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Perspective

Towards thirty years of evidence-based practice (II): A critical reflection on the healthcare management.

Hacia treinta años de práctica basada en evidencia (II): Una mirada crítica a la gestión en salud.

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The current outcomes after almost three decades of evidence-based practice highlights one of the aspects that, if we look to the future, will be key for this approach to lead to the massive materialization of its benefits, namely, that it is not enough that some professionals make their clinical decisions based on solid evidence, but rather that it requires systematization of mechanisms at all levels of health centers and other sectoral instances, and within the framework of a culture conducive to doing so, that turn that praxis into the common denominator. This depends to a large extent on managerial decision-making within health systems. In fact, the absence of such supportive environments creates barriers that prevent the full integration of evidence-based practice into activities done at operative levels, even when the assistant personnel have the skills for their proper application. This is demonstrated, for example, by a three-year study carried out in occupational health services in Sweden by Brämberg *et al.*[1]

They were able to determine that the managers' belief that the implementation of this approach was not a shared responsibility between them and the direct care providers, but exclusively of the latter, was one of the main causes that such implementation had not had the expected impact during the period analyzed, since that belief prevented the emergence of sufficient organizational support for the full development of evidence-based practice.

On the other hand, a study carried out in Australia by Bennett *et al.*[2] demonstrated that when such support does exist, not only is the use of evidence-based practice easier for those who already have the attitudes and skills necessary to do so, but also that a shared culture of valuing the importance of using robust research results in the selection of high-quality interventions is also strengthened. This in turn directs all efforts related to evidence-based health care provision to increasingly wider areas.

These and other experiences accumulated around the world confirm that the role played by the health manager is one of the factors that, to a greater extent, determine the success or failure of any attempt to generalize evidence-based practice. What is paradoxical is that managers often do not have either the evidence to guide them or the skills to build them, in addition to the difficulties that critical appraisal may entail for them, all due to the broad spectrum of types of information, both quantitative and qualitative, that are usually handled at the strategic levels of organizations and health systems.[3]

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One of the recurring failures identified has been the lack of policies focused on the development of these managerial skills to facilitate the implementation of evidence-based practice.[1,4] This has frequently made health management a barrier to the achievement of its massive and effective use. In fact, managers of health centers and networks, as well as those of the governing bodies of their respective systems, apart from being able to integrate evidence into their decision-making, should become the main promoters of that approach.

Some conceptual frameworks that have been proposed in recent years, and that extend the methodological aspects of evidence-based practice to the manager's activity, could contribute to the formulation of these policies. One of them is a model called *"Evidence-Based Health Managerial Decision-Making"*, whose effectiveness for the development of such skills has been demonstrated.[5]

Despite this, the lack of policies focused on the health manager has become a huge obstacle to their materialization. There is a gap between what is required for better functioning of health systems and what political decision-makers do to achieve it from their governing bodies and from other instances of the different levels of government,[6] mainly due to the tendency of these actors to establish priorities and design policies according to their own beliefs and political commitments.[7,8]

This problem calls for urgent action because the absence of government agendas involving initiatives related to the use of evidence-based practice, as a general focus of attention, limits even the actions of managers who do have the aforementioned skills to decision-making in the context of that approach.

In any case, the greatest obstacles to the generalization of evidence-based practice have concentrated in the management bodies of health organizations and networks. Such obstacles include insufficient knowledge about that approach and the little appreciation of its importance at these strategic levels. And this situation is aggravated by the limited capabilities, of these actors, to negotiate with political decision-makers the priorities and guidelines that allow the definition of evidence-based care models.

Overcoming these obstacles is not an easy task, especially due to the divergence of criteria among actors in the clinical and managerial fields, and in the area of macro health policy design. However, some steps can be taken to move in that direction. For example, health personnel can more actively make their managers aware of the need for evidence-based practice, which could significantly help them, once sensitized, to play an effective role of intermediation between direct health care providers and political decision-makers.

This would help minimize disagreement in the sector, which in turn would facilitate the definition of the aforementioned evidence-based care models, as well as the design of policies capable of strengthening the management of health centers and networks, especially through the development of managerial skills for their assumption. This task is, without a doubt, of colossal dimensions. However, today there is an advantage that is the product of more than twenty-five years of dissemination, application and evaluation of evidence-based practice: the very changes that this has produced in the way in which it conceives the role of health managers in regards to their massive integration within their organizations and systems.

Additionally, in recent years, evidence-based practice has been gaining more and more ground in discussions and high-level initiatives related to health policy formulation.[9,10] Unfortunately, progress that has been made so far in this sense is limited to very few problems and population groups, as revealed, for example, by the partial balance of ten years of action of the Evidence-Informed Policy Network, the platform that the World Health Organization has made available to the formulators of such policies so that they use solid evidence in their decision-making processes.[11]

Therefore, recommendations such as those provided here to minimize the existing gaps between the political, managerial and direct care provision spheres, in terms of assessing the need and ways of generalizing evidence-based practice, are now more relevant than ever. This is due to the fact that these recommendations seek to give a greater role in the promotion and use of this approach to those who are closer to health problems and, consequently, are able to identify and define them in a better way.

This role requires proactive attitudes that allow anticipation of the formulation of health policies and, more specifically, an organized pressure on political instances that may lead to their design being guided by both the principles of evidence-based practice and knowledge obtained from the systematic evaluation of its use in these almost thirty years. It only requires an effort of will for its assumption.

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