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Occupational Therapy Practitioners' Perceptions of the Effectiveness of Employer-Sponsored
Evidence-Based Practice Activities

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Kelli Spayd

2022

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Executive Summary

Background: Evidence-based practice is an expectation for the practice of occupational therapy, however, practitioners are not engaging regularly in it. Employers have started to offer activities, such as journal clubs and case studies, or access to research articles and continuing education activities, to help increase evidence-based practice use.

Purpose: The purpose of this descriptive open-ended survey study was to evaluate the perceived effectiveness of employer-sponsored evidence-based practice activities by occupational therapy practitioners. It was the goal of the research to answer the question: what are occupational therapists' perceptions regarding employer-sponsored evidence-based activities?

Theoretical Framework. The Model of Human Occupation provides the theoretical framework by looking at how the practitioner's clinical skills and practice (output) are perceived to be influenced by employer-sponsored activities (input).

Methods. This study was a descriptive study design utilizing a combination of open and closed-ended survey questions on an online platform to gather the perceived opinions of employer-sponsored evidence-based practice activities. The researcher aimed to gather information from the participants based on their reality and knowledge in relation to themselves and their time.

Results. A total of thirty-six participants responded, demonstrating an overall approval of employer-sponsored activities and cited their perceived effectiveness in increasing evidence-based practice. Participants who did not report having activities sponsored by their employer voiced an interest in such activities to improve their practice of occupational therapy. Collaborative learning opportunities such as journal clubs were viewed similarly as access to databases and continuing education opportunities.

Conclusions: Employers have an opportunity to sponsor activities to influence the use of evidence-based practice. Additional research is needed to confirm and generalize the results, but overall, use of employer-sponsored activities is a step in the right direction for evidence-based practice use

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EASTERN KENTUCKY UNIVERSITY

COLLEGE OF HEALTH SCIENCES

DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

CERTIFICATION OF AUTHORSHIP

Submitted to (Faculty Mentor's Name): Dr. Allen Keener

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Title of Submission: Occupational Therapy Practitioners' Perceptions of the Effectiveness of Employer-Sponsored Evidence-Based Practice Activities

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

Student's Signature:

A rectangular box containing a handwritten signature in cursive that reads "Kelli Spayd MS, OTR/L".

Date of Submission: 11/29/2022

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Section 1: Nature of the Project and Problem Identification

Introduction

To be a successful occupational therapy practitioner and provide effective intervention, a clinician would benefit from a commitment to learning and enhancing clinical reasoning. Torcivia and Gupta (2008) found that occupational therapists use theories, philosophies, and structures to evaluate a client situation and decide on an occupation-based intervention that is effective. Practitioners use clinical reasoning to combine critical thinking with evidence-based learning and apply it to practice, facilitating participation in evidence-based practice activities (Torcivia & Gupta, 2008). Evidence-based practice is described as using research in combination with expertise and client occupational profile to guide the provision of occupational therapy services (American Occupational Therapy Association, 2021). By engaging in evidence-based practice, occupational therapy practitioners commit to the wellbeing and safety of their patients (Occupational Therapy Code of Ethics, 2020).

To facilitate this application of evidence-based practice, some employers make resources available such as databases, articles, and continuing education opportunities. They may also allot time for clinicians to discuss evidence-based learning in activities such as journal clubs and case studies. Despite these opportunities, some clinicians continue to struggle to apply evidence to practice. In a study by Garcia and colleagues (2021), approximately one third of study participants reported not reviewing research and literature to inform their clinical practice in a year's time. Evidence-based practice is an important part of the future for occupational therapy. The American Occupational Therapy Association (AOTA) Vision 2025 states that part of the future of occupational therapy is to utilize effective solutions, including interventions that are evidence-based, client-centered, and cost-effective (AOTA, 2017). This Vision falls in line with

the Triple Aim improvement in healthcare (Institute for Healthcare Improvement, 2021). The Institute for Healthcare Improvement is driving healthcare forward to utilize proven approaches to increase population health by enhancing the patient experience and improving outcomes while lowering the cost (2021). It is important for occupational therapy practitioners to utilize evidence-based practice in their practice settings to improve their clients' health, experience, and outcomes in a cost-effective way. It is the goal of this research to assess if employee-sponsored evidence-based activities are perceived to be effective in incorporating evidence into practice. The results of this study could lead to further research to examine the effectiveness of employer-sponsored activities.

Problem Statement

Although evidence-based practice is highlighted by AOTA as a vision for the future of occupational therapy (AOTA, 2007), it is not widely used in practice throughout the country. However, some employers sponsor activities such as journal clubs and provide access to databases for occupational therapists to utilize. Although there is research available regarding why evidence-based practice is not utilized, there is a gap in the literature related to evaluating the employer sponsored activities effectiveness. Further research was needed to identify if occupational therapy practitioners perceive employer-sponsored evidence-based practice activities to be useful in increasing their use of evidence-based practice. Therefore, the problem that was addressed by this study was the lack of research regarding the perceived effectiveness of occupational therapy practitioners of employer sponsored activities in increasing evidence-based practice.

Purpose of the Project

The purpose of this descriptive open-ended survey study was to evaluate the perceived effectiveness of employer-sponsored evidence-based practice activities by occupational therapy practitioners. The occupational therapy practitioners answered questions regarding their thoughts and opinions on the effectiveness of activities that are provided by their employer. These activities included opportunities such as lunch and learns, case studies, continuing education presentations, journal clubs, database access, and financial assistance for professional development. By the end of the study, the researcher collected enough data to develop themes and theories regarding the perceived effectiveness of these activities.

Operational Definitions

For the purposes of this study, the employer sponsored activities were generally defined as activities that are provided by the employer such as journal clubs, case studies, continuing education funds, and research databases. Evidence-based practice was defined by utilizing clinically appraised research with the clinical expertise of the occupational therapist and incorporating the values, preferences, and beliefs of the client to guide services (AOTA, 2021). The results of this research study could be used to develop concepts that can explore the value of employer sponsored evidence-based practice activities in the future.

Project Objectives or Research Questions

The purpose of this descriptive research study was to explore occupational therapists' perception of employer-sponsored evidence-based activities related to the use of evidence-based practice.

Primary Research Question:

What are occupational therapists' perceptions regarding employer-sponsored evidence-based activities?

Sub-Questions:

What factors related to employer-sponsored activities do occupational therapists perceive to be effective/support their use of evidence-based practice?

What factors related to employer-sponsored activities do occupational therapists perceive to be ineffective/barriers their use of evidence-based practice?

Theoretical Framework

To comprehend why a person does or does not do something is to understand a person's motivation. However, a person's motivation, or volition, does not work in isolation. According to the theory of the Model of Human Occupation (MOHO), a person is a system and their behavior is the output of the system (Kielhofner & Burke, 1980). A person's behavior is influenced by volition, habits, performance (skills), and environmental factors (Kielhofner & Burke, 1980). Therefore, although a person takes in input, what happens to that information is influenced by subsystems and the environment before output is produced (Kielhofner & Burke, 1980).

MOHO is providing the occupational therapy framework for this research study. The goal of this study is to understand the perception of employer-sponsored activities related to evidence-based practice. It is looking at how the practitioner's clinical skills and practice (output) are perceived to be influenced by employer-sponsored activities (input). Therapists report challenges with comprehension of research and struggle to transfer learned material into evidence-based practice. (Humphris et al., 2000). The goal of the researcher is to identify if a

different input (employer-sponsored activities) is perceived to be more effective in working with the habituation, volition, and performance subsystems to create a more desirable output (evidence-based practice).

This study was also developed utilizing the constructivist worldview (Creswell & Creswell, 2018c). The study was designed to understand the thoughts of occupational therapy practitioners regarding employer-sponsored activities. By gathering their views, it will help others to understand the practitioners' experience. The study used open-ended questions to help the researcher develop a theory instead of starting with a theory (Creswell & Creswell, 2018c). By utilizing open-ended survey questions, employee theories of evidence-based practice and how it influenced their participation in evidence-based practice activities were derived from their experiences of these activities.

Significance of the Study

This study will be meaningful to the field of occupational therapy and the relationship to employers as it will begin to define the perceived impact of employers on evidence-based practice. As healthcare continues to change, the practice of occupational therapy will need to change with it. With AOTA's Vision 2025, the field of occupational therapy will be driven to incorporate effective solutions that are defined as evidence-based, client-centered, and cost-effective (AOTA, 2017). Practitioners will be able to utilize the information from this study to potentially help guide their relationship with their employers by discussing their perception of activities and looking for opportunities to increase evidence-based practice. The results of this study may lead to further research to evaluate the influence employer-sponsored evidence-based practice activities can have over a practitioner's evaluation and intervention.

