



# SRNA POSITION STATEMENT

## Evidence Informed Practice

*Competent, caring, knowledge-based nursing for the people of Saskatchewan*

### SRNA Position

It is the position of the Saskatchewan Registered Nurses' Association (SRNA) that evidence provides necessary guidance for RNs to practice competent, caring, knowledge based nursing. The SRNA *Standards and Foundation Competencies for the Practice of Registered Nurses* (2007) Standard 1, Professional Responsibility and Accountability identifies that the RN is responsible to "demonstrate critical inquiry in relation to new knowledge and technologies as it relates to nursing practice" and "promotes current evidence-informed best practices" (p. 7).

### Background

This position specifically addresses the importance of Best Practice Guidelines (BPGs) in supporting registered nursing practice. Successful use of evidence involves "best knowledge available when needed, high adoption and effective use, and continuous improvement of knowledge and clinical decision support methods" (Hanson, Hoss, & Wesorick, 2008, p. 189). Complementing assessments made by RNs, guidelines can provide advice through applying rigorous research in the context of increasingly complex and diverse patient needs therefore helping RNs manage uncertainties (Kelly, 2006). Client choice, clinical judgment, work environments, and experiential knowledge remain important factors in decision making in nursing practice (CNA, 2002).

Inconsistent quality among published guidelines requires RNs to assess evidence before integrating it into practice. The Appraisal of Guidelines for Research and Evaluation (AGREE) instrument, endorsed by the World Health Organization, is a well-known tool for critical appraisal of guidelines (AGREE Collaboration, 2001). Evaluating BPGs includes a critique of the development, process the quality of the recommendations, and the impact of implementation.

- **Development** of guidelines should include refining the topic, performance of a systematic literature review, and use of a research assessment tool for evaluation of strength and relevance of the evidence. This also helps to determine risks, benefits, cost effectiveness, and feasibility. The expertise of RNs is invaluable to the development of BPGs; the knowledge, skill and judgment of RNs is a key component of quality guidelines. Peer review, ethical approval or waiver, pilot testing, secondary review from experts and stakeholders, dissemination, and evaluation are also important components of BPG development. (CNA, 2004)
- **Recommendations** should be valid leading to predictable outcomes. They also need to be cost effective, reproducible, reliable, clinically applied, flexible, clear, precise, transparent, user friendly, and accompanied by an evaluation. (CNA, 2004)

- **Implementation** of BPGs into nursing practice should include:
  - Development of an understanding of readiness
  - Asking staff “how to make it happen”
  - Appraising RN ownership for updating practice given other demands
  - Soliciting unit based ideas for examining care effectiveness
  - Establishing recognition and reward mechanisms
  - Allocating budget resources, specifically equipment and positions
 (Novak, Dooley & Clark, 2008, p. 452)

An evaluation of guidelines should address their impact on the prevention of complications, advancing of nursing interventions, enhancement of client outcomes and satisfaction, and the sustainability of implementation (CNA, 2004).

Successful implementation of BPGs and other nursing resources requires leadership, and system commitment to support change. Registered nurses, members of the healthcare team, and organizations must collaborate to ensure sufficient time, resources, education, and authority. The integration of evidence based practice and quality improvement projects optimizes care and patient outcomes (Brown, 2006). Using evidence in practice reduces variations in care, improves patient outcomes, and is associated with increasing RN autonomy (Novak, Dooley & Clark, 2008). Registered nurses who implement BPGs contribute to quality assurance through systematically applying evidence to their practice.

#### References

- AGREE Collaboration. (2001). Appraisal of guidelines for research and evaluation instrument. Retrieved Jan 26, 2009 from <http://www.agreecollaboration.org/instrument/>
- Brown, S. (2006). Evidence-based nursing: The performance improvement decision. *Nursing Management*, 37(4), 16-17.
- Canadian Nurses Association. (2004). Making best practice guidelines a reality. *Nursing Now: Issues and Trends in Canadian Nursing*, (17).
- Canadian Nurses Association. (2002). Evidence based decision-making and nursing practice. *Position statement*. Ottawa, ON: Author.
- Hanson, D., Hoss, B., & Wesorick, B. (2008). Evaluating the evidence: Guidelines. *Association of periOperative Registered Nurses*, 88(2), 184-196.
- Kelly, J. (2006). Good guidelines make good practice. *World of Irish Nursing & Midwifery*, 14(8), 27.
- Novak, D., Dooley, S., Clark, R. (2008). Best practices: Understanding nurses' perspectives. *Journal of Nursing Administration*, 38(10), 448-453.
- Saskatchewan Registered Nurses' Association. (2007). *Standards and Foundation Competencies for the Practice of Registered Nurses*. Regina, SK: Author.

Approved by Council  
February, 2009



**Saskatchewan Registered Nurses' Association**  
 2066 Retallack Street  
 Regina, Saskatchewan S4T 7X5  
 (306) 359-4200  
 Toll Free 1-800-667-9945  
 FAX (306) 525-0849  
 Email: [info@srna.org](mailto:info@srna.org)  
 Website: <http://www.srna.org>