



MAXIMIZING WORKFORCE RETENTION AND SATISFACTION THROUGH EVIDENCE-BASED PRACTICE: A UNIFIED APPROACH

Dr. Rahul Goyal, Member of Elsevier's [Clinical Best Practice Council](#) and Lead Clinical Executive, EMEALAAP

INTRODUCTION



Healthcare organizations globally are facing a number of significant challenges, such as lack of job satisfaction, staff retention and workforce shortages. Given these circumstances, the imperative to enhance and maintain high-quality patient care has never been more crucial. To navigate these challenges effectively, healthcare organizations must prioritize the integration of evidence-based practice (EBP) into their clinical workflows. By doing so, they can not only help to address current issues but also continue to promote patient-centered care across their systems.

According to the World Health Organization (WHO), EBP can be defined as an interdisciplinary approach to clinical decision-making that includes the best available evidence, care context and preferences of health professionals.^{1,2,3} Over time, EBP has evolved to integrate the best research evidence, clinical expertise, the patient's values and the context of the specific healthcare organization.

The rising adoption of EBP in healthcare is crucial for several reasons. It ensures patients receive high-quality care by minimizing errors, enhancing safety, boosting care efficiency, and cutting costs. Additionally, access to evidence-based guidelines provides reassurance to clinicians, as it allows them to benchmark their practices against their peers and has the potential to diminish the stress, uncertainty, and fear that can arise from working in isolation.

Evidence-based practice has gained prominence as the gold standard for the delivery of safe and effective person-centered care. However, even with this recognition, there are still circumstances that result in a divergence of EBP in order to best adapt to the needs of patients.

This includes:



COMPASSIONATE USE OF EXPERIMENTAL TREATMENTS: Patients with life-threatening illnesses may be eligible for compassionate use of experimental treatments that have not yet been approved or accepted.



PERSONALIZED MEDICINE: As EBP is based on population-level data, providers may opt for a personalized approach meaning treatment is tailored to the specific characteristics of the individual patient, rather than relying solely on general evidence-based guidelines.



SHARED DECISION-MAKING: EBP uses scientific evidence to inform clinical decision-making without considering patients' values and preferences. Through shared decision-making, patients and their providers can work together to make decisions, even if these deviate from evidence-based guidelines.

It is important to note that although EBP is a global phenomenon, it has different meanings in different geographical regions. Factors such as variations in healthcare systems, educational systems, research infrastructure, and professional norms can all influence how EBP is understood and implemented. For instance, it is most commonly implemented in higher-income countries, with less research and integration of such interventions in low- and middle-income countries, as there is a lack of high-quality studies conducted with patients from these countries.⁴ Despite this, the burden of unsafe care is a serious global health issue, it is therefore imperative that policymakers continue to critically evaluate the quality and safety of the care they provide to ultimately meet the needs of the patients they serve.⁵

In this whitepaper, I highlight the importance of integrating EBP in clinical care and the subsequent impact, its role in workforce retention, the opportunities and barriers associated with implementation and the role of Elsevier Health in supporting the delivery of high-quality evidence-based care at every stage of a patient’s healthcare journey.

EVIDENCE-BASED PRACTICE AND ITS IMPACT ON THE HEALTHCARE WORKFORCE



Evidence-based healthcare is an umbrella concept of EBP that includes nursing, midwifery, medicine and allied health professionals. Its integration is essential for the healthcare workforce, as it allows them to build their knowledge, help standardize care and improve patient outcomes. It facilitates the application of data-based solutions that incorporate both clinical expertise and current research into the decision-making process.

[As described by the WHO, EBP increases job satisfaction, empowers the workforce, and improves the skills required to integrate patient preferences into practice.](#)⁶

Table 1. Benefits of EBP⁶

Beneficiary	Benefits
Nurses and midwives	<ul style="list-style-type: none"> • Increased job satisfaction • Empowerment • Improved skills to intergrate patient preferences into practice • Support for professional growth • Continious career development through expert roles

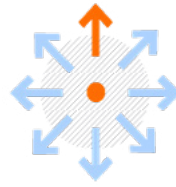
In particular, it can play an important role in supporting the satisfaction and retention of the healthcare workforce by:

- Empowering clinicians to make more informed decisions powered by the latest available evidence, leading to higher levels of clinical confidence.
- Promoting professional development and lifelong learning as EBP requires those delivering care to keep up with the latest research and evidence in their field.
- Improving the working environment through seamless integration into daily practice.
- Improving outcomes for patients.

Health systems that invest in education programmes to improve the workforce’s skills in EBP may benefit from lower turnover rates and greater nurse and midwife satisfaction, resulting in cost savings.⁷ EBP can provide the workforce with a sense of empowerment, professional fulfilment and satisfaction, and integration into organizations can ultimately lead to an improvement in the quality of care provided and better outcomes for patients.






IMPLEMENTING EVIDENCE-BASED PRACTICE: IDENTIFYING THE BARRIERS AND UNDERSTANDING THE VALUE



While several studies view the concept of EBP favourably, others have shown there are significant barriers that hinder its successful implementation.^{8,9,10}

Such barriers include:

-  **Insufficient authority** to change patient care procedures.
-  **Not enough time** to implement new ideas.
-  **Lack of resources** and limited access to research materials.

In order to overcome such challenges, they must be first identified and the focus placed on establishing an EBP culture where its value is recognised and principles are incorporated in clinical workflows, building capacity, and ensuring sustainability for successful integration to achieve high-quality patient outcomes in care.

The success of incorporating EBP guidelines and algorithms relies on their seamless integration into clinical practice. Integrating EBP within workflows presents an added benefit, as relevant order sets can be triggered by diagnosis codes and problem lists, reducing workflow distractions and alleviating fatigue and burden. While the intention to utilize EBP is commendable, its true value is realized when clinicians adopt and implement it.

