ON THE PATH TO BEST PRACTICE: INTEGRATION OF EVIDENCE-BASED PRACTICE IN OCCUPATIONAL THERAPY

A Thesis submitted to the faculty at Stanbridge University in partial fulfilment of the requirements for the degree of Master of Science in Occupational Therapy

by

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Abstract

Background: Evidence-based practice (EBP) is the culmination of research evidence, best clinical expertise, and patient values and how each principle interacts with one another. However, within the occupational therapy (OT) field, practitioners are often concerned with how well EBP is integrated into daily practice and various clinical settings.

Methods: To comprehensively address and identify the effectiveness of EBP integration in OT practice, we recruited practicing occupational therapists who met our research criteria. Through a qualitative study, participants completed two questionnaires that established their background and addressed their perceptions on EBP implementation in their practice settings. Afterwards, we utilized Dedoose, a specific coding software, to categorize and analyze our participants' responses to the questionnaire.

Results: Through our data analysis, we found many similarities and differences between master's and graduate levels of education as well as years of experience working in the OT field. Furthermore, we identified our participants' perceptions regarding the effectiveness of EBP implementation in their separate practices.

Conclusion: Our research data provided valuable insight from different OT settings on occupational therapists' perceptions toward EBP implementation. Their perceptions revealed their personal experience with EBP and the intricacies that accompany its integration into their practice setting. Additionally, our research data identified the differences between different levels of educations, as well as years of experience in the OT field.

Keywords: occupational therapy, evidence-based practice, implementation, barriers, integration

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On The Path to Best Practice: Evidence-Based Practice Integration in Occupational Therapy

Occupational therapy (OT) navigates the delicate balance between evidence-based practice (EBP) and the art of holistic patient care. Yet within this essential field, a persistent challenge looms large: the struggle of effectively integrating EBP into everyday clinical interventions. EBP not only enhances the caliber of care but also fosters accessibility, quality enhancements, and progression within the occupational therapy field (Sakzewski et al., 2014). It empowers OT practitioners to craft informed decisions rooted in evidence, ultimately fine-tuning treatment approaches and heightening client contentment and outcomes. Recent research paints a vivid picture of the hurdles OT practitioners face in fully embracing EBP principles. A study conducted by De Coninck et al. (2023) shines a spotlight on how EBP plays a key role in enhancing care quality and improving patient outcomes. However, notable barriers such as knowledge gaps and limited resources present considerable obstacles that could impede OT practitioners from embracing EBP. Furthermore, research conducted by Hallé et al. (2021), Rahman et al. (2022), and Taylor et al. (2021) sheds light on a notable disconnection between academic learning and practical application; a challenge not exclusive to recent graduates but prevalent among experienced practitioners as well. This is not merely a problem for the daily practice of OT practitioners; it is also impeding the progress of the profession, making it harder to keep up with the latest research.

Amidst these nuanced hurdles lies the overarching concern: the need to thoroughly investigate the perceptions, strategies, and obstacles encountered by OT practitioners as they implement EBP within their daily practice. The implications of this

investigation are wide reaching, as it can directly impact the quality of care delivered by OT practitioners to enhance patient outcomes. To address these multifaceted challenges and bridge the gap in understanding, our research seeks to delve deeper into the experiences of OT practitioners, exploring their perceptions, strategies, and the hurdles they encounter when integrating EBP into their clinical work.

Problem Statement

The integration of EBP within OT presents a critical challenge, impacting function, adaptation, and meaningful occupations in alignment with the fourth edition of the OT Practice Framework (American Occupational Therapy Association, 2020). Despite acknowledging the significance of EBP in healthcare, there exists limited understanding regarding its full incorporation into daily OT practice and the complex factors that shape this integration. This lack of comprehensive insight impedes the optimization of patient outcomes. Research by Thomas et al. (2012) underscores the absence of clearly defined milestones in EBP development during OT education, posing a barrier to professional progress. Moreover, insights from Upton et al. (2014) suggest occupational therapists encounter difficulties in critically appraising research evidence, revealing significant deficits in crucial competencies. Identifying specific EBP knowledge, skills, and attitudes that are essential across different stages of OT education could notably enhance the integration of EBP, thereby elevating the standard of patient care, advancing the profession, and positively impacting societal well-being.

