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ATTITUDE TOWARDS EVIDENCE BASED PRACTICE AMONG OCCUPATIONAL THERAPIST'S

Medical Science

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ABSTRACT

Aim: The aim of this study is to find out the attitudes of occupational therapist's towards evidence based practice.
Objectives: To collect preliminary data such as age, gender highest qualification and working area.
To assess the attitude towards evidence based practice among occupational therapist's .
To compare the attitude among occupational therapist's based on age.
To compare the attitude among occupational therapist's based on gender.
To compare the attitude among occupational therapist's based on experience.
Data Collection Procedure: Data were collected based on selection criteria. Practitioner background questionnaire and evidence based practice attitude scale 50 items version have been used to collect data.
Data were collected by giving the tools directly and also with mailed survey.
Conclusion: This study concludes that attitudes towards evidence based practice are comparatively better in male than female occupational therapist's. Better attitude towards EBP was observed among occupation therapists having more than 3 years of experience. Post Graduates attitudes towards EBP was comparatively better than graduates.

KEYWORDS

Evidence based practice, Occupational Therapy, Attitudes.

INTRODUCTION

Evidence based practice (EBP) is an approach that emphasizes finding and using the best current research evidence to make new health care decisions (Sackett et al., 2011). The goal of EBP is to give patients up to date treatment that research has shows to be safe, effective and efficient. Ultimately, the goal of EBP is to continuously improve patient care based on new research developments (Rinchuse et al., 2008).

The world health organization emphasized that health and social services should be based on the best research evidence. Also the importance of EBP has been shown as 28% of improvement in patient outcomes when clinical care was based on evidence rather than traditional practice. Evidence based practice implementation is associated with all aspects of quality in health care such as efficient use of resources improvement of patient care, decreasing costs and length of hospital stay, increasing patient satisfaction and elimination of unnecessary practices.

Despite the substantial advantages of EBP, the implementation in clinical environments has been challenging. The greatest barriers were lack of time and lack of skills to find and manage research evidence. Other barriers such as language barriers, inability to access interpret and use the research findings, and knowledge deficit about EBP were reported. Studies in Arabic countries showed approximate results. In as study that was conducted in Oman 83% of nurses were moderately successful in searching the internet, while only 36% of the nurse has adequate searching skills using the data bases. Also the findings indicated that nurses had lower scores on knowledge and skills and moderate scores on attitudes.

Knowledge skills, attitudes and practice are the keystone of implementing Evidence Based Practice. Findings from previous studies indicated that nurses knowledge, attitudes and beliefs about EBP can play a crucial role to the extent to which EBP is implemented. Consequently, knowledge attitudes can potentially predict future behavior in regard to EBP implementation.

NEED FOR THE SUTDY

Most of studies were found among nurses and medical practitioner, only few studies were found about evidence based practice attitudes among occupational therapists, also published studies are not available in India. Hence this study is being initiated by the researcher.

AIM

The aim of this study is to find out the attitudes of occupational therapist's towards Evidence Based Practice.

OBJECTIVES

- To collect preliminary data such as age, gender highest qualification and working area of participants.
- To assess the attitude of towards evidence based practice among occupational therapist's.
- To compare the attitude among occupational therapist's based on Age.
- To compare the attitude among occupational therapist's based on Gender
- To compare the attitude among occupational therapist's based on Experience.

REVIEW OF LITERATURE

Evidence- based practice is an interdisciplinary approach to clinical practice that has been gaining ground following its formal introduction in 1992. It started in medicine as evidence-based and spread to allied health professions, educational fields and others.

Evidence based practice is most widely defined as: “The conscientious, explicit and judicious of current best evidence in making decisions about the care of individual patients”. Evidence based practice is a problem solving approach that incorporates the best available scientific evidence, clinicians expertise and patients preferences and values. The intended effect of evidence based practice is to standardized health care practices to science and best evidence to reduce illogical variation in care, which leads to unpredictable health outcomes.

Several researchers have looked to the interdisciplinary literature to develop EPB dissemination and implementation theories to help guide efforts. For example, applying Rogers (2003) diffusion of innovations theory, some researchers have hypothesized that therapists must possess adequate knowledge of and favorable attitudes toward EBP in order to adopt them (Aarons, 2004; Addis & Krasnow, 2000; Fixsen et al., 2005; Nakamura et al., 2011).

Over time as more researchers began to focus on dissemination and implementation science (DIS), theoretical frameworks specific to EPB have begun to emerge (Fixsen et al., 2005). In an effort to condense numerous dissemination and implementation theories across a variety of disciplines, Damschroder and colleagues (2009) created the consolidated framework for implementation Research (CFIR). The CFIR is a synthesis of existing DIS theories that highlights five major domain (i.e intervention characteristics, outer setting, inner setting, individual characteristics, and process) and 39 constructs nested within those domains. Importable to the current study, the individual characteristics domain contains the sub-domains of knowledge and beliefs, attitude, self-efficacy, individual stage of change, individual identification with an organization and other personal attributes. Although empirical investigations specifically examining the CFIR's overall structure have yet to emerge, numerous EBP- related dissemination and implementation studies have separately examined

one or more of its domains an sub domains (Amodeo et al., 2011 and Fixsen et al., 2005).

