

# Towards a geology of evidence-based practice—A discussion paper

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Received 9 May 2005; received in revised form 13 September 2005; accepted 29 October 2005

## Abstract

We begin this paper with a consideration of the significance of a historical perspective in presentations of evidence-based practice in the nursing and medical literature. We suggest that whereas writers often produce coherent historical narratives as justification for particular views of the nature of EBP, an examination of its origins reveals no such signs of historical development or progress in our conception or understanding of it. We then explore alternative modes of thought for attempting to understand and critique the variety of definitions and descriptions of EBP to be found in the literature. We eventually reject the linear mode of historical thinking in favour of Deleuze's notion of rhizomatic thought and the metaphor of geology. Finally, we employ the rhizomatic mode of thinking and writing to construct a geology of evidence-based practice which attempts to expose and embrace contradictions in definitions and uses of the term rather than discount them in an authorised historical narrative written from the perspective of the dominant discourse.

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**Keywords:** Evidence-based practice; Historical narrative

The past is another country...  
L.P. Hartley—The Go-Between

## What is already known about the topic?

- Despite a number of attempts to present evidence-based practice as a coherent discourse, the literature is fraught with contradiction and dissent
- There is a lack of agreement on what constitutes good and relevant evidence
- There has been very little consideration of how evidence should be applied to practice

## What this paper adds

- A rhizomatic approach to analysis is presented, based on the work of Deleuze

- The rhizomatic approach is applied to EBP as a way of accommodating and accepting contradiction and dissent in the literature
- The findings call into question the promise of progress in health care and the development of a 'modern and reliable' health service

## 1. Introduction

In the course of conducting a literature review of evidence-based practice (EBP),<sup>1</sup> we were surprised and intrigued by how many writers made reference to its historical development. Le May (2000), for example, begins her monograph on evidence-based nursing with a historical overview that presents a straightforward narrative account from the 1970s through to the 1990s

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<sup>1</sup>In view of the continuing confusion over terminology (see Banning 2005), we intend to use the generic term evidence-based practice except where the specific context calls for an alternative.

and beyond. The prominence accorded to a historical account has been evident from the very first published paper on evidence-based medicine, which contrasted ‘the way of the past’ with ‘the way of the future’ (Evidence-Based Medicine Working Group, 1992, p. 2420). Similarly, Rangachari (1997) and Sackett et al. (1996, p. 71) both trace the origins of evidence-based *medicine* back to ‘mid-19th Century Paris and earlier’, Bristow and Dean (2003) discuss its origins in the work of Archie Cochrane during the Second World War, DiCenso et al. (1998, p. 38) trace evidence-based *nursing* to the late 1970s, whilst Davidoff et al. (1995, p. 727) refer back to the ‘bad old days’, observing that ‘time was, not so long ago...’ when we relied on case reports for our evidence, ‘and time was when expert opinion—authority—carried as much weight as the clinical scientific record, and often more’. Clearly, the promise of these historical accounts is that evidence-based practice represents a *progression* from an earlier, inferior age of non-evidence-based practice.

Not all advocates of EBP regard the ‘bad old days’ in purely negative terms; indeed, some writers suggest that we can learn about the present state of EBP by examining the past (White, 1997; French, 1999), although French is of the opinion that little progress has yet been made in our understanding of it. However, most writers accept the watchword of history, that to know the past is to understand the present (and even influence the future). This watchword is sometimes stated explicitly:

In order to gain a greater understanding about the nature of evidence in the context of health care, consideration needs to be given to the history of the evidence-based health care movement. (Rycroft-Malone et al., 2004, p. 82)

This notion of learning from the past casts evidence-based practice as a continually evolving and developing discourse. Thus:

As evidence-based medicine *continues to evolve and adapt*, now is a useful time to refine the discussion of what it is and what it is not. (Sackett et al., 1996, p. 71, our emphasis)

We can see from this statement that the notion of the historical evolution of evidence-based practice is seen by some writers not only as a method for *understanding* the present by reference to the past, but also as a means of *controlling* it, of asserting ‘what it is and what it is not’. Similarly, a historical perspective allows DiCenso et al. (1998) to correct some ‘misconceptions’ about EBP, for example by stating at one point that ‘we strongly disagree with White’s assertion [that randomised controlled trials should not be the gold standard]. *History*

*has shown* numerous examples...’ (DiCenso et al., 1998, p. 39). The way of past is, on the one hand, inferior to the present, and on the other hand, it is a justification for the way things are today.

A historical perspective has also been used to offer reassurance about an uncertain future. The Evidence-Based Medicine Working Group (EBMWG) opened their seminal paper with the statement: ‘A new paradigm for medical practice is emerging’ (EBMWG, 1992, p. 2420). Unfortunately, this new paradigm was perceived by some practitioners as potentially threatening, since it implied a shift in power/knowledge from practitioners to researchers by ‘de-emphasising’ intuition and clinical experience in favour of ‘evidence from clinical research’ (EBMWG, 1992, p. 2420). An appeal to the past was therefore required, and in subsequent papers Davidoff et al. (1995, p. 727) admonish dissenters with the question ‘why all the fuss?’, arguing that ‘the use of evidence in medicine is certainly not new’ (Davidoff et al., 1995, p. 727). Similarly, Ingersoll (2000, p. 151) claimed that ‘evidence-based practice is just another term for research usage’, and echoed the above sentiments by ‘question[ing] the need for all the fuss and fury’. In contrast, DiCenso et al. (1998, p. 38) *supported* the EBMWG’s ‘new paradigm’ by attempting to *dispel the myth* that ‘evidence-based practice isn’t new; it’s what we’ve been doing for years’.

Interestingly, these two conflicting views of evidence-based practice, that it is both a forward-looking new paradigm and a backward-looking traditional way of practising, appear to sit quite happily side-by-side in the literature, leading Rolfe (2002) to suspect that a strategy of ‘double coding’ is being deployed. This double coding entails packaging evidence-based practice in two different ways for two different audiences; as an exciting new paradigm for academics and researchers, and as a safe, familiar and non-threatening way of working for practitioners.

A similar exercise ensued when evidence-based practice initially made the transition from medicine to nursing. In this case, it involved promoting a double-coded message that evidence-based nursing (EBN) was, at the same time, based on the solid historical foundations of evidence-based medicine (DiCenso et al., 1998), whilst at the same time:

Tiptoeing in the wake of the movement for evidence-based medicine, however, we must ensure that evidence-based nursing attends to what is important for nursing. (Mulhall, 1998, p. 4)

Once again, two distinct and, to some extent, contradictory messages are being promoted: firstly that EBN has a sound heritage in medicine, and secondly that it is something new, exciting and different for nursing. We

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