Literature Review

EBP holds significant importance in OT because it enables healthcare practitioners to deliver high-quality care and improve patient outcomes. By integrating

the best available evidence into clinical decisions and interventions, OT practitioners ensure the effectiveness and alignment of their practice with current research findings. EBP not only enhances the quality of care provided but also promotes accessibility, equity, and advancements within the field (Böstrom et al., 2018). It empowers OT practitioners to make informed decisions based on evidence, ultimately improving client satisfaction, and optimizing treatment outcomes. The studies we examined in our literature review emphasized the importance of measuring and promoting EBP, addressing the challenges healthcare professionals face, and highlighting the impact EBP on self-efficacy, attitudes, and knowledge base. Barriers to EBP encompass insufficient knowledge, overwhelming clinical workload, lack of resources, and inadequate support from management (Böstrom et al., 2018; Cardin & Hudson, 2018; see also Thomas et al., 2017). These hurdles persist across various healthcare settings, hindering the integration of evidence-based interventions. They provide valuable insights into the challenges and opportunities associated with integrating EBP in OT practice. By examining the benefits and challenges associated with EBP integration, this review aims to contribute to the development of future research and practice in OT, ultimately enhancing the quality of care delivered to clients and advancing the profession.

Theme 1: Barriers to EBP

According to Boström et al. (2018), 30-40% of patients do not receive treatment based on EBP. To understand the reasoning behind this alarming percentage, common barriers of EBP must be addressed. Cardin and Hudson (2018) explored perceived barriers broadly across differing clinical settings and have identified that lack of knowledge, high clinical workload, and management not supportive of EBP as a

commonality. This is further exemplified in the study conducted by Böstrom et al. (2018) where the same barriers exist across differing levels of experience for healthcare practitioners. There is a lack of resources, motivation, and authority to change workplace practice (McEwen et al., 2019). Additional barriers are lack of resources, lack of experience with the process, and limited time (McEwen et al., 2019). While these barriers are applicable to OT practitioners, they can also be applied to other healthcare professionals. The studies by Boström et al. (2018), Cardin and Hudson (2018), and McEwen et al. (2019) recruited participants from a variety of disciplines including nursing, speech language pathology, and physical therapy.

Theme 2: Enablers of EBP

An environment that promotes EBP is essential to practitioners to further their own knowledge of various models or frameworks for providing care. This includes access to research databases, electronic health records that facilitate data collection, and resources to critically appraise and synthesize research evidence. Boström et al. (2018) found clinical professionals scored lower on the following self-reported capability beliefs when compared to undergraduate students: EBP capability index, searching databases, and appraising research reports. The clinical significance of these findings suggests that providing healthcare practitioners with these resources can increase confidence in providing evidence-based interventions. Collaboration among healthcare professionals from different disciplines enhances EBP implementation. Physicians scored the highest on the following categories of reported use of EBP: EBP use index, formulating questions, appraising research reports, and evaluating practice (Boström et al., 2018). This example highlights some of the strengths different healthcare practitioners can

contribute using means like interprofessional team discussions and case conferences. Multidisciplinary meetings facilitate the exchange of knowledge and perspectives, enabling a more comprehensive approach to patient care.

Theme 3: Benefits of EBP

Studies by Al Zoubi et al. (2018), Boström et al. (2018), Hallé et al. (2021), McEwen et al. (2019), Rahman et al. (2022), Sakzewski et al. (2014), and Taylor et al. (2021) explored the importance of integrating EBP in clinical practice as it relates to patient outcomes, continued education for practitioners, quality care, dissemination of information from research to practice, and fidelity to the OT profession. Hallé et al. (2021) state that the "limited and delicate connection between faculty and preceptors, the factors that can bridge, but often maintain the gap between them, and the impact such connections and divides had on EBP" integration (p. 1328). A study conducted by McEwen et al. (2019) demonstrated how the use of EBP integrated into a stroke rehab setting had numerous benefits like increased self-efficacy and improvement in significant improvements in integrating EBP in practice such that the validity of researched interventions, models, theories, and frameworks can be confirmed in clinical practice in real-world scenarios. This claim is further exemplified in a study conducted by Taylor et al. (2021) which explored the effects of not integrating updated guidelines on EBP in treating pressure sores and how it affects patient outcomes from a multi-disciplinary approach.

Remaining Gaps

We ascertained, that through connections made between conclusions of various literature, assessing EBP can pose challenges, especially when participants draw on their

knowledge from diverse settings. Furthermore, the risk of a ceiling effect arises when assessment questions fall below participants' EBP expertise, hindering accurate measurement. Hence, scaling measurement tools accurately is essential to effectively evaluate the integration of EBP practices in diverse clinical settings. Our study seeks to measure how different perspectives and attitudes towards integration of EBP by making use of a survey questions designed to gather participants' past and present outlook. Another issue that arises is the population in which EBP is implemented. Studies conducted by Al Zoubi et al. (2018), Boström et al. (2018), and Rahman et al. (2022), demonstrate the need for diversification within the fields of practice in which EBP employs to gain a more accurate understanding. Each study focused on specific populations which inhibited the generalization of EBP application in all clinical settings. Additionally, there should be a standard approach to incorporating EBP into graduate programs and ensuring consistency across accredited programs (Thomas et al., 2017). Different graduate programs teach healthcare knowledge and EBP differently, resulting in new graduates entering the medical field with varying levels of knowledge. Therefore, further vigilance in teaching EBP during fieldwork and clinical assignments will reinforce consistency in the base level of foundational knowledge for new graduates.

