JOURNAL CLUB 評讀文獻

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Presenter: 戴仲宜

前言

- EBP自問世以來(1992~)，被多數健康照護專業人員認為能促進病患的照護品質，但其實行狀況仍不理想。
- Joint Commission International 與 Magnet hospitals 皆大力推行EBP。
- 本文期望能透過系統性文獻回顧，建立EBP在健康照護組織各層級的實行架構。

研究方法

- 由2位獨立研究者搜尋MEDLINE、EMBASE、Cochrane databases 等資料庫
- 搜尋範圍從2000年至2011年
- 目標為醫療照護機構的醫師、護理人員、管理者對於EBP的態度、知識、覺醒、阻礙、促進因素
- 共納入31篇文章，涵蓋17個國家，共10798位參與者

Table 1 Characteristics of included studies

Author	Year	Country	Teaching hospital(s)	Respondents	EBP aspects studied*
Ahmadi[17]	2008	Iran	Yes	Internal medicine interns, residents and fellows	1,2,3
Al-Almaie[18]	2004	Saudi Arabia	No	Doctors from various specialties	5
Al-Omari[19]	2009	Jordan	Both	Specialists, fellows, residents from various specialties	1,2,4,5,6
Al-Omari[20]	2006	Saudi Arabia	Both	Consultant physicians from various specialties	1,2,3,5
Amin[10]	2007	Ireland	Yes	Otorhinolaryngology surgical trainees	1,4
Andersson[21]	2007	Sweden	Yes	Trainee and specialist paediatric nurses	5
Brown[22]	2009	USA	Yes	Nurses from various specialties	5,6
Brown[23]	2010	USA	Both	Nurses from various specialties	5
Chiu[24]	2010	Taiwan	No	Doctors and nurses from various specialties	1,2,5
Gale[25]	2009	USA	No	Staff nurses and nurse managers from 8 ICUs	1,5,6
Gerrish[26]	2008	UK	Both	Nurses from various specialties	5
Hadley[27]	2007	UK	No	Junior doctors	1,2
Kitto[28]	2007	Australia	No	Surgeons	5
Koehn[29]	2008	USA	No	Staff nurses, unit managers, clinical advisors	1,5
Lai[30]	2010	Malaysia	No	Doctors, nursing and allied health staff before attending EBM workshop	1,5
Melnyk[31]	2004	USA	Unknown	Nurses before attending EBP workshops	1,5
Mehrdad[32]	2008	Iran	Yes	Clinical nurses and nurse educators	5,6
Mittal[33]	2010	India	No	Surgical trainees attending continuing education meeting	1,2,3,4,5
Nwagwu[34]	2008	Nigeria	Yes	Consultants in tertiary healthcare institutions	2,3
Olivieri[35]	2004	Denmark	Yes	Doctors from various specialties	2,4
Oranta[36]	2002	Finland	No	Staff and ward nurses	5,6
Palfreyman[37]	2003	UK	Yes	Nurses and physiotherapists from various specialties	2,5
Parahoo[38]	2001	N-Ireland	No	Medical and surgical nurses	1,5,6
Poolman[39]	2007	Netherlands	Unknown	Orthopaedic surgeons	1,2,4
Roth[40]	2010	Canada	Unknown	English-speaking urology residents participating in national review course	2,3,4,5
Scales[41]	2008	USA	Both	American Urology Association members	1,5
Sur[42]	2006	USA	Unknown	American Urology Association members	1,3,4
Ubbink[43]	2011	Netherlands	Yes	Doctors and nurses from various specialties	1,2,3,4,5,6
Ulvenes[44]	2009	Norway	Unknown	Reference panel of Norwegian physicians	1,2
Upton[45]	2005	UK	Unknown	Doctors from various specialties	2,5,6
Veness[46]	2003	Australia & New Zealand	Unknown	Radiation oncologists and registrars	1,2,3,4,6

*1=Attitude; 2=skills; 3=awareness; 4=knowledge; 5=barriers; 6=facilitators.
EBM, evidence-based medicine; EBP, evidence-based practice; ICU, intensive care unit.

Figure 1 Countries from which studies were included.

