

Vloga vodilnih medicinskih sester pri razvoju zdravstvene nege

Znanstveni članek

UDK 616-083+001.89

KLJUČNE BESEDE: zdravstvena nega, raziskovanje, implementacija znanja, vodenje, EBP

POVZETEK - Število znanstvenih objav s področja zdravstvene nege, kot tudi njihova kakovost strmo narašča, vendar je njihova implementacija v stroko veliko počasnejši proces. Pregledali in analizirani smo znanstvene članke v bazi podatkov EBSCO-Host, Wiley, PubMed in BioMed Central, ki so bili objavljeni po letu 2009. Uporabili smo naslednje ključne besede: zdravstvena nega, raziskovanje, implementacija (prenos) znanja, vodenje. V številnih kvalitativnih in kvantitativnih raziskavah identificirajo dejavnike, ki vplivajo na uspešnost implementacije. Izstopajo članki, ki iščejo povezavo med stopnjo pooblastil vodilnih medicinskih sester in uspehom prenosa znanja v prakso zdravstvene nege; med obremenjenostjo medicinskih sester in vplivom raziskovanja, izobraževanja in prenosa znanja v klinično prakso. Pojavljajo pa se tudi članki, ki iščejo model organiziranega prenosa znanstvenih dognanj v prakso in s tem načrtovanega razvoja zdravstvene nege. Z razvojem izobraževanja in raziskovanja na področju zdravstvene nege, se večja tudi število znanstvenih člankov in s tem tudi znanja, pomembno pa je, da se preverjeno novo znanje organizirano in kontrolirano implementira v stroko.

Scientific article

UDC 616-083+001.89

KEY WORDS: nursing, research, implementation of knowledge, leadership, Evidence-Based Practice (EBP) **ABSTRACT** - The number of scientific publications and their quality in the field of nursing is constantly increasing, but their implementation in nursing practice and education is a much slower process. In the paper we would like to answer the question which factors influence the process of implementation of new knowledge. We reviewed and analysed scientific papers in the database of EBSCOhost, Wiley, PubMed, and BioMed Central, which were published after 2009. We used the following key words: nursing, research, implementation (translation, knowledge transfer), leadership in nursing. In many qualitative and quantitative researches, the researchers identify the factors that influence the success of the implementation. Some articles study the link between the empowerment of leading nurses and success of the knowledge implementation; between the workload of nurses and influence of the research, education and clinical practice on the knowledge transfer. Other articles look into the model of organised transfer of scientific findings and the planned development of nursing into practice. Due to the development of education and research in nursing, the number of scientific papers with new findings is increasing. However, it is important that the new knowledge is verified and implemented into the expertise in controlled and organised manner.

1 Uvod

Znanje o zdravstveni negi se je skozi človeško zgodovino kopičilo. Kot pri drugih zdravstvenih poklicih je prehajalo od tradicionalnega, predvsem na intuiciji temelječega znanja do znanstveno utemeljene prakse (Evidence-based practice, EBP). Osno-vo predstavlja strukturirano znanje kot rezultat znanstvenega raziskovanja. Razvoj spodbuja tudi Mednarodni svet medicinskih sester, ki je na VI. svetovnem kongresu medicinskih sester v Madridu že leta 1993 sprejel Resolucijo o raziskovalnem delu na področju zdravstvene nege, dve leti pozneje (1995) je tudi European Health Committee v Strasbourgu sprejel Poročila in priporočila o raziskovanju v zdravstveni negi,

s čimer je mednarodno vodstvo zdravstvene nege vplivalo na razvoj izobraževanja in raziskovanja. Na razvoj raziskovanja v zdravstveni negi je imel posreden vpliv tudi razvoj sorodnih zdravstvenih ved; na celotnem področju zdravstva se je okrepila miselnost, da morajo tako smernice razvoja kot praksa temeljiti na znanstvenih dognanjih, kar vodi v večjo profesionalizacijo in v zdravstveni negi v nadgradnjo spretnosti in tradicionalnega znanja (Allen in Lyne, 2006). Implementacijo zavira dejstvo, da pri večini zaposlenih strokovnih delavcev, tudi ključnih, implementacija novih tehnologij in procesov ni vključena v okvir njihovega rednega dela. Pojav je razširjen v vseh sistemih zdravstvenega varstva in na vseh nivojih (Woolf 2008). Zaradi tega je implementacija večinoma prepuščena posameznikom ali interesnim skupinam znotraj zdravstvenega sistema.

