

Thinking about Evidence

by Krista Wilkins, RN, MN, PhD

Show me the evidence! This play on words from the famous catch phrase "Show me the money!" of the movie *Jerry Maguire* is a good way to start talking about what is the *best* evidence for oncology nursing practice. The state of the health care system today is such that oncology nurses need to articulate how they use the *best* evidence in providing optimal cancer care.

Take a moment to consider what evidence you use in your oncology nursing practice. In reflecting on your practice, ask yourself: *What* is the evidence I use to answer my clinical questions? *Why* am I doing what I do with my patients? *Which* of my practices are currently supported by evidence? *Which* of my practices do not have any evidence to support them? *Where* can I find the evidence to answer my clinical questions? The purpose of this reflective exercise is to develop an appreciation for the uncertainties in nursing practice environments and the resulting need to improve practice.

Now, suppose you want to find the *best* evidence upon which to base your oncology nursing practice. What is the *best* evidence? What is *best* and what should guide nursing practice is often decided by a hierarchy of evidence. According to the hierarchy of evidence, the *best* evidence for nursing practice is the controlled objective scientific experiment, namely the randomized control trial. Evidence from other sources like qualitative research, although not completely dismissed, is ranked much lower in the hierarchy of evidence. The problem

with holding randomized control trials superior to other forms of evidence is that nursing practice cannot be reduced to the application of a fixed protocol used to keep variables controlled. Oncology nursing practice is complex and dynamic, and our interest is in clients, not controlled variables. For each patient and for each moment, our evidence must take into consideration the patient's history, circumstances, values and preferences. What is the *best* evidence for nursing practice must, therefore, be flexible and dynamic. An interpretation of all factors pertaining to the individual patient, including available evidence, becomes the primary source for deciding what is *best*.

We often regard the *best* evidence for oncology nursing practice as the research studies published in peer-reviewed journals by expert researchers affiliated with the most prestigious cancer centres and academic institutions. Here, what is *best* is an appeal to authority. We are likely to adopt a naive trust that research published in peer-reviewed journals is the *best* evidence. That is, we often do not question the research, researcher's credentials or expertise, or power of the hierarchy of evidence. In fact, it is not good enough to conclude that the *best* evidence is what is published in a peer-reviewed journal because there are problems with published research. First, the evidence is not always readily available. Often, it is published several years after it has been conducted, thus the relevancy of the evidence in supporting current practice is questionable. Second, publication does not guarantee quality of the evidence. Indeed, the methodological credentials of the evidence must

be considered. Third, what is published might not be appropriate for your area of oncology nursing practice. For example, researchers are conducting a study that looks at the effectiveness of oral care protocols to reduce the severity of oral *mucositis in patients* receiving chemotherapy. In order to make the study easier to carry out, the researchers decide to exclude patients with head and neck *cancer*, yet many patients with these types of cancer will present with oral *mucositis*, so an intervention that works in this study may not be applied to this essential patient group.

What is clear is oncology nurses need confidence that the evidence they are informed by is that which is best suited to making practice decisions. Evaluating diverse forms of published evidence is complex. To practise in an informed way, oncology nurses need to continually seek out and evaluate what the evolving body of evidence offers in an effort to continually strive for the *best* available sources of knowledge that will guide the *best* possible practice decisions. Best practice is always informed by a critical interpretation of what existing evidence exists, applied in such a manner that strives toward doing the right thing, avoiding harmful interventions, and being transparent and accountable for decisions. ☒

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