OBJN
ONLINE BRAZILIAN JOURNAL OF NURSING
ISSN: 1676-4285

EDITORIAL

Implementation of evidence in health: reducing the gap between research and practice

Implementação de evidências em saúde: reduzindo a lacuna entre a pesquisa e a prática

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Evidence-Based Practice (EBP), or Evidence-Based Health Care (EBHC), is defined as "decision-making that considers the feasibility, appropriateness, meaningfulness and effectiveness of practices. The best available evidence, the context in which care is delivered, the individual patient and the professional judgement and expertise of the health professional inform this process"[1]. The subject matter has become a recurring topic, addressed in undergraduate and graduate academic disciplines, in health institutions and in national and international scientific events, also with prominence in scientific journals.

This growing interest has been motivated mainly by the large gap between published research and its use in practice. The low compliance with the best scientific recommendations in professional practice contributes to the loss of health resources, which are already scarce, and lower health results. Therefore, there is an urgent need to invest in training for EBHC[2], to accelerate the knowledge translation process, train clinical leaders, overcome barriers, and engage professionals, health institutions, and decision-makers to implement the best health care practices.

A number of authors mention that "getting the appropriate information into the hands of those who determine health policy and who deliver health care is fundamental to improvements in health care delivery and health outcomes"[3]. Thus, the following questions arise: "Do health professionals investigate and implement diverse scientific evidence in their practices and know how to search for it in databases?"; "Is EBP a discourse or a reality in health institutions?"; and "Are the care guidelines based on the best practices and evaluated and audited for compliance with the practice based on criteria grounded on scientific evidence?". Answering these questions is a task to be considered by professionals and managers working in health institutions, professors, researchers and health policy makers.

To advance in knowledge translation, understood as "a process that arises from a need, specifically from the need to transfer research results into policies and practices"[4], it is necessary to train the new generations of professionals and to teach those already trained to seek diverse scientific evidence to answer practical questions and to develop strategies and methods to overcome barriers. The main barriers related to the lack of knowledge, insufficient skills to implement best practices, a standard of care not aligned with the best practice, lack of incentives, financial and human resources, and others[5].

Concerning the knowledge barrier, there have been substantial investments by national and international organizations and health systems to deal with such obstacles. These investments include con-

ducting systematic reviews and developing clinical practice guidelines to reduce the volume of research evidence and the time required to read evidence sources, investment in electronic libraries to improve access to research evidence, and development of critical assessment skills and training tools to improve research literacy skills[5].

The JBI developed the EBHC model, which encompasses generation, synthesis, transfer and implementation of evidence[6]. For the synthesis of knowledge, the JBI developed methodologies for ten different types of systematic and scoping reviews, following a rigorous, systematic, and comprehensive method to synthesize the best available evidence to inform practice[7]. Publishing evidence summaries is not enough to inform change in practice. It is necessary to transfer the findings of the synthesis through education, active dissemination, and system integration. In addition, to implement evidence is essential to do the context analysis, facilitate change, and evaluate the process and results to objectively measure the benefits to nursing care and patient outcomes[8].

Implementing evidence in practice is not an easy and automatic process, as it implies a change of behavior for the assumption of a new mentality and a new culture in the personal and organizational. This process needs to be facilitated. Facilitation is a necessary approach to supporting change within an organization. Thus, achieving facilitated change "requires effective leadership and facilitation skills, including the ability to articulate a plan and purpose; inform, motivate and persuade others; ask for support and encourage team development"[9]. Thus, it is necessary to "transform health into a learning system, with participants in tune with the characteristics of the system and with strong feedback loops to try to generate momentum for change"[10].