Summary

Evidence-based practice is required and expected as a part of occupational therapy practice. Despite the expectation, research has demonstrated a limited implementation of research into practice. Many practitioners face limitations impeding their ability to locate, interpret, and apply research. Some employers have developed activities to assist practitioners with learning and incorporating evidence into practice. However, there are gaps in research evaluating the effectiveness of these activities. This study aimed to evaluate the perception of occupational therapy practitioners of these activities.

Section 2: Literature Review

Introduction

To inform this study, the literature was reviewed related to practitioner use of evidence-based practice. The following search strategy was utilized through Eastern Kentucky University Library databases including CINAHL Complete, Academic Search Complete, and EBSCOhost, from years 2005-2022, peer reviewed, and English language. Additionally, a manual search of the American Journal of Occupational Therapy was completed. The following keywords were used for the search, evidence-based practice, employer activities, continuing education, journal clubs, in-services, employer-sponsored.

The AOTA Centennial Vision states that occupational therapy should be an evidence-based profession (AOTA, 2007). Many occupational therapy programs work to incorporate evidence-based practice into the curriculum so students can develop habits and routines of using it (Cohn et al., 2014). However, many clinicians do not utilize evidence-based practice in their current setting despite wanting to utilize evidence-based practice (Yerxa, 2000). Previous research has identified several potential barriers and biases to using evidence-based practice. To

help with these barriers, employers have initiated offering activities to help with access to evidence-based practice and incorporation into practice.

Challenges

Biomedically Focused Research

One challenge of evidence-based practice is that, many times, it is biomedically focused. Occupational therapy studies include both quantitative and descriptive research methods, and the use of descriptive studies goes against the high evidence hierarchies making it difficult to evaluate (Kristiansen & Petersen, 2016). This difficulty in evaluation can impact the usability of studies in practice and developing clinical reasoning (Kristiansen & Petersen, 2016). Additionally, it may be difficult for clinicians to find occupation-based research that is practical (Grajo et al., 2020). Lastly, it can be challenging to identify topics that will generate usable evidence in practice (Krueger et al., 2020).

Lack of Clinician Awareness of Evidence-Based Practice

There is potential that occupational therapists might not know what evidence-based practice is and do not know how to engage in evidence-based practice research. There are five stages of evidence-based practice:

- 1.) Formulate a research question.
- 2.) Identify evidence from literature.
- 3.) Evaluate the evidence.
- 4.) Implement the research.
- 5.) Evaluate the outcome. (Krueger et al., 2020)

Krueger et al (2020) found that only 7% of their study participants engaged in the first step of the evidence-based practice cycle, generating a research question. Some occupational therapists may believe they are better at critically appraising literature, the third step of the process, than they actually are (Nichols, 2017). Self-reflection was the final step that was part of the evidence-based practice process (Krueger et al., 2020). It is through reflection that a practitioner can further process knowledge and understanding (Bannigan & Moores, 2009). Experienced occupational therapists believed that novice occupational therapists need to engage in self-reflection to change practice (Jeffery et al., 2021). However, it was found that only 13.4% of survey respondents actually engaged in self-reflection by evaluating outcomes (Krueger et al., 2020).

Knowledge Translation Challenges

The application of knowledge or knowledge translation (KT) describes how research is disseminated to practitioners. Menon et al. (2009) completed a systematic review of literature and found that there were no studies that evaluated the effectiveness of multiple components of intervention for occupational therapists to apply evidence-based reasoning. There was limited evidence that single active interventions may improve knowledge and attitudes of evidence-based practice with occupational therapists (Menon et al., 2009). Ideas such as journal clubs might be helpful with the incorporation of evidence-based practice by keeping members up to date, developing skills of critical analysis, and stimulating critical thinking (Lloyd-Smith, 1997). Other ideas for KT include case study reviews and simulated patients (Grajo et al., 2020). Further research is needed to identify the effectiveness of KT intervention strategies.

To assist with these challenges, some employers offer activities such as journal clubs and in-services to foster discussion and comprehension of research. These activities have the ability

to allow clinicians to discuss articles and share the task of searching and appraising evidence independently (Lloyd-Smith, 1997). Additionally, interactive sessions with co-workers and other clinicians can allow for individuals to develop skills for analysis and foster a positive drive for research (Lloyd-Smith, 1997).

Time and Accessibility

Time and accessibility are also barriers that many clinicians face. It takes time to locate the applicable research, read it, and apply the concepts to practice (Samuelsson & Wressle, 2015). Many clinicians struggle with increasing caseloads that impact the time available for research (Lloyd-Smith, 1997). Additionally, clinicians need access to articles to research evidence-based practice (Mulligan et al., 2014). Krueger et al (2020) found that 42% of their study participants were given no time during their work day for evidence-based practice ideas. There is a financial component that is required for access to databases to search for evidence. Clinicians may face challenges with researching evidence-based practice if they are unable to afford an additional cost for access if resources are not available through their employment. These two barriers, time, and accessibility, have the potential to be influenced by an employer.

Bias

There is also some bias regarding the use of evidence-based practice. Cameron et al. (2005) concluded that fewer occupational therapists use evidence-based practice than those that do not, and as the education of the occupational therapist increased, the perception of importance of evidence and research decreased. However, in a more recent study, Krueger et al. (2020) found that clinicians with doctorates had the highest usage of evidence-based practice. Some clinicians are reluctant to change their practice by learning a new technique, even if the

technique is proven effective, and instead, look for evidence to support their current practice (Curtin & Jaramazovic, 2001). Additionally, clinicians have shown a decrease in use of evidence-based practice as the number of years of experience increases (Krueger et al., 2020, Wressle & Samuelsson, 2015). Therefore, despite many clinicians saying evidence-based practice is important, there are biases against researching new techniques.

Despite the acknowledgement for the need of evidence-based practice, there is a disconnect between the research and application of knowledge by occupational therapists. This disconnect can result in suboptimal care, challenges with reimbursement, and limitation with occupational therapy's scope of practice (Fleming-Castaldy & Gillen, 2013). Therefore, employers have begun to offer opportunities to help occupational therapy practitioners overcome barriers to implementation. However, there is a lack of research evaluating if the activities offered from employers are effective. There is a gap in research to identify the perception of effectiveness by clinicians in addressing these barriers. This study aimed to learn about the perceived effectiveness of these employer-sponsored activities and if these activities address the barriers related to incorporation of evidence-based practice.

Section 3: Methods

Project Design

This study was a descriptive survey design utilizing a combination of open and closed-ended survey questions on an online platform to gather the perceived opinions of employer-sponsored evidence-based practice activities. By utilizing epistemology, the researcher aimed to gather information from the participants based on their reality and knowledge in relation to themselves and their time (Luborsky & Lysack, 2017). With the use of a descriptive survey, it

helped define the survey questions related to employer-sponsored activities and the overall opinion of effectiveness regarding these activities. This process is the beginning step for further research to change how employers support evidence-based practice. The use of a survey allowed the researcher to gather information from a large number of participants to develop themes for future research. Eastern Kentucky University Review Board granted IRB approval for the study on April 12, 2022 with Research Protocol # 4577 (Appendix A).

Setting

This study took place in an online platform and therefore participants varied in settings. The participants were licensed occupational therapists and occupational therapy assistants who were currently working as their license designates. The participants worked in hospitals, rehabilitation settings, skilled nursing facilities, schools, outpatient clinics, and home health settings. By surveying the clinicians in these settings, it allowed the researcher access to their perceived thoughts on effectiveness of employer-sponsored evidence-based practice activities across a variety of practice areas and locations.

Identification of Participants

Inclusion/Exclusion Criteria

Participants were included in the study if they met the following criteria. Participants had to be current occupational therapy practitioners, either occupational therapists or occupational therapy assistants. They had a current license and were working full time in a setting utilizing their license. Although the full-time employment criteria potentially limited the number of participants, many employer-sponsored activities are only available to full time employees. Per diem and part time staff might have been biased in the perceived effectiveness of these activities if they are not able to participate in them. The use of all employment status

may be useful in future studies. It was also important for the practitioners to be currently working in a setting where they are utilizing their license. Non-traditional roles may not allow for an unbiased opinion if the practitioners are not offered the chance to participate in employer-sponsored activities if it does not pertain to their role. Participants needed to be able to read English and have access to the internet to be able to complete the survey.

Participants were excluded if they were not full-time occupational therapy practitioners who were employed in a role that includes the provision of occupational therapy services. Participants were also excluded if they did not speak/read/write English. They were also excluded if they did not have access to the internet due to the online platform nature of the study.

