



The Utility of Research Evidence in Decision- Making

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Evidence Informed Health Care Workshop

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From Evidence-Based Medicine to Evidence-Informed Practice

■ Definition...

*“the conscientious, explicit, and **judicious use** of current best evidence in making decisions about the care of individual patients.”*

Sackett et al., BMJ 1996;312:71

Even before you use it...

- Source of evidence
 - Perceived competence of messenger
 - Messenger's credibility
 - Credibility of the motive
 - Sensitivity to user's concerns
 - Relationship to other sources trusted by adopters

Issues in dissemination

■ Content

- Credibility/validity of the research
- Outcomes
- Relevance of outcomes to user
- Relationship between outcomes & existing knowledge
- Competing knowledge or products

Issues in dissemination

■ Medium

- Skill & knowledge to access evidence
- Capacity for researcher to connect with users
- Accessibility/ease of use of findings

Issues in dissemination

■ User

- Perception that evidence is relevant to needs
- Readiness to change
- Information sources trusted
- Knowledge & skills to access, appraise, adapt, apply evidence
- Time
- Capacity to use information, level of decision-making

The Utility of Research Evidence



Instrumental Utilization

- The direct use of research findings, particularly in relation to clinical or policy decisions
- Concrete & noticeable implementation of research findings into practice

Quantitative Evidence in Decision-Making

Effectiveness studies (treatment/prevention)

Is continuous, low level, topical heat as effective as oral ibuprofen for dysmenorrhoea (menstrual pain)?

Comparison	Event Rates	NNT (CI)
Heat + ibuprofen vs. control	68% vs. 35%	3 (2-28)
Heat alone vs control	70% vs. 35%	3 (2-18)

Akin MD, Weingand KW, Hengehold DA, et al. **Continuous low-level topical heat in the treatment of dysmenorrhea.** *Obstet Gynecol* 2001 Mar;97:343–9

Instrumental Utilization

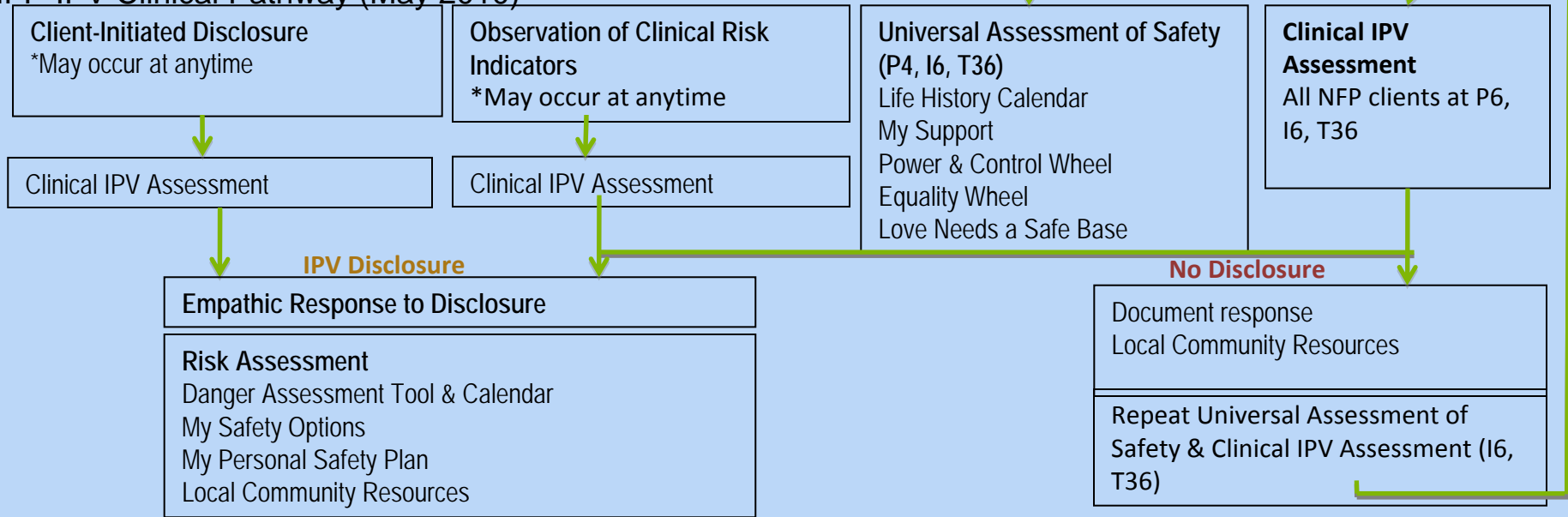
- Quantitative research evidence
 - Change practice
 - Implement new intervention or program
 - Implement new policy

