ABENFISIO

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HOW PHYSICIANS WORKING WITH PELVIC FLOOR DYSFUNCTIONS BASE THEIR CLINICAL PRACTICE: A QUESTIONNAIRE-BASED OBSERVATIONAL STUDY

COMO OS MÉDICOS QUE ATUAM NAS DISFUNÇÕES DO ASSOALHO PÉLVICO EMBASAM SUA PRÁTICA CLÍNICA: ESTUDO OBSERVACIONAL BASEADO EM QUESTIONÁRIO

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ABSTRACT

Introduction: Evidence-Based Practice (EBP) has been widely disseminated in recent years; however, there is still need to be a gap its use in clinical practice. **Objective**: To identify the profile among gynecologists and urologists who work with pelvic injury disorders in Brazil and the barriers faced in implementing EBP. **Methods**: A descriptive observational study will evaluate the knowledge, skills, barriers, and facilitators of EBP implementation in clinical practice. A questionnaire was sent out via social media and completed using the Google Forms digital platform between August 2022 and January 2023. After obtaining the descriptive results, a regression analysis was carried out using the Poisson model. **Results**: Sixty-three responses from gynecologists and urologists with an average age of 44.81 (± 12.01) years. Of the participants, 87.8% use articles as a method of updating, and a further 62% point to using WhatsApp groups as a social network for professional information. Approximately 85.7% understand the application of research results in clinical practice, and 95.3% consider EBP necessary for their clinical practice. The study showed that those who declared a better command of the English language had a higher prevalence of the number of items indicating that they had carried out EBP. **Conclusion**: physicians working with PFD report that they apply EBP routinely, update their knowledge through scientific articles and social networks, and use databases regularly. However, the lack of command of the English language was a barrier to implementing EBP in professional clinical practice.

Keywords: Cross-Sectional Studies; Evidence-Based Clinical Practice; Evidence-Based Medicine; Women's Health.

RESUMO

Introdução: apesar de a Prática Baseada e Evidências (PBE) ter sido amplamente difundida durante os últimos anos, ainda é necessário avaliar quais as barreiras que impedem que os profissionais de saúde a utilizem no seu dia a dia. **Objetivo**: identificar o perfil entre os médicos ginecologistas e urologistas que atuam com as disfunções do assoalho pélvico no Brasil e as barreiras enfrentadas para implementação da PBE. **Método**: estudo observacional descritivo para avaliação do conhecimento, habilidades, barreiras e facilitadores da implementação da PBE na prática clínica. O questionário foi enviado através das mídias sociais e preenchido pela plataforma digital Google Forms no período entre agosto de 2022 e janeiro de 2023. Após a obtenção dos resultados descritivos, foi realizada uma análise de regressão utilizando o modelo de Poisson. **Resultados**: foram analisadas 63 respostas de médicos ginecologistas e urologistas com idade média de 44.81 (± 12.01) anos. Dos participantes, 87,8% utilizam artigos como métodos de atualização, e outros 62% apontam o uso de grupos do WhatsApp como rede social de informação profissional. Aproximadamente 86% compreendem a aplicação dos resultados de pesquisas na prática clínica, e 95,3% consideram a PBE importante para sua prática clínica. O estudo mostrou que aqueles que declararam melhor domínio da Língua Inglesa apresentam maior prevalência de quantidade de itens que indicam realização da PBE. **Conclusão**: os médicos atuantes nas disfunções do assoalho pélvico relatam que aplicam a PBE rotineiramente, atualizam seus conhecimentos por meio de artigos científicos e redes sociais e utilizam bases de dados com frequência regular. No entanto, a falta do domínio do idioma Inglês foi uma barreira para implementação da PBE na prática clínica profissional.

