This 600-page reference guide is designed to assist nurses from various backgrounds in better understanding and using the health-care literature. Based on the Users’ Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice, edited by Gordon Guyatt and Drummond Rennie, Evidence-Based Nursing (EBN) is written specifically for nurses and students engaged in practice, research, and education.

Like the medical version, the EBN is divided into 36 chapters presented in two sections, in this case The Basics: Using the Nursing Literature and Beyond the Basics: Using and Teaching the Principles of Evidence-Based Nursing. The authors have enhanced the usefulness of the book as a reference manual by separating the chapters of part 2 into six units.

The purpose of part 1 is twofold: to cover what every nurse and nursing student should know about using the health-care literature, and to present a curriculum for basic and continuing education. This material is presented in 11 chapters: 1 Introduction to Evidence-Based Nursing, 2 Finding the Evidence, 3 Health Care Interventions and Harm: An Introduction, 4 Health Care Interventions, 5 Harm, 6 Diagnosis, 7 Prognosis, 8 Qualitative Research, 9 Summarizing the Evidence Through Systematic Reviews, 10 Moving from Evidence to Action Using Clinical Practice, and 11 Changing Nursing Practice in an Organization.

Although each chapter in the book is meant to be self-contained, presentation of the material in part 1 is logical, allowing the reader to move sequentially through the chapters. Part 1 begins with an introduction to the evidence and ends with a discussion of the process of changing nursing practice, comprehensively covering all aspects in between. Chapter 11, while perhaps simplistic from a practical viewpoint, is one of three chapters (1, 11, and 17) that do not appear in Guyatt and Rennie’s medical reference but were included here because of their pertinence to the nursing profession.
The authors appear to have adopted a minimalist approach to chapter content, in order to avoid redundancy and provide adequate reference to concepts that readers may wish to review in more detail. This reader especially appreciated their provision of references to previous chapters where a concept is first described and subsequent ones where it is discussed in more detail. For example, in their presentation of material on the assessment of study results in chapter 5 (Harm), the authors discuss the application of relative risk and odds ratio and refer to the chapters (4 and 27) where these concepts are first discussed and then further elaborated. Novices and experts alike will appreciate this feature, as it allows for a tailored approach to learning based on skill level and gives the book an interactive feel.

DiCenso et al. introduce the majority of chapters using a clinical scenario, which they then repeatedly reference throughout the chapter. The use of scenarios helps to familiarize the reader with the process of evidence-based practice, as well as providing interesting and relevant findings for practice. However, this reader found it troublesome that all of the clinical scenarios pertain to nurses working in highly autonomous and specialized roles such as nurse practitioners, nurse educators, and community health nurses. Given that part 1 is intended to cover “what every nursing student and practicing nurse should know,” and given that the majority of nurses work at the bedside in a hospital, negating the role of the bedside nurse in these clinical scenarios detracts from the overall applicability of the book. Guyatt and Rennie, in their medical guide, appear to favour the generalist in their scenarios. This would be a welcome approach for the next edition of EBN; it would surely extend, or at least challenge, the application of evidence-based practice to bedside nursing.

Of particular enjoyment to this reader was the discussion, in chapter 1, on misconceptions about evidence-based nursing. This not only is a prime example of how DiCenko et al. diligently tailored the content of EBN to reflect the needs and principles of the nursing profession, but also introduces the reader to the philosophical underpinnings from which they approached the task of writing the book. Thankfully, they go beyond rhetorical treatment of these issues, providing concrete examples of misconceptions throughout the succeeding chapters (see, for example, the direct application of a theoretical framework for adopting an evidence-based change in an organization presented in chapter 8, which is devoted entirely to qualitative research, and chapter 11).

Overall, part 1 of EBN delivers what the authors promise: a basic guide to enable nurses to frame their clinical questions, search the appropriate literature, evaluate research findings, and apply evidence to prac-
tice in a manner that benefits patient outcomes and strengthens the nursing profession.

We then see a shift from the basic to the advanced, the authors stating that part 2 is for nurses who wish to attain a higher level of proficiency in using the literature, whether it is through clinical practice, education, administration, or research. Essentially, part 2 advances the concepts presented in part 1. The material is covered in 25 chapters divided into six units: I Health Care Interventions 12 Quality of Life, 13 Surrogate Outcomes, 14 Surprising Results of Randomized Controlled Trials, 15 The Principle of Intention to Treat, 16 When to Believe a Subgroup Analysis; II Health Services Research 17 Health Services Interventions, 18 Economic Evaluation, 19 Computer Decision Support Systems; III Diagnosis 20 Clinical Manifestations of Disease, 21 Differential Diagnosis, 22 Clinical Prediction; IV Summarizing the Evidence Through Systematic Reviews 23 Publication Bias, 24 Evaluating Differences in Study Results, 25 Fixed-Effects and Random-Effects Models; V Understanding the Results 26 Bias and Random Error, 27 Measures of Association, 28 Hypothesis Testing, 29 Confidence Intervals, 30 Measuring Agreement Beyond Chance, 31 Regression and Correlation; VI Moving from Evidence to Action 32 Number Needed to Treat, 33 Applying Results to Individual Patients, 34 Incorporating Values, 35 Interpreting Levels of Evidence and Grades of Health Care Recommendations, and 36 Recommendations About Screening.

As with part 1, these chapters are largely self-contained and provide ample chapter references for the reader to review concepts presented elsewhere in the book. However, because the material in part 2 is more complex, this reader would have appreciated external references, perhaps labelled “recommended further reading,” to assist readers in clarifying certain concepts. For example, although the authors describe regression analysis in chapter 31, many readers will require additional resources. A short section recommending texts or Web sites would be a welcome addition to the next edition and would likely increase the usability of the book as a text for basic or continuing education.

Part 2 will be much appreciated by nurse practitioners and other nurses who routinely diagnose and treat patients based on research findings. Units I, III, V, and VI will be of particular interest to clinicians. Administrators will find unit II most applicable to their work, and unit IV is a must for anyone conducting or reading systematic reviews. Again, clinical scenarios are used in most chapters to introduce and reinforce the content, but what this reader found most helpful in part 2 was the summaries at the end of the chapters, titled How Can I Apply the Results to Patient Care? (in chapter 17, How Can I Apply the Results to Health Services Decision Making?). Part 1 also includes this feature. It helps to
contextualize complex material and illustrates the practical use of the concepts.

The authors have included an interactive CD-ROM that can be installed on a personal computer. The viewer can then peruse the chapters as well as use interactive calculations and worksheets. This user appreciated the in-text citations, which, once clicked on, provide the reference and abstract in a second window. Unfortunately one must instal the program in order to view the content. This may prohibit nurses from using the CD-ROM at work, since most workplace computers will not support installation of new applications without administrative approval. A Web-based version of the CD-ROM would have resolved this problem.

In light of initiatives such as the Canadian Nurses Association’s National Nursing Portal Project, aimed at providing nurses with access to the latest health-care literature, EBN is a timely addition to the evidence-based movement in nursing and is likely to be a valued resource for nurses and students alike. Additionally, EBN would make an excellent unit or clinic reference for employers committed to supporting evidence-based nursing practice.

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