Tudi razvoj izobraževanja na univerzitetni ravni, ki se je razmahnil predvsem v ZDA in nekaterih evropskih državah v drugi polovici 20. stoletja, je vplival na razvoj raziskovanja v zdravstveni negi. Posebno velik prispevek je imel razvoj magistrskih in doktorskih študijskih programov zdravstvene nege, v okviru katerih so študenti pridobili tudi poglobljeno znanje o raziskovalnih metodologijah. Število revij, ki objavljajo znanstveno-raziskovalna dela na področju zdravstvene nege, strmo narašča, s čimer narašča tudi število in kakovost objavljenih znanstvenih del in njihovih znanstvenih dognanj.

Kljub strmemu naraščanju števila in kakovosti objavljenih znanstvenih člankov s področja zdravstvene nege je njihova implementacija v stroko veliko počasnejši proces, zaradi česar je The European Research Area (ERA) do leta 2020, ki ga je Svet EU sprejel leta 2008, načrtoval tudi raziskovanje o implementaciji raziskovalnih dosežkov, pri čemer nosi največjo težo izobraževanje. In kako definiramo implementacijo, imenovano včasih tudi translacijo znanja, v zdravstveni negi. Največkrat je uporabljena definicija Canadian Institutes of Health Research, CIHR, (2010), ki definira translacijo (implementacijo) znanja kot dinamičen, ponavljajoč proces, ki zajema sintezo, posredovanje, izmenjavo ter etično pravilno uporabo znanja v kompleksnem sistemu interakcije med raziskovalci in uporabniki znanja v praksi.

Namen raziskovanja je pregled znanstvenih raziskav, ki so raziskovale načine implementacije znanja v prakso zdravstvene nege s posebnim poudarkom na vlogi, ki jo imajo pri tem medicinske sestre, predvsem tiste na vodilnih delovnih mestih.

Postavili smo si naslednje raziskovalno vprašanje: Kateri dejavniki vplivajo na implementacijo znanstvenih dognanj in s tem na razvoj znanstveno utemeljene prakse (Evidence-based practice, EBP) zdravstvene nege?

2 Metodologija

Pregledali in analizirali smo znanstvene članke v bazi podatkov EBSCOHost, Wiley, PubMed in BioMed Central, ki so bili objavljeni po letu 2009. Uporabili smo naslednje ključne besede: zdravstvena nega, raziskovanje, implementacija (translacija, prenos znanja), vodenje v zdravstveni negi. Pregledali smo le članke, ki so bili objavljeni v angleškem jeziku. Dobili smo 32 znanstvenih člankov, od katerih smo jih

po temeljiti presoji zaradi različnih razlogov izključili 19. Ostale (13, od katerih sta bila dva pregledna znanstvena in dva teoretična članka, smo jih analizirali. V pregled smo vključili tudi nekoliko starejši članek Melnik in Fineout-Overholt iz leta 2005, ki govori o postopkih implementacije znanstvenih dognanj in ga številni poznejši avtorji pogosto navajajo.

3 Pregled literature

Implementacija novega znanja je zanimiva za številne raziskovalce. Da je implementacija znanstvenih dognanj v prakso prepočasen proces opozarja Elisabeth Severinsson v uvodniku *Journal of Nursing Management* (2012), ki pravi, da razvoj na EBP vodi do zmanjševanja vrzeli med raziskovanjem in prakso. Pravi, da številne bolnišnice na Norveškem namenjajo znatna finančna sredstva za raziskovanje v zdravstveni negi ter za implementacijo nacionalne zdravstvene strategije, katere izhodišče je razvoj EBP v zdravstveni negi.

Implementacija znanja poteka v interakciji med raziskovalci in uporabniki znanja. Intenzivnost, kompleksnost in stopnja angažiranosti so odvisne od narave raziskave in raziskovalnih rezultatov, kakor tudi od specifičnih potreb uporabnikov v praksi. To je dinamičen proces, v katerega sta vključena tako raziskovalec kot uporabnik znanja v praksi. (Torunn Bjørk, 2013). In kakšen je način implementacije znanja v zdravstveni negi. Melnik in Fineout-Overholt (2005) menita, da sestoji iz petih med seboj povezanih stopenj: (1) formuliranje ustreznega vprašanja; (2) pridobitev najbolj relevantnih informacij s sistematičnim pregledom strokovne in znanstvene literature ter ustreznih priročnikov; (3) kritične ocene njihove kakovosti, veljavnosti, ustreznosti in prenosljivosti v prakso; (4) ocena možnosti integracije raziskovalnih dognanj s konkretnimi kliničnimi izkušnjami in (5) ocenitev rezultatov novega postopka. Tudi Tomas in sodelavci (2011) združujejo proces implementacije in razvoj EBP v zdravstveni negi v štiri stopnje: (1) postavitve jasnega vprašanja na osnovi zdravstvenega problema, (2) iskanje primernih znanstvenih raziskav v literaturi, (3) kritična ocena dobljenih znanstvenih raziskav in njihovih dognanj ter nazadnje (4) uporaba pozitivno ocenjenih znanstvenih dognanj kot odgovor na zastavljeno vprašanje.