Palavras-chave: Estudos transversais; Prática clínica baseada em evidências; Medicina baseada em evidências; Saúde da mulher

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INTRODUCTION

The pelvic floor (PF) is an anatomic structure with neurologically directed muscular and fascial components and a specific biomechanical function. The PF is essential for pelvic girdle stability, continence, voiding, defecation, sexual function, and delivery. Pelvic Floor Dysfunctions (PFDs) are a group of disorders characterized by interrelated symptoms of gynecology, urology, colorectal, and general pelvic pain. PFDs are responsible for provoking symptoms such as voiding or defecation disorders, pelvic organ prolapses, sexual dysfunctions, and pelvic pain. PFDs impact various patient life domains, including psychological, physical, social, and sexual well-being. The PFD treatment has been recommended as part of a multidisciplinary approach to evaluating and managing those disorders. PFD needs a correct diagnosis and adapted PF training based on the best evidence for effective patient treatment[1,2].

Evidence-Based Medicine (EBM) is the choice of excellence to guide clinical decisions. It is also the combination of the physician's experience with the patient's preferences, and it is a way of improving the clinical practice and limiting errors when there is no evidence in the literature to identify the gold standard and thus evaluate the best existing possibilities[3]. Trained professionals are expected to add the best evidence and patient expectations to their clinical experience, always considering that none should be superior[4].

Despite its apparent benefits, various types of barriers to the implementation of EBM have currently been identified; among them[5-8] have already identified a lack of resources, difficulty in understanding the data, and a lack of time, demonstrating that its use is inconsistent in medicine as well as in other areas of health. According to Flippin and Wagner[9], one of the main challenges in implementing Evidence-Based Practice (EBP) is the search for reliable data for clinical practice.

So, to prove the applicability of EBP and improve care for PF dysfunctions, this study aims to identify the professional and demographic profile and analyze how physicians who work with PF dysfunctions base their clinical practice, as well as the barriers and facilitators to their implementation of EBP.

MATERIAL AND METHODS

Study design, setting, and participants

This was a descriptive observational study carried out using the Google Forms platform following the Good Clinical Practice Guidelines, adopted by Strengthening the Reporting of Observational studies in Epidemiology (STROBE) and the Checklist for Reporting of Survey Studies (CROSS) Guidelines[10,11].

The research, approved under number 5.186.049 (CAAE: 51438021.5.0000.5404) by the ethics committee of the State University of Campinas (UNICAMP), Campinas, SP, Brazil, was conducted by the Urophysiotherapy Laboratory of the Postgraduate Program in Surgical Sciences at the Faculty of Medical Sciences – UNICAMP from August 2022 to January 2023

The study included Brazilian physicians from Urology and Gynecology specialties who self-declared that they worked with urogynecological dysfunctions related to the PF and had a registration number from the Council of Medicine. Invitations were sent out through social media and WhatsApp groups from PFD professionals known as ALAPP (1025 members) and Uroginap (391 members). Posts were made using informative videos and images on social media from the Urophysiotherapy Laboratory of UNIFAL-MG, which has 545 followers, and emails were sent to the respective societies requesting that the questionnaire be forwarded to professionals. Those who disagreed with the informed consent form by the Declaration of Helsinki were excluded. As discontinuation criteria, multiple participants in the study via e-mail registration were excluded.

Measurement and quantitative variables

A questionnaire made available on the Google Forms digital platform consisting of 48 questions in Portuguese, including professional profile, knowledge, barriers and facilitators, and the application of EBP, constructed using the Delphi method, looking for an opinion from the group of experts about the questionnaire efficiency[12].

Variables

Age (in years), length of professional training (in years), schooling (lato sensu and stricto sensu), professional practice (predominance of professional activity in care, teaching, and/or research), self-declared level of English language proficiency (classified as good, reasonable or low), use of resources for Continuing Education – CE (multiple choice between manuscripts, congresses, courses, journals, study groups, and social media), evidence-based practice questionnaire adapted from Silva, Costa and Costa[6] about consisting of twenty-two questions about the implementation and its difficulties in using EBP in clinical practice classified as total or partial disagreement, neutrality and total or partial agreement following the guiding question "Do I have difficulty in implementing EBP in my clinical practice?". This questionnaire was developed by physical therapists from questions based on previous EBP studies, and it's not specific to Medicine or PFD.