Table 2 Quality characteristics of included studies

Author	Centres (N)	Respondents (N)	Response rate (%)	Questionnaire robustness*
Ahmadi[17]	1	104	80	+
Al-Almaie[18]	3	273	67	–
Al-Omari[19]	5	386	97	++
Al-Omari[20]	9	178	86	++
Amin[10]	Countrywide	19	95	++
Andersson[21]	2	113	80	++
Brown[22]	1	458	45	++
Brown[23]	4	974	75	++
Chiu[24]	61	1156	69	++
Gale[25]	1	92	22	++
Gerrish[26]	2	598	42	++
Hadley[27]	Several	317	100	++
Kitto[28]	Several	25	50	+
Koehn[29]	1	422	41	++
Lai[30]	2	144	72	+
Melnyk[31]	Several	160	100	+
Mehrdad[32]	15	410	70	++
Mittal[33]	22	93	85	++
Nwagwu[34]	10	89	89	–
Olivieri[35]	1	225	60	++
Oranta[36]	2	253	80	++
Palfreyman[37]	1	106	24	++
Parahoo[38]	10	479	53	++
Poolman[39]	Countrywide	367	60	++
Roth[40]	Several	29	100	++
Scales[41]	Countrywide	365	72	++
Sur[42]	Countrywide	714	9	++
Ubbink[43]	1	701	72	++
Ulvenes[44]	Countrywide	976	70	–
Upton[45]	Countrywide	381	76	++
Veness[46]	Countrywide	191	79	++
Total	24 (77%)	25 (81%)	23 (74%)	24 (77%)
	>1 Centre	>100 Respondents	≥60% Response	

*Robustness based on pilot testing, previous validation, or Cronbach's α.

