

Evidence based practice dilemma essay sample



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Barriers to Implementing Evidence-Based Practice Remain High for U. S.

Nurse Various activities have been initiated to facilitate EBN practice, including the development and offering of undergraduate courses on locating and critically appraising research evidence (Kessenich et al. 1997), the development of clinical practice guidelines (Grinspun et al. 2002), the development of EBN committees in clinical settings and research to identify the most effective strategies for disseminating research findings to nurses. But there is a long way to go. How do we create a culture shift that ensures that a nursing student knows how to search the literature for high-quality studies as proficiently as she can measure a patient's blood pressure, and that a staff nurse has access to the best research evidence to incorporate into clinical decision-making?

Yet despite the fact that nurses report that engaging in EBP leads to greater professional satisfaction, nurses in the United States aren't consistently using it. To assess nurses' current readiness and willingness to implement EBP, Melnyk and colleagues at Ohio State University (OSU), Columbus, conducted a descriptive survey of a random sample of 1,015 members of the American Nurses Association. The results showed that only 34.5% of respondents (350) agreed or strongly agreed that their colleagues consistently used EBP in treating patients. Although a majority (76.2%) felt it was important for them to have more education and skills in EBP, most found educational opportunities wanting, as they did access to knowledgeable mentors, resources, and tools needed to use EBP.

The two most frequently cited barriers to EBP, however, were a lack of time and an organizational culture that didn't support it—getting past workplace

resistance and the constraining power of the phrase, “ That’s the way we’ve always done it here.” The key seems to lie in creating a context and support system under which EBP efforts can be sustained. Nurse Leaders who want to encourage EBP among their staff, we need to realize that a one- or two-day workshop isn’t likely to cause sustainable change.” To really make it happen, I believes, nurse leaders need to place enough EBP mentors at the bedside who can work hand in hand with clinicians to help them learn these skills and implement them consistently.

It would appear that non-evidence-based practice suffers from an inability to either confirm or refute non-maleficence (October 2011, Allan Besselink) How do we know that this treatment doesn’t cause harm? Worse yet, and perhaps more important, non-evidence-based practice suffers from an inability to confirm or refute beneficence. How can we truly stand by the statement that the treatment is serving the best interests of the patient when there is no evidence to substantiate it? If efficacy isn’t a good enough reason to pursue evidence-based practice, then perhaps the ethics of the issue should provide an even greater need to pursue it. As clinicians, it is our ethical and clinical responsibility to do so - for the benefit of the patient, and for our own professional integrity.

Reference:

Melnyk BM, et al. J Nurs Adm. 2012; 42(9): 410-7...AJN, American Journal of Nursing: <http://allanbesselink.com/blog/smart/854-is-non-evidence-based-clinical-practice-an-ethical-dilemma>

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