Furthermore, it is crucial to promote and apply general knowledge and skills with consistent guidelines. By doing so, the foundation of EBP can be extended across various healthcare professions, reinforcing essential foundational skills required in all medical fields. Several studies conducted by Hallé et al. (2021), Olsen et al. (2013), Sakzewski et al. (2014), and Taylor et al. (2021) identified similar limitations in implementing EBP in healthcare practices. Notably, limitations such as time, space, and materials hinder the

widespread adoption of EBP (Sakzewski et al., 2014). While knowledge derived from EBP is applicable across different practices, it can be challenging to gather the necessary resources and space to effectively implement these practices. Each clinical setting has its own unique materials and must work with whatever is available to carry out interventions and treatments within their specific practice. Furthermore, variations in clinical practices and scheduling further complicate the application of EBP. As symptom presentation differs among patients, clinical practitioners are unable to consistently apply EBP uniformly. Therefore, it is important to generalize EBP knowledge while ensuring that patients receive the best and most efficient care available to them.

Argument on Clinical Significance

We assert that incorporating population-specific models or frames of reference into healthcare practice yields favorable outcomes in terms of care provided by the clinicians through integration of EBP. This is shown in the study conducted by McEwen et al. (2019), a function-based cognitive intervention was implemented resulting in significant improvements in knowledge, aspects of self-efficacy, and aspects of practice, which was maintained at the same levels six months post intervention. Students perceived a lack of EBP culture and expressed a need for EBP role models during clinical placements; clinical instructors can bridge the gap between the clinical and academic environment (Olsen et al., 2013). In a study conducted by Böstrom et al., (2018), they found that both students and health professionals exhibited high capability beliefs in effectively implementing EBP methods, such as appraising research reports and comparing sources of information.

There is very strong evidence that supports integration of EBP in various settings

that leads to better prognosis and flexibility in picking interventions as it relates to various dysfunctions or diagnosis. Furthermore, integration through specific targeting of attitudes towards EBP has a moderate positive result in experienced clinicians and strong positive results for recent graduates. The studies are mixed, however, regarding evidence supporting the inclusion of various frames of reference and models in settings that have traditionally not utilized them. Overall, the literature supports that improving multiple attitudes towards integrations of EBP leads to positive acceptance of EBP but does not support inclusion of population specific models or frame of references in other settings.

Purpose Statement

The purpose of our research study was to investigate the perceptions, strategies, and challenges of OT practitioners regarding the integration of EBP into their clinical practice. To achieve this, our study assessed the education and knowledge levels of OT practitioners, including those with master's or doctorate degrees, across various practice settings. This analysis aimed to better understand practitioners' perceptions and confidence in integrating EBP into their clinical routines. Additionally, our study explored strategies utilized by OT practitioners to identify and appraise evidence, and examined obstacles encountered during EBP implementation in OT practice settings.

To achieve this aim, the research will address the following key research questions:

1. What are the perceptions of OT practitioners regarding the integration of EBP in their practice?
2. What strategies do OT practitioners utilize to effectively identify, appraise, and integrate EBP in their clinical practice?

3. What challenges do OT practitioners face when attempting to implement EBP in their daily work?

Through in-depth interviews with OT practitioners from diverse backgrounds and settings, this research aims to contribute to the advancement of EBP within the OT field by shedding light on educational needs and barriers faced by practitioners in effectively incorporating evidence-based approaches into their daily practice.

Theoretical Framework

The Person-Environment-Occupation Performance (PEOP) is a model that is widely used in OT to guide practice and understand the intricate interactions between individuals, their environments, and the occupations they participate in (Smith & Hudson, 2012). In 1985, Bass et al. developed the PEOP model, during a time when the biomedical model was primarily utilized (Cole & Tufano, 2020). A downside of the biomedical model, a bottom-up approach, is its failure to consider a client's sociocultural and environmental contexts. Conversely, the PEOP model combines a holistic approach with a bottom-up approach to build an occupational profile in line with social-cultural context and factors specific to the individual. The PEOP model plays a crucial role in EBP in OT by providing a structured approach to assessment, intervention planning, and evaluation that is grounded in both theory and scientific evidence (Cole & Tufano, 2020).