pilot testing, prior validation Cronbach's α

Table 3 Attitudes of doctors and nurses towards EBP

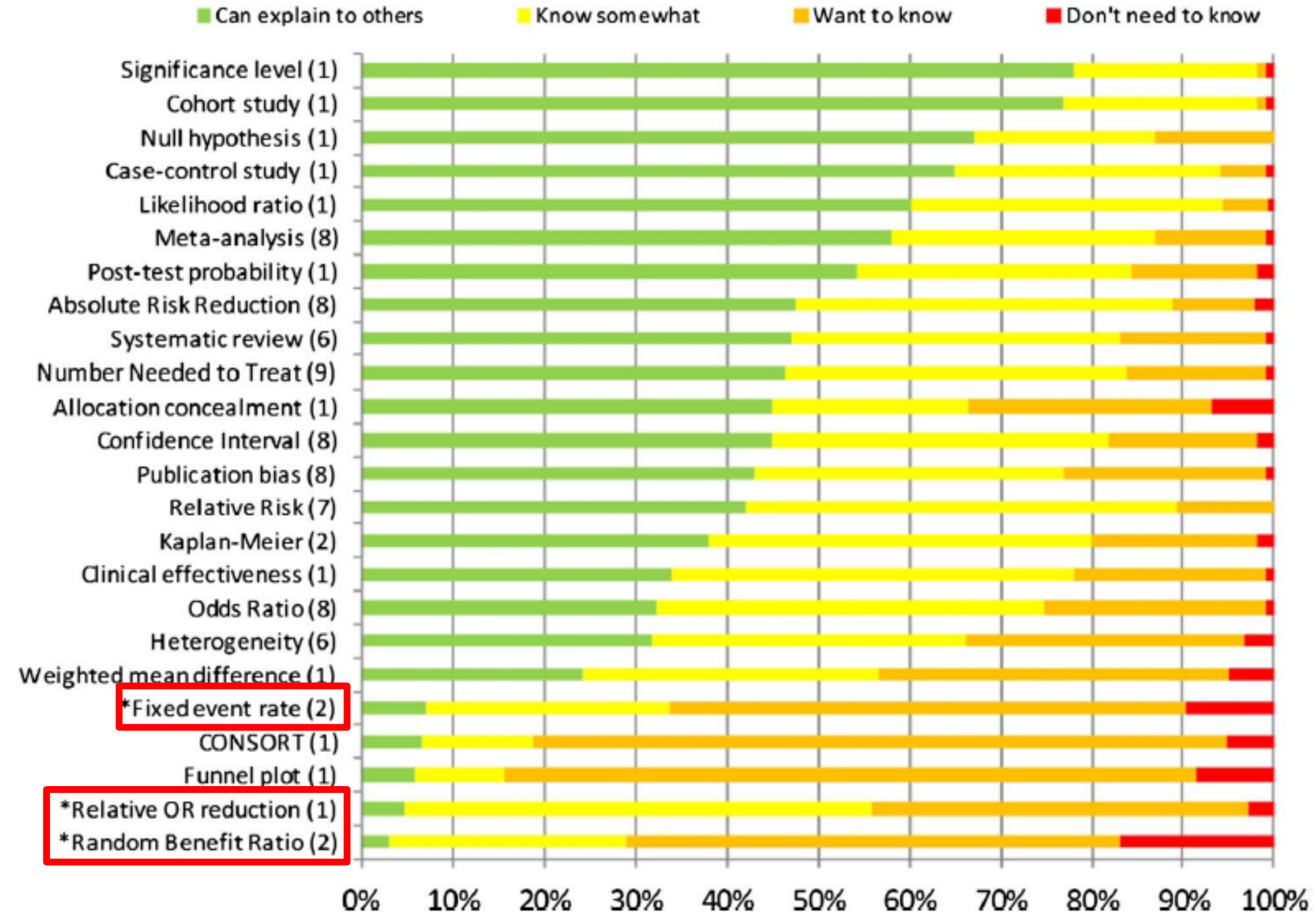
15個研究使用McColl問卷

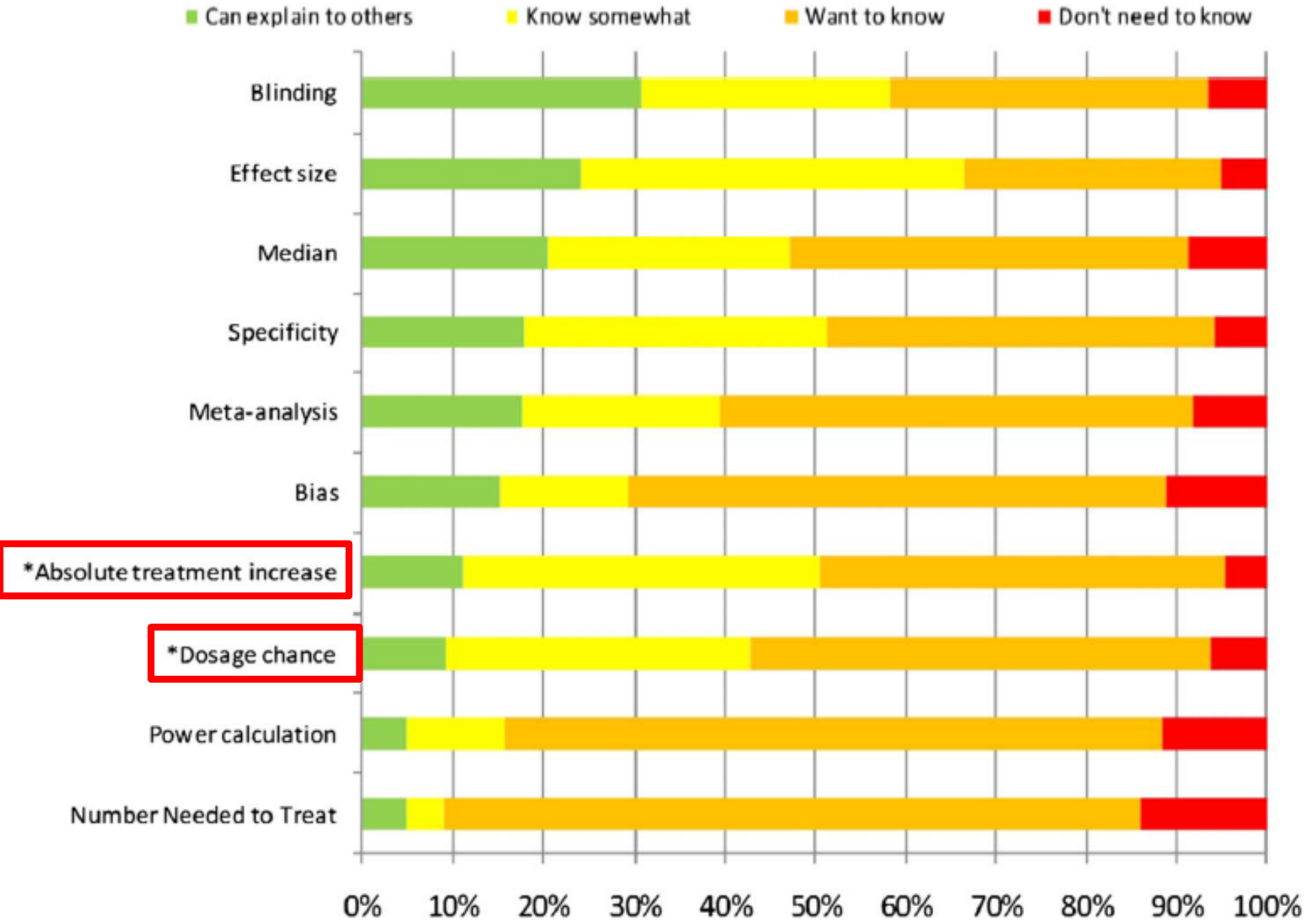
	Doctors Median (range)	Nurses Median (range)
Your current attitude towards EBP *Least positive (0) to Extremely positive (100)*	72.3 (49–97)	66.7 (55–85)
Attitude of your colleagues towards EBP *Least positive (0) to Extremely positive (100)*	61.0 (41–89)	48.0 (48–48)
How useful are research findings in daily practice? *Useless (0) to Extremely useful (100)*	80.0 (46–97)	62.0 (34–82)
What percentage of your clinical practice is evidence-based? *0% to 100%*	52.6 (40–80)	44.9 (44–46)
Practicing EBP improves patient care *Completely disagree (0) to Fully agree (100)*	80.1 (52–97)	80.7 (74–87)
EBP is of limited value in clinical practice, because a scientific basis is lacking *Completely disagree (0) to Fully agree (100)*	36.3 (3–43)	48.3 (48–49)
Implementing EBP, however worthwhile as an ideal, places another demand on already overloaded surgeons/nurses *Completely disagree (0) to Fully agree (100)*	51.4 (37–56)	55.2 (17–61)
The amount of evidence is overwhelming *Completely disagree (0) to Fully agree (100)*	53.5 (50–57)	No data
EBP fails in practice *Completely disagree (0) to Fully agree (100)*	39.7 (15–84)	41.0 (39–63)
EBP is important for my profession *Completely disagree (0) to Fully agree (100)*	68.3 (52–95)	61.6 (30–93)

