

Governing nursing conduct: the rise of evidence-based practice

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Drawing on the Foucauldian concept of 'governmentality' to analyse the evidence-based movement in nursing, we argue that it is possible to identify the governance of nursing practice and hence nurses across two distinct axes; that of the political (governance through political and economic means) and the personal (governance of the self through the cultivation of the practices required by nurses to put evidence into practice). The evaluation of nursing work through evidence-based reviews provides detailed information that may enable governments to target and instruct nurses regarding their work in the interest of preserving the health of the population as a whole. Political governance of the nursing population becomes possible through centralised discursive mechanisms, such as evidence-based reviews that present nursing practice as an intelligible field whose elements are connected in a more or less systematic manner. The identity of the evidence-based nurse requires the modern nurse to develop new skills and attitudes. Evidence-based nursing is an emerging technology of government that judges nursing research and knowledge and has the capacity to direct nursing practice at both the political and personal level.

Key words: evidence-based practice, Foucault, governmentality, nursing.

Since 1994 a plethora of Foucauldian governmentality studies have emerged in Australia across a range of topics, although very few have been concerned with or even touched upon nursing practice. Our purpose with this discussion is to present a beginning analysis that provides a space for critical reflection upon the implementation of the evidence-based practice principles into nursing using Foucault's concept of governmentality. We argue that certain processes involved in evidence-based nursing have the ability to govern the practice of nursing through broader political, economic and personal means. This represents a new capacity for the system of social control and regulation of nursing practice that is an unintended consequence of the evidence-based practice movement.

EVIDENCE-BASED NURSING

The need for evidence-based practice is now widely accepted in the nursing community in Australia. The evidence-based movement is seen as an important vehicle to drive nursing practice and outcomes and is defined as the 'conscientious, explicit and judicious use of theory-derived, research based information in making decisions about care delivery' (Ingersoll 2000, 152). Evidence-based nursing is drawn from the evidence-based medicine collaboration that is predicated on rules of evidence that value strictly controlled, data-based studies and research critique.

Evidence-based medicine emphasises the comprehensive evaluation of all relevant research according to a clinical question using a systematic review. Systematic reviews involve culling and ranking evidence according to its methodological origin. Practice guidelines are then created from the evidence

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that has been judged the best according to strict scientific criteria. The systematic review of all the relevant literature identifies publicly which interventions work, those which are not as effective and where more research should be conducted. In this way treatment bias is reduced and the treatment effect is not overestimated (Cochrane 1989). Of particular importance is the need to critically examine economic aspects of health-care by carefully evaluating the costs and benefits of various treatments (Cochrane 1989; Dickersin and Manheimer 1998). It is perhaps this latter aspect that has made the evidence-based practice movement so attractive to governments.

The use of systematic reviews to generate evidence-based practice guidelines is also a central feature of evidence-based nursing. Evidence-based nursing and midwifery in Australia is supported through a number of key organisations. The Joanna Briggs Collaboration has centres in New South Wales, South Australia, Western Australia, Queensland, Victoria and the Northern Territory. So far, numerous systematic reviews have been conducted according to clinical questions generated from nursing practice. From these Best Practice guidelines have been produced. In addition, the Australian Centre for Evidence Based Residential Care has been formed to review evidence for use in the residential aged care sector. A National Institute of Clinical Studies has also been established by the Commonwealth Department of Health and Aged Care to look broadly at closing the gaps between evidence and practice to improve health outcomes in the Australian community. It has recently convened a nursing reference group (National Institute of Clinical Studies 2001). These various organisations constitute the broad structures by which evidence-based practice is promoted within the nursing community.

GOVERNMENTALITY

In his initial exposition of governmentality Foucault (1991) rejected the notion of the state as a sovereign power, an organised, calculating entity that became increasingly powerful through intervention into social life. Sovereign forms of power (such as an all-powerful state or ruler), although not extinct, have largely been replaced by governmental power. From this perspective the state is viewed as a group of institutions, procedures, tactics, calculations, knowledges and technologies that enable political programs and policies (Foucault 1979, 20). In his later work, however, Foucault exhibits more acceptance of the state as a major form of power, which he describes as both individualising and totalising (Foucault 1983, 213).

