing practice. Lippincott Williams & Wilkins.

II and Experimental

Brownson, R.C., Colditz, G.A., & Proctor, E.K. (2012). Dissemination and implementation research in health: Translating science to practice. New York: Oxford University Press, Inc.

III and quasi-experimental

Finkelman, A & Kenner, CA. (2013a). (3rd Ed). Teaching IOM: Implications of the IOM reports for nursing education. Washington, DC: American Nurses Association.

I and systematic review

Quality and Safety Education in Nursing Institute (QSEN). (2013). About QSEN. Retrieved from http://qsen.org/about-qsen/

IV and non-experimental

Based on the findings from the above table, accessibility to a variety of sources of information to enlighten the nursing practice has been developing and surfacing over the past period of time (Grove, Burns, & Gray, 2014). This comes at a period when life expectancy is on an increase in the developed countries. This eventually means that the needs of a society have to be responded to by the health professionals such as the nurses by providing well-informed healthcare delivery. The public has continued to develop greater expectations of their health needs from the health professionals since they have more access to health information (Grove, Burns, & Gray, 2014). As a result, nurses are increasingly kept on the toe to justify their nursing practice actions. They are, therefore, required to demonstrate that the clinical decisions in the nursing practice are all based effective and efficient scientific evidence.

Polit and Beck identify the aim of EBP as to helping in delivering high-quality care to a client/patient or an individual patient (2013). For nurses to achieve this, they need to be in a position to evaluate experiences and ideas in a critical manner as well as applying

what they have learned to enlighten nursing practice. Polit and Beck connote that it is not enough to apply the best practice (2013). They further state that the healthcare practitioners need to use the evidence-based practice together with the clinical skills as well as communication and assessment. In addition, healthcare professionals need to take into consideration relations of value systems and belief affecting healthcare experiences of the patients.

The evidence is continually changing in the contemporary healthcare sector. Old opinions and ideas are increasingly becoming subject to scrutiny as new technologies and evidence emerge (Finkelman, & Kenner, 2013). This means that there is a constant development of evidence. As a result, nurses are obliged to improve with the new outlooks on care. Additionally, they must be equipped to agree to take an EBP process that is under a constant scrutiny by the public and their fellow healthcare workers (Finkelman, & Kenner, 2013). Clinical decisions can therefore be justified, and responsibility demonstrated by being transparent and open as required by the Quality and Safety Education in Nursing Institute (2013).

Notably, evidence-based practice is an incorporation of the top research evidence, patient standards, and medical proficiency in the patient care decision making process. The cumulated education, experience, and clinical skills of a clinician are referred to as clinical expertise (Brownson, Colditz, & Proctor, 2012). To the encounter, the patient brings unique concerns, his/her individual preferences, values, and expectations. Further, a clinically relevant research is conducted using sound methodology forms the best research evidence (Brownson, Colditz, & Proctor, 2012).

From the summary evidence developed, the best clinical advice I recommend is the Good Clinical Practice (GCP). This is an international ethical, scientific, and practical standard where all clinical research is trained. Complying with GCP assures the public of the protection of the wellbeing, rights, and safety of the research participants (Brownson, Colditz, & Proctor, 2012). Additionally, the compliance assures the public that the research data is reliable. GCP training is required by everyone conducting clinical research and is competent to conduct assigned tasks, qualified by experience, training, and education. In other words, the GCP augments constricted ethical features of a clinical study. These standards are achieved through inspections and quality assurance. The aim of the recommended GCP is to ensure that the scientific study is authentic. The GCP guidelines are a definition of the monitors, clinical research investigators, and clinical trials sponsors' roles and responsibilities, as well as the criteria on how clinical trials are conducted (Brownson, Colditz, & Proctor, 2012). This is the best clinical practice, although it has been referred to as not as much of authoritative document since

