

# Evidence-based practice in internal disease nursing

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## ABSTRACT

Evidence-based practice is an approach that is rapidly heard in the fields of health and nursing and is important in the clinical decision-making process. While this approach, for which research centers have been established and new studies have been carried out, is expected to meet the need for quality care based on the best and most up-to-date evidence, it seems that the current situation is not at a level to meet this. In this review, the place of evidence-based practice in internal medicine nursing and the facts about evidence-based practice are investigated, and it is aimed to explain nurses' evidence-based practice attitudes and hindering factors within the framework of the literature.

**Keywords:** Evidence-based practice, evidence-based nursing, internal medicine nursing.



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## Introduction

Evidence-based practice (EBP) movement, which started with Archie Cochrane, a British physician-epidemiologist, in the 1970s, when he said that decisions to be made in the field of health should be based on evidence, not on medical ideas or experiences, is a movement based on Evidence-Based Practice with its use in medical education and practice. It formed the basis of medicine (KDT). Thus, EBM came to the fore in solving clinical problems (Scott and McSherry, 2009; Brady and Lewin, 2007). The Cochrane Center, established in England, has been a structure that pioneers systematic evaluations (Gennaro et al., 2001). Evidence-Based Nursing (EBN), which was born under the leadership of the EBM movement, first developed with the establishment of the Evidence-Based Nursing Journal in 1998. Later, nursing evidence centers were established in European countries such as Canada and England. Stetler, who first discussed CDH in her nursing theory, defended the importance of the study findings in nursing practice. The American Medical Association (AMA) emphasized that EBP plays a key role in the field of future nursing and suggested that it should be included in the nursing curriculum (Institute of Medicine, 2011). Platin (2000) was the first nurse to address these concepts in Turkey by explaining the concepts of EBP and EBM and the barriers in practice.

## Evidence-Based Practice

Evidence-Based Practice (EBP) takes account available evidence, clinical experience, and patient needs when making clinical decisions (Hu and Xing, 2015; Sin and Bliquez, 2017). This evidence can be obtained from systematic reviews, meta-analyses, or well-designed clinical studies (Sedlar et al., 2017; Sin and Bliquez, 2017). EBP for nursing; Nurses should provide the best care possible to the individual they care for, in line with their clinical experience and existing study findings, as much as available resources allow, and while doing this, they should not ignore the individual's wishes (Intas et al., 2017). The EBP approach has also been regarded as a problem-solving approach, as it ensures that the best evidence is provided together with clinical experience in the most appropriate patient and under the most appropriate conditions; It has attracted worldwide attention and taken its place in health

policies (Baicker & Chandra, 2017; Chalkidou et al., 2009; Fineout-Overholt et al., 2005; Sedlar et al., 2017; Sin & Bliquez, 2017; Zhou et al., 2017). 2016). Additionally, several online databases and journals have been established to support EBP and provide a source of evidence for clinicians. These include the Cochrane Library, the National Institute of Clinical Excellence (NICE) website, UpToDate, the Trip Database, and many others (Greenhalgh, Howick, and Maskrey, 2014; Zhou et al., 2016).

## Competencies Required for Evidence-Based Practice

Internationally, competencies for EBP are essential requirements in clinical practice among all healthcare professionals. These competencies of healthcare professionals constitute the five-stage model of the Sicilian Declaration. Five-step model of EBP includes competencies that include asking questions, finding evidence to answer questions, critically evaluating evidence, applying evidence, and evaluating impact. It is stated that the curriculum should be based on this five-step model to provide these competencies (Dawes et al., 2005; Burns and Foley 2005). Nurses are responsible for all the practices they perform. For this reason, every nursing practice must be accountable. One of the most ideal methods to meet this requirement is EBP (Kocaman, 2007). For this reason, when conducting EBP, nurses' attitudes, knowledge, skills and practices regarding EBP, from the stage of asking questions to the stage of evaluating the application, become important (Black et al., 2015; Wallace and Vanhook, 2016; Dalheim et al., 2012). Since nurses make up the largest group of healthcare professionals, it is stated that it is critical to find out ways to promote the use of scientific evidence in nursing care (Yost et al., 2014).

## Advantages of Evidence-Based Practice

Evidence-based practice (EBP) in patient care refers to care delivered by blending clinical experience, the newest and strongest available study evidence, as well as the patient's unique values and circumstances (Straus et al., 2011). Research indicates that EBP lowers healthcare expenditures, enhances clinical results, and lessens patient outcome variation. (de Pedro-Gomez et al., 2012; Considine and McGillivray, 2010; Cosme et

al., 2018; Kocaman, 2007; Wallace and Vanhook, 2016). Therefore, nurses should use the best and most current research evidence available in their clinical decision-making (Institute of Medicine, 2010). Furthermore, it is claimed that EBP increases involvement, teamwork, and job satisfaction while also empowering clinicians. (Kim et al., 2017; Melnyk et al., 2010; Melnyk, et al., 2018). The importance of EBP has been proven, but there exist major obstacles preventing it from becoming the standard of care worldwide. These obstacles: (a) inadequate EBP knowledge and skills of clinicians, (b) misperceptions that EBP is too time-consuming, (c) organizational culture and policies, (d) lack of support from nurse leaders and managers, and (e) inadequate resources in EBP and investment (Jun, Kovner, and Stimpfel, 2016; Melnyk et al., 2016; Melnyk, et al., 2012). Although educational interventions aimed at increasing nurses' EBP knowledge and skills are predominant in the literature (Black et al., 2015; Philips et al., 2014; Wu et al., 2018; Young et al., 2014), it has been shown that access from health care systems to EBP consultants who not only increase EBP knowledge and skills but also promote the delivery of evidence-based care can play an important role in implementing EBP and improving organizational cultures (Black et al., 2015; Melnyk et al., 2004; Fineout-Overholt and Melnyk, 2015; Melnyk, 2007).