Data Collection

The primary researcher was responsible for all aspects of the data collection. The primary researcher was responsible for the development of the survey and the distribution list for the survey participants. This study utilized a survey to gather the thoughts and opinions of the participants via the online platform Qualtrics. The link to the survey was posted on multiple sites and research boards through state associations and social media. The link was open for ten weeks to capture as many participants as possible.

Data Collection Tool

The survey consisted of four demographic questions and up to nineteen open and closed-ended questions that investigated the perception of employer-sponsored evidence-based practice activities. Questions were developed after a review of the literature and reviewed by content experts. The varied number of questions was related to skip logic, a way for participants to answer future questions based on previous responses to questions, and the total questions answered by each participant varied based on their responses. These questions captured the

opinion of current practitioners to help develop themes and theories regarding the perceived effectiveness of employer-sponsored evidence-based activities. The questions were piloted using cognitive interviews with an associate editor of a peer reviewed occupational therapy journal who has experience with survey research and a faculty member with experience and completion of doctoral-level coursework specific to survey research. As described by Willis (2015), the use of cognitive interviewing is to improve the survey questions to achieve useful data. Questions were modified to improve wording for clarity. Questions were also rearranged to remove bias. Lastly, there were additional questions added to clarify opinions.

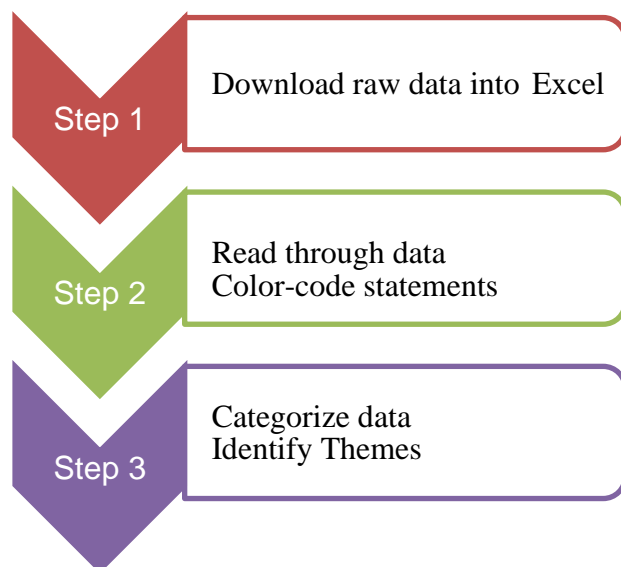
Data Analysis

Data analysis consisted of several steps. Initially, all data was organized and prepared for analysis. This process included downloading surveys and printing hard copies. It also required identifying an anonymous code for each survey to ensure privacy is maintained. No IP addresses were captured during the survey and no identifying information was collected. Closed ended questions were analyzed using descriptive statistics and frequency of responses (percentages). Open ended questions were reviewed through content analysis to identify main ideas, patterns, and/or relationships in the responses.

The next step of data analysis was to complete content analysis of the open-ended question data (Creswell, 2012). An inductive coding process was utilized, and codes were formed while reviewing the data (Figure 1). The researcher organized the data into categories and assigned themes to represent a category. All open-ended survey questions were analyzed using this type of content analysis. These themes represented the major findings of the study. These codes helped to ensure the study has identified diverse perspectives (Creswell, 2012).

Skip logic was utilized in order to customize the survey to the participants' experience with employer-sponsored evidence-based practice. Because of this customization, all respondents may not have been presented with every open-ended question. Therefore, the response numbers may differ slightly among the open-ended questions.

Figure 1: Coding Process for Content Analysis of Open-ended Responses



Validity

Validity in a descriptive study requires checking for accuracy and credibility of the researcher's findings (Creswell & Creswell, 2018d). For a descriptive study to demonstrate validity and reliability, it is important to identify how there is accuracy in the findings and if the approach is consistent (Creswell & Creswell, 2018d). The main threat to this study was researcher bias. Therefore, it was recommended to use a variety of validity strategies to convince readers of accuracy. The following strategies were utilized.

Due to the researcher's clinical experience, a set of beliefs was identified prior to initiating the study. In order to minimize the influence of the beliefs on the interpretation of the

data, the researcher had a peer review the data and ask questions to clarify the content analysis of the open-ended questions (Creswell & Creswell, 2018d). These questions allowed the data to be interpreted by others beyond the researcher. It highlighted potential areas of disagreement (Lysack et al., 2017). Additional interpretations of the data strengthened the validity.

The survey instrument was developed after reviewing the literature and consulting experts in survey methodology. Pilot testing of the questions was accomplished through cognitive interviewing (Willis, 2015). This pilot testing ensured content and face validity of the survey questions.

Ethical Considerations

There were several potential risks that could have potentially influenced this study. These risks were identified below with solutions to minimize issues as related to this study.

Prior to beginning the study, the researcher looked at protection to the participants by receiving approval from an institutional review board for an exempt review (Cugini, 2015). The institutional review board evaluated the potential risk to the participants (Creswell & Creswell, 2018a). By choosing to complete an anonymous survey, it qualified for an exempt status of institutional review board due to little to no risk to participants during data collection (Cugini, 2015).

Another concern was data collection and data storage. This concern was the use of the internet and privacy (Creswell & Creswell, 2018a). An anonymous survey allowed for increased privacy during data collection. Using an internet-based platform allowed the researcher to not utilize names in the data collection process, and the data went directly into data collection so individual results were not displayed or communicated to the researcher. By utilizing a large online survey platform, there was a risk for data to be hacked or stolen. Although the survey was

anonymous, it was possible for someone to trace IP addresses and emails to locate and decipher answers to a particular participant. The researcher chose to format the survey to not collect and store IP addresses to minimize any risk for tracing and revealing identities. To utilize an internet-based storage, the researcher reviewed the written agreement with the internet provider to ensure compliance with the policy. Additionally, participants were made aware of the potential risk prior to completing the survey so they made a choice as to whether or not they wanted to participate (Workman et al., 2017).

Another ethical concern could have potentially arisen during data analysis and reporting and would be only reporting positive results (Creswell & Creswell, 2018a). The researcher abided by the AOTA Code of Ethics (2020) regarding professional integrity and beneficence. Therefore, the researcher made sure to report a comprehensive view of the findings, including opposing themes (Creswell & Creswell, 2018a). As Creswell and Creswell discuss, a good descriptive study will include and report a diversity of perspectives regarding a topic (2018a).

Lastly, although this study did not include occupational therapy services, it still followed the AOTA Code of Ethics (2020). The researcher ensured that the principle of nonmaleficence was enforced as there is little to no risk of harm to participants. Additionally, participants had a choice to participate, therefore demonstrating autonomy (AOTA, 2020). The study was open to all occupational therapy practitioners that meet criteria. There was no bias on race, gender, ethnicity, or sexual orientation, preserving justice and equality for participants as none of this data was collected as part of the demographics (AOTA, 2020). The researcher demonstrated veracity reporting comprehensive data and information (AOTA, 2020). Lastly, all participants, mentors, and other professionals involved with the study were treated with respect, integrity, and dignity ensuring fidelity (AOTA, 2020).

SECTION 4: Results and Discussion

Results

Demographics

There were thirty-six surveys completed. From the completed surveys, thirty-three participants were occupational therapists (91.67%) and three participants were occupational therapy assistants (8.33%) (See Table 1). Three participants (8.33%) had zero to three years' experience. Three participants (8.33%) had three to five years' experience. Four participants (11.11%) had five to ten years of experience. Seven participants (19.44%) had ten to fifteen years of experience. Nineteen participants (52.78%) had more than fifteen years of experience. (See Table 2).

Table 1: Occupational Therapy License

Discipline	Percentage	N
OT	91.67%	33
OTA	8.33%	3
Total	100%	36

Table 2: Years of Experience

Years of Experience	Percentage	N
0 - 3 years	8.33%	3
More than 3 years - 5 years	8.33%	3
More than 5 years - 10 years	11.11%	4
More than 10 years - 15 years	19.44%	7
More than 15 years	52.78%	19
Total	100%	36

The participants were from a variety of settings. The most prevalent setting was school-based therapy (36.11%), followed by outpatient adults (16.67%), other settings (13.89%) and skilled nursing facilities (11.11%). Outpatient pediatrics and acute care hospitals both made up 8.33% of the participants. Lastly, acute inpatient rehabilitation and early intervention each had one participant (2.78%) (See Table 3).

