
Guest Editorial



Evidencing the Value of Nursing Practice

Like all of the activities associated with advancing human activity, we need to continually push the parameters of knowledge and work. Increasingly, there needs to be evidence of the value of work activity and of the difference that activity makes. In nursing, we have historically been focused on the functions and activities of processes and have built whole systems around enumerating and identifying the activities of nursing practice. While this is an important consideration, it has not necessarily led to clarity with regard to the value and impact of the role, especially from the perspective of those whom nurses serve.

In an increasingly digitally driven infrastructure, the elements of nursing practice and the value of that practice are increasingly subject to more detailed analysis. While not specific to nursing practice, this evidence-based approach to delineating the impact and value of nursing changes the focus and the locus of control for clinical practice. Increasingly, the requisite for value with regard to practice is on impact and results rather than function and activity. The historic focus of practicing nurses on their work, protocols, routines, and clinical processes no longer provides a legitimate framework for enumerating value. As a result, there are strong feelings of challenge and concern with regard to refocusing on value and impact, moving away

from seeing processes and actions in and of themselves.

Focus on outcomes means establishing a strong relationship between action and expectation. Furthermore, it requires a substantial focus on purpose and value, incorporating that emphasis into the requisites for clinical action and nursing activity. Establishing the connection between these variables and determining whether the aggregate demonstrates any relationship to value and outcome is the critical next work of the profession. In addition, the profession must integrate and connect its unilateral activities within the discipline to the multilateral activities of evidence-based practice across disciplines in a way that comprehensively identifies the impact of the full range of clinical service on patients.

In truth, nursing, as is true with all the clinical disciplines, is at the forefront of evidence-based approaches. Healthcare leaders are now struggling and experimenting with new frames and contextual parameters, which provide the organizational, resource, and leadership support necessary to shift both mental and practice models into an evidence-based construct. The authors and articles found in this issue demonstrate a wide variety of notions, issues, and approaches to initiating and expanding the discussion of evidence-based approaches to the role of leadership and to the content of nursing administration. Needless to say, the discussion contained herein is merely a small subset of the breadth of discussion and experimentation that must now comprise much of the role of 21st-century nursing leadership as we reconceptualize and redefine practice in the digital age. Through the use of electronic mediums, digital devices, and an ever-broadening array of clinical technology, medical and nursing practice is becoming increasingly complex and significantly different. These early-stage discussions in this issue of *Nursing Administration Quarterly* regarding various components of evidence-based practice from principles, models, and application processes provide the reader with a foundation of information and resources upon which to build

further exploration. We hope this issue will initiate this exploration for some, advance it for others, and continue to deepen and broaden their dialogue with regard to evidence-based leadership and the administrative infrastructures and

processes necessary to both support and advance it.

—**Tim Porter-O’Grady, EdD, APRN, FAAN**
Tim Porter-O’Grady Associates, Inc
Otto, NC