From Research Evidence to 'Evidence by Proxy'?

Organisational Enactment of Evidence-Based Healthcare in Four High-Income Countries

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Evolution of Evidence-Based Practice (EBP)

- Expansion of the notion of 'evidence'
  - Different types of research, not just RCTs
  - Tacit experiential knowledge(s)
- Institutionalisation of evidence-based practice
  - Centralised production of clinical guidelines
  - Ubiquity of the EBP rhetoric as 'the new orthodoxy'
- Spread of evidence-based practice across disciplines and countries
  - From medicine to other clinical professions and beyond
  - Internationally, as part of the New Public Management ideology

Research questions

- What forms of codified knowledge are seen as credible evidence?
- What is their impact on evidence-based nursing?
- How do the composition and impact of codified knowledge vary across different countries?

FLAME Project

- 'Facilitators and Leaders Actively Mobilising Evidence'
- Exploratory study of nursing leadership and facilitation roles in 4 countries
  - Canada
  - Australia
  - Sweden
  - UK
- Up to two healthcare organisations per country
- 55 interviews with nursing managers and facilitators

Some quotes…

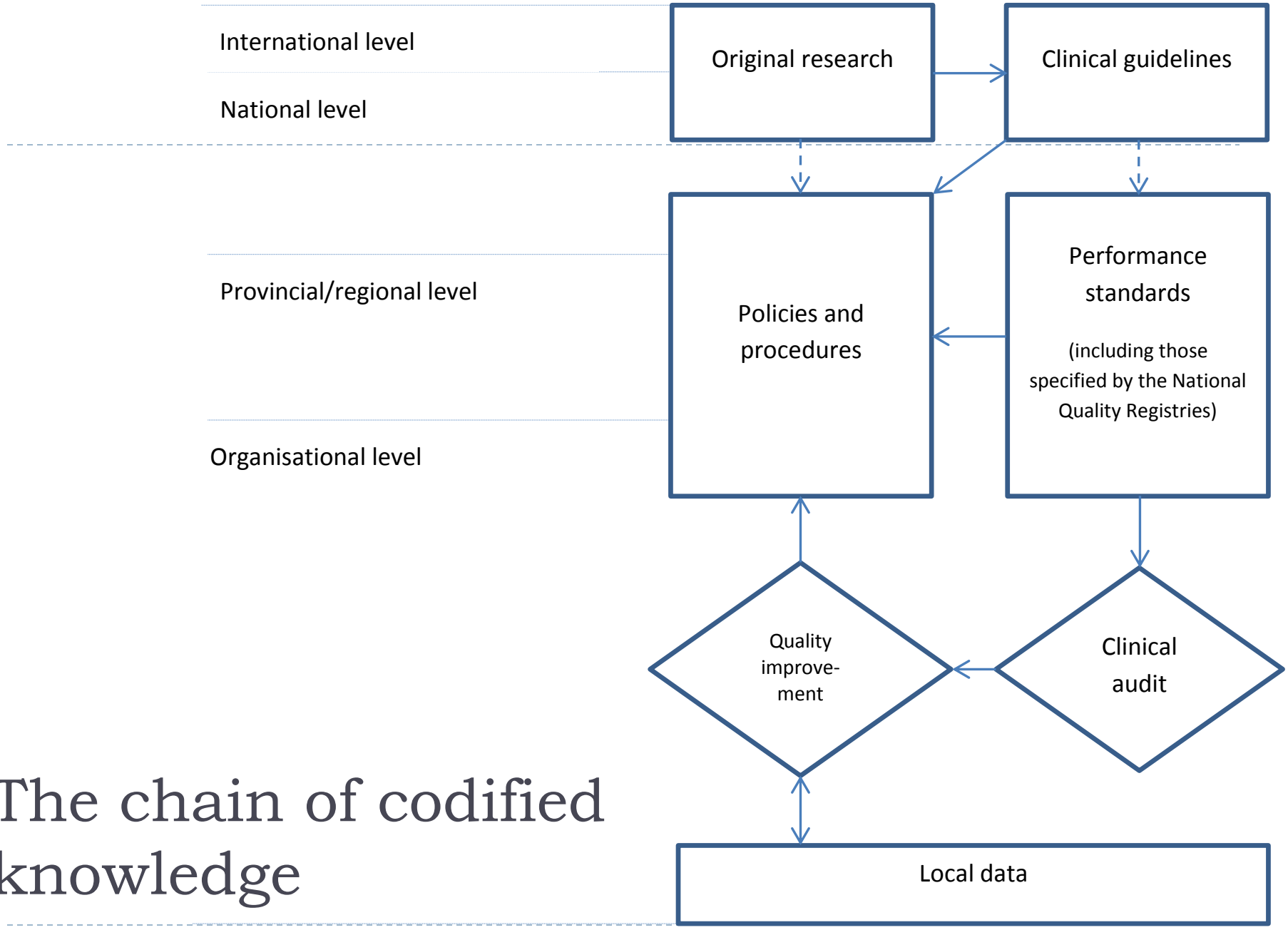
- 'I would imagine my staff, the way they would probably get the evidence is through our policies and procedures—would be 90 percent of how they get their evidence…'

  (Nursing manager, Australia)

- 'I trust the Trust. …You have to have faith and assurance in the departments that you are gaining that information from that they are using evidence-based guidelines... I wouldn't know for definite unless I asked to look at their research.'

  (Nursing manager, UK)

The chain of codified knowledge



Codified knowledge: cross-country influences

- Regulatory & performance management environment
  - National standards or registers: mandatory or not
  - Accreditation requirements
- History & time engaged in EBP
  - Supporting infrastructure
  - Culture, embeddedness
- Agency and roles
  - Designated facilitator-type roles
  - 'Hard' and 'soft' leadership

‘Evidence by proxy’

- Codified non-research knowledge that is, at best, informed by research evidence partly or indirectly but is nevertheless perceived as credible evidence
- Decision supports and other ‘bridging instruments’ *replace* research evidence rather than *enable* its uptake
- Consequences:
  - Over-reliance on ‘evidence by proxy’ leading to the detachment of frontline clinical staff from research evidence
  - Clinical specialists, hybrid clinician-facilitators and quality improvement experts as ‘translators’ of research evidence
  - Integration of locally collected forms of data, enabling bottom up improvement

Cross-country variability

- Two generic archetypes in relation to how the chain of codified knowledge is maintained:
  - Australia and UK: disciplinary power of standards and audit
  - Canada and Sweden: 'soft power' of designated facilitator roles

- Composition and circulation of codified knowledge is shaped by the ideological, historical and other macro-level factors
  - The degree to which the New Public Management paradigm is embedded