Table 3: Work Setting

Work Setting	Percentage	N
Acute Care/Hospital	8.33%	3
Skilled Nursing Facility	11.11%	4
Acute Inpatient Rehabilitation	2.78%	1
Outpatient Adults	16.67%	6
Outpatient Pediatrics	8.33%	3
School-based	36.11%	13
Early Intervention	2.78%	1
Other	13.89%	5
Total	100%	36

In looking at type and amount of education, eighteen participants (50%) had their masters' degree. Eight participants (22%) held their bachelors' degree. Seven participants (19%) had their clinical doctor degree. Two participants (6%) had an associate's degree and one participant (3%) had a research doctorate degree (See Table 4).

Table 4: Highest Degree Obtained

Degree	Percentage	N
Associate	5.56%	2
Bachelor	22.22%	8
Masters	50.00%	18
Clinical Doctorate (such as DrOT, OTD)	19.44%	7
Research Doctorate (such as EdD, ScD, PhD)	2.78%	1
Total	100%	36

Definition of Evidence-Based Practice

The survey evaluated the participants' definition of evidence-based practice. The purpose was to understand the practitioners' knowledge about evidence-based practice. There were several responses related to the evidence-based practice definition, research/evidence, client preference, and clinical expertise. All responses were reported exactly as they appeared in the survey to maintain integrity to the responses. No corrections were made for grammatical errors or typographical errors. Sixty-seven percent of participants (N=18) explained evidence-based practice utilizing the terms that described research and/or evidence. Examples were such as:

“Use of research (peer reviewed) to guide treatment practice.”

“Providing OT intervention based on the most recent research/evidence which has been effective in treating that specific diagnosis.”

“Researched based, usually more than one source and published with results”

Twenty-six percent of participants (N=7) also included terms that described client preference and clinical expertise.

“To me, EBP is the application of the best available evidence from empirical research, combined with clinical expertise/experience and current best practices, while incorporating cultural and personal preferences, to provide the most optimal individualized interventions for each client.”

“Client centered occupation based/meaningful activity based interventions that are based on research and supported in the literature, with evidence of effectiveness and reflect our scope of practice”

Out of the twenty-seven responses to this question, ninety-three percent of participants (N=25) used language that supported research/evidence, client preference, and clinical expertise.

Emphasis on Evidence-Based Practice

Question 6 evaluated the emphasis that is placed on evidence-based practice in the current work setting. Twenty-five participants answered this question with a mean of 3.04 translating to “somewhat emphasized” (See Table 5). Participants who rated “not emphasized” (N=3) described challenges with administrative support.

“Unfortunately my practice setting does not consider evidence outside of reimbursement guidelines or federal and state regulations in determining treatment guidelines or expectations of occupational therapy practice.”

Participants who rated their work environment with little/minimal emphasis (N=5) demonstrate similar challenges with administration.

“I use it, and try to educate the districts I work in, but I do not feel they acknowledge it or look for it.”

“I am the supervisor. I am always pushing the staff OT to investigate evidence but that is not completely supported by the administration team.”

As the emphasis increased, different perspectives emerged from the participants. There is more discussion regarding evidence-based practice, but participants commented on the lack of follow-through.

“Evidence-based trainings are offered and promoted by my employer. I feel like it's mostly to check off a box without important follow-up of release time to re-tool classrooms and student programming. In addition, there's no push back when coworkers use interventions where the evidence indicates it's not effective.”

“The words are used by others, but they don't support when we as staff say certain methods are not evidence based, nor does most of the non-ot staff follow up enough on up to date literature on evidence based practice”

“We are encouraged to continuously be learning and improving our evaluations and interventions. However, we are not really given time to complete this, and all continuing ed has to be paid for on our own.”

“We discuss more methods that have worked for an individual in the past then citing actual research”

The participants that expressed moderate emphasis (N=6), described more ownership on the therapists for incorporation of evidence-based practice. Participants also described challenges with limited research, limited access to research, and time.

“Most programs have strong evidence base, it is up to the individual therapists to determine if a treatment strategy is appropriate.”

“In my primary work setting, there are adults with IDD who have lived in community based or facility style homes their entire lives. When they were children “therapies” looked very different and resources for family of children with disabilities were scarce. For this reason, evidence-based practice is moderately emphasized, but sometimes situations are too abstract and require multidisciplinary communication to develop a [plan of care] because there is limited research on that specific issue.”

As the participants described a strong/constant emphasis on evidence-based practice (N=3), there was not a common response among the comments. Participants were from a variety of settings similar to the other areas of emphasis. One participant high-lighted the emphasis as it relates to their setting.

“I work in an academic medical center, that engages in much research, presentation and publication. There is an expectation that staff maintain the highest level of training and expertise possible, and work at the top of our license. We are encouraged and supported to engage in research within our teams. There is a great deal of sharing of clinical evidence through grand rounds, journal club discussions, and CME.”

Table 5: Emphasis of Evidence-Based Practice in Work Setting

Emphasis	Percentage	N
Not emphasized	12.00%	3
Little/minimal emphasis	20.00%	5
Somewhat emphasized	32.00%	8
Moderately emphasized	24.00%	6
Strongly emphasized/Constant emphasis	12.00%	3
Total	100%	25

Prevalence of Evidence-Based Practice

Question eight looked at the frequency or prevalence of evidence-based practice in the clinicians' practice. Participants rated their use by choosing one of five ratings, from never to always. Of the twenty-five participants who answered this question, a mean score of 3.68 demonstrated that a majority (N=21) participants utilized evidence-based practice at least half of the time. (See Table 6.) No participant selected the option of never utilizing evidence-based practice.

Table 6: Prevalence of Evidence-Based Practice Use

Prevalence	Percentage	N
Never	0.00%	0
Sometimes	16.00%	4
About half the time	24.00%	6
Most of the time	36.00%	9
Always	24.00%	6
Total	100%	25

Use of Evidence-Based Practice

When asked how they use evidence-based practice, the participants had a variety of comments narrowed down into one main theme, the use of evidence-based practice to guide intervention. Sixty-five percent of participants (N=15) discussed intervention and goal writing as their way of using evidence-based practice

"I incorporate information from the patients OT eval (which uses the OT patient profile) to design appropriate treatment for each individual patient. I also keep up with the most recent evidence by reading various journals & by participating in on going research with other colleagues @ the University."

"I use current articles from AOTA, AJOT, and OT practice to guide my interventions."

"I research what is the latest peer reviewed treatments when choosing goals."

Thirteen percent of participants (N=3) commented on the use of evidence combined with patient preference or client interview.

“I assess the needs and current levels of the student, observing the whole person, taking into consideration diagnosis, setting, behavior, student interest, student cognition, classroom/educational goals, etc then form an OT goal and treatment plan, using scientific research, therapeutic use of self, and student interest in activity or occupation to work toward desired goal.”

“I am highly client centered. I spend a lot of time on the narrative and focusing on goals based on the clients priorities. I refer to literature and ensure that my practice is current and my interventions are supported by the literature. My long-term goals are always function in my interventions and approach are always function based”

“After using a variety of evaluations including parent interview and classroom goals, areas of need are addressed through evidence based interventions.”

Other ideas that emerged were the use of evidence-based practice to support current assessments and the use of clinical expertise.

“To provide justification for my assessments.”

“I create treatment plans based on past precedence of techniques and programs that have worked. I try to implement home programs and sensory diets that are based on evidence.”

Overall, the most common response was related to the use of evidence-based practice for goal writing and intervention.

Challenges with Evidence-Based Practice

Questions ten and eleven asked the participants if they felt there were challenges with evidence-based practice, and if so, to describe the challenges. Eighty-four percent (N=21) felt there were challenges with evidence-based practice. There were six main ideas that were described by the participants. The most common challenge described by forty-three percent of participants (N=9) was time. Participants described the lack of time for reading, conducting, or implementing research.

“I do all of my reading on my own time. No time to really learn on your own or encourage of the group to have discussions.”

“It is hard to find time to keep up on reading. It is also hard because sessions are so short sometimes with therapists being out, it is hard to set up different things.”

“Time to complete research.”

Another concept was the challenge in application. Twenty-four percent of participants (N=5) cited challenges with applying research that was completed in a controlled setting to a clinic setting. Another participant described the challenge with evaluating research. Others described the challenges with application and carryover.

“Most EBP is done as an RTC in a controlled lab setting. The home environment is very very hard to control. I work with a lot of foreign families and that makes it a lot harder to [carrying] out some things (like coaching). I also work with some very complex medically and socially families and that can really make it hard to use EBP because so often these complexities are excluded from trials because you can't control for them.”