Specifically related to the Individual Characteristics domain, therapiets EBP attitudinal and knowledge measures have been developed (Aarons 2004) and studied in community mental health settings (Izmirian & Nakamura, 2015) Research in this area tends to suggest that therapists general knowledge (Nakamura et al., 2011), beliefs about training in the effective use EBP (Borntrager et al., 2009; Shafran et al., 2009) are common moderators in EBP DIS.Therapist Characteristics and EBP Use Numerous investigations have focused on specific therapists characteristics associated with EBP use in order to hopefully facilitate effective dissemination efforts. The 13 studies indentified and reviewed included: (a) empirical investigations with (b) clear definitions of EBP use, that (c) measure attitude and/or knowledge, and (d) used analyses which examined variance accounted for regarding EBP use (e.g, linear regression). Therapist characteristic from these studies included EPB knowledge and attitudes and therapist demographic variables such as age, sex, ethnicity, theoretical orientation, degree, professional specialty, of these studies as they related to therapist knowledge attitudes, and demographic variables are presented below.

Classic EST paradigms have sometimes received numerous criticisms along efficacy, effectiveness, and dissemination and implementation parameters, for example, and often-cited criticism as related to therapists attitude towards these treatments center on their attitudes towards treatment mineralization (Herschell, Kolko Baumann, & Davis 2010).

The other method by which EBP has come to be conceptualized arose partially in response to problems with a potential over-abundance of manualized approaches from which therapist can choose from when deciding to utilize a manual. For example, within the problem area of disruptive behavior, a quick Amazon search at the time this paper was written lists 410 manuals related to disruptive behavior. In an effort to help address this type of problem, Chorpita, Daleiden and Weisz (2005) introduced the distillation and matching mode (i.e. now more commonly referred to as a 'common elements' approaches) for summarizing and leveraging the youth treatment outcome literature. Specifically, when clustered by youth problem area, this method distills treatment manuals into techniques common across empirically supported study groups. For example, the technique of exposure would be considered a common element of anxiety/Avoidance treatment in that it is present in 85% (n=98) of the 115 EBP study groups for Anxiety/ Avoidance (Practicewise, LIC 2013). In their most recent published updated of the treatment outcome literature, Chorpita and colleagues (2011) coded over 600 treatment study groups for a number of youth problem area such as Anxiety / Avoidance and Disruptive baheviour. The common elements approach has been utilized for helping with practice monitoring and feedback purposes by the State of Hawai Department of health (Chorpita & Daleiden, 2007; Chorpita & Deleiden, 2009; Higa-Mcmillan Kimhan Powell, Daleiden & Mueller 2011).

Mohamad Eid Aburuz, Haneen Abu Hayeah
This study revealed that nurses attitude toward EBP had the highest mean score followed by the knowledge / skills and then the practice. Female nurses reported practiced EBP less than males. Nurses with MSC degree have more positive attitude, reported higher levels of knowledge and skill than BSC nurses. Nurses working in ICU have higher levels of knowledge and attitude than nurses working in general wards. Furthermore, nurses working in private hospitals have higher levels of knowledge attitude and practiced EBP more compared to nurses working in governmental and royal medicine service hospital.

Olfat. A, Aishah Alamrani, Monirah M, Albloushi
The study reflects that though the two studied hospital have some similar characteristic the nurses knowledge / skills, attitudes would be different due to difference in organizational culture. Moreover, the study supported the argument that there is a high correlation between knowledge, attitude and practice. Further investigation regarding the effect of gender difference in EBP is recommended.

Azza H.M. Hussein and Rehab G. Hussein
This study explained nursing educators showed a positive attitude toward evidence based practice. Certain barriers were addressed which could hinder their smooth adoption to evidence based practice. It is therefore, desirable that the management of schools of nursing and health care agencies should develop a comprehensive strategy for building evidence based practice competencies' through proper training.

Christos D. Melas, Leonidas A.
This study suggests confirmative factor analysis found that Chinese social workers' attitudes towards evidence based practice can be captured by four distinct constructs. 1. Intuitive appeal of evidence based practice, 2. Likelihood of adopting evidence based practice given requirements to, 3. Openess to change and 4. Divergence of usual practice with research base dinterventions. Scores on the evidence based practice attitude scale indicated that Hong Kong Social Workers have less positive attitudes towards evidence based practice, compared to their western counterparts.