Bias

Anonymous, a self-reported study that requested the participants' CRM number and email address to ensure the consistency of the inclusion criteria. The data was processed per the General Data Protection Law – LGPD – No. 13,709 of August 14, 2018.

Statistical analysis

Data were analyzed descriptively using frequency and percentage. The prevalence ratio between positive and negative answers to the guiding question and its association with the number of actions taken was verified using the Poisson regression model. The analyses were conducted using R software, with a significance level 0.05.

RESULTS

After sending out the questionnaires, 63 responses were obtained from gynecologists and urologists with a mean age of 44.81 (± 12.01) years.

Table 1 shows the demographic characteristics of the professional profile. Observing the level of education, most physicians (57.1%) have a medical residency, and 73% hold the title of specialist from the corresponding societies. Regarding the characteristics related to their professional practice, 49.1% work exclusively as urogynecologists in the care sector, and 50.9% associate teaching and/or research with care. As a predominant practice, 60.3% said they worked in the private practice. As for their language skills, 44.4% said they understood, spoke, read, and wrote English well.

When analyzing the behavioral profile of urogynecologists about EBP, it became clear that they use scientific articles (87.8%), courses (78.2%), and books (59.1%) as their preferred methods of updating. Observing databases, physicians access Cochrane (68.4%), SciELO (65.2%), Google Scholar (35.1%), PubMed (23.8%), and Lilacs (23.8%). Concerning the frequency of access to databases, 6.3% of participants accessed databases daily, 41.3% accessed them 1-3 times a week, and 34.9% accessed them 1-3 times a month. Regarding using social networks to access the EBP, 62% of participants mentioned WhatsApp groups, 50.8% Instagram, and 9.5% did not access social networks for knowledge.

Table 1. General and specific professional profile

PROFESIONAL CHARACTERISTICS	n=63
ACADEMIC FORMATION	
Academic formation time mean (±SD)	18.86 (±12.04)
Type of university/college (f/%)	
Public	31 (49.2%)
Private	32 (50.8)
Level of education (f/%)	
Bachelor's degree	3 (4.8%)
Specialization latu sensu / Medical or professional residence	36 (57.1%)
Strictu sensu (Master's degree / Doctorate or Postdoctoral degree)	24 (38.0%)
Specialist title (f/%)	46 (73%)
CURRENT PRACTICE	
Assistance	31 (49.2%)
Assistance / Teaching	11 (17.5%)
Assistance / Teaching / Research	18 (28.6%)
Assistance / Research	1 (1.6%)
Teaching	1 (1.6%)
Teaching / Research	1 (1.6%)
Research	0 (0.0%)
PREVAILING PRACTICE (f/%)	
Own private office	38 (60.3%)
Hospital, clinics or health services	8 (12.7%)
Public service	10 (15.9%)
Others	7 (11.1 %)
ABILITYS (f/%)	
English language skill	
Understand well, speak well, read well, write well	28 (44.4%)
Understand reasonably, speak reasonably, read reasonably, write reasonably	24 (38.1%)
Understand little, speak little, read little, write little	11 (17.5%)
RESOURCES FOR LEARNING AND UPDATING KNOWLEDGE (f/%)	
Update methods	
Manuscripts	*55 (87.8%)*
Courses	*49 (78.2%)*
Books and Informative magazines	*39 (62.3%)*
Meetings, study groups and/or social networks	*49 (78.2%)*
Social networks (f/%)	
Did not answer	6 (9.5%)
Whatsapp groups	39 (62%)
Instagram	32 (50.8%)
Facebook	2 (3.2%)
Youtube	29 (46%)
Databases (f/%)	
Scielo	41 (65.2%)
Lilacs	15 (23.8%)
Google Schoolar	22 (35.1%)
Pubmed	*58(92.2%)*
Cochrane	*30 (42.8%)*
Others	9 (14.4%)
I've never used them	1 (1.6%)
Frequency of database use (f/%)	
Every day	4 (6.3%)
1 to 3 times a week	26 (41.3%)
1 to 3 times a month	22 (34.9%)
Once every 2 months	7 (11.1%)
Very rarely	3 (4.8%)
I do not use databases	1 (1.6%)