Scores can range from 0 to 100.
EBP, evidence-based practice.

研究結果-知識與技能

- 問卷回覆率、文章出版年代與受訪者對EBP的態度無關
- 多數受訪醫師與護理師(中位數64%)認為自己的EBP知識不足
- 多數受訪者認為自己的EBP技能不足、需要訓練(中位數70%)
- 受訪醫師已接受過EBP訓練的比例從13%(印度外科醫師)到80%(伊朗內科醫師)
- 多數受訪者認為應用EBP最好的方式是臨床指引(中位數68%)，其次為證據摘要(中位數39%)及評讀技能(中位數36%)
- PubMed可近性最高 (至少88%，除了印度的58% 與約旦的70%) 、不論是在家或工作場所
- 但臨床決策多是查書或詢問同事，很少上網查資料庫


Can explain to others
Know somewhat
Want to know
Don't need to know
Significance level (1)
Cohort study (1)
Null hypothesis (1)
Case-control study (1)
Likelihood ratio (1)
Meta-analysis (8)
Post-test probability (1)
Absolute Risk Reduction (8)
Systematic review (6)
Number Needed to Treat (9)
Allocation concealment (1)
Confidence Interval (8)
Publication bias (8)
Relative Risk (7)
Kaplan-Meier (2)
Clinical effectiveness (1)
Odds Ratio (8)
Heterogeneity (6)
Weighted mean difference (1)
*Fixed event rate (2)
CONSORT (1)
Funnel plot (1)
*Relative OR reduction (1)
*Random Benefit Ratio (2)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%