“Staying up to date can be a challenge. Also, it can be difficult to resist the urge to incorporate all kinds of different potential interventions, just because someone found a study to support something they want to do. It takes a strong team to insist on using the best evidence to meet the goals of what you are trying to accomplish, and not just blowing with the wind every time someone gets excited about a study they read. Evaluating the quality of evidence is also a challenge. In my setting, weekly grand rounds are a place where studies are presented and methods are critiqued by providers who are actively engaged in research and who have a greater understanding of methodology and statistical analysis than I ever learned, even in my doctoral program. Being able to determine whether a particular analysis is even appropriate for a particular study is a huge challenge. Unless you are really an expert in understanding statistics, you have to take at face value that the researchers applied the correct analysis, especially today where there are very sophisticated statistical approaches.”

“Inconsistent application by other non ot providers impacts the strength of our evidence based practice. For example, when they request or use a treatment that is not recommended due to lack of evidence”

Staffing and teamwork was another thought described by twenty-four percent of participants (N=5). A lack of engagement and working autonomously were identified as barriers. Being short staffed was another barrier identified. Participation was also found to be a barrier.

“The challenges are lack of employer resources including access to data bases. Trainings that would address valid interventions are not offered. Support for occupation based models are challenging due to staff shortages and teachers time constraints.”

Nineteen percent of participants (N=4) identified a lack of motivation or incentive as a barrier to utilizing evidence-based practice. Participants highlight a lack of motivation to look for evidence. Not having an incentive to use it was also identified as a barrier. It was also identified that if an employer did not push for it, it was not used.

“Lack of time. Lack of funding. Lack of motivation by the clinician”

“Lack of incentives, lack of time”

“First, large, overarching programming changes are difficult due to lack of time and cumbersome requisition procedures. Second, coworkers prefer familiar interventions rather than changes.”

For nineteen percent of participants (N=4), a lack of evidence in the field made it challenging to incorporate evidence into their practice. Participants identified specific fields, such as medically complex and intellectual disabilities, that have a lack of evidence available. Due to challenges with these populations, evidence is limited.

“Lack of evidence or research within/on the ID/D community for ethical reasons.”

“not having EBP available for my population (autism and ID diagnosis)”

Lastly, nineteen percent of participants (N=4) identified employer or patient challenges as barriers to utilizing evidence-based practice. Administrative comprehension was identified as a challenge. Limited access to literature was described as a barrier. One participant felt evidence-based practice is not suitable for everyone.

“not everyone benefits from evidence based strategies, there is no push to find evidence prior to trying an intervention with a client”

“Lack of understanding on administration’s part of what evidence-based practice is and a misconception that reimbursement guidelines and quality measures are best practice.”

Supervisor's Influence on Evidence-Based Practice

The supervisor's influence on evidence-based practice was evaluated in question twelve. The responses were reviewed and three types of supervisors emerged, supportive, supportive, but not engaged, and not supportive. Two participants answered the question in the affirmative, but they did not provide any reasoning for their answer. Thirty percent of participants (N=7) identified their supervisor as supportive. Participants reported that supervisors were supportive and engaged by sharing articles. Others described support from an organizational perspective.

"Yes. She shared research articles and ce courses. With covid we haven't been able to gather and discuss evidence to use in practice. It's the not the same over email."

"Yes. She provides education at our team meetings, emails studies and journal articles that are relevant to our practice settings and provides feedback to help problem solve individual situations."

"yes. Paid time to go to courses on weekdays and high rate of reimbursement for courses"

Forty-eight percent of participants (N=11) described their supervisors as supportive but not engaged identified barriers such as time and lack of management support. Several participants cited challenges with supervisors that were different disciplines. Challenges with application were also listed.

"Yes sometimes. She does keep up on state laws and reading. However, she is a speech therapists, so it is hard to truly compare."

"My supervisor supports the concept but not the pragmatics of changing from standard practice."

Twenty-two percent of participants (N=5) described non-supportive supervisors as lacking knowledge or understanding of evidence-based practice. One participant cited a challenge with their supervisor who is outside the therapy discipline.

"No, I think my supervisor lacks knowledge to the concept of evidence based practice."

"no. They are educators and not OT's"

Overall, the participants discussed the engagement of supervisors and identified support to mean sharing research, having time/reimbursement to go to courses, and having the organization support evidence-based practice. The participants who did not feel supported cited supervisors outside of a therapy role as well as a lack of understanding of evidence-based practice.

Availability of Evidence-Based Practice Activities

Participants were asked if their employer provided evidence-based practice activities. Fifty-two percent (N=13) of participants responded positively that activities are offered. Of the fifty-two percent that answered affirmatively regarding employer-sponsored evidence-based practice activities, eighty-five percent (N=11) stated they participate in these activities. Eighty-two percent of the participants who are engaged in employer-sponsored activities (N=9) report that they perceive these activities to increase their use of evidence-based practice. Participants commented on having access to new ideas and to reinforce learning.

“Yes.. new information drives new treatment ideas”

“Yes. It especially opens my mind to new trains of thought and other areas to research”

“We have access to databases and a medical librarian to search for literature. Without that I would likely not use EBP often”

Twenty-seven percent of the participants (N=3) stated there were barriers that impacted their ability to increase evidence-based practice. One participant mentioned time is still a factor.

“Yes, it increases my knowledge of strategies but no because to lack of time/resources.”

Another participant commented on the availability of the courses and the cumbersome nature of the courses.

“So there’s lots of presentations on different aspects of evidence-based practice. But they are presented at different time zones so I can’t attend live. And again time to watch the

presentations is a challenge. If I have a specific issue or? Concern I can look up all the previous presentations and scan through, sometimes it's just not practical."

Overall, the employer-sponsored evidence-based activities were viewed positively if offered.

Of the fifty-two percent that answered affirmatively, fifteen percent (N=2) responded that they did not participate in the activities provided. Both participants cited time as a barrier.

"I don't have time"

"We have a Summit CEU membership, however these courses are open to anyone in the company (including non OT,PT,or SLP's even though that is who the courses are designed for). I also prefer to seek out courses etc that focus on what I have currently on my caseload. When they have these classes it is often during the day when I would have to cancel a client to be able to attend."

Forty-eight percent of participants (N=12) responded that their employers did not offer any evidence-based practice activities. These participants were asked if they would be interested in participating in a variety of activities as a way to increase their use of evidence-based practice. These activities were journal clubs, case studies, access to databases, access to continuing education courses (CEUs), and others. Journal clubs, access to databases and access to CEUs were perceived to be equally beneficial by the participants. Seventy-five percent of the respondents stated these activities would help increase their evidence-based practice usage.

"I think reviewing and discussing articles on best practice and evidence based services would be a good way to educate therapists"

"Case studies are valuable for not only the OT team but for other school staff."

"Databases allow therapists to access the most current research and information."

Sixteen percent (N=2) of participants commented on the social aspect of learning in a journal club.

"I think it would be easy to take turns finding articles."

“I believe journal clubs support evidence based practice and promote meaningful discussions.”

Eight percent (N=1) of participants commented on the independent ownership of evidence-based practice with completing their own interpretation of data.

“I prefer to interpret the studies”

Case studies were viewed as slightly less appealing as only fifty percent of participants would be interested in participating with case studies. One participant felt they would be helpful for other staff, not just occupational therapists.

“Case studies are valuable for not only the OT team but for other school staff.”

One participant felt they require too much work.

“Too much time I feel to put this together. No model”

Sixteen percent (N=2) of participants provided other ideas which included AOTA resources and lunch and learn. One challenge was mentioned with regards to being on the clock and getting paid for the time.

“AOTA is a wonderful resource for current trends.”

“I run a ceu lunch n learn. The biggest feedback I have is that people have to be off the clock and not paid. We run it over lunch do it ends up as being only 30 min not paid they can make up if there is work but that is the main reason people don't participate”

Perception of Participation in Evidence-Based Practice Activities

The concept of mandatory participation in employer-sponsored evidence-based practice activities was explored in Question 18. Fifty-four percent (N=14) of the participants responded positively, stating such ideas that it would be beneficial.

“I think it would improve more patience centered care.”

“I would have no problem with that. We already have a list of mandated annual trainings. We are expected (but not required) to attend the grand rounds/ journal club

discussions, and I cherish the fact that we have access to the medical library that includes a physical medical library and access to all the databases through our affiliated medical school. We have support for attending conferences and trainings. We (OT & PT) are expected to attend certain courses/certifications that relate to our specialty, that support our function in the program. The employer pays for this.”

“If it was relevant and mandated, I would use it more as I would know others are using it too.”

Thirty-five percent of participants (N=8) thought the activities would be helpful but had some concerns.

“as long as i get paid for extra time its fine”

“I think one of these activities should be mandated, however not all as there could be push-back and may become overwhelming. It would be feasible to implement a journal club or provide database access with the expectation that we read journal articles and use them in practice.”