METHODOLOGY

Descriptive cross sectional research design was adopted in this study. A total of 64 samples were involved in this study by convenient sampling method. Samples were selected from Tamilnadu and Kerala states.

Inclusion criteria

- Occupational therapiest with minimum baccalaureate degree in Occupational Therapy.
- Both male and females therapists were included.
- Regularly practicing occupational therapists are included.

Exclusion criteria

- Therapist without regular practice are excluded.

Data Collection Procedure

Data were collected based on selection criteria. Practitioner background questionnaire and evidence based practice attitude scale 50 items version have been used to collect data.

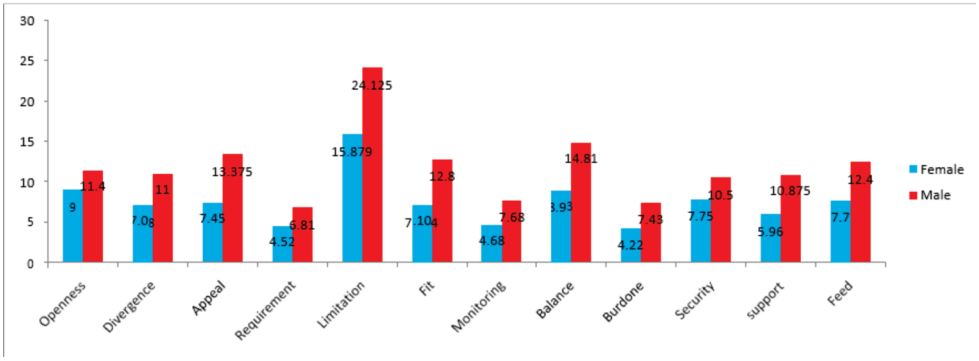
Data were collected by giving the tools directly and also with mailed survey.

After the data collection process scores were tabulated and statistically analyzed.

Data Analysis

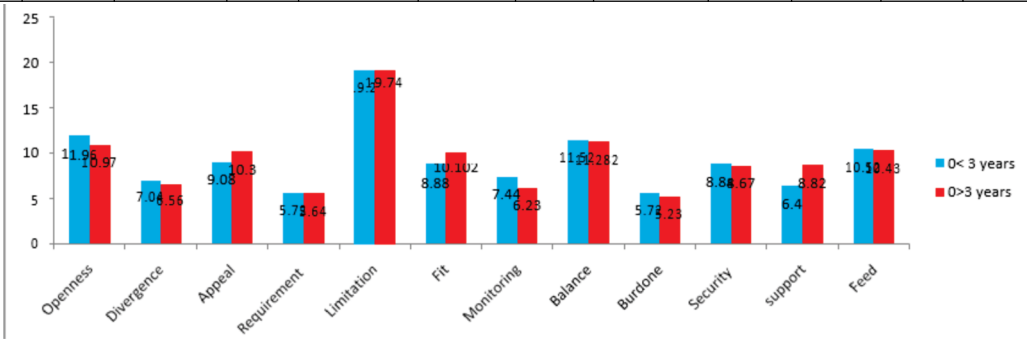
Comparison Of Attitude Towars Eivdence Based Practice Between Male And Female Occupational Therapists

	Openness	Divergence	Appeal	Requirement	Limitation	Fit	Monitoring	Balance	Burdon	Security	support	Feed
Female	9	7.08	7.45	4.52	15.879	7.104	4.68	8.93	4.22	7.75	5.96	7.7
Male	11.4	11	13.375	6.81	24.125	12.8	7.68	14.81	7.43	10.5	10.875	12.4



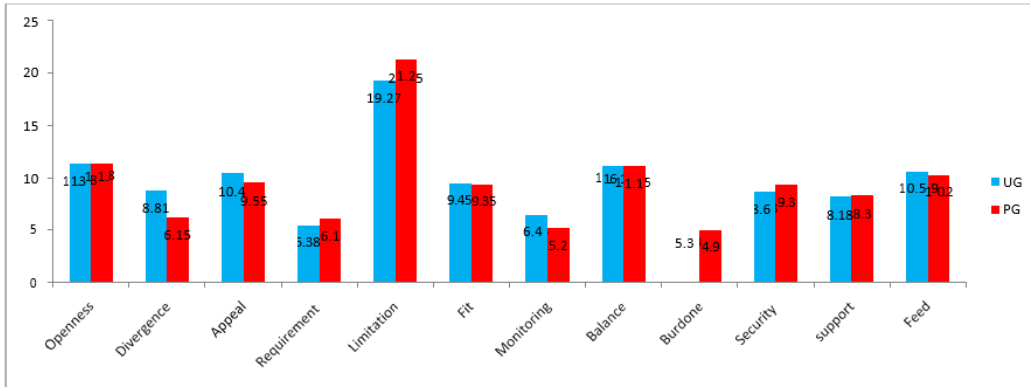
Comparison Of Attitude Towars Eivdence Based Practice Between Occupational Therapists With Bachelor Degree And Master Degree