Munten in sodelavci (2010) v preglednem članku združujejo ugotovitve analiziranih člankov o tem, kateri dejavniki zavirajo implementacijo znanstvenih dognanj v zdravstveni negi. Dejavnike so združili v 4 skupine: (1) dejavniki, značilni za medicinske sestre, to so premajhna ozaveščenost, ne dovolj definirane vrednote in premalo znanja o načinih implementacije znanja v prakso; (2) dejavniki, povezani z delovnim okoljem in njegovimi omejitvami; (3) dejavniki, ki se vežejo na kakovost znanstvenih dognanj in (4) dejavniki, vezani na diseminacijo znanstvenih. Munten tudi ugotavlja, da je veliko lažje implementirati raziskave, pri katerih so raziskovalci tesno povezani z zaposlenimi v zdravstveni negi.

Sandström in sodelavci (2011) v preglednem znanstvenem članku, v katerem so analizirali 7 znanstvenih člankov, ki obravnavajo implementacijo znanstvenih dognanj

v prakso zdravstvene nege, ugotavljajo, da avtorji le teh menijo, da je za implementacijo znanstvenih dognanj najbolj pomembno delo medicinskih sester na vodilnih delovnih mestih, čemer sledi organiziranost in kultura kakovosti organizacije. Vendar Sandström in sodelavci ugotavljajo, da je v analiziranih raziskavah premalo dokazov in da so naštetih dejavniki najpomembnejši za implementacijo znanja. Podobno se tudi Davies in sodelavci (2011) v raziskavi, objavljeni v *Journal of Nursing Management* sprašujejo, kateri dejavniki vplivajo na neposredni osebni prenos znanja med vodstvenimi medicinskimi sestrami na medicinske sestre v timu. V raziskavi, v kateri je sodelovalo 234 medicinskih sester, zaposlenih v bolnišnicah v Ontariu (Kanada), so prišli do zanimivega rezultata; na neposreden prenos znanja v timu vplivajo predvsem trije dejavniki: izkušnje vodilne medicinske sestre, njena vloga in njena strukturna opolnomočenost (pooblastila). Zadnji dejavnik se je izkazal statistično značilen neodvisen napovednik uspešnosti neposrednega prenosa v timu. Kitson (2009) ugotavlja, da se uspešnost implementacij znanstvenih dognanj povečuje vzporedno s povečevanjem avtonomnosti posameznikov, tima ali enote in obenem z njihovo sposobnostjo in pripravljenostjo za učinkovito sodelovanje. Kitson ugotavlja tudi, da je implementacija znanstvenih dognanj učinkovitejša v sistemih, kjer so ključne interesne skupine dobro izobražene in vodstvo spodbuja njihov osebni razvoj. Ključnega pomena je tudi sistematično spremljanje prednosti implementacij znanstvenih dognanj za razvoj sistema in povečevanje avtonomije posameznika, tima ali oddelka, ki z implementacijo prispeva k razvoju sistema (v smislu nagrajevanja).

Bohman in sodelavci (2012) v svoji kvalitativni raziskavi, v katero je bilo vključenih 16 medicinskih sester različne končne izobrazbe (z ali brez diplome, magistri) ugotavljajo, da so medicinske sestre na Švedskem naklonjene raziskovanju v zdravstveni negi in njegovi implementaciji, vendar je stopnja naklonjenosti najbolj odvisna od dosežene formalne izobrazbe.

