Evidence-based practice

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- Evidence-based practice
- Evidence
- Research
- Empirical

In this paper, the first in a mini-series about evidence-based practice, we will consider what we actually mean by evidence and, more importantly, evidence-based practice (EBP). We will consider some of the definitions which apply to EBP and break these down so we can better understand what they require in the practice setting.

We will also consider why EBP is an important aspect of modern health and social care delivery and, therefore, why it is important to understand what it is and how to apply it.

In future papers in this miniseries, we will also explore some of the so-called hierarchies of evidence and look at some of the negative aspects of EBP. We will advance some models for the critical appraisal of research and consider how health and social care professionals might apply these models.

Definitions of evidence-based practice

There is a frequent and ongoing debate in professional journals as to what constitutes evidence and what this means for EBP. This debate often confuses practitioners and does little to help them understand what they need to do for adopting and applying evidence.

The diversity of definitions is in part defined by the philosophical bases from which the different individuals work. There are those who believe all evidence needs to come from quantifiable research, such as randomised controlled trials, and remove subjective opinion; equally, there are those who identify evidence as coming from a multiplicity of sources which might include experience and opinion.

The debate is further confused by the multiplicity of terminology applied to it; for example, evidence-based nursing, evidence-based practice, evidence-based medicine and research-informed practice. What is important at this stage is that we accept the debate is about the application of evidence, in some form, to clinical practice.

The most famous and widely cited definition of evidence-based medicine comes from Sackett et al (1996) whose definition perhaps sparked a renewed interest in evidence in the 1990's and stated that evidence-based medicine is:

"The conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

This definition opened up a whole host of important discussions which apply to the use of evidence in the practice setting; these discussions stated that evidence is:

- Conscientious, by which they mean practitioners make a positive choice to use it
- Explicit, that is, its use can be explained
- Judicious, which points to the fact that the practitioner applies it with considerable thought with regard to the situation in front of them
- About the care of the individual patient, which identifies that one-size might not fit all and that the evidence has to be considered in relation to the needs of the individual
- Applied by integrating personal experience and knowledge with research, which highlights that the professional plays an important role in understanding how it applies with regard to their own previous experience.

The overarching message from this definition mainly refers to medicine but applies to all forms of health and social care practice, and is that the individual practitioner has to play a role in interpreting, contextualising and applying the evidence as it best fits the patient in front of them.

Around the same time, McKibbon (1998) provided a more challenging and complete definition of EBP as being:

"An approach to health care wherein health professionals use the best evidence possible, i.e. the most appropriate information available, to make clinical decisions for individual patients. EBP values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on patient characteristics, situations, and preferences. It recognises that health care is individualised and ever changing and involves uncertainties and probabilities. Ultimately EBP is the formalisation of the care process that the best clinicians have practised for generations."

In one respect, this definition is a little contradictory: it says that the professional makes the decision for the patient while also stating that the patient's preferences need to be taken into account. However, what this definition does do is broaden the understanding of the evidence base to better include the patient and the patient's preferences.

There is little doubt that more recent definitions of EBP, especially evidence-based nursing practice, see a greater role for opinion and preference than some of the earlier definitions (Ellis, 2023; Moule, 2021). Indeed, the model proposed by Ellis (2023) includes the following types of evidence that might inform decision-making:

- Research
- Practice knowledge
- Experience
- Policy
- Resources
- Patient preference
- Views of other professionals
- Ethics
- Law.

This view is based on the practical issues that nurses and other health and social care professionals face when working with patients and making care decisions. For example, there is no point in considering an evidence-based approach based purely on research if the resources and local expertise do not exist to apply it. In this respect, one has to consider how evidence-based practice should be as much a pragmatic undertaking, as a philosophical or scientific one.

This view is reflected in the now widely used definition, known as the Sicily Statement (Dawes et al, 2005), which defines evidence-base practice thus:

"Evidence-Based Practice requires that decisions about health care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving the care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources."

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Why is evidence-based practice important?

One of the enduring questions from professionals who are trained, know their job and have experience is often why should we bother with evidence? There are many answers to this question, not least of which is because evidence changes. Everyone working in health and social care needs to be alert to the fact that, as technology advances and we understand health and healthcare better based on this new knowledge, old ways of working must evolve.

It is the nature of empirical knowledge that we have to accept we only know what we know until our knowledge of something changes. EBP, as we can see in the Sicily Statement (Dawes et al, 2005), must be current – and current means changing when what we know changes.

There are a whole range of other reasons that health and social care professionals should pay attention to the evidence base for their practice; these include (Parahoo, 2014; Ellis, 2023):

- The ethical imperative to avoid harm and do good through delivering the best care
- That we need to be aiming to achieve the best outcomes or consequences for people
- Using resources wisely, that is, providing care which is likely to work and uses available resources well
- Because, as professionals, we are accountable for our actions and applying evidence to what we do enables us to give a good account of ourselves if needed
- The requirements of good governance that care provided is effective and seen to be so.

With the increasingly litigious nature of society, it is important for health and social care professionals to be able to justify every aspect of their practice. It is no longer acceptable to provide care in a certain way because that is what we have always done (Moule, 2021). So, in many respects, providing evidence-based care is a good way for the professional to protect themselves from accusations of poor practice.

Conclusion

In this paper, we have looked at a few definitions of EBP and considered what these might mean for health and social care practitioners. We have considered that the nature of evidence might extend beyond merely looking at research to inform practice and that evidential practice needs to take account of people and their preferences.

We have contemplated some of the reasons why we need to engage with EBP and why it is such an important component of modern health and social care delivery.

EBP provides the professional with the answer to many of the questions being asked of them on a day-to-day basis. However, being evidence-based requires effort and understanding on the part of the professional. Therefore, in subsequent papers, we will explore strategies for staying evidence-focused and applying evidence in day-to-day practice.

In the next paper in this series, we will consider the hierarchies of research evidence and their place in informing EBP as well as its downsides and barriers to implementation in real world settings.

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