

Working Papers in the Health Sciences helps build the evidence base for practice

Working Papers in The Health Sciences (WPHS) is 1 year old. The journal was launched in the autumn of 2012 as an open access journal specifically to promote the development of health care knowledge and practice across the United Kingdom and beyond. As a peer reviewed journal which publishes high quality academic papers that showcases the work of emerging healthcare academics its primary goal is to help build and underpin the evidence base for practice. WPHS enables practitioners to learn the skills of evidence based practice through scholarly dissemination from a local, national and international perspective.

Importantly universities across the world have the research they conduct periodically assessed by independent bodies. This is because if someone such as a funding body or a government department is going to fund research the primary reason for doing so is to move the boundaries of knowledge forward and in the case of health care research this exercise is designed to make a positive difference to practice in some way.

Clinicians in health care practice such as nurses and physiotherapists will have been wondering what their academic colleagues have been doing in recent months as they have prepared themselves for the forthcoming interrogation of their research and research output .

Assessing the quality of health care research

Every 4 to 5 years the UK government as do other countries, puts a process of research assessment into place in order to judge the scope and quality of the research that is being carried out within the UK institutes of higher education. The research excellence framework (REF). (<http://www.ref.ac.uk/>) which was concluded in November 2013 mandated universities to collect information about research over a period of time and in this case from 2008 onwards .Individual universities have provided information about the grant funding that it has received to conduct research, the number of post graduate students that have completed doctoral studies and other information but principally that which is pertinent to the numbers of research active staff and importantly their research outputs. Output is measured primarily as empirical papers published in peer reviewed academic nursing journals which have the highest impact factor.

What is an impact factor?

Glasper and Fader (2013) indicate this to be a measure which signposts the average number of references (citations) to recently published articles in for example a nursing journal such as the Journal of Clinical Nursing. It is the impact factor of a particular health care journal that is often used as a representation of the relative importance of that journal within that field of healthcare. Consequently journals with higher impact factors are considered by the REF to be more important than those with lower impact factors. WPHS does not have an ascribed impact factor as it is designed to provide aspiring scholars such as post graduates with a venue for publishing their scholarly work and to develop academic writing skills which may eventually give them the confidence to submit their expanded work to an established journal with an impact factor.

The quest for evidence to underpin practice.

Although evidence-based practice (EBP) has been part of the health care nomenclature for some years it is in fact a relatively new guiding principle within health care. It was Sackett et al (1997) who were among the early protagonists of what is now referred to as the evidence-based practice movement (Bick and Graham 2010). Their definition “the conscientious, explicit and judicious use of current best evidence about the care of individual patients” (Sackett et al 1997 p 2) has since become the mantra of the health care professions. In August 2013 Don Berwick the chair of the National Advisory Group on the Safety of Patients in England published a report which recommended a range of important actions that leaders, clinicians, professional bodies, government agencies and others could take to improve the quality and safety of care in the National Health Service (NHS) but principally to ensure that all staff members operate with unequivocal transparency, in the service of accountability, trust, and the growth of knowledge. <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>
Berwick believes that the most important single change that could occur throughout the NHS in response

to his report is for it to become forthwith a health care system devoted to continual learning and improvement of patient care across all care and staff boundaries. As patient advocates health care professionals owe it to their patients to strive for care based on best evidence. Indeed, the professional regulators for the health care professions have this at the heart of their constitutions.

Building health care on the basis of best evidence is not new, with the first recorded randomised controlled trial (RCT) being cited in the Old Testament in the book of Daniel (Reid 2008) chapter 1 verse 1 through to 21. The Persians had invaded Israel and sacked Jerusalem capturing many Israeli children and the King, Nebuchadnezzar wanted some of the children of senior and royal Israeli families to adopt Persian culture and to become loyal to his throne.

This book of the bible is worth reading as it clearly describes a trial instigated by one of the Kings senior servants which compares differences attributable to a dietary intervention between two groups of Israeli children; one group eating the royal foods and wine of the Persian King, principally meat, and the second a group of royal Israeli children namely Daniel and 3 other friends who received a vegetarian diet in the form of pulses and drank only water. The aim of this comparative trial was to establish differences in "countenance", which usually refers to appearance especially of the face and how it is perceived by others. After 10 days, Daniel and the 3 other boys were perceived as having a better countenance than the other Israeli children who enjoyed the diet of the king.

