

Evidence-based nursing practice in Botswana: issues, challenges, and globalization*

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This paper presents developments in evidence-based nursing practice in Botswana, Africa. Issues pertaining to evidence-based practice in community health such as the role of research, the digital divide between African countries and developing countries, and evidenced-based nursing curricula are discussed. The role of globalization in capacity building in evidence-based practice is emphasized. Recommendations for addressing challenges faced by some African countries, including Botswana in implementing evidence-based nursing practice are made.

Key words: Botswana; challenges; community health nursing practice; evidence-based practice; globalization; nursing education

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Introduction

Evidence-based practice (EBP) currently underpins health practice in all areas including nursing. It is part of the globalization trends emerging on the health care system. For nursing it is even more important that our practice is evidence-based as we have a long history of trying to demonstrate that nursing is indeed a profession. At least in Botswana, to this day, we are still asked if nursing is a profession. Consequently emphasis on EBP poses a challenge in community health nursing where EBP seems to be lagging behind compared to other nursing specialties.

It is difficult to speak for the whole continent because Africa is huge and diverse, our circumstances are not the same and we approach things differently. I want to address developments with respect to evidence-based nursing within the context of Botswana, although I believe that some of the developments will be very similar to most countries south of the Sahara perhaps with the exception of

South Africa which is more developed than Botswana in most respects.

According to World Health Organization (2002) nurses and midwives are the backbone of health care systems in most countries around the world. Indeed in Africa, the attainment of the Health for All goal is to a large extent dependent on nurses. Therefore, they are ideally positioned to assume a leadership role in providing evidence for interventions that can facilitate meeting national health goals.

The aims of this article are as follows: first to define evidence-based care and second, to understand the issues related to EBP in Africa, and suggest ways that nurses can promote EBP. This article will conclude with a discussion of examples of EBP already in place including Community Home Based Care (CHBC) recognizing the importance of primary health care as a framework of the health care delivery system.

Evidence-based practice

EBP is defined as those interventions in health care that are based on the best available evidence (Shorten and Wallace, 1997). EBP is both a process, that requires the evolution of evidence, and a product, which requires that the evidence that is acquired is then applied to practice (Rutledge, 2002). There are many definitions of evidence in the literature,

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but the common thread among many disciplines, is the application of the best available evidence to improve practice (Youngblut and Brooten, 2001). In our situation and for the purposes of this discussion, evidence-based community nursing practice is seen as practice based on past successful practices in community health nursing. It is practices that have worked well in one setting that are later applied in similar situations with similar characteristics. These are commonly referred to as best practices. However, the application of best practices from other cultural contexts requires the evaluation of cultural appropriateness to the setting where the evidence is then applied.

Issues pertaining to EBP in community health nursing

Evidence-based health practice requires multiple approaches to knowledge development. Therefore, nursing must recognize the use of triangulating research methods through using quantitative and qualitative methods. While quantitative methods are important for generating data based on large numbers that are often required by the policy makers to influence health policies, it is also important to use qualitative methods to explicate phenomena which, although not quantifiable, are very important for influencing practice. Research evidence, especially quantitative research evidence, tends to be more valued than other sources of knowledge in health delivery services in Botswana. Diverse ways of generating evidence also include the many ways of knowing in the form of data derived from various sources that have been subjected to testing and found to be credible (Higgs and Jones, 2000). For those countries which are in need of research capability, other ways of knowing must be recognized. Therefore, methodological pluralism and utilization of multi-pluralism in knowledge development are imperative.

EBP requires a critical mass of nurses who are knowledgeable in conducting research and implementing its findings (Hicks and Hennessy, 1997). To this end, multidisciplinary research requires that there should be networking, capacity building, and an establishment of links with other researchers. Caution should be taken to ensure that the partnership in collaborative research is equal and that the relevant authorities own the data.