	Openness	Divergence	Appeal	Requirement	Limitation	Fit	Monitoring	Balance	Burdon	Security	support	Feed
Less Than 3 yrs	11.96	7.04	9.08	5.72	19.2	8.88	7.44	11.52	5.72	8.84	6.4	10.52
More than 3 years	10.97	6.56	10.3	5.64	19.74	10.102	6.23	11.282	5.23	8.67	8.82	10.43



Comparison Of Attitude Towars Eivdence Based Practice Between Occupational Therapists Upto 3 Years Experience And Above 3 Years Experience

	Openness	Divergence	Appeal	Requirement	Limitation	Fit	Monitoring	Balance	Burdon	Security	support	Feed
UG	11.38	8.81	10.4	5.38	19.27	9.45	6.45	11.61	5.34	8.68	8.18	10.59
PG	11.8	6.15	9.55	6.1	21.25	9.35	5.2	11.15	4.9	9.3	8.3	10.2



DISCUSSION

This study aimed at to identify the attitudes of occupational therapists towards evidence based practice. Survey had been conducted among occupational therapists in Tamilnadu and Kerala. Total of sixty four occupational were involved in this study from various districts of Tamilnadu and Kerala. Evidence based practice attitude- 50 item questionnaires was used to assess the attitudes of occupational therapists. The survey results are discussed below.

Table 1 and graph 1 shows that comparison between male and female occupational therapists towards, evidence based practice in openness component mean value of male is 11.4 and female is 9.In divergence component mean value of male is 11, female is 7.In appeal and requirements the mean values of male therapists are 13.3 and 6.81. in female the mean values are 7.4 and 4.52. In limitation, fit and monitoring components the mean values of male therapists are 24.1, 12.8, 7.6 and mean value of female therapists are 15.8, 7.1 and 4.6.In balance, burdon and severity components the mean values of male therapists are 14.8, 7.4 and 10.5 and mean value of female therapists are 8.9, 4.2 and 7.7.In support and feed back component the mean values of male therapists are 10.8, 12.4 and mean value of female therapists are 5.9 and 7.7.

These findings suggested that male therapists are showing higher attitudes in all components of evidence based practice than female therapists.

Table 2 and graph II shows the comparison of between UG and PG Occupation therapists towards evidence based practice.In openness component mean value of UG is 11.38 and PG is 11.8. In divergence component mean value of UG is 8.81, PG is 7. In appeal and requirements the mean value of UG therapists are 10.4 and in PG the mean values are 5.38 and 6.1.In limitation, fit and monitoring components the mean values of UG therapists are 19.27, 9.45 6.45 and mean value of PG therapists are 21.25 9.35 and 5.2.

In balance, burdon and security components the mean values of UG therapists are 11.61, 5.34, 8.68 and mean value of PG therapists are 11.35, 4.9 and 9.3.In support and feedback components the mean value of UG therapists are 8.18, 10.59 and mean value of PG therapists are 8.3 and 10.2

These finding suggested that PG therapists are showing better attitudes in all components of evidence based practice than UG therapists.

Table 3 and graph 3 shows the comparison between experience 0-3 years more than 3 years occupational therapists towards evidence based practice. In openness component mean value of 0-3 year is 11.96 and more than 3 years is 10.97. In divergence component mean value of 0-3 years 7.04 and more than 3 years 6.56. In appeal and requirements the mean values of 0-3 year therapists are 5.72 and 19.2. In more than 3 years mean values are 10.3 and 5.64.In limitation, fit and monitoring components the mean values of 0-3 year therapists are 19.2, 8.88, 7.44 and mean value of more than 3 years therapists are 19.74, 10.102 and 6.23. In balance, Burdon and security components the mean value of 0-3 year therapist are 11.52, 5.72, 8.84 and mean value of more than 3 years therapists are 11.282, 5.23 and 8.67.In support and feedback component the mean value of 0-3 year therapists are 6.4, 10.52 and mean value of more than 3 year therapists are 8.82 and 10.43.

These findings suggested that more than 3 year therapists are showing better attitudes in all components of evidence based practice than 0-3 years therapists.

CONCLUSION

This study concludes that attitudes towards evidence based practice are comparatively better in male than female occupational therapists. Better attitude towards EBP was observed among occupation therapists having more than 3 years of experience. Post Graduates attitudes towards EBP was comparatively better than graduates.

Limitations

- The sample size was small.
- The study conducted only on Tamil Nadu and Kerala States.

Recommendations

- Further study can be conducted all over India.
- Variables such as Teaching profession, Private practitioners, Practitioners in government sectors, different practicing areas can be compared.

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