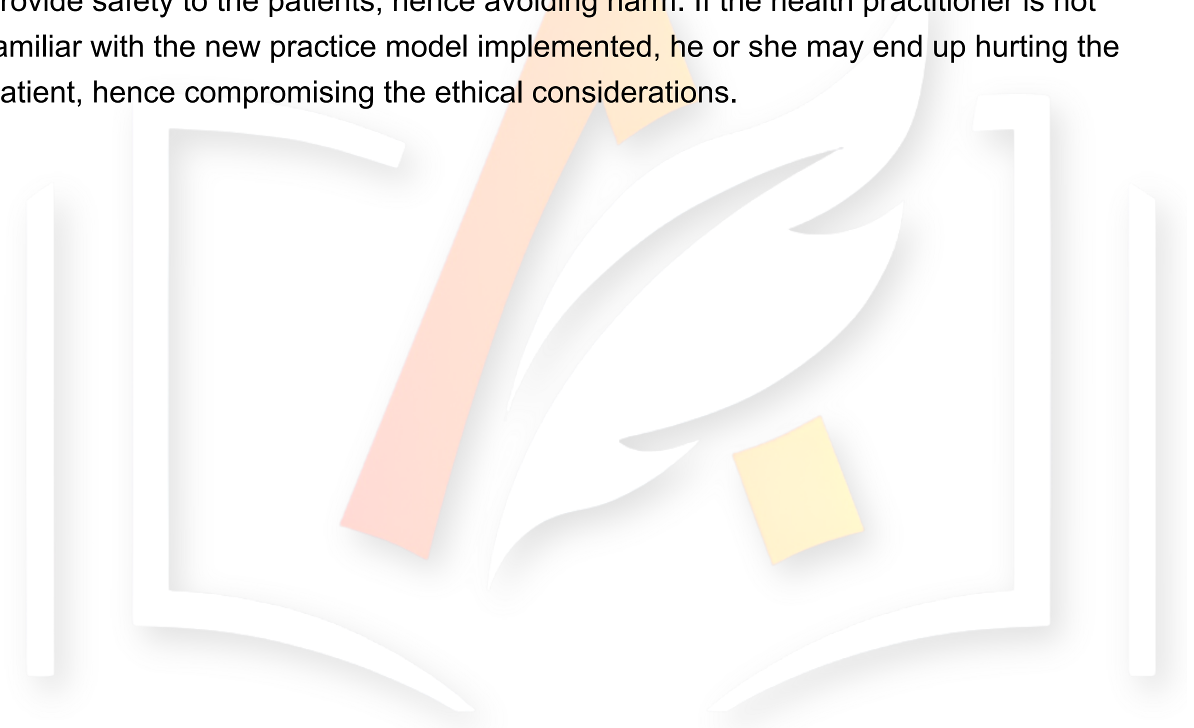
it lacks guidance and moral principles in disclosing of conflict of interest, and study design public disclosure (Grove, Burns, & Gray, 2014).

The appropriate practice model for efficient and quality health care delivery is the John Hopkins Nursing Evidence-Based Practice (JHN EBP) model. It is an influential approach to problem-solving in clinical decision-making (Dearholt, & Dang, 2012). For group or personal use, the practice change model is also a user-friendly apparatus for guidance. It uses a three-step process known as PET. Consequently, it is designed for practicing nurses to specifically meet their needs. The PET in the practice model stands for Practice question, Evidence, and Translation (Dearholt, & Dang, 2012). The practice model's goal is to make sure that the best practices and the newest research findings are appropriately and quickly included into the patient care process. This practice is good for both new and old nurses to EBP since the model is easy to understand. Further, the tools are outstanding at functioning through the run-through step by step. The John Hopkins Evidence-Based Practice (JHN EBP) model is easier understand how it is used and utilize it during nursing practice (Dearholt, & Dang, 2012). Additionally, the JHN EBP model provides a more descriptive method to a bedside nurse. This practice model can be applied for implementation by helping nurses to make good decisions that are based on evidence. The practice model helps nurses to observe their present practices and evaluate critically available research to decide the finest course of action. The practice is used by practicing nurses hence old nurses can help the newly incorporated nurses in the nursing practice. Through this, they provide imminent high-quality patient care in a healthcare setting.

Some of the possible barriers to successful implementation include resistance to staff nurses from nurse managers and leaders at the health institution. Leaders and managers are critical to ensuring that a new practice model is adopted and implemented (Fixsen, Blase, Metz, & Van, 2013). Therefore, their support matters in the implementation of a new practice model. The other hindrance is education (Fixsen et al., 2013). This is a big factor since the practicing nurses who had been educated long time ago do not understand convincingly about the EBP approach to care since they did not learn. Additionally, educating nurses on rigorous research is time consuming as well as costly. The other hindrance will be resistance to change (Fixsen et al., 2013). It will be hard for the staff nurses to change their work processes behavior so as to adopt the new change model. To really make the implementation happen, nurse managers and leaders have to put EBP mentors at the bedside for a period of time.

Any ethical consideration that may arise when implementing the new practice model is non-maleficence. In other words, a healthcare practitioner who is not well-versed with the new practice model may be unable to avoid harm to the patient. It is the duty of all

practicing nurses to provide quality patient care. In addition, the practicing nurses should provide safety to the patients; hence avoiding harm. If the health practitioner is not familiar with the new practice model implemented, he or she may end up hurting the patient, hence compromising the ethical considerations.



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