The focus of the PEOP model involves considering person-related and environment-related resources to understand how barriers affect performance or participation in occupations (Christiansen et al., 2015). The components of the PEOP model as discussed by Cole and Tufano (2020) are “narrative story, person factors, occupational factors, and environmental factors” (p. 128). Narrative is defined as “the

past, current, and future perceptions, choices, interest, goals and needs that are unique to the [person], [organization], or [population]" (Cole & Tufano, 2020, p. 129). Person factors are strictly "physiological, psychological, neurobehavioral, cognitive, and spiritual factors" that govern participation or determine efficacy towards goal attainment relative to holistic factors (Cole & Tufano, 2020, p. 129). The narrative component of the model deals with the subjective nature of occupational performance and participation such that individuals are observed in terms of the contexts and/or barriers that affect their behaviors. Occupational factors are split between occupations and occupational performance. Occupation pertains to what an individual wants or needs to do in their daily lives (Cole & Tufano, 2020). Occupational performance is the act of doing an activity or task through complex interactions between the individual and environment (Cole & Tufano, 2020). Finally, environmental factors are extrinsic factors that can potentially enhance or inhibit participation in occupational participation. This is evident in a study conducted by Wang et al. (2019) in which they discovered individual factors presented a barrier to EBP. Based on the results one would hypothesize that newer graduates may be more familiar with EBP and have more positive attitudes towards EBP, which would result in greater application of EBP when compared to therapists that have been practicing longer. If we utilize this model on OT practitioners, we can better understand barriers to EBP, perceptions of EBP, and strategies occupational therapists use to integrate EBP. Furthermore, we can exemplify the effects of individual perceptions and environmental factors in how they affect integration and acceptance of EBP interventions.

In summary, the PEOP model closely aligns with EBP in occupational therapy,

offering a comprehensive, client-centered approach to assessment, intervention planning, and evaluation. This integration allows occupational therapists to readily incorporate the most current scientific research into their practice settings.

Methodology

The intricacies of EBP integration in OT practice demand a nuanced and comprehensive research approach, and for this reason our study adopted a qualitative methodology. We chose the qualitative paradigm for its ability to delve deeply into the subjective experiences, perceptions, and nuances that shape the phenomenon under investigation. Our study explored the multifaceted dimensions of EBP integration and utilization through a qualitative lens, employing semi-structured interviews as the primary means of data collection.

Design

We conducted a qualitative semi-structured interview that consisted of two sections. Our questions served to determine the specific backgrounds of our participants and identify the ways that EBP is integrated into their individual practice. We utilized Google Forms to collect our participants' answers as well as Dedoose (https://www.dedoose.com) software to analyze and categorize the data we acquired. By doing so, we aimed to address the commonalities between different practices in terms of how EBP is integrated into various OT settings.

Sampling

The participants were recruited from current licensed OT practitioners working clinically and teaching at Stanbridge University in Alhambra, California, and OT practitioners we had prior connections with.

The screening procedure included general questions to assess potential participant interest in our study. The demographic questions were used to filter participants dependent on the study's inclusion and exclusion criteria.

Our study anticipated recruiting five participants from clinically practicing OT instructors from Stanbridge University. Fifteen out of the twenty anticipated participants were recruited from connections that the study members had with clinically practicing occupational therapists.

Inclusion

Our study included participants that met the following criteria:

1) The participants will consist of men and women and at least 18 years of age.

2) Must be a California resident and hold a valid OT license recognized by the state of California.

3) The participants must be currently practicing as an OT practitioner in any settings under the scope of practice (i.e., Acute, Skilled Nursing Facility, Home Health, Mental Health, etc.).

4) English-speaking from diverse backgrounds.

5) Participants must be utilizing EBP in their practice.

6) The participants must be committed to almost an hour of their time for the interview.

7) The participants must be working clinically as an OT practitioner either full-time or part time (20hrs/wk).

Exclusion

Our study excluded participants that met any of the following criteria from participation:

1) Practitioners from other disciplines such as nursing, physical therapy, and speech therapy.
2) Certified occupational therapy assistants will be excluded.
3) Retired OT practitioners who have not practiced within the last 12 months.
4) Participants whose license has been suspended will not be included in our study.
5) OT practitioners from other states in the U.S.
6) OT practitioners who are not currently working at clinical sites.

Instrumentation

For our research data collection, we utilized two sets of semi-structured interview questions that were sent electronically to our participants through Google Forms. The responses from the participants were collected into Google Forms and transferred over onto a Google Sheets document where de-identification of participants occurred. After the data collection, it was inputted into Dedoose, which was utilized to organize, analyze, and present the data.

Data Collection Procedure

The participants that met the initial criteria were provided with a consent form that also highlighted the description of the study. Participants were then given a questionnaire consisting of seven demographic questions and nine open-ended interview questions. Information pertaining to all participants was securely stored in a Google Drive protected by a password and will be stored for three years post study closure.

Additionally, any physical copies of study material were securely stored within the confines of the Stanbridge University campus with restricted access. All collected data was accessible exclusively to the authorized research team. To further ensure participant anonymity, all subjects involved in our study were de-identified by codes. At the end of the data collection stage, participants who did not meet the inclusion or exclusion criteria was filtered out of the data pool prior to the transfer onto a Google Sheet document that held de-identified study data.