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There is still a gap between research and practice yet there is a lot of emphasis on a research-based health care culture. This is very true for Africa as we lag behind in research because of fewer nurses who are sufficiently prepared at higher level to enable them to conduct scientific research. For those African nurse scientists who have the capacity to conduct research, often funding can be a handicap to conducting research. Therefore, lack of an academic and hence, research, tradition or culture has been cited as responsible for the dearth of research in nursing (Hicks and Hennessy, 1997). Yet, community health research is more influential if it is timely, well funded and carried out by a collaborative team that includes academics (Davis *et al.*, 1996). Unfortunately, only a small number of nurses seem to engage in community-based research.

Implementation of EBP in community health nursing

EBP in community health nursing challenges nurses to integrate research outcomes in their clinical practice. In community health best practice recommendations are translated from evidence that has broad applications to communities and populations (Krothe and Belcher, 2004). In Botswana best practices in CHBC have been identified through research, and documented so that they can be used as guidelines for CHBC practice throughout the country. This has been done in line with Vision 2016 national objectives, which Botswana hopes to achieve by the year 2016. Vision 2016 broad objectives pertinent to health include achieving a compassionate, just and caring nation, and a prosperous, productive and innovative nation (Presidential Task Group, 1997).

Some successful health practices have been tested. Currently a few southern African countries are engaged in collaborative research with western countries. The statistical combination of the results of a study conducted in several countries increases the sample size and power so that the results can be used to influence practice and policy. For example, there is a regional study that has been recently completed in Lesotho, Swaziland, South Africa, and Botswana in collaboration with the University of California, San Francisco on symptom management of HIV/AIDS (Phaladze *et al.*, 2005; Sukati *et al.*, 2005). Following this study, a manual for caregivers

of HIV/AIDS was developed and this manual is being tested in several countries for relevance and acceptability. This way the evidence is contextualized and the local researchers facilitate the change process associated with the research findings.

Centres for Evidence-Based Nursing can collaborate with more African countries for capacity building. The Joanna Briggs Institute (JBI) recently sponsored training of three Master's degree prepared nurses from countries in Africa through the JBI Centre at the University of Kwazulu Natal. This is the only JBI centre in Africa. Ten African countries were invited to attend. However, due to constraints on resources, only four countries attended. These were Swaziland, Nigeria, and Botswana along with South Africa. All the teams that received the Comprehensive Systematic Review were based in Schools of Nursing. The training was done by JBI staff from Australia. Now there are Evidence Translation Groups that have recently joined (JBI) from the University of Swaziland, University of Botswana, and University of Ibadan. Unfortunately, none of the teams from the African countries were from service or hospitals. In order to bridge the gap between theory and practice, both nursing education and nursing practice should be on a par with respect to developments such as the establishment of JBI as the JBI contributes to the quality and outcomes of health care through encouraging EBP. The University of Botswana group considered the priority health problems in the country and in line with the health related millennium development goals chose a topic related to HIV/AIDS. Following the recently introduced anti-retroviral drugs we decided to do a systematic review of experiences of patients who are on HAART (Highly active anti-retro viral therapy).

Bringing us on board has been a significant milestone in the development of EBP in Africa. It affords us an opportunity to engage in evidence translation of phenomena that are pertinent to us. This is an example of a positive aspect of globalization. Globalization may be seen as an emancipatory force, with the potential to bridge the chasm between rich and poor countries, or in stark contrast, the very essence of the divide. Nurses have the political power to influence the forces of globalization (Davidson *et al.*, 2003). Hence it is important that we contextualize the global evidence to the many factors such as politics, culture, and existing policies in a particular country.

However, other challenges faced by African countries are due to the digital divide between African countries and developed countries. The information explosion poses a significant challenge to the nursing profession (Grosling *et al.*, 2004), especially in resource poor countries where we lag behind in information technology. Access to the best evidence in clinical practice requires access to journals and computers in the clinical areas, computer literacy and the ability to search the Internet. Electronic information resources are unavailable at the point-of-care. Often in many primary health care settings south of the Sahara there is no electricity, let alone a computer. Often there are no current libraries where nurses can access the latest information on the best evidence. The tendency under such circumstances is to rely on past knowledge and outdated clinical guidelines. The use of on-line evidence is also subject to the context of nursing practice, resources, and politics.