Harrison in sodelavci (2012) so več kot 15 let raziskovali, kako implementirati znanstvena dognanja v bolnišnicah in v skupnostih. Ugotovili so, da je implementacija najuspešnejša tedaj, ko se angažirajo raziskovalci, ki pri implementaciji upoštevajo lokalne dejavnike. Za implementacijo znanstvenih dognanj v prakso je potrebno partnersko delovanje vseh zainteresiranih v interdisciplinarnem timu: raziskovalcev, uporabnikov znanstvenih dognanj v praksi in vodstvenih delavcev. Raziskovalec in končni uporabnik znanja morata glede na problem definirati raziskovalno vprašanje, raziskovalno metodologijo in orodja, izvesti raziskavo, zbrati podatke, interpretirati rezultate in deseminirati rezultate raziskovanja. Avtorji opisujejo tudi, kako v Queen's University Roadmap for Knowledge Implementation pospešujejo implementacijo znanstvenih dognanj v prakso. Sam proces je razdeljen na 3 dele: (1) identifikacija problema v praksi, (2) iskanje rešitve, (3) implementacija, evalvacija, ocena in uvedba sprememb. Za implementacijo znanstvenih dognanj in s tem za razvoj EBP v zdravstveni negi je zelo pomembno sodelovanje raziskovalcev in končnih uporabnikov.

Poleg systemskega prenosa znanstvenih spoznanj v prakso je pomemben tudi individualni pristop k iskanju in uporabi ustreznih znanstvenih spoznanj v praksi. Tako Knowles in sodelavci (2015) v *BMC Nursing* objavljenem raziskovalnem članku me-

nijo, da uvedba protokola (npr. v raziskovanem primeru - o vodenju črevesne funkcije pri kritično bolnih pacientih), v katerem so upoštevana znanstvena dognanja, izkušnje medicinskih sester in zdravnikov, vodi k boljši praksi. Weng (2013) je preučeval, kako pogosto zdravstveni delavci poiščejo rešitev za konkretni problem v praksi tako, da poiščejo znanstvene raziskave, ki se ukvarjajo z adekvatnimi vprašanji. V vzorcu, ki je vključeval 6160 zdravstvenih delavcev tajvanskih bolnišnic, so bili zdravniki, medicinske sestre, farmacevti, fizioterapevti in tehnični sodelavci. Ugotovil je, da najpogosteje uporabljajo metodo implementacije novih znanstvenih dognanj pri odločanju zdravniki, medtem ko jo medicinske sestre uporabljajo statistično pomembno manjkrat kot zdravniki, fizioterapevti in farmacevti. Ugotovil je, da na pogostost uporabe statistično pomembno vpliva samozavest, znanje, spretnosti in navajenost iskanja in ocenjevanja znanstvenih dognanj. V znanstveni literaturi se v zadnjih letih pojavljajo članki, ki uvajajo implementacijo novega znanja v zdravstvo po modelih, ki so uveljavljeni v drugih strokah. To so za zdaj še teoretična razmišljanja, ki pa kažejo možnost razvoja v nakazano smer. Torunn Bjørk in sodelavci (2012) so v teoretičnem članku, objavljenem v *Journal of Advanced Nursing* postavili model, s katerem bi premostili vrzel med raziskovanjem in prakso v zdravstveni negi. V model povezujejo tri ključne dejavnike razvoja: raziskovanje, izobraževanje in prakso v zdravstveni negi. Poudarjajo, da morajo pri implementaciji znanja zamenjati pasivne metode z aktivnimi, ki jih bodo spremljali v timskem delu raziskovalci, učitelji v procesu izobraževanja in medicinske sestre v praksi. Te naj bi po predlaganem modelu spremljale tudi rezultate prenosa novega znanja v prakso.

Povsem drugačen vidik implementacije novega znanja na področju zdravstvenega varstva predlaga Whitney Berta in sodelavci (2015) v teoretičnem članku »Why (we think) facilitation works: insights from organizational learning theory«, objavljenem v *Implementation Science*. Avtorji menijo, da so objavljeni številni članki o implementaciji novega znanja na področju zdravstva, vendar je malo poročil o pozitivnih rezultatih, zato predlagajo model, ki so ga avtorji zasnovali po modelu, uveljavljenem v teoriji organizacije učenja. Predlagani model implementacije znanja je natančno organiziran proces, v katerega so vključeni zunanji in notranji sodelavci, ki po določenem načrtu pospešijo razvoj EBP zdravstvenega varstva. Po izdelanem modelu implementacija novega znanja postaja organizirana in vključena, kot vse ostale dejavnosti, v delovni čas zaposlenih.

