

available on patient care units, with the Internet and online journals easily accessible. Another important resource for the implementation of EBP is time. The nursing shortage and ongoing changes in many institutions have compounded the issue of nursing time allocation for patient care, education, and training. In some institutions, nurses are given paid time away from performing patient care to participate in activities that promote EBP. This requires an organizational environment that values EBP and its potential impact on patient care. As knowledge is generated regarding the significant impact of EBP on patient care outcomes, it is hoped that the organizational culture will change to support the staff nurse's participation in EBP. As the amount of available evidence increases, so does our need to critically evaluate the evidence.

Throughout this book, Evidence-Based Practice boxes summarize the existing evidence that promotes excellence in clinical care. The GRADE criteria are used to evaluate the quality of research articles used to develop practice guidelines (Guyatt, Oxman, Vist, et al, 2008). Table 1-4 defines how the nurse rates the quality of the evidence using the GRADE criteria and establishes a strong versus weak recommendation. Each Evidence-Based Practice box rates the quality of existing evidence and the strength of the recommendation for practice change.

**TABLE 1-4**

**The Grade Criteria to Evaluate the Quality of the Evidence**

Quality	Type of Evidence
High	Consistent evidence from well-performed RCTs or exceptionally strong evidence from unbiased observational studies
Moderate	Evidence from RCTs with important limitations (inconsistent results, flaws in methodology, indirect evidence, or imprecise results) or unusually strong evidence from unbiased observational studies
Low	Evidence for at least one critical outcome from observational studies, from RCTs with serious flaws, or from indirect evidence
Very Low	Evidence for at least one of the critical outcomes from unsystematic clinical observations or very indirect evidence
Quality	Recommendation
Strong	Desirable effects clearly outweigh undesirable effects, or vice versa
Weak	Desirable effects closely balanced with undesirable effects

*RCT*, Randomized clinical trial.

Adapted from Guyatt GH, Oxman AD, Vist GE, et al: GRADE: an emerging consensus on rating quality of evidence and strength of recommendations, *BMJ*