A study on Physician’s Awareness of Evidence Based Practice in Chennai city hospitals

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Abstract

The Chennai city which is the health care hub of India has the effective, skilled and knowledgeable physicians in enough numbers. The confidence of the physicians identified through this study will provide a good perspective for the Chennai city hospitals and the patients.

Objective: To find the Physicians confidence level on awareness and knowledge about Evidence Based Practice.

Research methodology: A descriptive survey method was used to study the physician’s perspective and awareness level of Evidence Based Practice.

Findings: The adaptability of evidence-based practice is the most important part of the study. 65% of the physician’s says that is it moderately adaptable, this statement reveals that the physicians are aware about the time consuming and technical aspects of the EBP. The study findings say that 64% of the physician’s report that the EBP is increasing the Institutional capacity, this finds illustrate that the Evidence based Practice is very much required for the development aspect of the hospitals in the city. And 65% of physicians are saying that the technical quality of the EBP is commendable, this statement is highly encouraging to adapt the EBP practice.

Implications: The confidence of the physicians identified through this study will have a good perspective future for the Chennai city hospitals and patients.

Key words: Evidence Based Practice, Health care, Physicians awareness

1. Introduction

The Indian constitution narrates the “right to life” to be fundamental and the government should ensure the “right to health” for all. The 2015 draft national health policy proposes that the health is fundamental rights and views government’s participation as critical. The government health care structure is designed and operated as a three-tier service comprising of primary care, secondary care, and tertiary care facilities. In rural areas, primary health care is served through a network of series of sub centres, primary health canters, and community health centres. (MFHW Chap. 1, 2015) The primary health centre is the initial point of contact of health service between a village community and a health care professional and provides health service to 20,000 to 30,000 peoples, primary health care centres also serve as a referral centre for six sub centres. The private healthcare sector has expanded rapidly, and governments sponsored health schemes also rely on private hospitals as a part of the public private partnerships. Private health care centres currently provide about 80 % of outpatient care and 60 % of inpatient care. (MFHW Chap. 12, 2015) Despite this elaborate infrastructure, severe shortages of staff and supplies in public-sector health facilities remain. India’s doctor-to-population ratio is as per record 1:1,674, as the standard with the world health organization (WHO) suggested norm of 1:1,000, this situation that lead to in an acute shortage and uneven, distribution of doctors.

Medical and health care is one of the most dynamic human disciplines, and large amounts of money are spent annually on high-quality and sophisticated research, resulting in an exponential growth in health care literature. Regularly, new and more effective medicines, medical devices, and procedures are invented. One major objective behind all these efforts is to help doctors, nurses, and medical technicians provide the best possible care and treatment to patients. Evidence-based practice (EBP) is one such technique and is quickly gaining popularity.
due to its potential to effectively handle clinical issues and provide better patient care. Historically, care of the patient was influenced by the experiences and opinions of those involved in providing treatment. (Kania-Lachance DM, et.al. 2006) evidence-based practice marks a shift among health care professionals from a traditional emphasis on authoritative opinions to an emphasis on data extracted from prior research and studies. (Jette DU, et.al. 2003).

Health care in Chennai

The medical service lineage of the Chennai city initiated by the first hospital service of India opened at Fort St. George on 16 November 1664 by Sir Edward Winter to treat wounded soldiers of the East India Company. (Mushtaq, Muhammad Umair, January 2009) the hospital treatments and services are grew, expanded, and moved out from the fort, to its present premises in 1772, now that hospital named as the rajiv gandhi government general hospital, and allowed to Indians health service in 1842. (*History: 1639 A.D. TO 1700 A.D, 2012*)

Although the Western health care service in medicine was inducted to India by the Portuguese, the base for a systematised and widespread customer network of government-run hospitals began with the hospital in Madras, as the city was known then to all. the entire British colonial era, doctors and health service professionals from europe and Eurasia trained and practised at the first hospital service. In between the years of 1800 to 1850, four hospitals were established in Madras.(Mushtaq, Muhammad Umair, January 2009) In the year of 1835, Madras Medical College established, which is one of the oldest medical colleges of european medicine of health care service in asia. In the year of 1854 the British government accepted to supply health medicines and medical instruments and facilities to the growing health network service of small hospitals, dispensaries and government store depots medicine were established in Calcutta, Madras, Bombay, and Rangoon. (Mushtaq, Muhammad Umair, January 2009)

In the year of 1900, the christian medical college known as CMC, Vellore was established for service has attracted some of the good medical professionals in the United States. Healthcare service in Chennai now provided by both government and private hospitals. The Chennai city has four government medical colleges and one ESI medical college, apart number of from private medical colleges. The four government-run medical colleges include madras medical college, stanley medical college, kilpack medical college and government medical college omandhurar Government Estate.

In Chennai, one of the former superintendent of the Regional Institute of Ophthalmology in the city, Kirk Patrick, who was the first person to have found the adenovirus which is responsible for causing conjunctivitis, leading to the name Madras eye for the disease.(The Times of India, 2011) The city is known for prominent in specific transplant surgeries, with several city based hospitals registering number of transplant surgeries. Chennai city registered the first liver transplant surgery service in india, in the government stanley medical college in the 1990s. (Kumar, G. Pramod, 2012).