Data Analysis

The data analysis in our research study was conducted using Dedoose. The de-identified data was stored on a Google Sheets document which was imported onto Dedoose. The data was organized in such a way that responses were split per participant. The research team then reviewed all responses in order to identify commonalities between each response. These commonalities are then simplified into broad themes that are translated as our parent-codes. Within each parent-code, the research team identified more specific concepts that described the nature of the response such that this became our child-codes. Using Dedoose, the research team coded each response under a parent code and further refined it into a specific child code. The child codes presented throughout represent the specific concepts identified by the research team during the coding process within Dedoose. These definitions are based on our interpretations and categorization of the data collected, reflecting the themes observed within the responses. Once all responses have been coded, the research team presented the data in the following ways:

1) Demographic presentation of participants breakdown specifically: years of experience, clinical setting, and faculty representation.

2) Broad presentation of data denoting occurrence of codes specific to the survey question.

3) Comparison of code-occurrence as it relates to a specific descriptor (ie. level of education, years of experience, etc.)

4) Numerical denotation of code occurrence and its ratio compared to the other codes.

After the data analysis, the research team identified the trends observed within the data in order to draw conclusions and relevance of the findings as it relates to integration of EBP in OT practice.

Ethical and Legal Considerations

Ethical and legal considerations were made during the development and approval of the study protocol. Our study received approval from Stanbridge's Institutional Review Board process to ensure proper protection of participants while advancing the field of OT. Furthermore, we received the Institutional Review Board approval for substitution of electronic signatures for documentation of informed consent due to de-identification of study data and participants records per the federal "Common Rule" (Protection of Human Subjects, 2009) as the study presented no more than minimal risk of harm to subjects and involved no procedures in which written consent is normally required outside the research context.

Participants were given a copy of a consent form to ensure proper communication of expectations regarding how their data will be analyzed and published. The participants received documentation of the *Experimental Subjects' Bill of Rights* (Human Experimentation, 1978) and a brief description of the study's purpose and nature before

signing the informed consent form. The participants were encouraged to contact the researchers if they have any concerns or questions before signing the informed consent form. As stated in the Participant Bill of Rights, the participants were told that they can withdraw at any time without penalty. Efforts were made to ensure that proper permissions and informed consent were given prior to participation in the study.

Incorporation of ethical considerations such as autonomy, nonmaleficence, and justice is paramount in the design and execution of research studies involving human subjects (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). Autonomy underscores the importance of respecting individuals' rights to make independent choices regarding their participation. This principle necessitates informed consent procedures that are comprehensive, voluntary, and free from coercion, ensuring that participants fully understand the study's purpose, potential risks, and their right to withdraw without repercussions. Additionally, safeguarding privacy and confidentiality is essential to preserve autonomy.

In our research, we acknowledged potential risks associated with subjects' professional reputation and workplace standing due to the nature of the questions posed. These risks involved responding truthfully to specific survey questions, which may lead to concerns regarding damaging one's professional reputation, especially if responses are viewed unfavorable by colleagues, superiors, or peers. Subjects may be concerned that their survey responses, if identified, could negatively impact their standing within their workplace or professional community.

There may be a risk of breach of confidentiality due to the nature of online surveys. Such that, to minimize this risk, responses were completely anonymous. No

personal identifiable information was connected to the participants' responses. We strictly upheld confidentiality in the storage and handling of data. Only authorized research personnel had access to our survey responses. Any data used for research presentations or publications is presented in an aggregated, de-identified format, ensuring our participants cannot be identified.

Results

Demographics

The interview questionnaire to our study was open for a total of twenty-seven days and concluded on January 30, 2024. In our recruitment efforts, we contacted twenty-nine potential candidates to participate in our study. However, only fifteen individuals responded. Out of those fifteen respondents, one participant was excluded for not meeting the inclusion criteria, and another opted to withdraw from the study. Our initial target was to recruit twenty participants, including five from Stanbridge University faculty. However, out of thirteen participants, five were Stanbridge University faculty members and one faculty member from University of St. Augustine, located in San Diego, California. All respondents were California residents actively engaged in clinical practice across diverse settings. In terms of experience, 30.7% of the thirteen respondents had sixteen or more years of clinical experience, 23.1% had 11-15 years, 7.6% had six to ten years, and 38.5% had zero to five years. Regarding clinical settings, respondents were distributed across various environments: 30.7% worked in outpatient clinics, 23.1% in skilled nursing facilities, 30.7% in hospitals, and 15.4% in acute rehab setting. The remaining 7.6% were dispersed among private practice, and home health. A visual representation of this information is provided in the appendix section. Out of the thirteen

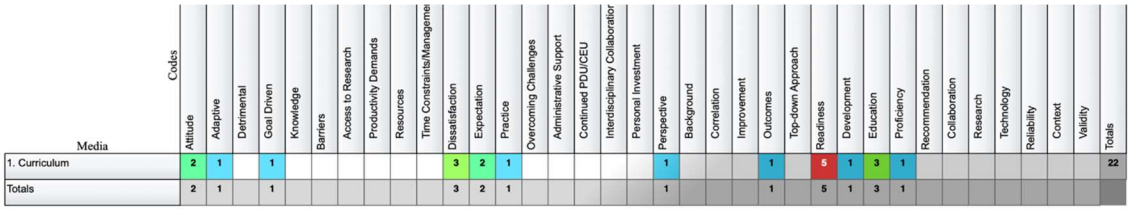
respondents, six were Stanbridge University faculty members, with 21.4% being full-time faculty and 28.6% part-time.