Instrumental Utilization

Qualitative

- Program Evaluation
 - Identify barriers, facilitators & unanticipated outcomes
 - Decision-makers able to identify factors that contribute to a program's success or failure
- Provide anticipatory guidance or patient counseling
- Development of assessment guides from qualitatively derived theories
- Development of interventions

NFP-IPV Clinical Pathway (May 2010)



Making Changes in My Life
Mothers' Stories of Survival & Strength
 Jazmine's Story (Pre-contemplation)
 Sarah's Story (Contemplation)
 Shaniqua's Story (Planning)
 Maria's Story (Action)
 Sophie's Story (Maintenance)

Mental Health Assessment & Referral

Substance Use Assessment & Referral

Increase frequency of home visits to weekly for 4 weeks to conduct assessments, make referrals and explore client's level of readiness to promote personal safety.

Resume regular home visiting schedule. Based on client's level of readiness, client choice and nursing judgment, use choice sheets to select a minimum of one activity/visit to complete.

What if Someone is Hurting Me?
 Power & Control Wheel
 Equality Wheel
 My Wheel for My Life
 Choices
 Sticks and Stones
 Verbal Abuse Hurts
 What is Intimate Partner Violence?
 Children and Intimate Partner Violence
 What's the Connection?

How Can I Find Support?
 Baby's Family Tree
 Life History Calendar
 My Support
 Who Supports Me?
 Who to Call?
 Continuum of Caring Wheel
 What Happens Next?
 Safety and Support

Goal Setting
 Client Goal Worksheets
 Focus on My Strengths
 Making Changes in My Life
 Making Good Choices
 My Dreams
 Potholes that Block My Path
 Imagining my Life
 The Importance Game
 Let's Talk About Goals
 Shopping at the Values Store
 What I Do & How I Feel
 Why Some Goals Don't Work for me

How Can I Protect My Baby & Myself?
 Safety During a Violent Incident
 Safety for My Child
 Safety & Living in a New Place
 Safety in My Neighborhood
 Safety in a Rural Area
 Safety at School or Work
 Safety & Alcohol or Drug Use
 Safety on the Internet
 Safety on Facebook,
 MySpace, Twitter...
 Getting a Protection Order

Conceptual Utilization

- Cognitive and conceptual dimensions of research utilization where research findings are used to influence a decision-maker's thinking and understanding of an issue

