

## EVIDENCE-INFORMED DECISION-MAKING AND NURSING PRACTICE

### CNA POSITION

Evidence-informed decision-making is an important element of quality care in all domains of nursing practice and is integral to effect changes across the health-care system.<sup>1</sup>

Evidence-informed decision-making is a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. It is essential to optimize outcomes for individual clients, promote healthy communities and populations, improve clinical practice, achieve cost-effective nursing care and ensure accountability and transparency in decision-making within the health-care system.<sup>2</sup>

Evidence is information acquired through research and the scientific evaluation of practice. Types of evidence include information derived from a broad range of rigorous methodologies including quantitative studies (such as randomized controlled trials, observational studies) qualitative studies (such as case studies, ethnography, phenomenology) and meta-analysis. Evidence also includes expert opinion in the form of consensus documents, commission reports, regulations and historical or experiential information.<sup>3</sup>

Rating systems have been developed to rank evidence; however, it is imperative to acknowledge that no level of evidence eliminates the need for professional clinical judgment or for the consideration of client preferences.<sup>4</sup>

CNA believes that nurses – including clinicians, educators, researchers, administrators and policy-makers – should collaborate with other health-care stakeholders to facilitate evidence-informed decision-making and practice to ensure integration of the health-care system. Other key stakeholders include employers, accreditation councils, governments, patient advocacy groups, and health information agencies. These collaborative responsibilities extend to identifying and addressing the barriers and enhancing the factors within organizational structures and the health-care system that facilitate and promote evidence-informed practice.

Individual nurses:

- Are positioned to provide optimal care by having acquired competencies<sup>5</sup> for evidence-informed nursing practice as part of their foundational education;
- Read and critique evidence-informed literature (i.e., research articles, reports) in nursing, health sciences and related disciplines;<sup>6</sup>

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<sup>1</sup> Domains of nursing practice include practice, education, leadership, administration and research

<sup>2</sup> (Canadian Nurses Association [CNA], 2008, p. 35; Cleary-Holdforth, 2009)

<sup>3</sup> (Cullins, Voth, DiCenso & Guyatt, 2005; Lomas et al., 2005; Barton, 2009)

<sup>4</sup> (Trammer et al., 1998; Youngblut & Brooten, 2001)

<sup>5</sup> Competencies are the specific knowledge, skills judgment and personal attributes required for a registered nurse to practise safely and ethically in a designated role and setting.

<sup>6</sup> (CNA, 2010, p. 177)

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- Generate researchable questions and communicate them to their manager or clinical nurse leaders or associated researchers;
  - Participate in or conduct research;<sup>7</sup> and
  - Evaluate and promote evidence-informed nursing practice.

Professional and nursing specialty associations:

- Use the best available evidence as a basis for standards and guidelines;
- Lobby governments for funding to support nursing research and health information systems that include nursing care data; and
- Lobby governments for healthy public policy, regulation and legislation that are evidence-informed.

Nursing regulatory authorities:

- Use the best available evidence as a basis for standards, guidelines and regulatory practices; and
- Support nurses to meet competencies for evidence-informed practice.

Researchers:

- Identify knowledge gaps and establish research priorities in conjunction with clinicians and/or other health professionals, key stakeholders and client groups;
- Generate high-quality evidence through research;
- Facilitate capacity building of new nurse researchers; and
- Engage in effective knowledge transfer, translation and exchange to communicate relevant findings of the results of research to those who require the information.

Educators and educational institutions:

- Support those graduating from basic and continuing nursing education programs to acquire competencies to provide evidence-informed nursing;
- Use and develop evidence-informed curricula by providing high-quality education in research methods, evidence collection and analysis; and
- Promote a spirit of inquiry, critical thinking, openness to change and a philosophy of life-long learning.

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<sup>7</sup> (Edwards et al., 2009)



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Health service delivery organizations:

- Reduce barriers against and enhance the factors within organizations that promote evidence-informed practice by integrating research findings and practice guidelines;
- Evaluate outcome measures through ongoing audits and formal research studies;
- Support registered nurses' involvement in research and in the transfer of research into organizational policy and practice; and
- Provide continuing education to assist nurses to maintain and increase their competence with respect to evidence-informed practice.

Governments:

- Support development of health information systems that support evidence-informed nursing practice;
- Support health information institutions; and
- Provide adequate funding to support nursing research in all its phases.

National and provincial or territorial health information institutions:

- Collect, store, maintain, update and retrieve health data in health information systems accessible to nursing and health researchers;
- Provide comprehensive, integrated and relational systems that include nursing data and health outcomes; and
- Collect data using standardized languages to ensure that nursing data can be aggregated and compared across and between sites.

## **BACKGROUND**

The distinction between the terms “evidence-based” and “evidence-informed” is important. The concept of evidence-informed decision-making builds on evidence-based health care. It acknowledges the many factors beyond evidence – for example, available resources or cultural and religious norms – that influence decision-making.<sup>8</sup>

Evidence-informed nursing is the ongoing process that incorporates evidence from research, clinical expertise, client preferences and other available resources to make nursing decisions about clients.<sup>9</sup> Decision-making in nursing practice is influenced by evidence and also by individual values, client choice, theories, clinical judgment, ethics, legislation, regulation, health-care resources and practice environments.<sup>10</sup> At the community level, evidence-informed public health is defined as “the process of integrating science-based interventions with community preferences to improve the health of populations.”<sup>11</sup>

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<sup>8</sup> (Ciliska, Thomas & Buffet, 2008, p.7.)

<sup>9</sup> (Ciliska, Pinelli, DeCenso & Cullum, 2001; Scott, McSherry, 2008).

<sup>10</sup> (Dicenso, Ciliska & Guyatt, 2005)

<sup>11</sup> (Kohatsu, Robinson & Torner, 2004, p. 419)



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A variety of sources are being used by nurses to facilitate their use of evidence. These sources include systematic reviews, research studies and abstraction journals that summarize valid and clinically useful published studies.

There has also been a rapid proliferation of clinical practice guidelines for nurses to use as a source of evidence. These are defined as “systematically developed statements to assist practitioner decisions about appropriate health care for specific clinical circumstances.”<sup>12</sup> Guidelines are based on the most rigorous research available, and when research is not available, they are grounded in expert opinion and consensus.<sup>13</sup>

Applied at the individual client level, guidelines provide a set of instructions containing conditional logic for solving problems or accomplishing tasks. Appropriately applied, guidelines can reduce uncertainties associated with clinical decisions, diminish variation around usual practices, demystify unfamiliar terminology and decrease the need to search for journals and articles. It is important to evaluate the quality of the guidelines prior to implementation through the use of acceptable tools.<sup>14</sup>

*Approved by the CNA Board of Directors  
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<sup>12</sup> (Field, 1995, p. 38)

<sup>13</sup> (Schunemann, Fretheim & Oxman, 2006)

<sup>14</sup> (Glanville, Schrim & Wineman, 2000)



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**Also see:**

- CNA position statement: *Nursing Leadership* (2009)
- International Council of Nurses position statement: *Nursing Research* (2007)

**Replaces:**

- Evidence-based Decision-making and Nursing Practice* (2002)