Teaching EBP is also a challenge for educators due to the present paradigm shift from traditional nursing education to curricula focused on the integration of EBP. Further, in contrast to the medical literature, nursing literature is rather silent on the subject of how to best teach EBP (Fineout-Overholt and Johnston, 2005). Although our curriculum reflects that our students will implement evidence-based practice, this is not consistently done in the clinical area because of the constraints that have already been alluded to and the prevailing culture that fosters practice based on tradition. Continuing education on EBP is also required for both educators and clinicians in order to stay abreast of the EBP movement that currently characterizes the health care landscape.

This can be done through research and formal courses on evidence-based nursing. Nursing should go beyond teaching nursing students the research process and teach them how to utilize research findings to provide research-based care (DiCenso *et al.*, 1998). More clinical practice guidelines based on evidence should be developed to assist nurses in their practice, particularly in primary health care settings where nurses comprise the bulk of the health workers. Guidelines should be based on the best available research evidence (Thomas, 1999).

A community development model is recommended for the implementation of EBP in community health nursing (Krothe and Belcher, 2004). True community participation requires sharing of

power and decision making and this model promotes this concept. The WHOCC (World Health Organization Collaborating Center) at the University of Botswana nursing education department utilized an eclectic approach using a community development approach and action research to form a CHBC committee responsible for rendering care to chronically ill patients in the community. This was a response to the high incidence of HIV/AIDS in the country which has led to a shift from institutionalized care to CHBC.

Primary health care demands that health care must be acceptable to the community. Therefore, in this project, nurses ensured that practice, although based on evidence, was not only acceptable but culturally sensitive (Shaibu, 2006).

Worldwide access to evidence-based clinical decision making must co-exist with respect for individual decision making influenced by local culture and circumstances. This way there will be a balance between globalizing the evidence and localizing the decisions that will improve health care delivery all over the world.

The establishment of local Evidence Translation Groups is a milestone in the development of EBP in Africa. The different groups that are presently involved in evidence translation will also be in a position to influence their countries to adopt the recommended practices. Evidence is an important part, but what is more important is the translation of that evidence into improved health care at the local level, as there is increasingly a demand for local autonomy. Put in the primary health care framework, this means that the evidence must be aligned with the philosophy of the health care delivery system, and other factors such as political accessibility, acceptability to the local communities, and access to information.

In Botswana evidence-based nursing has not been funded specifically, but nurses are working in collaboration with colleagues through the JBI initiative. Nursing involvement in EBP in Botswana has been through various means such as participation in conferences, and WHOCCs, and research collaboration.

Conclusion

EBP has the potential to influence nursing practice in the setting and use of clinical standards, use

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of protocols and care pathways, and clinical decision making. Therefore, there must be an aggressive agenda to bridge the digital divide between developing and developed countries. Although there are 429 million people online globally, only a small fraction of that number is in Africa. Collaborative research developed under international leadership will build evidence and create knowledge that spans a range of global issues from many countries and international organizations (Lang, 2003; Swan *et al.*, 2003).

Nurses are expected to stay abreast of current knowledge and developments in nursing and utilize research findings in their practice. Individual nurses in many settings in Africa cannot be expected to find and apply the latest evidence through reviewing the research literature. Continuing education through workshops and the training of the trainer approach have to continue to be used to assist nurses in practice to implement evidence-based care.

Recommendations for the future

- Bridge the digital divide between the developed and developing countries. The introduction of IDL libraries and ICN's mobile clinics that are in place can reach out to rural communities without nursing libraries.
- Develop continuing education on the use of the evidence base in decision making.
- Review clinical guidelines and protocols in light of the latest research evidence.
- Review the nursing curricula at all levels to include core competencies that reflect utilization of EBP and informatics.
- Conduct of collaborative research developed under international leadership.
- Documentation of evidence from the opinion of expert informants and dissemination of reports of expert committees.
- Include an evidence base for decision making in the accreditation, regulation, and standards development process.
- Create role models and reward systems for nurses and midwives (individual) and nursing and midwifery (institutional) that are successful in using an evidence base for decision making.
- Communicate evidence acquired to create public support and awareness (Swan *et al.*, 2003).

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