Data presented in absolute frequency (f) and percentage (%). ±SD: standard deviation

Table 2 shows the percentage of physicians who answered the questions about their knowledge of EBP and its barriers and facilitators. The majority of physicians know what EBP means (71.4% totally agree and 22.2% partially agree), see the core elements of EBP (58.7% totally agree and 27% partially agree), have a clear understanding of the use of research results in the clinical practice (54% agree and 39.7% partially agree) and believe they have sufficient knowledge to implement EBP in the clinical practice.

Regarding skills and resources, 55.5% of physicians disagreed that they have no incentive to implement EBP in their daily practice, and 52.4% also disagreed that they have no discussions about EBP in their workplaces.

Table 2. Knowledge of Evidence-Based Practice/Barriers and Facilitators

	I totally disagree	Partially disagree	Neutral	I partially agree	I totally agree
I know the meaning of the term PBE	1 (1.6%)	0 (0.0%)	3(4.8%)	14(22.2%)	45 (71.4%)
I had no experience with PBE during my graduation	17(27.0%)	17(27.0%)	9(14.3%)	8 (12.7%)	12 (19.0%)
I had no experience with PBE during my postgraduate studies	29(46.0%)	8 (12.7%)	13(20.6%)	7 (11.1%)	6 (9.5%)
The knowledge I had during my graduation in relation to PBE was sufficient to exercise my professional practice	13(20.6%)	15 (23.8%)	11(17.5%)	15 (23.8%)	9 (14.3%)
The knowledge I had during my post-graduate studies in relation to PBE was sufficient to exercise my professional practice	6 (9.5%)	10 (15.9%)	14 (22.2%)	17 (27.0%)	16 (25.4%)
I understand the core elements of PBE.	0 (0.0%)	2 (3.2%)	7 (11.1%)	17 (27.0%)	37 (58.7%)
I have a clear understanding of the use of research results in the clinical practice	0 (0.0%)	1 (1.6%)	3 (4.8%)	25 (39.7%)	34 (54.0%)
I am not aware of how to interpret statistical results of studies	20 (31.7%)	19 (30.2%)	7 (11.1%)	10 (15.9%)	7 (11.1%)
I believe I have enough knowledge to implement PBE.	5 (7.9%)	8 (12.7%)	5 (7.9%)	22 (34.9%)	23 (36.5%)
I am not interested in deepening my knowledge of PBE.	42 (66.7%)	6 (9.5%)	6 (9.5%)	3 (4.8%)	6 (9.5%)
I have no incentive to implement PBE in my daily practice	22 (34.9%)	13 (20.6%)	8 (12.7%)	11 (17.5%)	9 (14.3%)
I don't have discussions about PBE in my workplace.	18 (28.6%)	15 (23.8%)	4 (6.3%)	9 (14.3%)	17 (27.0%)

Data presented in absolute frequency (f) and percentage (%). ±SD: standard deviation

In Table 3, regarding the practical application of EBP, most physicians ask patients about their preferences (96.9% totally or partially agree) and inform patients about the treatment options, taking them into account when making decisions (100% totally or partially agree).

The majority of physicians say that EBP is essential for clinical practice (95.3% totally or partially agree), that a large part of their decision-making regarding the treatment of their patients incorporates EBP (92.1% totally or partially agree), and 90.5% totally or partially disagree with offering the latest, even though they are not sure if there is research to prove it. Despite this, approximately 40% agree or partially agree that an expert's opinion in their field is the most critical factor in the decision-making process.

