

Attitude of Obstetricians towards Evidence-based Practice

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Abstract

Objective: This study was aimed to assess the awareness and views of clinicians with special emphasis on obstetric practice.

Materials and methods: All practicing obstetricians/gynecologists in private/public sector were interviewed according to a predesigned proforma to assess their views regarding evidence-based practice.

Results: Total 100 surveys were obtained. Majority of obstetricians were postgraduate trainees (60%) and attached with tertiary care hospitals. 32% of doctors had no awareness about evidence-based practice (EBM), while all others were either fully aware or partially. Only 25% in tertiary care facility and 20% in private sector considered evidence-based medicine to be strongly applicable to obstetric practice and another 36% in public sector and 49% in private sector thought it somewhat applicable. However, 44% of doctors considered it to be a time consuming practice, while according to 26% EBM ignores clinical experience.

Conclusion: Surveys of health care providers in obstetrics report satisfaction with clinical practice guidelines, but there are concerns about the practicality of guidelines due to different reasons as expressed by obstetricians in this survey.

Keywords: Attitude, Obstetricians, Evidence-based practice.

INTRODUCTION

Clinical guidelines are an increasingly familiar part of clinical practice. The principal objective of guidelines is to improve the effectiveness and efficiency of clinical care through the identification of good clinical practice and desired clinical outcomes.

Evidence-based medicine (EBM) integrates the best available data from clinical research into clinical practice.^{1,2} Many stages are involved in taking evidence from research papers to utilization in practice. The clinicians need to accept guidelines before a decision can be reached to adopt it and then implementing by policies. Finally with patients, acceptability evidence-based decisions are put into practice. However, guidelines developed for use in one setting may not be directly transferable to other settings.

There is clear evidence that clinicians lack confidence in implementing guidelines and research findings.^{3,4} On a worldwide scale, effective evidence-based interventions remain underutilized.⁵

Despite the fact that evidence-based medicine is highly regarded by many health care professionals, it is not widely

used.⁶ With local efforts where clinicians feel empowered to exercise clinical freedom, high levels of evidence-based practice are achievable.⁷⁻¹⁰ However, a substantial part of clinical practice in reproductive health relies on practitioners, personal experience, resulting in large variations in practice between health care workers.¹¹ The ideal situation is when evidence and clinical expertise are incorporated into decision making whilst taking into account patients, preferences, concerns and expectations.

The precise role of evidence-based medicine is being debated. We therefore, examined the awareness and views of medical practitioners with special emphasis on obstetric practice.

MATERIALS AND METHODS

This interview analysis was conducted to identify the physicians attitude towards evidence-based practice.

All practicing obstetricians/gynecologists in private/public sector were interviewed according to a predesigned proforma, which included questions to ascertain informations regarding obstetricians, awareness about evidence-based practice and

the demographic characteristics of the private/public urban and rural practitioners. The other questions assessed the level of knowledge, general attitude and beliefs towards evidence-based practice.

The two-page questionnaire included questions related to physicians, practicing areas, duration of practical experience, use of research papers and Internet to enhance the theoretical and practical skills and their concepts and awareness about evidence-based practice.

This survey also assessed the opinion of the physicians about the applicability of evidence-based medicine into actual practice and whether it interferes the physicians, clinical experience, manual dexterity and their autonomy.

RESULTS

Surveys were obtained from 100 practicing gynecologists and obstetricians. Out of these 40 were senior consultants and 60 were either postgraduate trainees or medical officers. As expected 88% of these doctors were attached with tertiary care hospitals while only 12% were private practitioners. Overall 60% of doctors had work experience less than 5 years while the rest 40% were having variable experience ranging from 5 to 30 years (Table 1).

Surprisingly, 32% of doctors had no awareness about evidence-based practice while all others were either fully aware or partially (Table 2). The most common awareness tools were books and Internet as shown in Table 2.

Although, only 25% in tertiary care facility and 20% in private sector considered evidence-based medicine to be strongly applicable to obstetric practice and another 36% in public sector and 49% in private sector thought it somewhat applicable. 77% expressed interest in learning more about it (Table 3).

Concerns about evidence-based medicine were expressed through comments, such as erosion of physicians, autonomy, time consuming practice in poor communities, obstetrics requires manual dexterity more than science, and evidence-based

medicine ignores clinical experience. This response is shown in Tables 4 and 5.