The Foucauldian idea of government refers to all the programs, types of thought and action that seek to guide the conduct of others (Foucault 1991). Technologies of government may govern the individual, or fashion conduct in desired directions. Technologies may be broadly defined as 'any set of social practices that is aimed at manipulating the social or physical world according to identifiable routines' (O'Malley 1996, 205). Thus evidence-based nursing that aims to fashion nursing practice according to routinely and systematically evaluated research based guidelines may be considered in the Foucauldian sense a governmental technology. Techniques of government refer to discrete forms or elements of technologies. The systematic review may be conceptualised as a technique of government developed from the fields of medicine and statistics. It is a technique designed to evaluate nursing and healthcare knowledge according to strict scientific precepts.

Knowledge is an essential part of government as it makes sense of human conduct and creates expertise. This reaffirms the central relationship that Foucault identified between knowledge and power. The ability to govern relies upon forms of 'truth' categorisations and taxonomies, vocabularies and diagnoses concerning both individuals and groups. Hence evidence-based guidelines produced by the governmental technique of the systematic review are pre-eminent in any 'truth' taxonomy of health-care as it validates and promotes knowledge that has been reviewed according to the principles of positivist science.

Government of oneself or others depends on expertise. Further, those who purport such specialist knowledge and skills (in this case statisticians, the Cochrane collaboration, nurses), shape the problems to be governed, and link programs of government to the many dispersed sites where conduct is judged, assessed, evaluated, understood and acted upon. In the case of evidence-based nursing, it is nurses who develop the clinical questions for subsequent review and then implement them into practice across a wide variety of sites.

For Foucault the self is a historical and cultural phenomenon created through discourses that include practices (Foucault 1984, 351). Active fashioning of the self involves adopting practices of the self that do not originate from the individual but are suggested or imposed within a culture or social framework via codes for behaviour (Foucault 1984, 361). Practising evidence-based nursing requires individual nurses to adopt certain practices, such as the regular reading and implementation of guidelines, undertaking basic research training, self-reflection and monitoring.

This then constitutes a form of governance that involves a re-fashioning of their professional identity.

For the purpose of this beginning analysis, a simple framework developed by Dean (1999) will be used to consider both the political and personal governance that is inherent in the evidence-based practice movement and its uptake by nurses. Dean (1999, 23) identifies four broad dimensions to consider when conducting a governmentality analysis. The first three dimensions allow for the identification of political forms of governmentality. In terms of evidence-based nursing these are new forms of visibility of nursing work, new forms of nursing practice, and new codes for knowledge production. The fashioning of a particular form of nursing identity, involving work on the 'self', is the final component in Dean's typology to be considered.

NEW FORMS OF VISIBILITY OF NURSING

Nursing work is made visible by its definition, measurement and enumeration; similarly, these are key elements in the governing process, as they allow for evaluation, judgment and review. Foucault (1977) argued that numbers are an essential feature of modern knowledges of political economy, sociology, public health, medicine and we may add nursing. McDonald (2001) notes that on return from the Crimean War Florence Nightingale was part of a Royal Commission that recommended the creation of a statistical department to track rates of disease and mortality and to identify problems so that they could be dealt with promptly. Initially, embryonic technologies produced nursing knowledge by recording the type, number and outcomes of various patients (Winch 2001). These early conceptions of nursing work have been extended and refined through medical record keeping, and the production of quantitative and qualitative nursing research continuing until the present. Most contemporary nursing research measures, evaluates and publishes successful nursing practices.

Through the conduct of nursing research, nursing work has become intelligible, calculable and practicable, both through numerical and non-numerical representations. This mapping of nursing work, as Rose (1999) would argue, is essential for the public scrutiny required of liberal political government. The evaluation of nursing work through evidence-based reviews provides detailed information that may enable governments to target and instruct nurses regarding their work. In this way political governance of the nursing population becomes possible through centralised, discursive mechanisms such as evidence-based reviews that present nursing practice as an intelligible field. The move to open up nursing practice to evidence-based reviews demystifies nursing

work and reveals those nursing interventions and abilities that are useful and essential for healthcare service provision.

