



ORIGINAL ARTICLE

Evaluating factors affecting the implementation of evidence based medicine in primary healthcare centers in Dubai



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Abstract Objectives: To assess the current evidence based medicine (EBM) knowledge, attitude and perceptions of physicians at Dubai Primary Health Care Sector (PHCS). Further to evaluate barrier and facilitator factors toward implementing the EBM practice.

Methodology: A cross-sectional study, at Dubai PHCS, UAE between June and August 2010. The survey was composed of two phases. The first phase was a self administrated questionnaire employed for data collection and the second phase was qualitative method, which was in the form of individual interviews. Statistical Package for Social Sciences (SPSS) was used for data analysis.

Results: In total 48 participants responded to the survey questionnaire and 13 responded to individual interviews. The response rate was 70.0%. Mean age was 42.18 (SD 10.46). The majority were females (64.6%). The physicians who attended EBM courses reported 70.30% using EBM and showed statistical significance ($p = 0.002$) from those who did not attend the EBM courses. 65.0% believe that 50–75% of the patients are capable of participating in clinical decision while 71.8% disagreed that the concept of EBM is not applicable to their culture. In addition they showed significance ($p = 0.03$) between physician beliefs with regard to patient capacity to take decision. About 67.0% of the family physicians were knowledgeable and followed systematic review as the strongest evidence. They had no access to the EBM resources (37.0%) and had no time to practice

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the EBM (38.0%). Nearly 40.0% interviewees reported lack of encouragement to attend EBM courses. EBM activities (22.0%) and active audit (18.0%) were top rated facilitating factors.

Conclusions: EBM is not fully utilized by indefinite physicians in the Dubai PHC sector. Factors associated with non-utilization of EBM in the PHCS are lack of encouragement to attend EBM courses, senior physicians resist adoption of EBM, lack of time and insufficient dissemination process for implementing the clinical guideline.

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1. Introduction

Evidence-based medicine (EBM) is being recognized worldwide as an important clinical skill that aims at improving the way physicians practice medicine, teach medicine, and perform scientific research. EBM was defined as “the conscientious and judicious use of current best evidence from clinical care research in the management of individual patients” (Sackett and Rosenberg, 1996). It was redefined in order to include the patient decision as “Integration of best research evidence with clinical expertise and patients values” (Sackett et al., 2000). EBM is a process for turning the clinical problems to questions, and then systematically apprehending and evaluating the use of the research findings as a basis for making clinical decisions. The practicing the EBM will positively benefit individual, clinical team and patients (Sackett and Rosenberg, 1995).

Different models have been proposed to study the evidence based information. The “4S” model was classified into four layers as studies at base, synthesis at above, synopses and systems next up followed by systems at the top (Haynes, 2001). The same model was modified and a new layer was added as “summaries” and called as “5S” model (Haynes, 2006). Another hierarchy model was proposed to access clinical information similar to the tertiary-secondary-primary literature pyramid (Grandage et al., 2002). Both providers and consumers of evidence-based health care can help themselves to these best current evidence hierarchical models by recognizing and using the most evolved information services for the topics that concern them. These models help for better information and reduce the comprehensiveness.

In the Middle East countries EBM goes back to at least 1999 when pioneers in Oman, Bahrain and Saudi Arabia began to introduce the idea through lectured courses (Ferwana, 2010). In Kuwait the EBM awareness in the primary care physicians was low and the study further recommended training the physicians and access to the EBM resources is a crucial step to practice the EBM (Ahmad et al., 2009). In Bahrain, family physicians are using EBM in their daily work, especially noted among those physicians who took EBM courses (Amin et al., 2006). In Jordan, the study showed positive attitude toward EBM, however it described different personal, interpersonal and organizational barriers that affect the implementation of the EBM, in addition the study also emphasises the importance to develop a national plan to overcome these barriers (Al Omari, 2009).

In most cases, physicians do not have enough time to follow the large quantity of the published research neither have tool to assist the quality of those studies. Skills to criticize the new finding from the published studies, and lack of time to

practice the evidence based medicine are two of many barriers that affect the implementation of the EBM. There are increased calls worldwide for practicing the EBM, but as many studies showed, implementing the EBM is facing barriers in thinking and practicing EBM in health care setting could be related to practitioners, organizational or may be patient related factors (Scott et al., 2000; Freeman and Sweeney, 2001; Young and Ward, 2001). Till today in the Middle East studies were carried out to study the awareness and knowledge of EBM but not the factors affecting the EBM. Therefore the current study was aimed to evaluate the current practice and address the barriers toward implementing the EBM in Dubai Primary Health Care Sector (PHCS).

2. Methods

The present study is a cross sectional study carried out in the Primary Health Care Sector (PHCS) working under Dubai Health Authority (DHA) in Dubai, United Arab Emirates between June and August 2010. PHCS center that belongs to the DHA consists of 12 Health Centers (HC) and peripheral clinics which are located all around the emirate of Dubai, in a ratio of one health clinic for every 30,000 individuals. The study received ethical approval from DHA.

The study was conducted in two phases. The first phase (questionnaire) was the quantitative part which evaluated the current attitude and knowledge of the family physicians and their perceptions of the available barriers against applying the EBM in their daily clinical practice. The second phase (individual interviews) was a qualitative method, by conducting a structural individual discussion with the family physicians.

In the first part a self-reported questionnaire consisting of 13 questions was adopted similar to the previous literature study (Amin et al., 2006; Al Omari, 2009; Scott et al., 2000; Freeman and Sweeney, 2001; Young and Ward, 2001; Fedorowicz et al., 2004). It consists of different variables which are related to implementing the EBM in daily practice. The questionnaire was distributed to practicing family physicians who were randomly selected from HC. In the second part, individual interview questionnaire was prepared and validated by panel of expert professors. It consists of variable barriers toward implementing the EBM practice. The barrier was divided into three groups; Organizational, Personal and Patient related barriers in order to have a clear identifiable factor. The candidates selected for the interviews were based on criteria set by Spain study (Alonso-Coello et al., 2009). The interview was run in the lecture hall in the health centers. The individual interviews were held for each participant based on a scheduled time and the availability of the participant. All interviews were

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