

Chapter 6

Translation of Evidence into Practice

Steven Campbell
University of New England, Australia

ABSTRACT

Translation of evidence into practice requires conscious effort. Theories are presented and critically discussed as potential clues of how to best pull evidence into practice and reap rewards for the effort. Translation is considered in the context of the individual practitioner, institution and nursing profession. The role of informatics is situated in these contexts.

PROLOGUE

Nursing informatics has been described as a “specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information, and knowledge to support patients, nurses, and other providers in their decision making in all roles and settings. This support is accomplished through the use of information structures, information processes, and information technology” Staggers and Thompson (2009, p. 256). Using this definition, it is clear, therefore, that nursing informatics

is a supportive discipline for the translation of evidence into practice.

Key Points

- Whatever nursing informatics are applied, there continues to be the need for change management strategies to facilitate the translation of evidence into practice.
- Local ownership of the need to put evidence into practice is key to successful implementation, as is facilitation and educational support.
- Clinical practice guidelines based on the best available evidence have enormous potential for being supported by nursing informatics.

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- Of these national guidelines are preferred to local guidelines as a result of their rigorous review processes prior to production.
- Initiatives for Translation of Evidence into Practice need to be evaluated for their effectiveness and impact upon care. (In the context of this book, the use of nursing informatics to support such initiatives also needs to be evaluated.)

INTRODUCTION

A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009 (p.113) identified “Our rationale for proposing this evolution of Medicare is based on a range of important objectives. We want:..... to improve the quality of health services including supporting health professionals in continuing education and research, the translation of research (evidence) into clinical practice, and the implementation of measurable improvements in quality of care.” p.113. While this quotation is Australian, the need is universal, and not just to do with quality of care, but also the proper use of resources.

The translation of evidence into practice varies on a day-to-day basis. Its implementation is a complex process and requires good project management skills. In implying that evidence is self-explicit, there is the potential to minimise the human facets of translating evidence into practice. However, translation does not just happen; there needs to be a process, and that process will be initiated by a health professional or group of health professionals. This chapter therefore addresses the knowledge assumptions prevalent in nursing, as well as other health professionals, as they address the practicalities of translating evidence into practice.

In nursing it is important to understand the way to do something, as well as understand the reasons for doing something, as such evidence validates the practice. This is the essence of being clinically

effective in nursing: “doing the right thing in the right way and at the right time for the right patient” (Royal College of Nursing 1996). Using notions of evidence-based practice, nurses can look at their practice and ask themselves questions about the quality and kind of care. Many issues can impact upon the translation of evidence into practice, including what evidence is available, skills to deliver change, including reflexivity, and organisational factors such as team working, current contexts of care, as well as attitudes and values.

Nurses continuously innovate, driven by the need to be more evidence-based and person-centred. As previously mentioned, the National Health and Hospitals Reform Commission (2009) is looking for improvement in services, better translation of evidence into practice. To achieve this, comprehension, including a working knowledge of change strategies, is essential. No particular method is best; the preference will be driven by the change needed and the context in which the change takes place.

CHANGE

The first step in the process of implementing evidence-based practice is the identification of new, accepted, evidence that informs practice. For instance, recommendations from a systematic review can be used as a standard against which to review the state of the practice locally, thus establishing whether it is practice based on the best evidence. It is highly likely that such a process will identify the need to change the policy and/or the practice locally. The kinds of change needed for translation of evidence into clinical practice are various and the following are some examples:

- a change in practice that requires immediate change, such as the relatively recent changes in ratios of respiratory to cardiac resuscitation during a cardiac arrest;

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