Can explain to others
Know somewhat
Want to know
Don't need to know
Blinding
Effect size
Median
Specificity
Meta-analysis
Bias
*Absolute treatment increase
*Dosage chance
Power calculation
Number Needed to Treat
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

研究結果-對常用EBP資源的認識

- 約1/4的受訪醫師使用Cochrane Library (中位數25%)，而39%不知有此資料庫
- EBM雜誌使用的人有14%，不知道的有34%
- NGC的指引使用的人有8%，不知道的有48%
- ACP Journal Club使用的人有3%，不知道的有68%
- TRIP資料庫使用的人有15%，不知道的有71%
- 有2個研究顯示，這些認識在護理師之間更少

Table 4 Barriers to apply EBP as mentioned by doctors and nurses

Doctors and nurses alike

- Lack of time to read evidence or implement new ideas
- Lack of facilities or resources
- Lack of staff experienced in EBP
- Lack of training in EBP
- EBP is insufficiently supported by staff and management
- Evidence is not easily available
- Unawareness of research
- Evidence is not generalisable to own setting

Doctors

- Lack of evidence
- Conflicting evidence
- Evidence is not incorporated in clinical practice
- EBP negatively impacts medical skills and freedom

Nurses

- Evidence is written in foreign language
- Lack of authority to change practice
- Statistics or research is unintelligible
- Implications for practice are unclear

Stated are those ranked among the top ten in most studies.
EBP, evidence-based practice.

各研究對於組織內各層級EBP推行建議[1]

層級	介入措施	效果
世界	國際合作	拓展及促進Cochrane Systematic Reviews
	全球國際協會	推動EBP、讓EBP學習課程易取得
	科學期刊	教育上的努力、出版高品質期刊
國家	政府推動	EBP在各級學校及醫療機構施行
	制定法規	品質保證
	專業機構	實行EBP、使用指引
	設立國家相關機構	發展實證指引
	規劃及財務支持	Cochrane Library免費使用
	政策制定者、專業組織、健保公司、立法機關	推行EBP

各研究對於組織內各層級EBP推行建議[2]

層級	介入措施	效果
醫院高層	將EBP納入策略目標	系統性評估後設立目標、施行EBP與研究應用
	設立研究委員會	高品質研究
	分配預算	高品質研究
	在與主管們開會或巡視現場時進行系統性評估	提高醫院層級的EBP實行率及照護品質
	將各管理階層的EBP成果納入年度考核	提高醫院層級的EBP實行率及照護品質
	提供各管理階層工具及手段	有效學習及練習EBP

各研究對於組織內各層級EBP推行建議[3]

層級	介入措施	效果
主管	將EBP與政策整合於人員招募與晉用	實證管理、有實證精神的人力
	在現有人員中辨認EBP角色模範	
	以支持、擁護與促進的氛圍建立EBP的環境(如：誘因、回饋、正向的態度)	有效的工具以實行、學習、練習EBP 有相關知識的研究者、碩士級專家、研究部門
	與師資合作	以教育消弭組織障礙
	預算分配	每個照護點有更多專門人員、教育、活動、教具 參加繼續教育、國際會議
	提供人員非照護病人的工時	有參與EBP實行及活動、改變及改善照護品質的時間
	在每年考核時常規性評值病房層級的EBP表現	每年評值EBP活動實行狀況

各研究對於組織內各層級EBP推行建議[4]

層級	介入措施	效果
教育者	致力將EBP納入醫護各級教育中	各專業層級可進行系統性文獻回顧 促進稽核、回饋、系統性評值與需求評估 以生成符合需求、可行、符合現實的教育
	在制定課程時與醫療專業合作	EBP整合
	著重臨床與床邊實體教學	EBP整合
	互動式教學	E-learning模組
	EBP實習教育 在職教育	展延EBP教育
	評讀、解讀指引、研究、準則，基本的統計分 析、研究訓練、科技、品質發展、改變管理、成為角色模範、英語	最適化教育內容
	以EBP教育所有教育者	準備充分的教育者
	著重於專業責任	專業技能維持
	評值EBP教育效果	最適EBP教育

各研究對於組織內各層級EBP推行建議[5]