Based on it, we have been investing in the training of health professionals, particularly nursing, through the offer of Evidence Implementation in health by the Brazilian Centre for Evidence-Based Health Care: A JBI Centre of Excellence (JBI Brazil). It is a program aimed at advanced teaching and practical training in using evidence to improve clinical practice. It is offered in two meetings of 40 hours each, separated by six months, in which content related to EBHC, clinical leadership, implementation of evidence, audit and feedback, and the development of a project and implementation of best practices addressed in a health service. JBI Brazil started training health professionals, researchers, professors, and graduate students in the implementation methodology in 2016[10], having already formed 51 clinical fellows[10].

The demand for implementation courses has grown due to the robustness of the methodology that enables the change in health practices in six months. In addition, the results are published in several national and international scientific journals.

In this direction, since 2021, the OBJN has been publishing protocols, systematic and scoping reviews, implementation cases, and technological innovation, contributing to the dissemination of the knowledge produced. The production in this area, which is beginning to be broadcast and known in Brazil, contributes to showing the promising results of implementation projects, strengthening the movement of knowledge translation and EBP.

We invite readers to consume systematic reviews, scoping reviews, evidence summaries, and evidence implementation cases to strengthen health decision-making and develop primary studies related to the science of implementation. Articles that report evidence implementation have been published more recently. They are essential to know: the context, strategies used to overcome the barriers identified in these contexts, how they applied best practices in health institutions, what the results in the initial and follow-up audits, and what suggestions the authors point to the sustainability of the implemented proposals, as well as what recommendations they make for practice and research. Thus, they can be inspired and believe EBP is a reality for improving health care.

REFERENCES

1. Jordan Z, Lockwood C, Munn Z, Aromataris E. The updated Joanna Briggs Institute model for evidence-based healthcare. Int J Evid Based Healthc. 2019;17(1):58-71. http://dx.doi.org/10.1097/XEB.0000000000000155. PMid:30256247

2. Lockwood C, Santos KB, Püschel VAA, Khalil H. Teaching strategies for evidence-based health care: filling the gap between traditional academic curricula and health service prioritization. JBI Evid Implement. 2022 Feb 23;20(1):1-2. http://dx.doi.org/10.1097/XEB.0000000000000313. PMid:35249998

3. Pearson A, Jordan Z. Evidence-based healthcare in developing countries. Int J Evid Based Healthc. 2010;8(2):97-100. https://doi.org/10.1111/j.1479-6988.2010.00164.x

4. Pearson A, Weeks S, Stern C. Translation science and the JBI model of evidence-based healthcare. Pearson A, editor. Philadelphia: Lippincott Williams & Wilkins; 2011.

5. Grimshaw JM, Eccles MP, Lavis JN, Hill SJ, Squires JE. Knowledge translation of research findings. Implement Sci. 2012 Maio 31;7:50. https://doi.org/10.1186/1748-5908-7-50. PMid:22651257

6. Aromataris E, Munn Z, editors. JBI Manual for Evidence Synthesis. Adelaide: JBI; 2020 [citado 2022 abr 28]. Disponível em: https://synthesismanual.jbi.global. https://doi.org/10.46658/JBIMES-20-01

7. Püschel VAA, Lockwood C. Translating knowledge: Joanna Briggs Institute's expertise [editorial]. Rev Esc Enferm USP. 2018 Ago;52:e03344. http://dx.doi.org/10.1590/S1980-220X2018ed0103344. PMId:30156652

8. Lizarondo L, McArthur A. Strategies for effective facilitation as a component of an evidence-based clinical fellowship program. J Contin Educ Nurs. 2017 Out 1;48(10):458-463. https://doi.org/10.3928/00220124-20170918-07. PMid:28954182

9. Braithwaite J. Changing how we think about healthcare improvement. BMJ. 2018;361:k2014. https://doi.org/10.1136/bmj.k2014. PMid:29773537

10. Püschel VAA, Oliveira LB, Gomes ET, Santos KB, Carbogim FC. Educating for the implementation of evidence-based healthcare in Brazil: the JBI methodology. Rev Esc Enferm USP. 2021;55:e03718. https://doi.org/10.1590/S1980-220X2020016303718. PMid:34076152