

# Nursing research and evidence based practice

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Nursing Research and Evidence-Based Practice s My clinical experience entailed taking care of heart failure patient. With regard to evidence-based treatment, the class 1 recommended treatment for Stage A heart failure patients who have a high chance of contracting left-ventricular dysfunction are classified as follows:

For the control of systolic and diastolic hypertension in line with recommended practice,

Treatment of lipid disorders,

Abstinence from high-risk behaviour patterns such as smoking,

Control of heart palpitations especially for patients with supraventricular tachyarrhythmias,

Treatment of thyroid disorders,

Consistent and regular monitoring of the signs and symptoms of heart failure,

For patients with a family history for cardiomyopathy or for those that are undergoing cardio-toxic treatment, a non-invasive procedure to evaluate the left-ventricular function.

The second level of treatment would include the administration of Angiotensin Converting Enzyme Inhibitors (ACEIs) or Angiotensin II receptor blockers (Polit & Beck, 2012). These interventions are important in reducing the chances of contracting HF for predisposed patients; those that have a strong family history for atherosclerotic vascular disease, diabetes mellitus, or hypertension with attendant risk factors for cardiovascular disease.

According to Deswall and Mann (2006), the use of ARBs in heart failure patients significantly reduced mortality and morbidity rates. For

asymptomatic Stage B patients (left-ventricular dysfunction), vulnerability can be reduced using therapies that diminish the risk of procuring additional injury, remodeling process, and progression of the disease.

The barriers to the implementation of evidence-based practice

Studies have shown that a number of barriers prevent the effective use of best available evidence. One of the barriers to implementation of evidence-based practice for heart failure patients is the lack of time and educational skills to handle the heart failure patients. This implies that there is limited relevance to practice. Chan (2012) argues that people who were educated almost 25 years ago probably did learn about EBP. Most nurses are finding it difficult to change their behaviour, as well as the constraining power of the phrase, “ That is how it is done here.” This leads to inappropriate service delivery.

How to overcome this barrier

One way of overcoming the educational barriers is through ensuring that the educators spend more time teaching the students on how to carry use research in practice since it improves their skills and knowledge.

Adams (2010) notes that the nurse leaders need to place adequate evidence-based practice mentors at the bedside who will work closely with the clinicians thus assisting them to learn skills along with implementing them consistently.

If nursing wants to come with a culture where EBP is a norm and not a rarity, the basic and graduate nursing programs should commence teaching the values and foundations of EBP.

Finally, evidence has shown that most healthcare practitioners are often not aware of the latest evidence-based guidance. As a result, there is need to ensure that the healthcare professionals including the front-line supervisors to be conversant with the new evidence-based guidance so as to effectively perform their roles especially when handling heart failure patients.

#### Reference list

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