層級	介入措施	效果
教師與研究者	紀錄、分析與解讀行動成果 以簡潔溝通支持臨床專業人員	EBP實行
	採行多樣策略	推展研究成果、增值臨床成果
	與臨床人員密切合作	概念理解分享、處理與臨床相關問題
	成為角色模範	實際討論與病患相關問題
	呈現與推展研究	設計良好的高品質研究
服務	醫學圖書館	相關資源搜尋服務
	每一個點有電腦及網路	資源平等的途徑、專業量身訂做的EBP
	准許有各種EBP途徑的管理系統	友善、可靠、易讀及尚未評讀的資訊 提供工作所需資訊
	已透過系統性文獻回顧所檢力的 電腦決策支持系統	實行電子指引
	可近的評讀小組	相關文獻的易於評估
	實行指引	克服實行EBP的困難、行為改變

各研究對於組織內各層級EBP推行建議[6]

層級	介入措施	效果
個別場域	Journal clubs、grand rounds、交班、常規會議	EBP實行
	EBP活動專門人員與時間	單位個別性支持
	EBP導師的可近、改變導師、創新及教育者、電腦、EBP資料庫連結或網路	EBP實行
文化	每天強調EBP執業、強調EBP對病患的好處	
	活化護理師的自主權與賦權以影響改變	
	分享治理結構、從事研究	
	願意促進實行過程、包括實行研究的創新文化	
	展現應用研究價值的興趣與信念	
	開導專業人員決策時應用EBP	
	支持研究的文化	

步驟 1：系統性文獻回顧探討的問題為何？

研究族群 / 問題 (Population/ Problem)：	臨床醫療人員及管理者
介入措施 (Intervention)：	促進EBP應用的政策
比較 (Comparison)：	無
結果 (Outcomes)：	EBP知識、行爲、態度、覺醒

步驟 2：系統性文獻回顧的品質如何？(FAITH)

F - 研究是否找到 (Find) 所有的相關證據？

最好的狀況是？	我可以在哪裡找到這些資訊？
良好的文獻搜尋至少應包括二個主要的資料庫(如：Medline, Cochrane 考科藍實證醫學資料庫, EMBASE 等)，並且加上文獻引用檢索(參考文獻中相關研究、Web of Science, Scopus 或 Google Scholar)、試驗登錄資料等。文獻搜尋應不只限於英文，並且應同時使用 MeSH 字串及一般檢索詞彙 (text words)。	在文章的**方法(Methods)**章節，可以找到詳細搜尋策略的說明，包括使用的名詞，**結果(Results)**章節中可以找到本篇系統性文獻回顧評估的摘要及全文文獻數目、文獻納入與排除的數量及原因。資料可能會以圖表或 PRISMA 的流程圖呈現。

p.2

評讀結果：☑是 ☐否 ☐不清楚

Two of the authors (DTU, HV) searched the MEDLINE (using PubMed), EMBASE (using Ovid) and Cochrane databases from 2000 through 2011 for surveys or reviews of EBP attitude, knowledge, awareness, barriers and facilitators among nurses, physicians and managers in any clinical setting, that is, hospitals or other healthcare institutions, rather than general practice settings, on which a review has recently been published.[14] Reference lists of the included studies and reviews were checked for additional eligible papers.

In brief, our search strategy was (evidence-based[ti] practice OR evidence-based medicine OR EBM OR EBP) and (questionnaire* OR survey OR inventory) and ((barriers OR McColl) AND (knowledge OR attitude* OR aware* OR behavio*) and (hospital* OR clinic* OR medical cent*)). No language restrictions were applied. Papers in foreign languages, if any, would be translated if possible.

納入：

1. 2000-2011年探討EBP的態度、知識、阻礙、促進方法的文章
2. 研究對象包含各級醫療機構的醫師、護理師、管理者

排除：

1. 非醫療機構進行
2. 未包含醫師、護理師
3. 只針對某一特定疾病、指引、模式、技術等
4. 2000年前的文章

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Figure 1 Countries from which studies were included.

