

## The Brazilian Centre for Evidence-based Healthcare: an Affiliate Centre of the Joanna Briggs Institute

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The idea of making health decisions based on scientific evidence does not constitute an innovation per se. Analyzing health care retrospectively, one can conclude that health decisions have been guided historically by a considerable list of evidence from diverse sources such as: scientific knowledge produced in studies designed with methodological rigor; synthesis of personal or professional experience; discussions with the health team, especially on unusual cases; opinions of colleagues and/or experts, published by media or at events that focus on the topic; perceptions of patients and workers, who have problematized the topic. All of this is conditional upon the resources available and thus does not always follow the logic of basing decisions on the best available evidence.

Based on the theory that the health-disease process is largely explained socially, and therefore its expressions involve the structures and dynamics of society, it can be claimed that finding evidence for action in health must involve going beyond searching for answers solely from clinical trials that are designed to minimise bias. We contend that evidence for healthcare can legitimately have sources from many types of studies – even the opinions of experts when these represent the *best available* evidence. The experiences and feelings of those who feel the effects of a health problem are sources of evidence – and such opinions are often only captured by qualitative studies.

The nursing field collaborates with the construction of health knowledge from different epistemological schools of thought and especially innovates to dialectically develop knowledge to respond to the social and relational dimensions of care. Findings from research studies with methodological designs that correlate with various schools of knowledge production reveal different aspects of a topic in healthcare; they integrate and articulate various understandings of a topic and thus seek to generate a diverse range of evidence through the use of quantitative designs, qualitative designs and mixed methods. Pearson suggests that *...health professionals consider evidence broader than evidence of effectiveness to inform their everyday practice*<sup>(1)</sup>. Pearson and other authors<sup>(2)</sup> argue that health professionals

...are interested in evidence of feasibility, appropriateness, meaningfulness and/or effectiveness (FAME):

Evidence of feasibility – the extent to which an activity is practical and practicable. Clinical feasibility is about whether or not an activity or intervention is physically, culturally or financially practical or possible within a given context.

Evidence of appropriateness – the extent to which an intervention or activity fits with or is apt in a situation. Clinical appropriateness is about how an activity or intervention relates to the context in which care is given.

Evidence of meaningfulness – how an intervention or activity is positively experienced by the patient. Meaningfulness relates to the personal experience, opinions, values, thoughts, beliefs and interpretations of patients or clients.

Evidence of effectiveness – is the extent to which an intervention, when used appropriately, achieves the intended effect. Clinical effectiveness is about the relationship between an intervention and clinical or health outcomes<sup>(2)</sup>.

Although nursing has a growing research profile and there is remarkable growth in this area, it has been acknowledged widely that there is little investment in studying how to implement the findings of research into policy and practice<sup>(3)</sup>. In the United States, it has been noted that while the general public might believe that the results of scientific research are readily used in health services, there is actually a considerable gap between the production and diffusion of knowledge and its adoption by health services<sup>(3)</sup>.

Many criticisms can be made to taking evidence as the only basis for decision making in health, and we share many of them. We concur with the view that evidence constructed from scientific studies should not become a *straitjacket* for the worker; rather, such evidence should, in our view, support decision making by providing knowledge produced by science. The effects of social and technical divisions of labor in health care are unlikely to be remedied by the use of evidence in practice, but it may be a tool for disseminating knowledge and discussion among health workers, which can improve health.

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When well constructed, with clear syntheses of scientific studies; well *translated*, based on theories that underpin the actions and processes recommended as best practice; and well implemented, in ways that are appropriate to different situations and realities and settings; evidence can support workers in decision making. Many workers are busy, reliant on the use of routines and have little chance to inquire about their practice or to look into the scientific findings, and often feel challenged about the decisions they make at work.

The Joanna Briggs Institute (or JBI, as it is known internationally) seeks to support the synthesis of evidence arising out of different sources of knowledge production. It also strives to promote and facilitate the transfer of such evidence to health practice, and to provide resources to assist in the implementation of evidence in a systematic and monitored way<sup>(2)</sup>.

The Institute initially focused on nursing concerns but gradually became a resource for most of the health professionals and policy makers/service planners who wish to access and use the best possible evidence when making decisions to meet health needs in different dimensions<sup>(4)</sup>.

The JBI is an international research and development organization, specialized in the development and training of researchers and health workers to synthesize and implement best practices in health, or evidence-based practices<sup>(5)</sup>. The Brazilian Centre for Evidence-based Healthcare: An Affiliate Centre of the Joanna Briggs Institute (CCJBI – Brazil) is the first JBI collaborating entity in Brazil and Latin-America<sup>(6)</sup>.

Placed in the School of Nursing, University of São Paulo, the CCJBI-Brazil engages in various activities, especially training, delivering annually to professors and graduate students the Comprehensive Systematic Review Training. This course certifies participants to register systematic review protocols in JBI. With that, reviewers can access standardized methods, through software, to conduct systematic reviews of quantitative, qualitative, textual and economic evidence<sup>(7)</sup>.

The CCJBI-Brazil understands that systematic reviews, and therefore the training to develop them, is the focus of its work at this time of center implementation in Brazil, but also recognises the challenge to initiate the development of activities related to the transfer and implementation of evidence in the hospitals and primary health care units linked to the University teaching, research and extension activities. The center invites everyone to discuss the role of evidence in health care, its limitations and challenges for improving the control by the worker of the labor process and the process of health production as a whole.

## References

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