Curriculum

Our participants' responses regarding their curriculum were identified through dissatisfaction, readiness, attitudes, and perspective, which were further separated into child-codes, which can be seen in Figure 1.

Figure 1

Parent and Child Codes for Curriculum Question



The goal-driven child-code describes the participants' ambition to integrate EBP. The "Attitude" parent-code was separated into "Adaptive" and "Goal-Driven" child-codes. The "Adaptive" child-code represents how willing the participant was to adapt the knowledge they gained within their program and how they were able to re-interpret it into their practice. The child-codes for "Dissatisfaction" consisted of "Expectation" and "Practice," and these child-codes explored the extent in which the participants' negative perception of their curriculum within their OT program. The expectation and practice child-codes explored the nuanced differences between theoretical and application of knowledge obtained within their OT program. Additionally, our participants also communicated how their graduate programs prepared them for fieldwork. The child-codes for "Readiness" were separated into "Development," "Education," and "Proficiency." The development child-code was set to describe how their curriculum developed their clinical edge. The education child-code explained how their curriculum

taught them foundational knowledge for the field. The proficiency child-code represented how their curriculum readied them to be competent in the occupational therapy field. The responses from our participants under the curriculum question that identified within the readiness parent code (n=5) made up 45% of our responses. Within the dissatisfaction parent code (n=3), the participants' responses made up about 27% with respect to their curriculum experience. Additionally, the participants' responses that fell under the attitudes parent code (n=2) made up 18%. Participants with a master's level education were the only ones who had expressed dissatisfaction (n=2, 33%) with their curriculum. In contrast, participants who received doctorate level education felt more prepared (n=5, 62.5%) than those with a master's level education (n=3, 60%) when it came to what they learned in their curriculum. Upon analyzing the attitudes code, we found that the participants with a doctorate level education had also expressed their individual attitudes toward adapting their learning (n=1, 12.5%) and ambition towards EBP implementation (n=1, 12.5%) were at similar levels. In addition, after analyzing the perspectives code, we found that our doctorate level participants had a similar theme in the outcomes (n=1, 12.5%) of their curriculum.

Perspective

Based on participants' responses to inquiries regarding their views on employing EBP in OT, child-codes were generated to discern common themes or categories within each response under the parent code Perspective.

Figure 2

Parent and Child Codes for Perspective Question

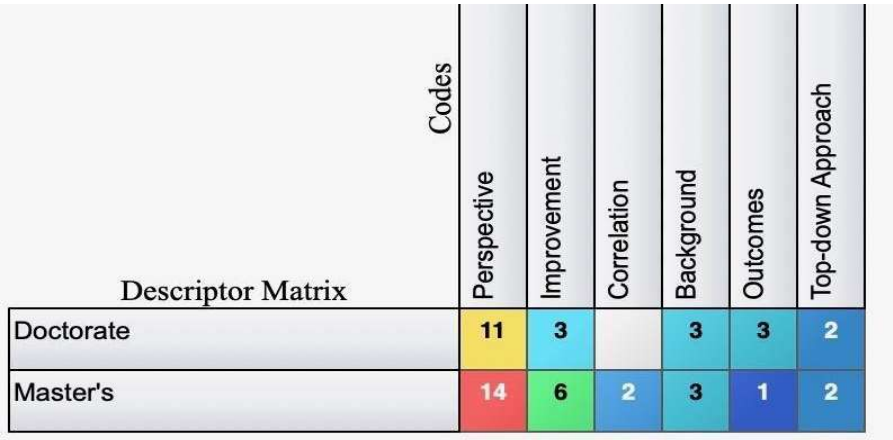
Media \ Codes	Attitude	Adaptive	Detrimental	Goal Driven	Knowledge	Dissatisfaction	Expectation	Practice	Perspective	Background	Correlation	Improvement	Outcomes	Top-down Approach
2. Perspective	1			1		2	2		10	3		2	2	3
Totals	1			1		2	2		10	3		2	2	3

The child-codes consisted of “Improvement,” “Correlation,” “Background,” “Outcomes,” and “Top-down Approach.” The improvement child-code was identified as the recognition of opportunities to enhance proficiency and utilization of EBP in clinical settings. The outcome child-code denotes the positive acknowledgment of the impact of EBP on decision-making and intervention planning. The background child-code encompasses participants' foundational perspectives on EBP in OT, emphasizing its fundamental importance, role in supporting clinical practice, and the regulatory context tied to professional licenses. The top-down approach child-code refers to the fundamental role of EBP in guiding interventions and promoting a holistic approach in OT. The analysis child-code, as depicted in Figure 3, based on participants' educational levels, revealed interesting insights.

