



CHAPTER-11

STUDY ON ASSESS KNOWLEDGE ATTITUDE AND PERCEIVED BARRIERS TOWARDS EVIDENCE-BASED PRACTICE AMONG THE HEALTH PROFESSIONALS IN DAHOD

¹Anurag Sanadhya

Student, IIHMR University

²Dr. Anoop Khanna

Professor, IIHMR University

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INTRODUCTION

The conventional belief is that the quality of healthcare delivery improves with a physician's accumulated experience. However, recent studies have challenged this notion, revealing an inverse relationship between the number of years in practice and the quality of care provided. This is attributed to the infrequent updating of the toolkit established during training, making it challenging to incorporate innovations that involve theoretical shifts, particularly for those trained a long time ago. Changing socio-economic patterns, informed healthcare consumers, rapid technological advancements, and the information explosion impose greater demands on clinical decision-making [2,3]. Evidence-based healthcare involves the conscientious utilization of the latest and best evidence when deciding on individual patient care or delivering health services. This entails integrating personal expertise with current, relevant research findings regarding the effects of various healthcare forms, potential harm from specific agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors. It also involves considering individual patient values and preferences to make decisions about effective patient care [1].

RESEARCH OBJECTIVES

1. To evaluate the level of understanding regarding the evidence-based concept among healthcare professionals.
2. To gauge the disposition towards the evidence-based concept among healthcare professionals.
3. To examine the obstacles hindering the adoption of the evidence-based concept among healthcare professionals.

RESEARCH METHODOLOGY

The study aimed to analyze the then-present level of attitude and perception among healthcare professionals towards Evidence-Based Practice. The study involved a sample selected from the healthcare directory of registered medical, dental, and physiotherapy professionals in Dahod. A total of 300 healthcare professionals were included in the

study. Structured questionnaires were employed, consisting of four parts, which included a socio-demographic sheet, questions assessing knowledge awareness, and inquiries about their attitude and perceived barriers towards evidence-based practice.

RESULTS & DISCUSSION

The chi-square test was utilized to examine the association between barrier statements and specialty, revealing that the statements regarding "financial constraints" and "lack of clarity" were not statistically significant (p value <0.05). This lack of significance suggests no association with the professionals' specialty, leading to the failure to reject the null hypothesis. On the contrary, the remaining statements exhibited statistical significance, indicating an association with the professionals' specialty and prompting the rejection of the null hypothesis. The Kruskal-Wallis test output focused on attitude statements, indicating that for the statements "part of the curriculum" and "EBS is a trusted method," there was no statistically significant difference (p value >0.05) among the three disciplines (dental, physiotherapy, and medical). This lack of significance leads to the failure to reject the null hypothesis. However, for the remaining attitude statements, statistical significance was observed, signifying a difference in attitude among the three specialties (p value <0.05), prompting the rejection of the null hypothesis.

CONCLUSION

In the conducted study, it was observed that professionals perceived lack of time and heavy workloads as barriers, leading to a diminished interest in evidence-based practice. Despite this, there was a recognized need to develop strategies for the effective implementation of evidence-based practice. Management levels were required to participate in connecting research evidence to workflow without negatively impacting productivity and patient flow. Strategies needed to be devised through collaboration, incorporating all clinical disciplines, to make evidence-based practice easily accessible, time-efficient, and aligned with the practical needs of clinical practice.

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