“I would enjoy a few a year. I wouldn’t want it to be too often because life is busy. But, I think this would be a great opportunity”

Eleven percent of participants (N=3) voiced no benefit or displeasure with the concept of mandatory participation.

“Not necessary”

“not pleased”

“one more thing to keep track of as license and registration also require CEU”

Additionally, all three of the participants reported having continuing education money available.

Overall, eighty-eight percent of participants had a positive reaction (N=22) regarding mandatory participation in employer-sponsored evidence-based practice.

Financial Aid Accessibility

The survey also evaluated if participants had access to financial aid for continuing education courses. Of the twenty-five participants who answered the question, fifty-six percent (N=14) stated they have money available. (See Table 7.) The survey also looked at how much

money is available to the participants. Thirteen participants answered with thirty-one percent (N=4) of participants having more than \$500 for non-employer sponsored continuing education courses. The mean amount was \$300-500. (See Table 8.)

Table 7: Availability of Financial Assistance to Attend Non-Employer Sponsored CEU Courses

Availability of Financial Assistance	Percentage	N
No	44.00%	11
Yes	56.00%	14
Total	100%	25

Table 8: How Much Financial Assistance is Available?

Money Available	Percentage	N
Up to \$100	15.38%	2
\$101 - \$300	15.38%	2
\$301 - \$500	38.46%	5
\$501 - \$750	7.69%	1
More than \$750	23.08%	3
Total	100%	13

The participants were then asked for their opinion on the financial assistance, and if it is enough. Thirteen participants responded and forty-six percent (N=6) felt their assistance was enough.

“Yes. Most courses are either free or online”

“Yes. I do not usually use it all”

Thirty-eight percent (N=6) did not feel their assistance was enough or had difficulties with the courses. Issues such as difficulty getting approval or not having a set amount were discussed.

“We have it, but it is not always the easiest to access because you submit for reimbursement and they are not timely in getting that back to you. The amount you receive is also dependent on how many avg. hours you bill a week so the less you bill the less you get for CEU's, but CEU's are still the same cost no matter what. Because I don't have control over referrals and number of hours I can bill (due to cancellations etc) it

makes it really hard to rely on knowing you really true access to benefits like CEU funds.”

“It takes like 6 to 9 months to get approval, and you have to get approval before you go to the course, the course comes And goes before you even find out if you’re approved. So it’s really a joke. We really are trying hard to get MedBridge approved for on-demand courses. We’ve been trying for a few years now. I pay for it by myself and I’m really not expecting it ever to be reimbursed or paid for.”

“No, the assistance is provided through our union and is only given out if they feel the course met the districts objectives. I feel that courses specific to OT and school based practices often require travel to other states and travel is not covered by the reimbursement.”

Fifteen percent (N=2) cited issues but also mentioned positive things about the reimbursement.

“Courses are expensive. I felt like 1000 covered 2 good weekend courses that then gave me enough ceu to re new. Sometimes with a little extra to them buy reference books.”

“My financial assistance waxes and wanes and is based on the company's approval, so it varies. I've been employed by other places that provide tuition reimbursement up to \$600-1000 a year including continuing education days off.”

The participants were divided in their responses where forty-six percent were happy with their reimbursement, however thirty-eight percent had concerns and frustrations.

Comparing Employer-Sponsored Evidence-Based Practice Activities with Non-employer Sponsored Evidence-Based Practice Activities

When comparing employer-sponsored evidence-based practice activities with non-employer-sponsored evidence-based practice activities, thirty-three percent of participants (N=7) felt employer-sponsored activities were good.

“Fairly good. They do a good job maintaining quality. Has been better than some non sponsored courses too.”

“Sponsored is objective. Whereas non employer is subjective. Usually wanting you to use this item”

One participant commented that it was good for job offers.

“EBP is a great benefit when comparing job offers”

There were concerns for the quality of speakers for the employer-sponsored activities.

“The employed sponsored ones are very focused on our target population which is helpful. Often the speakers are who is available not necessarily great speakers.”

Ten percent of participants (N=2) did not have direct experience with employer-sponsored activities but felt they would be beneficial.

“I would think employer-based would be more comprehensive and educationally relevant since they have an investment in their employees.”

“I think employer-sponsored would be more targeted to what we need in the clinic.”

Twenty-nine percent of participants (N=6) described employer-sponsored activities negatively and saw more benefit in non-employer-sponsored activities. They cited issues with content and applicability.

“Non-employer sponsored are definitely more geared to OT/PT/Speech, while employer are more geared to early childhood education and I personally feel that there is a big difference in viewpoints between OT and education.”

“non -employer sponsored activities are usually more relevant”

“I feel that in my setting the EBP are more geared toward the teaching staff. If we are looking for EBP for OT we need to look outside of the employer sponsored EBP.”

Ten percent (N=2) stated the courses would be similar. Ten percent (N=2) had no experience and did not comment on the differences or similarities. Five percent (N=1) stated the courses could not be compared as they were not equal. Lastly, five percent (N=1) stated the quality was dependent on the course and who set it up.

The participants were asked to share any additional thoughts regarding employer-sponsored evidence-based practice activities. Thirty-six percent of participants (N=4) reported positive comments regarding the activities.

“I feel fortunate to work in a setting that expects a high level of knowledge and practice from everyone, and it has helped me step up my own game when it comes to evidence based practice. I feel that I have the resources, both in-house, and through support for external CE to be the best practitioner I can be.”

“In my experience, when provided with employer-based, there was a large discount for employees.”

“I work at facility & they provide a free subscription to MedBridge, which is an online resource for clinical rehab staff.”

Thirty-six percent of participants (N=4) cited negative responses with issues regarding time, repetitive nature, and lack of benefit.

“they are often video based due to COVID which is harder to attend to”

“They can be repetitive as they don't always want to invest in a new topic.”

“When something is paid for then an Inservice must be done. This is fine but it does not give the staff proficiency, rather an overview. Staff are not interested in the data but rather the technique”

Lastly, twenty-seven percent of participants (N=3) offered suggestions for improvement centered around value, financial incentive, and focus.

“If the company can show how they care and are investing in employee and that this is not just something they have to do for them and the employee is lucky that would help burn out. The way the lunch n learns we're presented to staff was not in a way most felt it would be a value to them.”

“I think it would also be encouraging if we had financial incentives for CEUs.”

“I'd like to have more facility focus rather than national level of EBP Activities. I'd like to have more teambuilding EBP activities. Having a national online presentation that's recorded is generic.”

At the conclusion of the survey, participants were asked to share any additional information regarding non-employer-sponsored evidence-based practice activities. Seventy-five percent of participants (N=6) cited challenges related to content and cost.

“The cost and time (if you have to travel, especially when you don't have PTO time that you can use so for me if I go, then I have the cost of the class, cost of travel, and the cost of not working for however many days) can be a big barrier to accessing courses, especially ones that are multiple days (like a big conference or certification course).”

“It depends on the source. Some providers and courses are outstanding. There are also a lot of providers out there trying to make a buck off our need to obtain CEUs/PDUs to maintain licenses and certification. It pains me to read on various OT lists/groups when OTs are scrambling to get their required CEUs in a short period of time because they neglected to keep up with their obligation. I've seen many instances of therapists commenting how they got all their CEUs in practically one night using some online service that provides CEUs for reading a short article about something. While these services can provide great information, I don't know how you vet the information to make sure it really is evidence based. A lot of what we do is still based on tradition and may not have evidence to back it up.”

One of the participants that cited challenges specifically commented on courses still being virtual and not having hands-on experience.

“I think some of the courses that have become virtual should go back to being hands-on and have more labs and practice time. I've been kind of shocked at how some of the courses have continued to provide certifications without any hands-on practice or assessment of skills.”

Additional twenty-five percent of the participants citing challenges (N=2) specifically commented on improvements needed in course content for experienced clinicians.

“AOTA needs to also provide EBP courses to encourage members (new grads & “older” practitioners who have graduated 20+ years) to engage in more EBP & client-centered care in their interventions .”

“As I have more years a lot more don't seem to have as much info/ good course as I felt I use to get. I am not sure if this is due to me knowing more or the quality decreasing. I feel like the description does not match what is taught”

Twenty-five percent of participants (N=2) thought the content was better in non-employer-sponsored activities.

“Usually harder with more complex information”

In conclusion, seventy-five percent of participants (N=6) saw challenges with non-employer sponsored activities and only twenty-five percent (N=2) thought non-employer sponsored activities were good.