Doctorate-level participants demonstrated an even distribution in expressing their perspectives, with background (n=3, 27.2%), improvement (n=3, 27.2%), and outcomes (n=3, 27.2%) all playing significant roles in their considerations of EBP in OT. In contrast, respondents holding a stance on the utilization of EBP in OT.

Figure 3

Perspectives vs Level of Education

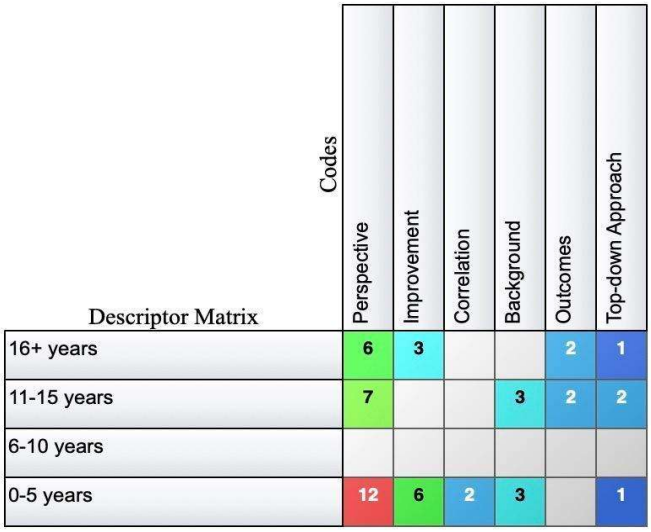


Descriptor Matrix \ Codes	Perspective	Improvement	Correlation	Background	Outcomes	Top-down Approach
Doctorate	11	3		3	3	2
Master's	14	6	2	3	1	2

When assessing the correlation between years of master's degree in OT exhibited a predominant focus on Improvement (n=6, 42.8%) in their experience and perspective on the use of EBP. Out of the twenty-five responses under the perspective parent code, 48% advocating for improvement only fell in the bracket of zero to five years of experience, 24% for sixteen plus years, and 28% for eleven to fifteen years of experience (Figure 4). Additionally, among the thirteen participants, 23.1% identified the top-down approach as a key determinant in applying EBP within OT practice.

Figure 4

Perspective Code vs Years of Experience



Descriptor Matrix \ Codes	Perspective	Improvement	Correlation	Background	Outcomes	Top-down Approach
16+ years	6	3			2	1
11-15 years	7			3	2	2
6-10 years						
0-5 years	12	6	2	3		1

Furthermore, three respondents (23.1%) recognized background as a relevant perspective when considering EBP in OT practice. Delving into the specific aspect of outcomes, our analysis revealed that (n=2, 15.4%) of participants expressed a particular focus on outcomes as a significant perspective in their views on the use of EBP in OT. Upon further examination of the codes related to practitioners' perspective on EBP in OT, the parent code attitude was identified, and it encompasses the participant's overall viewpoint. Specifically, it reflects a positive attitude or perspective toward EBP in OT. The child code goal-driven was identified referring to the positive, goal-oriented attitude toward the use of EBP in OT practice. Another parent code was identified as "Dissatisfaction" with the child code of Expectation. These codes refer to the participant's dissatisfaction of their OT program with having high expectations for their outcome in their educational experience. Upon analyzing the data on the respondents' perspective on EBP in OT practice, a positive Goal Driven attitude (n=1, 8%) emerged, indicating a strategic approach for progress. Conversely, a subset expressed Dissatisfaction (n=2, 15.4%) linked to unmet expectations in their educational experiences.

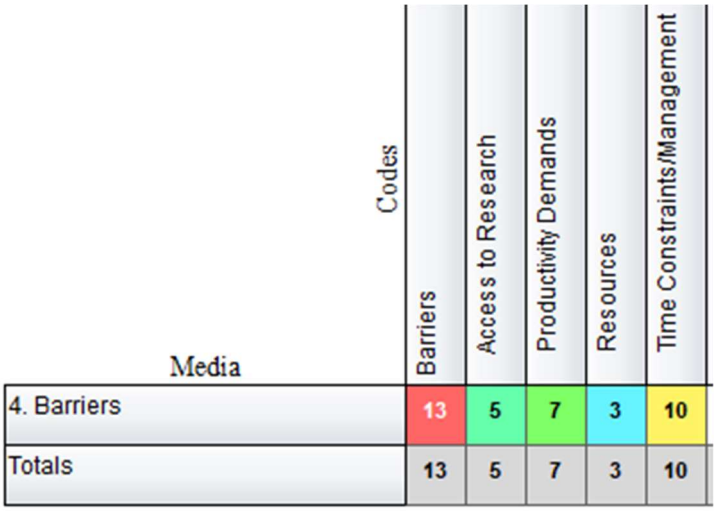
Barriers

Responses to question four of the questionnaire that pertains to the barriers associated with integration of EBP in OT practice produced the following child-codes under the "Barriers" parent code: "Access to Research," "Productivity Demands," "Resources," and "Time Constraints/Management." Access to research refers to all costs associated with accessing mediums for research such as journals, programs, classes, etc. Productivity demands was identified to be the differing facets of a practitioner's day-to-

day logistics such as number of patients, treatment time per patient, documentation time, interdisciplinary meetings, etc.