A - 文獻是否經過嚴格評讀 (Appraisal)？

最好的狀況是？	我可以在哪裡找到這些資訊？
應根據不同臨床問題的文章類型，選擇適合的評讀工具，並說明每篇研究的品質(如針對治療型的臨床問題，選用隨機分配、盲法、及完整追蹤的研究類型)。	在文章的**方法**章節，可以找到所使用的文獻品質評讀標準的描述，而**結果**章節則會列出每篇研究品質的評讀結果。

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評讀結果：☑是 ☐否 ☐不清楚

Quality assessment

Judgment of the quality of the surveys was based on the number of centres and respondents involved, response rates and robustness of the questionnaires used (through pilot testing, prior validation or internal consistency based on a Cronbach's α).

Table 2 Quality characteristics of included studies

Author	Centres (N)	Respondents (N)	Response rate (%)	Questionnaire robustness*
Ahmadi[17]	1	104	80	+
Al-Almaie[18]	3	273	67	–
Al-Omari[19]	5	386	97	++
Al-Oman[20]	9	178	86	++
Amin[10]	Countrywide	19	95	++
Andersson[21]	2	113	80	++
Brown[22]	1	458	45	++
Brown[23]	4	974	75	++
Chiu[24]	61	1156	69	++
Gale[25]	1	92	22	++
Gerrish[26]	2	598	42	++
Hadley[27]	Several	317	100	++
Kitto[28]	Several	25	50	+
Koehn[29]	1	422	41	++
Lai[30]	2	144	72	+
Melnyk[31]	Several	160	100	+
Mehrdad[32]	15	410	70	++
Mittal[33]	22	93	85	++
Nwagwu[34]	10	89	89	–
Olivieri[35]	1	225	60	++
Oranta[36]	2	253	80	++
Palfreyman[37]	1	106	24	++
Parahoo[38]	10	479	53	++
Poolman[39]	Countrywide	367	60	++
Roth[40]	Several	29	100	++
Scales[41]	Countrywide	365	72	++
Sur[42]	Countrywide	714	9	++
Ubbink[43]	1	701	72	++
Ulvenes[44]	Countrywide	976	70	–
Upton[45]	Countrywide	381	76	++
Veness[46]	Countrywide	191	79	++
Total	24 (77%)	25 (81%)	23 (74%)	24 (77%)
	>1 Centre	>100 Respondents	≥60% Response	

*Robustness based on pilot testing, previous validation, or Cronbach's α.

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I - 是否只納入 (included) 具良好效度的文章？

最好的狀況是？	我可以在哪裡找到這些資訊？
僅進行文獻判讀是不足夠，系統性文獻回顧只納入至少要有一項研究結果是極小偏誤的試驗。	在文章的**方法**章節，可以找到文章評估的方式，以及是由誰完成評估的，在**結果**章節則會提供審查者意見一致性的程度。

評讀結果：☑是 ☐否 ☐不清楚

p.2

Data items and synthesis of results

By means of a structured form, two researchers independently extracted data on study characteristics (including country of origin, publication year, type and number of respondents and type of clinics included), questionnaires used and EBP characteristics studied, in particular EBP attitude, knowledge, skills and awareness, and perceived barriers and facilitating factors for EBP implementation. We extracted in a qualitative manner the reported recommendations, if any, on how to overcome these barriers or how to exploit facilitators. These were grouped into solutions to be executed at various organisational levels. After one investigator had entered the data in the database, these data were checked for accuracy by a second.

T - 作者是否以表格和圖表「總結」(total up) 試驗結果？

最好的狀況是？	我可以在哪裡找到這些資訊？
應該用至少 1 個摘要表格呈現所納入的試驗結果。若結果相近，可針對結果進行統合分析(meta-analysis)，並以「森林圖」(forest plot)呈現研究結果，最好再加上異質性分析（見後文）。	在文章的**結果**章節，可以找到摘要的圖表，以及作者對系統性文獻回顧結果的解釋。

評讀結果：☑是　☐否　☐不清楚

Table 5 Structural incorporation of EBP at various levels as stated by the authors of the individual studies