NEW WAYS OF PRACTISING NURSING

The advent of evidence-based reviews of nursing interventions makes visible for the first time in a systematic and critical format, the efficacy of one type of nursing intervention over another. Systematic reviews that produce practice guidelines or inform clinical practice manuals have the capacity to direct nursing practice or resolve issues where practices differ according to scientifically validated evidence. For example in the *Best Practice Guidelines for the Management of the Child with Fever*, 'the routine use of sponging to reduce fever is not supported' (JBIEBNM 2001, 6). In this way the well-known nursing intervention for the treatment of fever in children is dismissed. Yet this type of recommendation, although unquestionably well documented and thoroughly examined, may provoke unintended consequences. The beginning-level clinician, for example, has been shown by Benner (1984) in her classic work *From Novice to Expert* to have a simple, somewhat linear understanding of practice and may not interpret the word *routine* as it may be by experienced clinicians.

Increasingly, the efficacy of a number of nursing interventions will become known and able to be ranked in a quantifiable manner. This identification, measurement and review of nursing work makes up the object domains of nursing that enable future government to take place. They map the characteristics of the nursing work and have the potential to identify its impact upon the health and well-being of society. Likewise, those interventions that are not supported by strong scientific evidence may be discounted. In this way nursing practice in the future is likely to be shaped by scientific observation and risks losing some of its rich intuitive base.

NEW CODES FOR THE PRODUCTION OF NURSING KNOWLEDGE

The current evidence-based nursing movement has moved nurse researchers beyond the theories and debates of the latter half of the twentieth century. These ranged from defining nursing and categorising nursing practice through diagnoses to what constitutes legitimate sources of nursing knowledge and acceptable research methods. Foucault's (1980) well-known critique of science as a disciplining and normalising form of social control becomes pertinent within the nursing community once again. In the evidence-based medicine movement from which evidence-based

nursing is drawn, science is the dominant way of knowing. Nurses, having somewhat dispensed with the quantitative vs. qualitative debate to embrace multiple sources of knowledge including that derived from intuition, are now faced with returning to a purely scientific model of knowledge construction (Jennings and Loan 2001). For those nurses researchers wishing to generate evidence with the capacity to influence health policy, the choice of knowledge-generating methods is increasingly clear; they either join the prevailing paradigm or become invisible (Lang 1999).

The potential politicisation of nursing work through the evidence-based practice movement may have economic implications. Modern industrialised nations are conscious of their health budgets and are keen to manage these as effectively as possible. Although evidence-based practice may have been developed by a group within the medical community, its emphasis on testing the efficacy of particular clinical interventions has found a home within the current concerns for cost containment and efficiencies; for example, in the 'Implications for Practice' section of the *Best Practice Guidelines for the Management of the Child with Fever*, where reference is made to the 'economic considerations of using valuable time to carry out ineffective interventions' (JBIEBNM 2001, 6).

The economic imperatives embedded in evidence-based practice ensure a key role for randomised control trials as superior techniques in generating valid evidence as they have the capacity to identify clinical efficacy. Yet this style of research is very expensive and systematic reviews themselves are costly and time-consuming exercises that need to be repeated with reasonable regularity to provide the best possible evidence. If all healthcare evidence is to be reviewed regularly to demonstrate efficacy of specific interventions then some form of rationing will be needed. In the current economic climate we would suggest that certain clinical specialties will be given priority for review over others, possibly according to those treatments, practices and conditions that are the most costly to the health service. In this way we may conceive in the future a narrowly focused nursing research agenda that has abandoned methodological pluralism and is driven by the economic imperatives of the healthcare system.

