Evidence-based health care (EBHC) is now regarded as a hallmark of good clinical practice. The fundament of EBHC is high-quality scientific articles as the one published in Scandinavian Journal of Caring Sciences (SJCS). But for many clinicians the findings presented in these articles need to translated before they are actually implemented in the daily clinical practice. One way to make research finding more accessible for clinical practice is by developing clinical guidelines and this will be the focus of this editorial. In Denmark, at Aarhus University, Centre for Clinical Guidelines, Danish National Clearinghouse for Nursing (1), was established and formally opened in September 2008 and the first guidelines have been published from the centre in the summer 2009.

Clinical nursing practice is filled with uncertainty – which nursing intervention is the most effective to produce the best patient outcome? How are patients experiencing their illness? What will happen if a condition is left untreated?

However, EBHC can decrease the uncertainty that patients and clinicians experience in a complex health care system. Patients want to receive quality clinical care and practitioners desire to provide that care. Fortunately, evidence-based practice is an approach that enables clinicians to provide the highest quality of care in meeting the multifaceted needs of their patients and families (2).

When, nurses know how to find, critically appraise and use the best evidence available and patients are confident that their nurses are using the evidence-based care, optimal outcomes are achieved for all.

Clinical guidelines are defines as ‘Systematically developed statements to assist practitioner and patients decisions about appropriate health care for specific clinical circumstances’ (1).

Clinical guidelines are designed to help practitioners assimilate, evaluate and implement the ever-increasing amount of evidence and opinions on best current practice. Clinical guidelines are intended as neither a cookbook nor a textbook, but serves as a tool to assist nurses in making decisions about appropriate and effective care together with their patients.

The core of clinical guidelines is the systematic review of the specific data with in a clinical area. Systematic reviews are becoming more and more, an accepted way of summarising vast bodies of research and can be considered as the first step to ‘translate’ research findings into useful knowledge for clinicians. The method of systematic reviews may vary slightly between organisations [for example, Chochrane, Campbell, Scottish Intercollegiate Guidelines Network (SIGN), National Institute for Clinical Excellence (NICE), Evidence for Policy and Practice Information Centre (EPPI Centre) and The Joanna Briggs Institute] in that all of these organisations recognise varying levels of evidence and include different study designs appropriate to the question under review (3). In spite of difference the over arching process involves the rigours appraisal, analysis and review of the results of a broad search of the international literature on a specific topic (3).

The quality of systematic reviews and health technology assessments depends on many factors. A key factor is the evidence base that is the literature and other information on which the analysis is based. A sound evidence base is equally important in related contexts, such as clinical practice guidelines, formal decision analysis, and most health economics studies and the knowledge translation efforts surrounding this work. Performing a high-quality electronic search of information resources is an essential contribution toward ensuring accuracy and completeness of the evidence base used in these reports. Furthermore, search quality has resource implications for the conduct of a review, because the number of records retrieved and screened is often very large (4). As the method of systematic reviewing has been introduced in many post-graduate courses work and part of master and doctoral level, we encourage students and their teaches to publish this work as scientific articles in journals as SJCS.

The principal contribution of clinical guidelines is an improvement in the quality of care received by patients. Guidelines are a mechanism for reducing inappropriate variations in clinical practice and discouraging practices that do not have convincing or sufficient evidence of effectiveness (5). Evaluation of clinical guidelines has demonstrated that improvements in the quality of care delivered in health care services are possible. Grimshaw et al. (6) analysed the results from, 235 studies reporting. Seventy-three percent of comparisons evaluated multifaceted interventions. In the review, it is documented that implementing clinical guidelines in practice might result in improvements of the quality of care on up to 35%.

This quality improvement is possible as clinical guidelines:
• Provide knowledge about care options that nurses can draw on when discussing and making clinical decisions with patients;
• outline a course of intervention that can act as a blueprint for care; and
• providing evidence-based definitions for care, against which practise and sometimes cost can be measured (2).

Guidelines can contribute to an illusion of a single answer for complex decision problems. Whilst guidelines should contain a synthesis of the best available research evidence, clinical decision making does not take place in a contextual vacuum (5). When selecting the best nursing interventions for patients, clinicians operate in a complex
environment and whilst recommendations in guidelines are weighted according to the robustness of the evidence supporting them, their implementation is dependent upon the agreement between both nurse and patients. Therefore, we need institutions as Centre for Clinical Guidelines – Danish National Clearinghouse for Nursing, as they can ensure the quality of the published guidelines.

It is important that individual clinicians can have the confidence, that the potential biases of guidelines have been addressed adequately and, that the recommendations are both internally and externally reviewed. To address this issue the centre has developed a review strategy with three levels. Internal review done by the staff of the centre, external review performed by specially trained reviewers and final a public hearing of 1 month (1) and the core of the review process is the The AGREE-Instrument.

Clinical practice guidelines are an increasingly common element of clinical care throughout the world. However, the development and introduction of guidelines are not without costs. Therefore, the Danish initiative is interesting and one might consider to broaden it out to cover all the Scandinavian countries or even Europe as the recommendation are based on international research, not are locally are cultural rooted and that many resources are saved when, like in research, we build on each others work.

But the base for all clinical guidelines is still robust research published in high-quality journals like SJCS, and to ensure high-quality guidelines, we encourage developer of clinical guidelines to publish their systematic reviews as it will strengthen the validity of the clinical guideline and provide directions for further research.

References

Britta Hordam
Associate Professor, University College Sealand,
Department of Research and Development,
Soro, Denmark and Assistant Professor, Department of Nursing Science, University of Aarhus, Aarhus, Denmark
E-mail: bhoerdam@mail.dk

© 2009 The Author. Journal compilation © 2009 Nordic College of Caring Science