**Barriers to evidence practice changes**

**Introduction**

Healthcare planners and clinicians that are interested in improving the efficiency and quality of healthcare services may access vast information regarding research in evidence-based practices. Changes in health-care practices are inevitable because there is need to improve the quality and efficiency of the services offered to the patient in various clinics. Application of these changes requires evaluation and application of enduring as well as contemporary available evidence-based practices. These practices are becoming increasingly available through information services based on contemporary technologies and vast research that is continuously being conducted. However, there are a number of barriers to the efficacious application of available evidence-based practices to health care clinics, which research and education may address. This paper seeks to discuss some barriers to evidence practice changes that I encounter in my clinical setting examples of these barriers and discuss how research and education can assist in decreasing these barriers and improving patient care.

**Discussion**

Among the challenges include difficulties in synthesizing the information obtained from the available evidence-based practice. Although most outcomes from research on various evidence-based practices first appear in distinct peer-reviewed journals, there is the limited number of clinically valuable information that can be found in the vast information found in numerous publications (Joel, 2018). Synthesizing this information is considered overwhelming by clinical practitioners. For instance, while vast research has been conducted regarding reducing catheter-associated urinary tract infection (CAUTIs), synthesizing the required implementation so that necessary changes may be implemented constitute a challenging exercise and thus clinical practitioners find it difficult to implement changes in this area. According to Peters & Regis University (2016), reduction of CAUTIs poses huge health challenge to many clinical facilities. Research and education need to be flamed in the way that the information obtained through data can be broken down into simpler and applicable forms. The information containing practices may then be synthesized through use of teams of experts in the particular field in a clinic or health facility (Dang et al., 2018). The broken down or synthesized information can then be availed to practicing teams in a way that it is easily interpreted and applied in a certain change.

There is also the barrier brought about by the challenges of inconsistencies in the prevailing clinical policies thus hindering the application of the available evidence-based policies. The available clinical policies are unable to balance the limitations and strengths of the fundamentally relevant evidence-based practices derived from research with the concrete realities of the clinical and healthcare settings (Alexander et al., 2014). Besides, although inconsistencies are known there is insufficient expertise, resources, will, as well as the effort needed to ensure harmonization of conflicting guidelines that may lead to narrowing the gap between clinical policy and continuously upcoming evidence-based practices. For instance, while there may be valuable evidence-based practices regarding newly developed practices in reducing CAUTIs in the clinic, the policies developed by the internal and external stakeholders do not favor implementation of such policies. Research and education should be flamed in a way that it takes into consideration diverse clinical policies developed by the internal and external stakeholders. The attempt to reduce the conflicting guidelines can be enhanced by the inclusion of diverse stakeholder policies in research and education (Straus et al., 2013). Similarly, research personnel should ensure that the developed evidence-based practices suggest the applicable mechanism in line with diverse clinical policies.

**Conclusion**

Healthcare planners and clinicians that are interested in improving the efficiency and quality of healthcare services have vast information regarding research in evidence-based practices but lack is limited by barriers to the efficacious application of available evidence-based practices to health care clinics. Some of the barriers include difficulties in synthesizing the available evidence-based practice, which research and education can solve by through coming up with teams that can break down the information obtained through data into simpler and applicable forms before being released for use by health personnel. Another barrier includes the challenge of inconsistencies in the prevailing clinical policies thus hindering the application of the available evidence-based policies. This challenge can be solved through the inclusion of diverse clinical and stakeholder policies in research and education as well as suggesting the strategies that can lead to the applicability of the developed evidence-based practice in various clinical policies.

**References**

Alexander, S., Frith, K., & Hoy, H. (2014). *Applied Clinical Informatics for Nurses*. Sudbury: Jones & Bartlett Learning, LLC.

Dang, D., Dearholt, S., Sigma Theta Tau International. & Johns Hopkins University. (2018). *Johns Hopkins nursing evidence-based practice: Model and guidelines*. Indianapolis, IN: Sigma Theta Tau International

Joel, L. A. (2018). *Advanced practice nursing: Essentials for role development*. Philadelphia, PA: F.A. Davis Company.

Peters, J., & Regis University (Denver, Colo.). (2016). *Can empowered nurses decrease catheter associated urinary tract infection (CAUTI) rates?* Denver, Colo, Publications at Regis University.

Straus, S. E., Tetroe, J., & Graham, I. D. (2013). *Knowledge translation in health care: Moving from evidence to practice*. Chichester, West Sussex: John Wiley & Sons.