Table 3. Practical Application of Evidence-Based Practice

	I totally disagree	Partially disagree	Neutral	I partially agree	I totally agree
I ask my patients about their preferences and consider them in my decision-making	1 (1.6%)	1 (1.6%)	0(0.0%)	18 (28.6%)	43 (68.3%)
I inform my patients about their treatment options and involve them in decision-making.	0 (0.0%)	0 (0.0%)	0(0.0%)	7 (11.1%)	56 (88.9%)
***I have difficulty implementing the best evidence in my practice**	*25 (39.7%)*	*26 (41.3%)*	*4(6.3%)*	*7 (11.1%)*	*1 (1.6%)*
I always offer what I see as the newest, even if I'm not sure if there are researches that prove it	43 (68.3%)	14 (22.2%)	1(1.6%)	3 (4.8%)	2 (3.2%)
PBE is important for my clinical practice	2 (3.2%)	0 (0.0%)	1(1.6%)	11 (17.5%)	49 (77.8%)
Much of my decision-making regarding the treatment of my patients incorporates PBE.	1 (1.6%)	0 (0.0%)	4(6.3%)	23 (36.5%)	35(55.6%)
The opinion of an expert in my field is the most important factor in my decision-making process	15 (23.8%)	19 (30.2%)	4(6.3%)	21 (33.3%)	4 (6.3%)
The use of the best current scientific evidence does not benefit the quality of health services.	48 (76.2%)	9 (14.3%)	2(3.2%)	1 (1.6%)	3 (4.8%)

Data presented in absolute frequency (f) and percentage (%). ±SD: standard deviation;
**Guiding question*

As shown in Table 4, although the variables age (p<0.0001), length of training (p<0.001), level of qualification (p<0.001) and predominance of clinical practice (p<0.001) were statistically significant, the prevalence ratio indicating a greater number of responses favorable to the implementation of EBP was only identified in the English language domain (p<0.001), demonstrating that those who declared themselves to have a poor English had fewer items indicating the implementation of EBP (prevalence ratio 0.68).

Table 4. Factors associated with the difficulty in implementing the best evidence by professionals working in pelvic floor disorders

Variable	Sig model (p)	Prevalence ratio	CI95%
Age	<0.0001	1.00	0.99 – 1.01
Academic Formation Time	<0.001	1.00	0.99 – 1.01
Schooling			
Graduation	<0.001	Ref	Ref
Lato sensu		1.07	0.77 – 1.49
Strictu sensu		1.16	0.85 – 1.62
Practising			
Office	<0.001	Ref	Ref
Clinic		0.88	0.72 – 1.07
Public Service		0.89	0.74 – 1.06
English skills			
Good	<0.001	Ref	Ref
Reasonable		0.94	0.82 – 1.08
Poor		**0.68**	**0.56 – 0.83**

The Poisson Regression Model
Ref: reference
Sig model: p-value
CI: Confidence Interval

DISCUSSION

This study analyzed the profile of gynecologists and urologists who work with PF dysfunctions in Brazil, showing that 87.8% of the participants reported using scientific articles to update their knowledge. It is essential to highlight the limits of scientific evidence when we need robust evidence in rare cases, for example. In these cases, EBM may be replaced by alternative treatments or thoughtful approaches. Another problem is the assertion that the absence of proof is synonymous with the lack of benefit. All healthcare professionals need to understand the principles of EBP and have a critical attitude toward their practice and evidence[13].

In the study, it was observed that poor command of the English language was a barrier to the use of EBP in the clinical practice of these professionals. Another important finding was that 62% of physicians use WhatsApp groups, and 50.8% use Instagram to seek professional information.

One way to apply EBP in professionals' daily lives is to provide CE as a safer form of updating. CE results from an evolutionary process of activities involving professionals' training and qualification in reviewing the procedures and techniques they developed to avoid mismatches between the care provided and new ways of providing healthcare assistance. In educational processes, the subject who learns, the object to be learned, and the knowledge resulting from the interaction between the subject and the object and the instructor, as facilitators of this process, are considered essentia[l4,15].