Discussion

Evidence-Based Practice Definition

Several themes were generated when participants were asked to define evidence-based practice. These themes consisted of research/evidence, client preference, and clinical expertise. With sixty-seven percent of the participants using research and/or evidence as the only component of the definition, the results mimic the findings of Garcia et al. (2021). Their study found sixty-eight percent of participants defined evidence-based practice using scientific evidence. These combined results demonstrated that the practitioners do not view evidence-based practice along the same guidelines as the AOTA definition.

Perceptions of Use of Evidence-Based Practice

Of the participants, eighty-four percent reported that they use evidence-based practice at least half the time with some participants reporting using it all the time. This was a surprising result as Kruger et al (2020) reported only thirty-five percent of participants utilizing evidence-based practice more than four times in the past eight weeks. Kruger et al (2020) detailed study participants utilizing evidence-based practice less than one time in eight weeks. However, a direct comparison did not occur as this study did not ask more specific frequency questions.

Challenges with Evidence-Based Practice

Challenges with evidence-based practice included multiple concerns. Time was the most common issue. Application of research was also a challenge. Participants felt that research was either not applicable to their setting or had challenges with evaluating the research. There were challenges reported staffing and teamwork. Participants also reported a lack of motivation to look for evidence. There were challenges with a lack of evidence available for the participants' setting. Lastly, participants described employer challenges as a limitation. One of the challenges was limited access to literature.

These findings were similar to Kruger et al (2020) in that time is an important factor with evidence-based practice use. Limited time throughout the week had a negative effect on the frequency of use. Time was also found to be a barrier to ninety-four percent of participants in a study conducted by Curtin and Jaramazovic (2001). They also found that practitioners reported access to research was an enabler to evidence-based practice (Curtin & Jaramazovic, 2001). Kruger et al (2020) proposed that a combination of time for evidence-based practice and access to full text articles could increase evidence-based practice implementation. Both time and access to research were identified by the participants as barriers to implementation in this current study.

The concepts of knowing how to evaluate the research and having motivation as influencing evidence-based practice application were expected themes from this study. Samuelsson and Wressle (2015) found similar results, that practitioners need to have interest in searching for evidence-based practice. Practitioners need to have access to look for research (Samuelsson & Wressle, 2015; Thomas & Law, 2014). Kruger et al (2020) found occupational therapists who had access to full text articles scored higher on the evidence-based practice implementation scale when compared to occupational therapists who did not have access to full text articles. Samuelsson and Wressle (2015) identified barriers with research comprehension

and application for practice, two challenges also identified in this current study. Döpp et al. (2012) found similar results as Samuelsson and Wressle (2015) as their participants cited challenges with interpreting the evidence. They found that fifty-six percent though research was not written in a comprehensible manner (Döpp et al., 2012). Alshehri et al. (2019) found their participants, a group of occupational therapists in Saudi Arabia, noted a lack of interest in using evidence-based practice. Twenty percent of participants identified lack of interest as the most important barrier in evidence-based practice implementation (Alshehri et al., 2019). These previous studies in conjunction with this current study demonstrate the challenges with interpreting research for application.

Not having research that is in a practitioner's setting or with a certain population was identified as a challenge. Some settings or populations potentially have limited research due to newer settings for occupational therapy services or vulnerable populations that make research difficult. Nineteen percent of participants identified a lack of evidence for their population or setting, including home health, medically complex patients, and intellectually disabled patients. Curtin and Jaramazovic (2001) discovered challenges with a lack of good quality research available. Reagon et al (2008) had similar findings when their participants described challenges in applicability. Study participants cited issues with a perceived lack of research making evidence-based practice difficult (Reagon et al., 2008). Garcia et al (2021) also found participants describing challenges with evidence-based practice due to lack of research evidence. These challenges impact the use of evidence-based practice.

Evidence-Based Practice Emphasis

Participants identified a lack of emphasis of evidence-based practice in the employment setting. Thirty-four percent of the participants described challenges with lack of follow through

and lack of administrative support. When asked about supervisor support, forty-four percent of participants identified that their supervisor was supportive but not engaged or not supportive at all. This result was similar to Wressle and Samuelsson (2015) where they found that managers were focused on conversations related to improvement and less about research. It was discussed how clinicians need to have support, including conversations with managers and reflection with colleagues (Wressle & Samuelsson, 2015). Additionally, Döpp et al (2012) found occupational therapists who felt supported by their managers were likely to increase their use of evidence-based practice. Curtin and Jaramazovic (2001) study participants cited that commitment from the entire department was the most important enabler for utilizing evidence-based practice. The results of the previous studies combined with this study demonstrate the influence of supervisors on evidence-based practice.

Evidence-Based Practice Activities

One of the themes that was found with the participants was the availability of employer-sponsored activities. Of the participants that engaged in activities, many perceived their use of evidence-based practice increased. Although they did not specifically describe the type of activity, they offered insight, commenting on how they felt it increased their knowledge and gave new treatment ideas. While not a direct correlation, Thomas and Law (2014) have previously discussed having availability and access to resources as an area of improvement for organizations to influence and assist their practitioners with increased evidence-based practice. In a systematic review, Thomas and Law (2013) found clinicians preferred face-to-face interactions such as discussion groups, in-house workshops, and journal clubs as useful ways to influence evidence-based practice use. Future research is needed to quantitatively evaluate the effectiveness of employer-sponsored activities.

Almost half of the study participants did not have employer-sponsored activities available to them. These participants were asked to give their opinion on a variety of activities and provide an explanation for which activities they would be most likely to participate in if offered. From the four different activities (journal clubs, case studies, access to databases, and access to continuing education courses), all were viewed equally as interesting with the exception of case studies. This difference might be related to not understanding how a case study would be facilitated due to a lack of explanation by the researcher. Thomas and Law (2013) discuss collaborative learning opportunities in combination with employers who support reflective practice as a step to promote a culture of evidence-based practice. Myers and Lotz (2017) identified key concepts related to effective training of practitioners for evidence-based practice use. One concept is active learning using andragogy and cooperative teaching and learning (Myers & Lotz, 2017). Examples such as case studies and journal clubs are cited as active learning activities and could potentially be effective options for evidence-based practice implementation. However, currently, there is no research stating which activity would be most successful in increasing evidence-based practice.

When looking at implementing mandatory activities, the participants were mostly positive. A majority of participants would feel it would be helpful and would welcome the idea. They saw it as an opportunity to improve patient centered care, and they believe it would help increase use of evidence-based practice as the practitioners would see others using it as well. There were some concerns that were mentioned with the concept of a mandate. These concerns were ideas such as being paid, balancing productivity, and not doing all the activities, but maybe a few a year. Lastly, several participants voiced discontent over the thought of mandatory activities. These results are similar to what was found by Curtin and Jaramazovic (2001). Their

focus groups shared how a practice approach including such elements as time, support from management, and financial support would enable evidence-based practice (Curtin and Jaramazovic, 2001). Further research is needed to gather data on a larger scale for implementation.

Participants shared their thoughts on the amount of financial aid they received for continuing education. Forty-six percent were pleased with the amount they received. It was used for online courses, references, and in person courses. Thirty-eight percent had frustrations with the financial aid. Some discussed how difficult it was to get courses approved, others stated it is not just money, but time that is needed. Currently, there is no research evaluating the impact financial aid places on evidence-based practice use. Thomas and Law (2013) discussed systems-level support to promote a culture of evidence-based practice and reduce barriers. Having financial assistance and time off available to attend courses would reduce barriers as participants identified time off and cost of courses as barriers. However, this correlation was not directly discussed in research.

Lastly, participants were asked to give input comparing employer-sponsored evidence-based practice activities with non-employer-sponsored evidence-based practice activities. In general, most participants spoke about continuing education courses. The group was divided almost equally with participants highlighting benefits of employer-sponsored activities while others were expressing applicability with non-employer-sponsored evidence-based practice activities. There is currently no research comparing the two types of activities to determine which type of activity is more effective.

Limitations

One limitation of this study was the potential for international participants. Recruiting efforts were based on social media. It was after the recruitment had occurred that the researcher was informed of the potential for international participants. Utilizing international participants potentially influenced the data in several ways. It is possible the participants did not fully understand the question if English was not their first language. It is also possible that the participants' experience with evidence-based practice could be different in another country when compared to the United States due to differences in healthcare systems.

A second limitation is that possibility that there was bias with the participants and not reflect a true sample. The participants were recruited from social media groups. To be a member of these groups, a participant might be actively involved and engaged with evidence-based practice more than the majority of the US population of occupational therapy practitioners. Therefore, this data cannot be generalized to a large population without further research and conclusions.