By integrating evidence-based content directly into the workflow, Clinical Decision Support (CDS) tools can provide health professionals with content to inform more tailored care decisions throughout a patient's care journey.

These tools hold a number of benefits such as:

- Aiding the standardization of care.
- Facilitating evidence-based decision-making.
- Compiling all available clinical information in one place.
- Maintaining systems with the latest information.
- Providing guidelines in an accessible format.

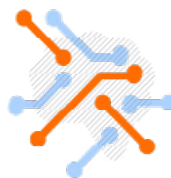
Order sets and care plans are examples of such tools that can help the healthcare workforce to make safer and more accurate decisions.

A real-world example showing the positive impact of Elsevier's Clinical Solutions in delivering EBP effectively can be seen in the results of the Imperial College Healthcare NHS Trust. Elsevier's Care Plans were implemented to ensure that consistent, high-quality care was delivered across the nursing team. A total of 247 evidence-based, patient-centered Care Plans were rapidly integrated and made available to 4000 nurses via the electronic patient record. Through the use of research-based Care Plans, there was less variation in patient care, which increased the operational efficiency of the nursing team. Nurses further valued the standardization and structured coordination of the Care Plans, as they were able to analyze the delivery of care plans with patient outcomes.

Elsevier's Clinical Solutions have been successfully integrated into health services across multiple hospital settings in the Middle East with examples of over 400 evidence-based care plans being implemented to improve physician uncertainty and ensure standardization of practice across multiple care settings.



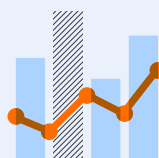
EVOLVING EVIDENCE-BASED PRACTICE IN THE FACE OF GENERATIVE ARTIFICIAL INTELLIGENCE



Generative Artificial Intelligence (AI) has the potential to transform the healthcare industry by providing professionals and providers with powerful tools to assist them in the delivery of patient care. If used responsibly, there are vast opportunities associated with the use of generative AI in healthcare. For example, it has the potential to help collate clinical information and offer healthcare professionals new ways to access complex and multidimensional data, improving efficiency and accessibility.

In order to build trust, new generative AI tools must be built on knowledge that combines healthcare expertise and evidence-based content. However, some considerations need to be taken into account, which relate to ethical issues, AI bias and the need to ensure that the information is valid and evidence-based, ensuring optimal care for all patients. This need reinforces the importance of providing trusted information to health professionals and allowing them ownership and accountability over the generative AI outcomes.

GENERATING SUSTAINED IMPROVEMENT IN THE QUALITY OF HEALTHCARE DELIVERY



The integration of EBP across healthcare systems has the potential to significantly enhance the quality of care and improve patient outcomes. By fostering an EBP culture within healthcare organizations and supporting health professionals in delivering their care, we can ensure that the benefits of EBP are realized.

The success of any solution or project in healthcare heavily relies on its perceived usability. Therefore, incorporating feedback becomes imperative to achieve optimal outcomes. As a healthcare information provider, Elsevier is fully dedicated to supporting the implementation of EBP through our Clinical Solutions. These solutions offer health professionals the necessary evidence-based information to make informed decisions, ultimately leading to a sustained enhancement in the overall quality of healthcare delivery.

Find out more about how Elsevier's ClinicalKey empowers physicians, nurses and pharmacists with the latest medical evidence from trusted sources.

For more information on the Clinical Best Practice Council click [here](#)

REFERENCES

1. Sackett DL, Richardson WS, Rosenberg W, Haynes B. Evidence-based medicine: how to practice and teach EBM. Edinburgh: Churchill Livingstone; 1997.
2. Newhouse RP, Spring B. Interdisciplinary evidence-based practice: moving from silos to synergy. *Nurs Outlook* 2010;58(6):309–17. doi:10.1016/j.outlook.2010.09.001.
3. Pearson A, Wiechula R, Court A, Lockwood C. The JBI model of evidence based healthcare. *Int J Evid Based Healthc*. 2005;3(8):207–15.
4. Tiley C, Kyriakopoulos M. Evidence-based practice in a multicultural world: changing with the times. *BJPsych Int*. 2018 Aug;15(3):55–57. doi: 10.1192/bji.2018.14. PMID: 31452527; PMCID: PMC6690258.
5. Jha AK, Larizgoitia I, Audera-Lopez C, Prasopa-Plaizier N, Waters H, Bates DW. The global burden of unsafe medical care: analytic modelling of observational studies. *BMJ Qual Saf*. 2013;22(19):809–15.
6. World Health Organization. Regional Office for Europe. (2017). Facilitating evidence-based practice in nursing and midwifery in the WHO European Region. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/353672>.
7. Wallen GR, Mitchell SA, Melnyk B, Fineout-Overholt E, Miller-Davis C, Yates J et al. Implementing evidence-based practice: effectiveness of a structured multifaceted mentorship programme. *J Adv Nurs*. 2010;66(12):2761–71. doi:10.1111/j.1365-2648.2010.05442.x.
8. Kajermo, K.N., Nordstrom, G., Krusebrant, A., Bjorvell, H., 1998. Barriers to and facilitators of research utilisation, as perceived by a group of registered nurses in Sweden. *Journal of Advanced Nursing* 27, 798–807.
9. Funk, S.G., Champagne, M.T., Wiese, R., Tomquist, E., 1991b. Barriers to using Research Findings in Practice: the clinicians perspective. *Applied Nursing Research* 4 (2),90–95.
10. Griffiths, J.M., Closs, S.J., Bryar, R.M., Hostick, T., Kelly, S., Cooke, J., 2001. Barriers to research implementation by community nurses. *British Journal of Community Nursing* 6 (10), 501–510.