### **Challenges of Evidence-Based Practice**

Despite the many strengths of using evidence-based practice, its application in practice is limited (Strokke et al., 2014; Duncombe, 2018). The implementation phase is considered a complex and slow process that is affected by various factors at many levels (Saunders et al., 2016). Many researchers have identified various obstacles to the practical application of research findings (Saunders et al., 2016; Bainchi et al., 2018; Gifford et al., 2018). Research continues to identify inconsistencies in its adoption and application in the clinical work environment (Curtis et al., 2017). A recent study showed that 72.1% of nurses had not tried to implement EBP before (Duncombe, 2018). Other studies on nurses' implementation of EBP in their daily clinical practice have also shown that it is suboptimal (AbuRuz et al., 2017; Verloo et al., 2017). For optimal execution, professionals need to have timely access to

information. This is challenging as there are often delays between research being conducted and published, and then from publication to implementation or policy. As with any research method, EBPs are subject to biases that may affect the reliability of a particular treatment, such as sponsorship of the study, methodologies used, subjects selected, and publications.

### **Evidence-Based Practice and Internal Medicine Nursing**

Patients who are cared for in Internal Medicine units have chronic diseases such as heart failure, cancer, chronic obstructive pulmonary disease, and diabetes. These are end-stage patients who may require ongoing hospitalization and require sophisticated care. In internal medicine facilities, where patients with greater degrees of reliance and need for continuous care are treated, the application of evidence-based practice (EBP) is essential. (Dalheim et al., 2012; Korhan et al., 2013). Nurses working in these units must be able to actively carry out practices to prevent the exacerbation, progression and/or complications of the disease and use EBP to increase the efficiency and quality of care provided to patients (Zhou et al., 2016).

Because they provide services to a very common patient group, nurses working in internal medicine units use EBP in the clinic; It may be at the desired level to increase the quality of care, minimize the risk of medical errors, standardize care, increase patient satisfaction, and provide cost efficiency (Aburuz et al., 2018; Güneş, 2017; Korkmaz, 2015). For this reason, it is important to determine the attitudes, knowledge and skills of nurses working in internal medicine units regarding EBP (Daştan and India, 2018; Menekli and Korkmaz, 2021).

According to a study looking into how intensive care nurses feel about evidence-based nursing, nurses who read professional journals, look over scientific research findings, are familiar with evidence-based practices, and get training in research methods after graduation have generally positive attitudes towards evidence-based nursing. (Dikmen et al., 2018). In a study evaluating the attitudes of internal medicine nurses towards evidence-based nursing, it was determined that the nurses' attitudes towards evidence-based nursing

were at a moderate level (Menekli and Korkmaz, 2021). Consistent with the findings of this investigation, Daştan and India's (2018) research reported that internal medicine unit nurses' opinions regarding evidence-based nursing were moderate. Attitude is essential in guiding human behavior to achieve goals. For this reason, it is claimed that nurses' professional attitudes play a significant role in influencing the usage of EBP (Zhou et al., 2016). It is acknowledged that improving the application of EBP requires changing nurses' attitudes and expertise. (Mehrddad et al., 2012). Despite the existence of studies with relatively positive attitudes, it is stated that the gap between research and practice in nursing in the use of EBP and research continues (Özdemir and Akdemir, 2009; Pitsillidou et al., 2020).

Identifying factors that contribute to the research and nursing practice gap can provide a basis for developing strategies to reconcile it. According to a study investigating the barriers to the adoption of evidence-based practice among nurses, the main obstacle hindering the integration of research evidence into practice and therefore the application of evidence-based practice to nursing is that nurses do not have time to conduct research and read research articles (Pitsillidou et al., 2020). However, healthcare professionals have been reported to have poor information search and access skills, and deficiencies in the use of updated information sources have been noted (Farokhzadian et al., 2015; Sadeghi-Bazargani et al., 2014; Shafiei, et al., 2014). In a systematic review examining barriers related to EBP among nurses in low- and middle-income countries, it was found that nurses were most likely to experience institutional barriers (such as insufficient resources, limited access to information, insufficient staff and lack of institutional support), and interdisciplinary barriers (academic and clinical practice barriers). They stated that they experienced obstacles to EBP due to reasons such as lack of communication between environments, inconsistency between education and practice in the nursing discipline, and lack of teamwork) and nurse-related obstacles (such as perceived limitations within the scope of nurses' practice, time, EBP knowledge and individual obstacles) (Shayan et al., 2019). Öztürk et al. (2010) found that nurses seek to conduct research and

use research findings in their practices, but they encounter obstacles such as lack of opportunities to implement research findings, lack of a central department with nursing-specific information, and nurses not having time to do research. In Demir et al.'s (2012) study, nurses stated that lack of time, lack of cooperation and support, and lack of authority were the most important obstacles; He also expressed the provision of institutional, administrative, and educational support as facilitating factors. According to these results, nurses should be aware of where and how to obtain evidence.

## Conclusion

Research and instruction must be continued throughout one's life to adopt an evidence-based practice. The research required for EBP must be conducted by nurses working in internal medicine units, the research required for practice by nurse researchers, and the findings must be applied by nurses. To achieve this, first, nurses working in internal medicine units need to be encouraged to be good researchers, have the competence to critically evaluate research, provide nursing practices with an evidence-based culture, and realize that they have an obligation to do this. To do this, EBP's barriers should be lowered, clinical and academic nurses ought to collaborate, EBP must have greater space in undergraduate and graduate education programs, and nurses should be exposed to this culture. (Copur et al., 2015; Fink et al., 2005; Küçükkaya, 2010).

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