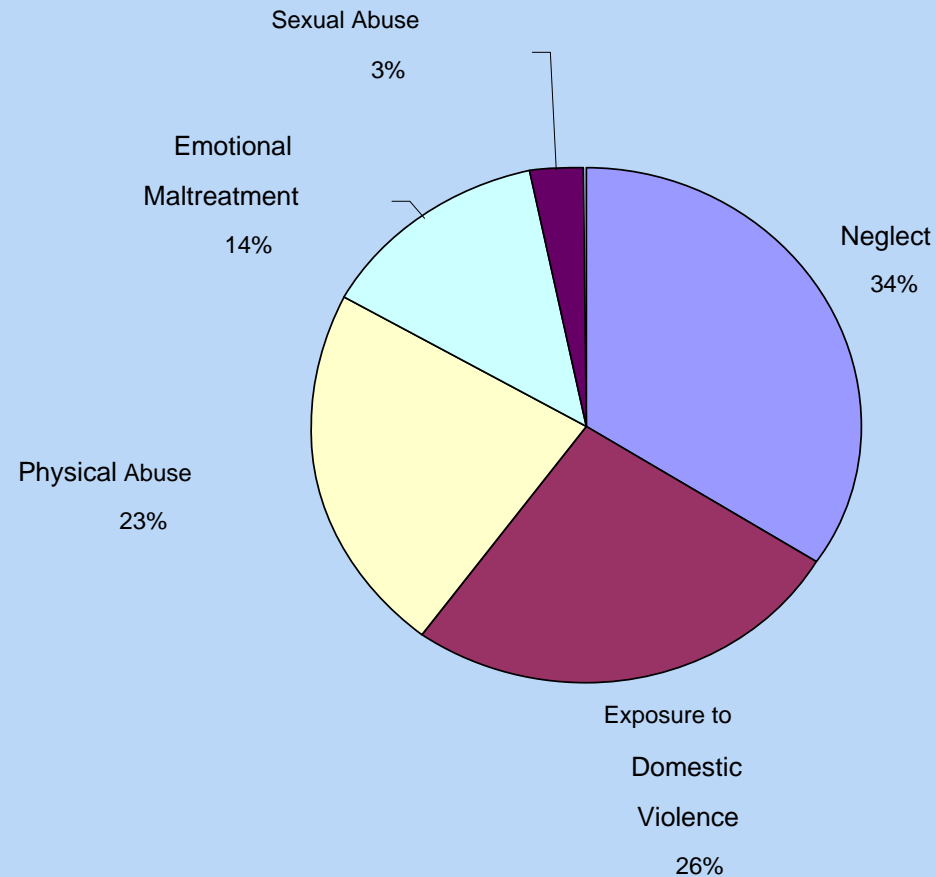
Conceptual Utilization Quantitative



Quantitative Evidence in Decision Making

Surveillance Studies

Rates of Substantiated Types of Child Maltreatment (CIS-2003)



Conceptual Utilization

- A process of enlightenment
- Enables clinicians & decision-makers to understand client experiences & provide empathy
- Attain insight into contextual issues
- Stimulate new ideas about common problems
- In gaining new insight, approaches that are beneficial to care will be developed

Ontario Women's Perceptions of Screening for Abuse by Health Care Providers

What can the doctor do? How can you support universal screening? What does it give women...security or are you just stirring the pot?

Even if the doctors do screen you, what can they do? How can they help abused women?

Ontario Women's Perceptions of Screening for Abuse by Health Care Providers

If I were to say something was going on and I had my little ones at home, would I want to risk that? Would I want to roll the dice and take my chances? It's a big risk. So you know, its a lot to lose.

It is such a risky thing to come out. Your whole life could change.

Utility of Qualitative Evidence

- Qualitative findings can be instrumentally used in evidence-informed decision-making
- When qualitative research findings are shared with clients, the value of subjective experiences similar to their own are demonstrated.
- This may lead to increased communication, collaboration & goal setting between clinician & client.

Utility of Qualitative evidence

- Qualitative research is an important tool to:
 - study the ‘black box’
 - Understand process
 - Identify factors that influence success or failure of programs/policies
- Qualitative findings are often written as compelling narratives; these ‘stories’ can be powerful tools of ‘persuasion’

Symbolic Utilization

- The use of research evidence to support & validate a program, policy, service or position
- Using research as ‘political ammunition’
- Often perceived negatively or socially unacceptable
- But findings are championed, implemented and may influence positive outcomes

Symbolic Utilization of Research Evidence

- “[The policy] was legitimized through I thought a manipulation of research and I bet they handpicked those studies.”
- “the policy decisions were made and research was located which would confirm the decision as a valid one”
- “I think what has been done thus far has been very cherry picked and it’s fortified directions that the government wanted to take anyway.”

Researcher Responsibilities

- Assume responsibility for explaining the significance of qualitative health research findings
- Provide examples of potential utility of findings for professional practice & policy
- Provide decision makers with questions that they can ask to determine the 'fit' of the qualitative research findings to their context

Contact Information

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