

Nursing research websites part 2



**ASSIGN
BUSTER**

First component Upon visiting the Evidence-Based Practice Resource Area (EBPRA) webpage of Oncology Nursing Society (ONS) again after almost two months, I found that nothing has changed on it. Upon looking into the EBP Process link that was in the webpage, I was transferred to another page, which details the six-step, dynamic process needed to apply the results of research to clinical practice. Briefly, these steps are 1) transform sought information into an answerable question, 2) finding the best reference for the answer, 3) determine validity and usefulness of findings, 4) collating all evidences and formulating recommendation, 5) putting recommendation into practice, and 6) determining the effects of the application (Oncology Nursing Society).

Second component

Evidence-based medicine (EBM) and evidence-based nursing (EBN) are subsets of evidence-based practice (EBP). They both need the skill to sift among the very vast information available, and pick out which ones are important for the situation at hand. Both of them aim to alleviate the condition of the patient by planning work-up by integrating findings from appropriate studies and health professional's expertise and patient wishes. In fact, based on the steps in EBM provided by Donald (2002) and comparing them with the steps of EBN described above, they seem to be very similar. Despite the similarities of EBM and EBN, there are differences as well. First, since physicians are primarily tasked to plan and to provide treatment and therapy to their patients, EBM mostly deals with the biomedical aspect of healthcare. For example, doctors might try to find evidence of the effectiveness of a treatment option on certain subpopulations (Donald, 2002), probably having the same demographics as the patient in hand. In

effect, EBM becomes much more crucial since doctor's decisions are more likely a matter of life and death for the patient. It allows individualization of therapy, resulting to less adverse risks and more positive outcomes during recovery.

On the other hand, nurses are most likely expected to enact some of the instructions of the doctors, and to provide what McSherry described as a holistic biopsychosocial care to the patients. Distribution of meals, ensuring medicine intake, monitoring vital signs, and probably providing an environment conducive for the recovery of patients are just some of the nurses' roles. Thus, although important, their decisions may not be as crucial as that of the doctors', who determine what kind of foods are allowed to the patient, and what medicines to give. However, the decision and action of nurses can have big repercussions on the healthcare provided, and are thus vital to be logical and backed-up by up-to-date studies.

In summary, EBM and EBN are EBP that harness appropriate information in literature to individualize healthcare. Both are similar in the fact that the steps in doing them are similar in principle: research, summarize, and apply. Both still need to consult personal expertise and judgment before going on applying what the literature says. On the other hand, their differences lie on the fact that doctors and nurses play two different, but equally important roles in providing patient care. Physicians have more life and death decisions that nurses do, who sometimes are mandated to just follow the doctor's orders. This makes EBM much more crucial, especially in very difficult and complex medical cases.

References

Donald, A. (2002). Evidence-Based Medicine: Key Concepts. MedGenMed

<https://assignbuster.com/nursing-research-websites-part-2/>

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