

Evidence-Based Practice (EBP): Why has EBP emerged?

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Introduction

This article aims to inform the family practitioner why EBP emerged. (*SA Fam Pract 2003;45(9): 47-48*)

WHY HAS EVIDENCE-BASED PRACTICE EMERGED?

“Evidence-based practice is the acknowledgement of uncertainty followed by the seeking, appraising and implementation of new knowledge”.¹ It enables practitioners to openly accept other and possibly more effective methods of care than those currently employed. This approach is appealing to the new researcher or to the researcher who is willing to change. The following factors contributed to the emergence of EBP.

THE RESEARCH-PRACTICE GAP

According to Upton D et al, in the case of medicine and professions allied to medicine, there is a limited extent to which professions utilise research findings to guide their actions.^{2,3} Professionals depend traditionally on a range of other indicators such as, knowledge gained during primary training; prejudice and opinion; outcomes of previous cases; fads and fashions; advice from colleagues.

THE QUALITY OF PUBLISHED RESEARCH

It is argued that much of the research available is methodologically weak

because it is not based on the ‘gold standard’ of well-conducted random clinical trial designs or is inapplicable with clinical situations. This argument is made by exponents of evidence-based medicine and supported by those attached to evidence-based health professionals. However, whilst the systematic review of several randomised trials is more likely to inform us, it has become the ‘gold standard’ for finding whether a treatment does more good than harm.⁴

INFORMATION OVERLOAD

“The amount of research available creates problems itself”.³ The number of journal publications, the increase in post-graduate presentations, the introduction of continuing professional development have prompted the development of skills for finding relevant research in order to keep up with global trends.

PRACTICE THAT IS NOT EVIDENCE-BASED

Current approaches to practice relying only on experience and information overload has promulgated the continuance of practice that is not evidence-based. The emergence of evidence-based practice has provided a ‘tailor made solution to these problems and one which has been readily adopted

throughout the health profession and beyond’.

THE RISK SOCIETY

The first major influence on EBP is that we live in changing times. The degree of change is influenced by awareness of risk. EBP has also emerged within the context where there is a heightened sense of risk. Thus increasing reliance upon as well as increased distrust in expertise. Printed and electronic media have contributed to increasing public awareness. Formulation and publication of various ‘patient rights’ documents empower clients to question our actions. EBP remains committed to the modernist promise that risk can be assessed and controlled.

MANAGERIAL AND AUDIT SOCIETY

Another major influence has been the significant changes in managerialism. The emphasis on value for money and growth of audits has contributed to shaping the goals for EBP. This, together with the awareness of risk, has over the last two decades witnessed the changes in organizations and public services. In the academic setting, heads of departments are required not just to ‘run a department’ but also need to manage departments. Auditing systems have been developed where value-for-

money can be measured. These systems are primarily economy, efficiency and effectiveness. These issues will be addressed later in the series. According to Dawes, EBP "is not an academic exercise".¹ Trinder reports that, "the core of evidence-based practice is its procedure rather than substantive output".³ Whilst these statements clarify the mystery surrounding EBP, it must be appreciated that the 'procedure' is the basis for the academic exercise that follows after evidence is analysed against current practices.

**PROFESSIONALISM,
EMPOWERMENT AND
CONSUMERISM**

Thus far the argument has been that EBP has emerged in the context of change

within the public services. The similarities between the goals and processes of EBP and managerial changes have been highlighted. One needs to question why EBP began as a professional activity. Whilst some of the reasons for the emergence of evidence-based medicine and evidence-based health care are cited, the overlap between the managerial and evidence-based practice agenda was as a result of changes in public services. The focus on performance and effectiveness is dispersed throughout organisations and not confined to management. EBP takes a democratic approach and years of experience are not necessarily the yardstick by which professionals are judged. The most junior member of a profession can be skilled in identifying evidence. EBP has developed within a specific context in line with current thoughts concerning

risk, professional expertise and the needs of the consumer. Its success can be attributed to its ability to endorse and redefine some of these concerns. □

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