

## Integration of Patient Preferences into Evidence Based Practice

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In Malaysia and in other countries across the Asia region the belief and motivation amongst health care practitioners in practice development and improvement in patient care is high (Straus, Ball, Balcome, Sheldon, McAlister, 2005). However, there is evidence that the transfer of this motivation into practice is taking some time and that more needs to be done to increase practitioners' (especially in nursing and the allied health professions) confidence and skill to overcome some of the barriers they encounter both professionally and culturally (Lai, Teng, Lee Lee 2010). The inclusion of evidenced based practice (EBP) modules in undergraduate programmes and the introduction of training in EBP methods, concepts and models have inevitably affected the knowledge about EBP amongst the healthcare workforce. The model explained below is an example of one EBP approach to the challenge of integrating patient preferences and wishes into everyday health care.

Evidence Based Practice (EBP) has been defined by several researchers and academics. One of the most commonly cited definitions is that by David Sackett and colleagues stating that "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett et al, 1996).

Several models were developed to facilitate the implementation of EBP. Likewise, in nursing EBP models have been developed to help nurses move evidence into practice (Gawlinski & Rutledge, 2008). Although research evidence is one of the fundamental components of EBP, alone it is insufficient for making decisions about patient care (Montori et al, 2013). Clinicians are encouraged

to implement EBP as well as patient-centred medicine (Siminoff, 2013). Over the last decade, there have been increased attentions paid towards combining patient-centred care and EBP despite tension and conflict between the two (Burman et al, 2013).

Brennan and Strombom (1998) suggested that if clinicians knew more about patients' preferences, care would most likely be cheaper, more effective, and closer to the individuals' desires. Since then, many researchers and academics focused on the inclusion of patients preferences and values in the decision making process. Patient values and preferences contribute to patients' concordance of any prescribed treatment. Simply, if the patients did not like the treatment, they are not going to adhere to it. Therefore, evidence based practice model should include patients' values and preferences, and clinicians' expertise alongside the best available evidence.



Burman et al, (2013) suggested that integrating patient preferences into EBP have four critical elements:

1. **Health care redesign.**
2. **Decision support.**
3. **Empowered organisational culture.**
4. **Informed and empowered nurses**

This may seem like a challenging task to be performed by nurses alone. Therefore, collaborative effort of the multidisciplinary team is required in order to achieve integration of patient preferences into EBP. This certainly indicates that patients should be involved in the whole process, from decision making to evaluation.

### References

- Brennan P and Strombom F. (1998) *Improving Health Care by Understanding Patient Preferences*. *JAMA*;5(3):257-226.
- Burman M, Robinson B, Hart A. (2013) Linking evidence-based nursing practice and patient-centred care through patient preferences. *Nursing Administration Quarterly*;37(3):231-41
- Gawlinski A, Rutledge D. (2008) Selecting a model for evidence-based practice changes: a practical approach. *AACN Advanced Critical Care*;19(3):291-300.
- Lai MN, Teng CL, Lee lee M. (2010) The place and barriers of evidence based practice: Knowledge and perceptions of medical, nursing and allied health Practitioners in Malaysia. *BMC research notes. Biomedical*. <http://www.biomedcentral.com/1756-0500/3/279>.
- Montori V, Brito J, Hassan M. (2013) The Optimal Practice of Evidence-Based Medicine Incorporating Patient Preferences in Practice Guidelines. *JAMA*;310(23):2503-2504
- Sackett D, Rosenberg W, Gray J, Haynes R, Richardson W. (1996) Evidence based medicine: what it is and what it isn't. *BMJ*;312:71
- Siminoff L. (2013) Incorporating patient and family preferences into evidence-based medicine. *BMC Medical Informatics Decision Making*;13 Suppl 3:S6: 10.1186/1472-6947-13-S3-S6.
- Straus SE, Ball C, Balcome N, Sheldon J, McAlister FA. (2005) Teaching Evidenced based Medicine skills can change practice in a community hospital. *Journal of General International medicine*, 20. 4. 340-343.