Level	Intervention by	Effect	Author
Worldwide	International collaboration	Expansion and acceleration of the production and maintenance of Cochrane Systematic Reviews	Oliveri
	Global and international associations	Promotion of EBP	Olivieri
		Making EBP courses available	Sur
	Scientific journals	Educational efforts	Poolman, Veness
		Publishing high quality research	Scales, Sur
National	Governmental enforcement	EBP in all undergraduate and postgraduate healthcare educational institutions	Melnyk, Ubbink
	Installing and financing regulatory professional bodies	Quality assurance	Al-Almaie
		Practicing EBP	Melnyk
		Use of guidelines	Ubbink
	Installing and financing a national institute	Development of evidence based guidelines	Al-Almaie
	Arranging and financing	Free use of the Cochrane Library	Oliveri
	Policy makers, professional associations, health insurance companies and regulatory bodies	Promotion of EBP	Scales, Oliveri, Poolman, Melnyk

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H - 試驗的結果是否相近 - 異質性 (Heterogeneity)？

最好的狀況是？	我可以在哪裡找到這些資訊？
在理想情況下，各個試驗的結果應相近或具同質性，若具有異質性，作者應評估差異是否顯著(卡方檢定)。根據每篇個別研究中不同的 PICO 及研究方法，探討造成異質性的原因。	在文章的**結果**章節，可以找到研究結果是否具異質性，及造成異質性可能的原因探討。森林圖中可以找到異質性的卡方檢定結果。

評讀結果：□是　□否　☑不清楚

p.2

Meta-analysis was not planned because of the expected large range in geographical locations, caregivers investigated and questionnaires used. To summarise the results of the studies reporting on EBP attitudes and knowledge, we calculated the medians and report the ranges of the scores given for each item, for doctors and nurses separately. A possible association between response rate, year of publication and attitude towards EBP was calculated using Spearman's correlation coefficient. Statistical analysis was performed using PASW Statistics V.18.0 (IBM Inc, Armonk, New York, USA).

2003年美國的數據

- 2003年1月到10月問卷調查
- 160位參加EBP conference/workshop的護理人員
- 多數護理人員相信EBP能促進病人照護品質
- 多數護理人員對EBP認識不深
- 多數護理人員未應用EBP於臨床照護，亦不認為同儕有應用
- 互動式教育性質的workshop能增加護理人員EBP的知識和技能
- EBP導師可能促進EBP的臨床應用
- 國家層級的專責機構應推動EBP及研究轉譯

(Melnyk et al., 2004)

2007年台灣的數據

- 2007年2月到5月問卷調查
- 61家醫院，605位醫師、551位護理人員
- 醫師在實證態度、知識、技能、行為正向的比例均高於護理人員
- EBP推行障礙：

  缺乏-方便使用的工具、實證基本知識、專人推動、時間、文獻搜尋技能、文獻評讀技能

(Chiu et al., 2010)

2012年的系統性文獻回顧

- 搜尋範圍為1992年到2012年的系統性文獻回顧
- 目的：了解臨床工作者、醫療照護機構管理者及政策制定者應用系統性回顧文章於決策時的相關促進因素
- 共納入8篇文章
- 結論：經過整理組織、單一訊息、易於遵從的電子佈告，可能會促進應用實證知識，同時使用者需意識到依據實證改變是需要

(Murthy et al., 2012)

韓國經驗

- 2012年13名護理人員質性訪談
- 多數護理人員應用的實證：教科書、醫院標準規範、網路資訊
- EBP推行阻礙：缺乏便利途徑、忙碌、保險不給付、人力缺乏、組織氛圍及社會傳統不支持、護理人員在專業間的角色限制、缺乏相關知識與技能、守舊的態度
- EBP促進因子：溝通與分享、提供學習機會、團隊合作、組織文化、主管支持、學校及資訊系統協助、保險給付、增加參與研究機會、EBP重要性的覺醒、以病人為中心的想法

(Hwang, 2013)

討論 (本研究是否可用於臨床?)

- 設立專責機構推動EBP
  - 創造氛圍、組織文化
  - 設計量身訂作課程、workshop
  - 提供合適的Mentor、Role model
  - 提供臨床與學術的橋梁
  - 資源適當分配(預算、設備、人力….)
  - 與同儕或國際接軌

討論事項

- 本院的領導階層皆很支持evidence-based practice的推動與落實
- 本屆的實證醫學學會理事長及秘書長皆在本院，顯示本院有更佳的優勢發展evidence-based practice
- 種子人員須為跨專業團隊以期能全面性推動及落實
- 設置專責推動單位及mentor(或role model)，甚為可行，將於全院一級主會議中提出

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Thank you!