THE EVIDENCE-BASED NURSE

One of the most appealing aspects of evidence-based nursing must lie in its ability to tap into the highest form of accepted contemporary authority, science. In this way nursing is being placed on a level playing field alongside other health professions seeking a scientific base. For nurses

(and many other healthcare professionals) this powerful new direction is somewhat at odds with a tradition of ritual and 'art' with a smattering of science. However, incorporating evidence-based practice principles into nursing requires more than moving nurses from an oral to a reading tradition. It requires nurses at all levels to adopt certain practices and attitudes. Attitudes present in nurses who support evidence-based practice have already been identified. These include interest, devotion, professional pride, positiveness, courage and willingness to carry out change, and a commitment to continuous learning (Kajermo et al. 1998; Thompson et al. 1999). Encouragement to adopt these attitudes and practices by other nurses in order to facilitate the introduction of evidence-based practice will involve not only a transformation of their professional self but their personal identity as well.

Evidence-based nursing is part of the modern healthcare movement that is being suggested but not yet imposed upon nurses in Australia. We have already identified significant structural resources for evidence-based nursing in this country. It is at this level, the implementation of evidence into practice, that evidence-based nursing (along with the rest of the evidence-based practice movement) is meeting some obstacles. For although evidence-based nursing in Australia is gaining recognition and credibility within the academic community, there is little to suggest that it is being systematically incorporated into nursing practice at the clinical level.

For Foucault (1990), relations of power such as those identified in this governmentality analysis and resistance to these relations may generate refinement or adjustment of the techniques of power. This can also be observed in the field of evidence-based practice, where the challenge of getting health professionals to apply evidence in their clinical work has been well recognised. To meet this challenge a bulletin has been produced from a systematic review of different dissemination and implementation interventions for getting health professionals to use evidence in their practice. In common with all systematic reviews it highlights those interventions that are the most successful and those that are to be avoided (NHS Centre for Reviews and Dissemination 1999). The bulletin reviews changing professional practice to evidence-based practice from a range of different perspectives, including models of behaviour change derived from psychology, marketing and health promotion. This represents a beginning problematisation of health professionals' behaviour with regard to evidence-based practice. Ways of shaping or governing behaviour to promote evidence-based approaches to health-care have now been documented and disseminated widely.

CONCLUSION

The principles of evidence-based practice have the capacity to govern the individual nurse personally and the nursing profession politically. They constitute an emerging set of social practices that are able to manipulate nursing practice according to predetermined identifiable routines drawn from scientific codes. These routines include a specific technique of government, the systematic review, which ranks nursing and healthcare knowledge according to the principles of positivist science. The evidence-based guidelines derived from this governmental technique are pre-eminent in any science-based 'truth' taxonomy of nursing knowledge.

Evidence-based nursing has significant implications for nursing practice and research. Although much of the impetus for promoting evidence-based nursing has come from the profession itself, the economic implications mesh well with the need for cost containment in health-care. In the United Kingdom, much of the support for evidence-based practice and the funding of centres that conduct systematic reviews, comes from a government anxious to maximise the resources of its National Health Service.

Practice guidelines and clinical practice manuals informed by systematic reviews have the ability to direct nursing practice or resolve issues where practices differ according to scientifically validated evidence. Codes for the production of nursing knowledge have been skewed towards knowledge that is statistically verifiable, rupturing the methodological pluralism that the nursing community had previously accepted as suitable for the production of nursing knowledge. Methods that are likely to capture the intuitive base of nursing, such as the case study or conversational analysis, are not credible within the current evidence-based practice framework. Moreover, on a personal level nurses who move to incorporating evidence into their practice are required to develop new skills and attitudes that value the codes that validate positivist science. For administrators and educators keen to encourage evidence-based practice, guidelines exist that explicate interventions designed to promote the desired behaviour change.

Our purpose with this discussion has been to present a beginning analysis that provides a space for critical reflection upon the implementation of the evidence-based nursing using Foucault's concept of governmentality. It is perhaps ironic that this type of approach and the sophisticated methods drawn from the more critical approaches of scholarly inquiry used by nurses have no place in the evidence-based practice movement. The challenge for the

nursing profession is to continue to approach the evidence-based practice field critically, question what others (particularly those in the medical community) see as self-evident and look at the way we practice and think about nursing. We need to ensure that our truth taxonomies capture, celebrate and preserve the intuitive experience of nursing that is so valuable to the nurse and the nursed.

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