However the first modern RCT to produce 'evidence' to answer a clinical question was conducted by James Lind a young naval surgeon's assistant whilst at sea in the Bay of Biscay during the French wars in 1747. Lind had a quest to discover the cause of scurvy, a condition caused by a nutritional deficiency of vitamin C that killed many sailors and passengers on long voyages at that time. (Harvie 2002). The trial was conducted on 12 men with scurvy where one group (n=2) received 2 oranges and 1 lemon a day. These two men made a good recovery, whereas the others who were given non citrus treatments including sea water consequently did not recover. However despite the evidence it was to be another 48 years before the British admiralty began to issue lemon juice to naval seamen for the prevention of scurvy. Modern health services cannot wait 48 years before published research is actually translated into a change in practice delivery and the REF is designed to elucidate the contribution of research and its application to practice.

How is evidence sourced?

Evidence-Based Practice (EBP) is a thoughtful integration of the best available evidence, coupled with clinical expertise and the patient's wishes. As such it enables health practitioners to address healthcare questions with an evaluative and quantitative approach. EBP allows the practitioner to assess current and past research, clinical guidelines, and other information resources to identify relevant literature, while differentiating between high-quality and low-quality findings. It is the production of this literature and the climate in which it is fostered which is the source of new knowledge that the REF seeks to assess.

For health care academics to be considered for inclusion in the 2013 REF they had to be classed as being somebody who is doing research as part of their work, and these individual researchers were asked as part of this exercise to submit their 4 best published papers written during the period since 2008, which was the year of the previous research assessment.

These papers will be judged throughout the early months of 2014 in a variety of ways, from being 4* which is classed as world leading research down to unclassified which is judged as probably not actually research. In between that there are various star ratings e.g. internationally and nationally recognised research and research which is of more local application.

The primary aim of an academic health care research unit within a university is to publish as many of the top quality papers 3* or 4* papers in order to be awarded the optimum rating.

The outcome of the 2013 REF is that university faculties will be given a grade point average over all, and this represents the quality of papers submitted in the exercise which is combined with other metrics of achievement such as completed PhD's and the amount of research funding received.

Why publish in WPHS?

The most innovative aspect of the 2013 REF was the requirement by universities to provide "Impact Case Studies". For every 10 members of research staff that were submitted to the REF exercise, one impact case study was needed to be written and it is these impact case studies which illuminate how the health care research that is being carried out within the Institution has made a difference indirectly or directly to patient care. Hence the impact case study is not a research outcome in terms of a research paper, but is a description of how things have changed as in for example a change in practice or a change in policy.

It is this which WPHS seeks to influence in giving emerging, new and established academics the opportunity of having aspects of their work peer reviewed and published. The 2013 REF represents a major change from that of the past and academics are now required to think more about their research from the grant gaining stage through to how their research is going to impact on their profession in that arena of practice and importantly how it is going to make a difference. WPHS facilitates for the individual contributor the potential of creating a portfolio of publications from early literature review stage through to the publication of emerging results. The impact factor inclusion of the 2013 REF is going to change the whole nature of health care research and it will prospectively affect how researchers think about their research and how it becomes part of practice. WPHS provides a vehicle for developing such a research profile and importantly the promotion of research based teaching where academics can publish work which will ensure that health care undergraduates are taught by academics who are actually undertaking the research which pushes forward the frontiers of care delivery or health care education. The REF is a very important measure of the success of health care academics and WPHS offers them a venue to initially show how their intended research will benefit patients or change practice. Pre REF publications can help build the evidence base for practice.

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Key points

- Evidence-based practice (EBP) is a vital part of the world of contemporary health care.
- The Research Excellence Framework (REF) is the new system for assessing the quality of health care research in UK Higher education Institutions.
- The REF seeks assurances that the research being carried out can be demonstrated as having made a difference to health care.
- The REF assessment now puts an onus on academics and researchers and the faculties in which they work to fully consider how implementation of findings can be articulated to the communities who are the intended recipients of the research.
- Publishing paper in WPHS is one way in which scholarly output can be articulated.

References

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