A third limitation is the potential for response bias. Although this survey was anonymous, participants potentially answered the questions in a manner they thought they were supposed to answer instead of giving their real thoughts. Additionally, several participants started the survey and did not complete it. Therefore, some data was incomplete. This result might have been due to the open-ended questions requiring too much time on the participant's behalf.

Implications for OT practice

This research suggests positive implications for occupational therapy. Employer-sponsored evidence-based practice activities could be perceived to be beneficial at increasing

evidence-based practice implementation. They are also activities that practitioners are interested in participating in. Therefore, employers have an opportunity to sponsor activities such as journal clubs and case studies or offer access to databases and continuing education courses as a way to potentially increase evidence-based practice. Occupational therapy practitioners should advocate for these activities to improve the provision of occupational therapy services.

Future research

Further research is needed to test the theory of effectiveness of employer-sponsored evidence-based practice activities. Quantitative research should be conducted to explore the quantifiable change in evidence-based practice as a result of employer-sponsored activities. Additionally, research should specifically address which activity is most effective at influencing evidence-based practice. Finally, further research should also investigate deeper into the influence a setting has on the ability to implement evidence-based practice activities.

Conclusion

This research study aimed to gather perceptions of occupational therapy practitioners on employer-sponsored activities and their influence on evidence-based practice. Participants demonstrated an overall approval of employer-sponsored activities and cited their perceived effectiveness in increasing evidence-based practice. Participants who did not report having activities sponsored by their employer voiced an interest in such activities to improve their practice of occupational therapy. Collaborative learning opportunities such as journal clubs were viewed similarly as access to databases and continuing education opportunities. Employers have an opportunity to sponsor activities to influence the use of evidence-based practice. Additional research is needed to confirm and generalize the results, but overall, use of employer-sponsored activities is a step in the right direction for evidence-based practice use.

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Appendices

Appendix A: IRB



Hello Kelli Spayd,

Congratulations! Using a limited review process, the Institutional Review Board at Eastern Kentucky University (FWA00003332) has approved your request for an exemption determination for your study entitled, "How do occupational therapy practitioners perceive the effectiveness of employer-sponsored evidence-based practice activities?" This status is effective immediately and is valid for a period of three years as long as no changes are made to the study as outlined in your limited review application. If your study will continue beyond three years, you are required to reapply for exemption and receive approval from the IRB prior to continuing the study.

As the principal investigator for this study, it is your responsibility to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects and comply with applicable University policies and state and federal regulations. Please read through the remainder of this notification for specific details on these requirements.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study should be reported to the IRB immediately and must be reported within ten calendar days of the occurrence.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a Protocol Revision Request must be submitted for IRB review, and approval must be granted prior to the implementation of changes. If the proposed changes result in a change in your project's exempt status, you will be required to submit an application for expedited or full review and receive approval from the IRB prior to implementing changes to the study. Changes include, but are not limited to, those involving study personnel, subjects, recruitment materials and procedures, and data collection instruments and procedures.

Registration at ClinicalTrials.gov: If your study is classified as a clinical trial, you may be required by the terms of an externally-sponsored award to register it at ClinicalTrials.gov. In addition, some medical journals require registration as a condition for publication. In the case of journals with membership in the International Committee of Medical Journal Editors, clinical trials must be registered prior to enrolling subjects. It is important that investigators understand the requirements for specific journals in which they intend to publish. In the case of sponsored project awards, timeline requirements will vary for awards that require registration. Approved consent forms must be uploaded in the system for all Federally-funded clinical trials after subject enrollment has closed, but earlier registration is not required for all agencies. If you have questions about whether a sponsored project award requires registration and on what timeline, please send an email to tiffany.hamblin@eku.edu before beginning recruitment so that the specific terms of the award can be reviewed. If you have a need to register your study and do not have an account in the system, please send an email to lisa.royalty@eku.edu and request to have a user account created.

If you have questions about this approval or reporting requirements, contact the IRB administrator at lisa.royalty@eku.edu or 859-622-3636.

For your reference, comments that were submitted during the review process are included below. Any comments that do not accompany an "I approve" response have been provided to you previously and were addressed prior to the review process being completed.

Appendix B: Survey

Default Question Block

How Do Occupational Therapy Practitioners Perceive the Effectiveness of Employer-Sponsored Evidence-Based Practice Activities?

You are being invited to take part in a research study about employer-sponsored evidence-based practice activities. This study is being conducted by Kelli Spayd, MSOTR/L under the supervision of Dr. Allen Keener OTD OTR/L at Eastern Kentucky University.

If you decide to participate in the study, you will be asked to complete an online survey including question items about demographic information, opinions of evidence-based practice, employer-sponsored activities, and continuing education. Your participation is expected to take no more than 20 minutes. This study is anonymous. You will not be asked to provide your name or other identifying information as part of the study. No one, not even members of the research team, will know that the information you give came from you. Your information will be combined with information from other people taking part in the study. When we write up the results of the study, we will write about this combined information. We will make every effort to safeguard your data, but as with anything online, we cannot guarantee the security of data obtained via the Internet. Third-party applications used in this study may have terms of service and privacy policies outside the control of Eastern Kentucky University.

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

This study has been reviewed and approved for exemption by the Institutional Review Board at Eastern Kentucky University as research protocol number 4577. If you have any questions about the study, please contact Kelli Spayd at kelli_spayd@mymail.eku.edu. If you have questions about your rights as a research volunteer, please contact the Division of Sponsored Programs at Eastern Kentucky University by calling 859-622-3636.

By completing the activity that begins on the next screen, you agree that you (1) are at least 18 years of age; (2) have read and understand the information above; and (3) voluntarily agree to participate in this study. If you have completed the survey previously, please do not complete it again.

I agree to complete the survey.

I do not agree to complete the survey. (Selecting this option will end the survey and data collection.)

What is your occupational therapy license

OT

OTA

How many years have you been practicing as a licensed occupational therapy practitioner?

0 - 3 years

More than 3 years - 5 years

More than 5 years - 10 years

More than 10 years - 15 years

More than 15 years

What best describes your current work setting?

Acute Care/Hospital

Skilled Nursing Facility

Acute Inpatient Rehabilitation

Outpatient Adults

Outpatient Pediatrics

School-based

Early Intervention

Other

What is your highest degree obtained?

Associate

Bachelor

Masters

Clinical Doctorate (such as DrOT, OTD)

Research Doctorate (such as EdD, ScD, PhD)

How do you define evidence-based practice?

For the purpose of this study, please use the AOTA definition of evidence-based practice. The American Occupational Therapy Association (AOTA) defines evidence-based practice as using research in combination with expertise and client occupational profile to guide the provision of occupational therapy services (2021). (American Occupational Therapy Association. (2021). Evidence-Based Practice & Research. <https://www.aota.org/practice/researchers.aspx>)

How strongly is evidence-based practice emphasized in your primary work setting?

Not emphasized

Little/minimal emphasis

Somewhat emphasized

Moderately emphasized

Strongly emphasized/Constant emphasis

Explain how/why you rated the use of evidence-based practice in your primary work setting (in the previous question).

How often do you use evidence-based practice to guide your goals and interventions?

Never

Sometimes

About half the time

Most of the time

Always

How do you use evidence-based practice?

Do you think there are challenges using evidence-based practice in your current setting?

No

Yes

What are the challenges?

Do you feel your supervisor is supportive and encouraging and/or actively engaged with evidence-based practices? Why or why not?

Does your employer offer evidence-based practice resources/activities, such as journal clubs, case studies, or access to databases?

Yes

No

Which of the below activities do you see yourself participating in if they were offered as a way to increase your evidence-based practice? Please provide reasons for your answers.

Journal Clubs

Case Studies

Access to Databases

Access to CEU course

Others

Do you participate in your employer's evidence-based practice activities?

Yes

No

What drives your decision to not participate?

I don't have time

I don't think the information is pertinent to my practice

I don't understand the information

I don't know what to look up in databases

I don't know how to apply what I learned

I don't think looking at research is necessary as my practice is already effective. I don't need new techniques or idea.

Other

Do you feel your participation increases your use of EBP? Why or why not?

How would you feel if EBP activities (such as journal clubs, case studies, access to databases, access to CEU courses) were mandated by your employer for participation?

Do you have financial assistance from your employer to attend non-employer sponsored CEU courses?

No

Yes

How much money do you receive on a yearly basis?

Up to \$100

\$101 - \$300

Do you feel your financial assistance is enough? Why or why not?

How do you feel the quality of employer-sponsored EBP activities compares to non-employer sponsored EBP activities?

Is there anything else you would like to share about employer-sponsored EBP activities?

Is there anything else you would like to share about non-employer-sponsored EBP activities?