The purposeful incorporation of the best evidence in decision-making has become known as EBM, which, together with the clinical judgment and the patient's opinion, comprise the pillars of EBP[16]. Comparing EBP to a food pyramid, the top represents the best evidence, such as randomized clinical trials or systematic reviews. Meanwhile, intuition, experience, and expertise are at the bottom of the pyramid[17].

Social networks are powerful tools that instantly connect national and international communities, contributing to rapidly disseminating news, education, and research, including health information18. Although the platforms can facilitate the acquisition and propagation of knowledge quickly and efficiently, professionals should always be encouraged to seek out original articles to avoid misinformation being disseminated. Wang et al.[19] warn that social networks should be used carefully so as not to contradict one of the pillars of EBP since not all the information found on social networks comes from reliable studies. In addition, even with reliable research, re-reading of the information by the content producer can favor bias. According to Cheston et al.[20], social networks can be sources of scientific study. On the other hand, Wageck et al.[21] found that 57% of social media posts on physiotherapy interventions had potential conflicts of interest, and only 9% were intended to facilitate knowledge acquisition.

Of the 632 publications, 14% cited bibliographic sources; of these, 51% were consistent, while 6% presented only positive results. The fact that the publication does not cite the references means that it is considered the author's personal opinion, limiting the information provided by the public knowledge and the author's subjective perception. Although social networks are a good channel for disseminating knowledge, there is still the risk of personifying a profile as a professional with sufficient knowledge of the topic described. There is a growing prospect of health professionals using social networks to search for patients and update their knowledge actively. There is an alert to the challenges neglected by health professionals in the face of a hypercompetitive market, which puts the implementation of EBP at risk of patients' expectations, who often demand conduct that is still without evidence or of low value seduced by social media marketing or fake news[21,22].

Our study showed that 40% of physicians consider the opinion of a specialist in their field to be the most essential factor in the decision-making process. This can be explained by the fact that medical education was primarily conducted through dogmatic lessons from the teacher to the student for many years. According to Koretz[16], even today, during visits and rounds in hospitals with the chief physicians, it is possible to observe that the process is typically characterized by the most experienced physician in the group dictating to the resident physicians what conduct he thinks should be taken based on his clinical judgment and them complying with his orders.

Observing access to databases, the physicians in this study used PubMed (92.2%) and SciELO (65.2%) most frequently, while Cochrane (42.8%) and Lilacs (23.8%) were less frequently used. In comparison, 44.4% of physicians said they understood English well, spoke it well, read it well, and wrote it well, which is a favorable fact for reading scientific articles in international databases. According to Silva et al.[23], the language barrier can hinder accessing international databases. However, Brazil has extensive free access to databases through BIREME and the CAPES journal portal. In our study, we found that 41.3% of participants reported accessing databases between 1 and 3 times a week, which is a point that favors the implementation of EBP.

Although the physicians in this study

declared themselves adept at using EBP, their low level of English was one of the barriers to implementing EBP due to its inherent difficulty in accessing good quality content.

There is a growing prospect of health professionals using social networks as an active search for patients and updating their knowledge. However, Ferguson[22] warns of the challenges neglected by health professionals in the face of a hypercompetitive market, which puts the implementation of EBP at risk of the patient's expectations, who often demand conduct that is still without evidence or of low value, seduced by social media marketing, which corroborates the findings of Wageck et al.[20], emphasizing the importance of ethics and quality management of the content circulating on the platforms.

Physicians' low level of participation in the questionnaire demonstrated a particular area for improvement in applying this type of study in our country. Furthermore, the participants were not asked to read the full texts, which could facilitate the interpretation and critical analysis of the results presented in the manuscripts.

CONCLUSION

The medical professionals, gynecologists, and urologists who work with PF dysfunctions report that they apply EBP routinely, update their knowledge through scientific articles, and use databases regularly. However, the study identified that the need for more command of the English language can be an essential barrier to implementing EBP in professional clinical practice. In addition, it was found that these professionals widely use social networks to update their knowledge.

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