Implementacija novega znanja in razvoj EBP zdravstvene nege se zdi pomembna tudi Rubenu van Zelm, ki v uvodniku *International Journal of Evidence-Based Healthcare* (2013) ugotavlja, da se veliko govori o vitkem zdravstvenem sistemu, predvsem v smislu zniževanja stroškov. Pri tem pa se sprašuje, ali ni to priložnost za izboljšanje kakovosti in zanesljivosti delovanja ter posledično skrajšanja časa zdravljenja, kar ima željeni rezultat - znižanje stroškov. Navedeno je možno doseči le s kontinuirano implementacijo znanstvenih dognanj v prakso in z vsakodnevnim preverjanjem uspešnosti delovnega procesa, pri čemer so ključni zaposleni strokovnjaki, ki so pobudniki razvoja (Zelm, 2013).

4 Zaključek

Po pregledu znanstvenih člankov, ki obravnavajo implementacijo znanstvenih dognanj v prakso, in sicer razvoj EBP v zdravstveni negi, lahko ugotovimo, da prevladujejo dela, ki govorijo o implementaciji v navezi z raziskovanjem, izobraževanjem in neposredno prakso. Implementacija je lažja, če imajo vodilne medicinske sestre kompetence, ki vključujejo tudi razvoj stroke. V znanstveni literaturi zasledimo članke, ki raziskujejo implementacijo znanstvenih dognanj na zelo specifičnih področjih ali pa individualni pristop k reševanju posameznih specifičnih primerov s pomočjo novega znanja. V zadnjih letih pa se pojavljajo tudi teoretski članki, ki razvijajo modele systemskega razvoja zdravstvene nege, ki se zgledujejo po modelih, uveljavljenih na nekaterih drugih področjih. Menimo, da so ti teoretični članki uvod v razmišljanje o sistematičnem razvoju EBP v zdravstveni negi.

Nadja Plazar, PhD

The Role of Leading Nurses on the Development of Nursing Practice

The knowledge of nursing has accumulated throughout the human history, passing from traditional (intuition-based paradigms) to evidence-based practice (EBP), the basis of which is structural knowledge as a result of the scientific research. Development is also encouraged by the International Council of Nurses, which adopted the Resolution on Research in Nursing at the 6th World Congress of nurses (Madrid 1993). In 1995, the European Health Committee in Strasbourg adopted the reports and recommendations on research in nursing, influencing the development of education and training. The development of research in nursing has a direct impact on development of health sciences; a belief was strengthened that research and practice should be based on scientific knowledge, leading to greater professionalisation in nursing, upgrade of skills and traditional knowledge (Allen and Lyne, 2006). Implementation is inhibited by the fact that majority of professional staff do not have implementation of new technologies and processes planned within their regular work. This phenomenon is widespread in all healthcare systems and at all levels (Woolf, 2008). Implementation is therefore left to individuals and interest groups within the healthcare system.

Development of education at university level that influenced the development of research in nursing, flourished mainly in the USA and some European countries in the second half of the 20th century. The highest contribution was achieved by Master's and PhD programmes in nursing that provided students with in-depth knowledge on research methods. The number of journals, publishing research work in nursing is increasing fast.

Despite the sharp increase of number and quality of published papers in health sciences, its implementation in practice is much slower. The European Research

Area (ERA) – European council - therefore adopted a plan in 2008, valid until 2020, planning the research on implementation of research achievements with the focus on education. This translation (or implementation of knowledge into nursing practice) is defined by the Canadian Institute of Health Research, CIHR, (2010) as a dynamic, repeated process that includes the synthesis, translation, exchange and ethically correct application of knowledge within a complex system of interactions between researchers and knowledge users.

We analysed scientific papers in the databases EBSCOHost, Wiley, PubMed and BioMed Central, published after 2009, and written in English. The following key words were used: nursing, research, implementation (translation, knowledge transfer), leadership in nursing. 32 articles were found and 19 were excluded due to different reasons, thus we analysed 13 articles.. We also included an older article from 2005 (Melnik and Fineout-Overholt) speaking about the process of implementation of research findings, often cited by different authors.

Implementation of new knowledge is interesting for many researchers. Elisabeth Severinsen states (in the Introduction of the Journal of Nursing Management, 2012) that the implementation of scientific findings into practice is too slow, also suggesting that the development of EBP leads to decreasing the gap between research and practice and notes that many hospitals in Norway dedicated significant funding for research in nursing and implementation of the national health strategy.

