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EDITORIAL

Isabel Bico[1].

[1]Universidade de Évora, Comprehensive Health Research Center (CHRC),
Escola Superior de Enfermagem São João de Deus, Évora, Portugal.

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Evidence-Based Practice in Nursing

Evidence-based practice (EBP) is not new, but it remains an increasingly pressing need in nursing.

The first publications on EBP in the field of medicine date to the mid-20th century, but the systematization and operationalization of this approach took place only during the 1990s under the name evidence-based medicine (EBM). This approach was described as the systematic process of discovering, evaluating and using the results of investigations as a foundation for clinical decisions[1]. This definition necessarily calls for the use of the results of solid and substantiated research (on the basis of a simple systematic review of the literature, a meta-analysis or theoretical and applied research, including exploratory, descriptive, explanatory and experimental research), which can withstand the most thorough critical evaluation and provide the best scientific evidence available.

The central objective of EBP—or, in this case, EBM—is to improve the use of clinical reasoning and ensure the quality and safety of care. In this sense, all the steps involved in the process of obtaining the best available evidence must be followed, including by explicating the clinical problem in question, searching for information sources, critically evaluating the information thus discovered, selecting the best evidence to support the decision, linking that evidence to experience, knowledge and practice, implementing useful information in clinical practice and evaluating the results of the implementation process. In addition to these steps, it is essential to evaluate the general performance of professionals with respect to the use of EBM and to bear in mind the need to teach students and professionals in line with this same practice.

In this sense, the daily use of EBP or EBM necessarily involves a process of acquiring and training skills pertaining to the process of searching for, implementing, and evaluating the best available evidence, thus facilitating informed and effective decisions with regard to the resolution/treatment of each clinical situation or problem and making a decisive contribution to the development and consolidation of more critical and reflexive practices among health professionals. This process of acquiring and training such skills in the context of EBM should be embedded in the entire educational and professional path and should always be mediated and supervised by recognized clinical experts.

Publications on EBP in the field of nursing have exhibited constant regularity over the past 20 years, particularly the past 5 years. In Portugal, most of the knowledge production and dissemination concerning this subject has occurred in academia, particularly through studies in pursuit of a master's or doctoral degree.

EBP in the field of nursing has been described as involving the integration of professional nursing experience and external expertise with the best knowledge and research results, which are obtained on the basis of the available scientific evidence. Namely, to support decision-making, nursing professionals must consider the research and its results and apply them daily in their clinical practice.

In other words, the importance of EBP for nursing is essentially the same as the notion of EBM and involves the tasks of developing critical thinking, ensuring informed decision-making, improving the quality and safety of care on the basis of the best available evidence, and reducing adverse events, mortality and the length of hospitalizations (and, consequently, the costs of public and private services); these goals are always the central objectives of the provision of care in any clinical field.

As noted, although EBP is not novel, it appears to be necessary because its daily implementation in the provision of nursing care remains scarce, especially at the level of autonomous nursing care. The lack of experts, the absence of consolidated skills pertaining to EBP, traditional routines and a lack of encouragement and support from managers seem to hinder the development of a culture in which the use of clinical reasoning and the best scientific evidence

[1]Rosenberg & Donald, 1995:1122 - Rosenberg, W. M. C. & Donald, A., 1995. Evidence based medicine: An approach to clinical problem solving. BMJ, 310. Available from: https://doi.org/10.1136/bmj.310.6987.1122 (accessed 2025 June 12).

concerning nursing care should be considered daily with the aim of guaranteeing the quality, safety and health outcomes of nursing care, a goal that has obvious benefits for professionals, users and families/informal caregivers.

The focus on training (among other factors, such as changes in the environment in which clinical practice takes place) seems to be one way of overcoming these difficulties. Importantly, as noted, the objective of EBP is to stimulate critical thinking and intellectual curiosity concerning clinical practice; therefore, students should be provided with opportunities to acquire knowledge and to train skills pertaining to the selection of the best evidence, to apply that evidence in clinical practice in the field of nursing, and to evaluate the results thus obtained.

Different models or structures can and should be used during training to find the best evidence available. The use of these approaches necessarily requires skills and competences that must be developed and trained during the course of training and consolidated in clinical practice. The following approaches are most notable, depending on the objectives to be achieved and the research questions to be investigated: the population, intervention, comparison, and outcomes (PEAK) approach for clinical questions; the scenario, perspective, intervention, comparison, and evaluation (SPICE) approach for qualitative questions; and the sampling strategy, type of data, approaches to data collection, rigor, legitimacy, impact, transferability, and extension (STARLITE) approach. With proper training, any of these models/structures allows the available scientific evidence to be defined, searched, selected and synthesized. Several structures can also be used to verify different types of evidence. Examples include the consolidated standards of clinical trials (CONSORT) approach for randomized clinical trials and A MeaSurement Tool to Assess systematic Reviews (AMSTAR, an instrument that features 16 measurement items used to assess the quality of systematic reviews).

The classification of evidence also involves different systems, such as the Grading of Recommendations, Assessment, Development and Evaluation system (GRADE) for recommendations, the Center for Evidence-Based Medicine (CEBM) for studies, and the Scottish Network of Intercollegiate Guidelines (SIGN) for norms. The choice of a specific classification system must reflect the type of evidence that is used and apply the relevant criteria in a clear and objective way.

On the basis of this presentation of certain issues that seem to be central to EBP and in light of the fact scientific reading should always lead to reflection and critical analysis, I pose a challenge for the readers, whether they are students at different undergraduate levels, beginning teachers or nurses and experts. Namely, the readers should critically analyze and reflect on two concrete examples of autonomous nursing care and the level of available evidence that they apply on a daily basis in preparation for discharge and in their discharge grades, which are indispensable with respect to patients' effective and safe recovery (in which the family and informal caregivers play a decisive role, in addition to the user) and the continuity of the care provided to the user (whether at home or in institutions in the public, social or private sector).