DISCUSSION

Obstetric practice is not following best available evidence in the private and public hospitals.¹² There is always a gap between research evidence and practice. Even harder is the challenge to alter already established pattern of health care. The evidence-based practice and guidelines have been variously described as anti-intellectual, standardizing practice around the average, preventing discretion in individual cases and limiting innovations and clinical freedom.

This study shows that personal experience and authoritarian views of experts still have an enormous influence in obstetric practice. In this survey, most practitioners were unfamiliar with use of computers and 32% were unaware of evidence-based medicine. As most of the physicians thought that evidence-based medicine was only partially or not at all applicable to obstetric practice, we suggest that much skepticism prevails. Some of the views expressed may differ widely according to practice areas, public or private sector, but these should be amenable to appropriate interventions.

Clinical decision making, which has until recently been based on pathophysiological principles, personal observation and intuition, is now shifting towards the artful application of systematically analyzed results of scientific research.¹³ The ability to evaluate the literature and apply methods of data analysis to procedural practice is an important aspect of medical education. Evidence-based medicine should enhance doctors, competence through the integration of important evidence from research moderated by experience into clinical care. The views expressed by doctors in this study reflect obstacles to evidence-based practice, which should be tackled through changes in training and access to resources.

Similar results were shown by Olufemi A et al.¹⁴ In this study, 76% of respondents were aware of evidence-based

Table 1: Demographic data

<i>Designation</i>	<i>No</i>	<i>% age</i>	<i>Working area</i>	<i>No</i>	<i>% age</i>	<i>Work experience</i>	<i>No</i>	<i>% age</i>
Consultant	40	40	RHC/MHC	Nil		≤5 years	61	61
PG trainees/MOs	60	60	Tertiary care hospitals	88	88	5-10 years	20	20
			Private practitioners	12	12	≥ 10 years	19	19

Table 2: Level of awareness and the tools used

<i>Awareness</i>	<i>No</i>	<i>% age</i>	<i>Awareness tools</i>	<i>No</i>	<i>% age</i>
Yes	37	37	Books/guidelines	68	68
Partial	31	31	Medline search	48	48
No	32	32	Computer familiarity	78	78
			Use of internet	61	61

Table 3: Applicability of EBM

Applicability	Tertiary care hospital		Private sector	
	Yes	% age	Yes	% age
Not applicable	-	-	6	6
Partially applicable	36	36	49	49
Applicable	39	39	25	25
Strongly applicable	25	25	20	20

Table 4: Response of obstetricians

EBM, erosion of physicians, autonomy			EBM, a time consuming practice		
Response	Number	% age	Response	Number	% age
Yes	23	23	Yes	44	44
No	77	77	No	56	56

Table 5: Response of obstetricians

Obstetrics requires manual dexterity rather than science			Evidence-based practice ignores clinical experience		
Response	Number	% age	Response	Number	% age
Yes	47	47	Yes	26	26
No	53	53	No	74	74

medicine and only 21% were familiar with the use of computers and 28% had access to the Internet. Only 40% considered evidence-based medicine to be applicable.

Another study by Cynthia M Farquhar reviewed the surveys of clinicians attitudes to clinical practice guidelines.¹⁵ This review included 30 studies giving a total of 11611 responses. 75% of the clinicians agreed that guidelines were helpful source of advice. However, 30% of clinicians considered guidelines impractical and too rigid to apply to individual patients and that they reduced physicians, autonomy (34%) and would increase litigation (41%). 7% considered guidelines as good educational tools and 70% intended to improve quality of care.

So, our chief finding is that contrary to popular belief, negative clinician attitudes are not the major barrier to implement guidelines. However, there have been some concern that guidelines have failed to change practice and to reduce variations in practice^{16,17} due to attitudinal behavior in many cases.

Another key issue relevant to Asian countries is that existing guidelines are developed in UK and non-Asian guidelines may not be directly applicable to other settings as recommendations may refer to services and interventions, which are unavailable or inappropriate in the target settings. Moreover, patients are an important stakeholder so guidelines must be modified according to specific patient type, educational status, traditional and cultural values and economic influences.

CONCLUSION

As a good conscientious clinician at whatever level of career, it is responsibility of every practitioner to enhance the

improvements in clinical practice in line with research evidence by overcoming the hurdles.

This may be either by guideline development or its adjustment according to geographical and cultural criteria and taking into account specific population and community needs.

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