Research Gap

In the current world of health care scenario, the patients are expecting that the physicians armour should be more equipped. Instead of conducting a study on patient satisfaction, there is a research required how the physicians rating themselves about their awareness about evidence-based practice. Evidence-based practice is a problem-solving approach to the delivery of patient care that is supported by many researchers, as well as educators and practitioners in nursing and medicine. However, there are reports that only a small number of health care providers are using an evidence-based practice model to guide their clinical practice. It is believed that healthcare providers must learn about and apply the principles of evidence-based practice to their individual practice settings in order to deliver the highest quality of care that improves patient outcomes. This study will fulfill the answers the questions about the physicians’ awareness about evidence-based practice.

Objective of the study

The objective of the study is to find

- The physician’s level of confidence towards Evidence Based Practice.
- The physician’s awareness level towards the Evidence Based Practice.
- The physician’s level of confidence to implement Evidence Based Practice.
- The physician’s opinion about the technical quality of the Evidence based practice.

2. Research methodology
The Chennai city hospitals which are selected for this study are hub of Health care centres. A descriptive survey method was used to study the physician’s awareness about the Evidence Based Practice in Chennai city hospitals. 58 physicians were identified in various departments of the hospitals in Chennai city and the questionnaires were directly given to them and collected, out of 58 physicians 4 respondents did not complete the questionnaires, so finally 54 respondents were accepted for the study. The questionnaire had a five-point scale, (A= Very Effective, B= Effective, C= Satisfactory, D= Dissatisfactory, E= Highly dissatisfactory) additionally demographic data, which include age and gender were collected. The data was collected in the period of Aug’2019 to Feb2020. Statistical analysis was carried out using SPSS.

3. Findings and summery

The Study is focused on the physician’s perspective about the five important aspects of the evidence-based practice implementation and confidence in the health care centres and hospitals. 54 Physicians from various hospitals in Chennai were identified for the study.

Figure 1 shows that among the respondents 42 were male and 12 physicians were female.

![Figure 1: Gender division of respondents (n=54)](image)

(* Data presented in percentage)

Regarding familiarity on evidence-based practice, about 4% respondents were extremely familiar and none of the respondents reported not at all familiar with evidence-based practice. 18% of the 41 to 50 age group respondents stated that they were very much familiar with the EBP, 22% of the physicians in the age group of 41 to 50 reported moderately familiar with the approach. And the majority 43% of physicians in the age group of 30 to 40 associated themselves with slightly familiar option related to the evidence-based practice concept. The graphical representation of the same is presented in Figure 2.
Figure 2: Association of age and familiarity of Evidence Based Practice

Figure 3 narrates the impact of evidence-based practice on physician’s clinical practice. Among the respondents there were 4% of them reporting evidence-based practice extremely helpful in their clinical practice, 19% of them claimed it to be very much helpful and the majority of the respondents 46% answered that it was moderately helpful. 31% of physicians acclaimed that evidence-based practice was slightly helpful in the clinical practice.

Figure 4 depicts the association on age and belief on adaptability of evidence-based practice. 41% in the age group of 30 to 40 years believed that evidence-based practice can be moderately adaptable in their clinical practice, 9% in the same age group agreed it to be very much adaptable, and 6% affirmed it highly adaptable. Among the respondents in the age group of 41 to 50, 13% reported evidence-based practice as moderately adaptable and 11% claimed it slightly adaptable. 4% of respondents in the age group of 51 to 60 agreed to the concept that it was very much adaptable.
Figure 4: Association on age and belief on adaptability of evidence-based practice
* Data presented in percentage

Figure 5 depicts the Physicians agreement on Evidence based practice increasing Institutional capacity. 9% of physicians reported highly commendable and a majority 65% claimed it commendable in the institution capacity building. This reaffirms that evidence-based practice produces remarkable outcome in the clinical practice. 26% acclaimed that they were satisfied with the capacity building. And no respondents answered dissatisfactory or highly dissatisfactory.

Figure 6: Physicians rating on technical quality of Evidence based practice.
65% respondents rated evidence-based practice technical quality as commendable and 28% reported to be highly commendable, and 8% reported that they were satisfied with the technical quality.
Figure 6: Physicians rating on technical quality of Evidence based practice

This study results revealed the physician’s awareness level about the evidence-based practice and their opinion on its helpfulness in their practice. The adaptability of evidence-based practice is the most important part of the study and 65% of the physicians were with the opinion that it was moderately adaptable. This statement revealed that the physicians were aware about the time consuming and technical aspects of the EBP.

The study findings report that 64% of the physicians declared that evidence-based practice increases the institutional capacity illustrating that evidence-based practice is very much required for the development aspect of the hospitals in the city. 65% of physicians rated that the technical quality of the EBP was commendable, this statement is highly encouraging to adapt the EBP practice.

4. Conclusion

The Chennai city which is the hub of top-quality physicians in India has effective, skilled and knowledgeable physicians in enough numbers. The confidence of the physicians identified through this study opens a good perspective for the future of the Chennai city hospitals and patients. The physicians were confident to adapt the evidence-based practice which would in turn provide confidence to the medical centres to equip with more scientific instruments and other quality research programmes to their centres. This favourable condition will improve the quality of medical fraternity and other health care partners.

5. References