Implementation of knowledge occurs in the interaction between researchers and users of knowledge. Intensity, complexity and the level of engagement depend on the nature of research and research results, as well as on specific needs of users in practice. This is a dynamic process that includes the researcher as the user of knowledge in practice (Torunn Bjørk 2013). Melnik and Fineout-Overholt (2005) believe that the implementation of knowledge into nursing is composed of 5 interrelated levels: formulating a suitable question; obtaining relevant information with a systematic survey of professional and scientific literature; critical evaluation of their quality, validity, suitability and possibility of transfer into practice; evaluation of possibilities of integration of research findings; evaluation of results of the new procedure. Tomas et al. (2011) combine the implementation process and the development of EBP in nursing in four stages: (1) setting a clear question on the basis of health problem, (2) searching for suitable scientific research in literature, (3) critical evaluation of obtained scientific research and their findings and (4) usage of positively evaluated scientific findings as an answer to set question.

Munten et al. (2010) in their review article combine findings of analysed articles about what factors hinder the implementation of scientific findings in nursing. Factors were combined in 4 groups: (1) factors, typical for nurses, (2) factors connected to the working environment, (3) factors which are tied to the quality of research findings, and (4) factors, dependent on the communication upon publication of research results.

Sandström et al. (2011) note that the most important for implementation of research findings into practice is the work of nurses in leading positions, followed by organisation and quality. Davies et al. (2011) ask about the factors that influence

direct personal transfer of knowledge from leading nurses to the nursing team in research, published in the Journal of Nursing Management. They brought the following results: three factors influence the direct transfer of knowledge from leading nurses to other nurses in the team: experience, roles in the team and their authorisation. Kitson (2009) believes that the success of implementation of scientific findings increases is parallel with the increasing autonomy of the individual, team or the unit, and also notes that the implementation is more effective in systems where the key stakeholders are well educated and the management encourages their personal development.

Bohman et al. (2012) made a quantitative research that included 16 nurses with different levels of education (with or without degrees) and believe that nurses in Sweden are in favour of research in nursing and implementation of knowledge, but the degree of affection depends on the level of their education.

Harrison et al. (2012) suggest that the implementation was most successful when researchers considered local factors. Authors also describe the 3-steps implementation process of findings into practice through: (1) identification of the problem in practice, (2) searching for solutions, (3) implementation, evaluation, recommendations and introduction of changes. However, the most important for development of EBP in nursing is a close working relationship of researchers and end users in practice.

Knowles et al. (2015) in their article, published in BMC Nursing, believe that the introduction of a protocol leads to a better practice and can be used as a method of implementation of scientific findings into practice. Weng (2013) analysed how often health workers looked for solutions in scientific research for a concrete problem. The sample included 6160 health workers of Taiwanese hospitals (doctors, nurses, pharmacists, physical therapist and technical staff). Findings show that the implementation of scientific findings into practice is most commonly used by doctors, while nurses use it statistically less than doctors, physical therapists and pharmacists.

Scientific literature of recent years shows articles that introduce models of implementation of new knowledge into health care according to models that have already been applied to other disciplines. Torunn Bjørk et al. (2012) set a model with which the gap between research and practice in healthcare services could be bridged (article in the Journal of Advanced Nursing). The model connects 3 crucial elements of development: research, education and practice in nursing.

Whitney Berta et al. (2015) suggest a completely different aspect of implementation of new knowledge in the area of health care in their theoretical article "Why (we think) facilitation works: insights from organizational learning theory", published in Implementation Science. Authors believe that several articles have been published on the methods of transfer of new knowledge into healthcare operations. The model, suggested by authors, is based on the model that has already been present in the theory of learning organisation. The suggested model of implementation of knowledge is clearly organised and considers external and internal staff that would accelerate implementation according to a clear plan and thus contribute to a faster development.

Implementation of new knowledge and development of EBP in nursing is also important to Ruben van Zelm (2013), who notes that there is much talk about cost decrease, while suggesting this to be a chance to improve healthcare services and nursing, increase the quality and operational reliability, and consequently decrease the time of treatment which would result in decrease of costs. This can be reached through continuous implementation of scientific findings into practice and daily monitoring of effectiveness of the work process with help of knowledge and experience of staff.

After analysing scientific articles that deal with implementation of scientific findings into practice, and the development of EPB in nursing, we see the prevalence of scientific work that talks about implementation of scientific findings into nursing practice in relation to research, education and direct practical work. Implementation is easier if the head nurses have competencies that include the development of the profession. We believe that the theoretical articles are only an introduction to thinking about a systematic development of EBP nursing and that verified scientific knowledge, built up by research from the past decade, will also find its place in it.

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