Figure 5

Occurrence of Parent and Child Codes for Barrier Question



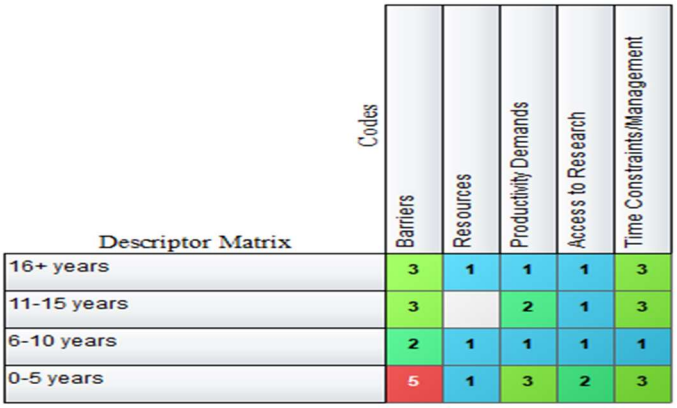
Media \ Codes	Barriers	Access to Research	Productivity Demands	Resources	Time Constraints/Management
4. Barriers	13	5	7	3	10
Totals	13	5	7	3	10

Resources only refers to necessary equipment in order to implement a specific intervention according to their respective evidence. Lastly, time constraints/management refers to the practitioner's own skill regarding management of time outside of patient care. Responses regarding the barrier question was identified under multiple codes. Out of the thirteen responses that were coded a total of 25 codes was identified: time constraints/management' (n=10, 40%), productivity demands (n=7, 28%), access to research (n=5, 20%), and resources (n=3, 12%). Response to question four categorized by level of education shown above showed that doctorate level participants identified that time constraint/management to be the leading barrier that inhibit integration of EBP in practice (n=7, 46%), productivity demands (n=4, 26%), access to research (n=3, 20%), and resources (n=1, 6%). In comparison, master's level participants showed more variance after coding of responses; time constraint/management (n=3, 30%), productivity

demands (n=3, 30%), access to research (n=2, 20%), and resources (n=2, 20%). Identified codes as a function of years of experiences showed variance across all child codes for each range of experience in years from zero to sixteen-plus at five-year intervals.

Figure 6

Amount of Experience and Occurrence of Parent and Child Codes



Descriptor Matrix	Barriers	Resources	Productivity Demands	Access to Research	Time Constraints/Management
16+ years	3	1	1	1	3
11-15 years	3		2	1	3
6-10 years	2	1	1	1	1
0-5 years	5	1	3	2	3

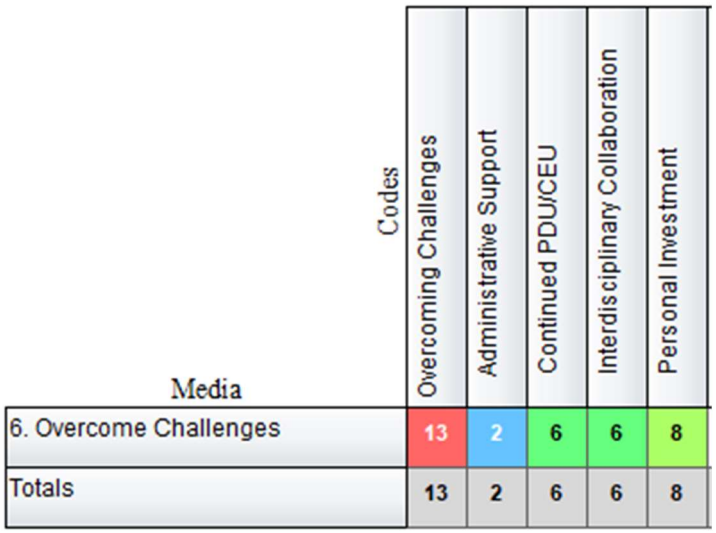
The spread of child-codes identified as a function of years of experience is similar to previous comparisons where time constraints/management was identified as the biggest factor followed by productivity demands, access to research, and resources respectively. Similarly, comparison of responses between participants currently clinically practicing and working in academia versus those who only work clinically produced roughly similar identifiers. Participants working in academia notably did not have any excerpts identified under the resource's child code.

Overcoming Challenges

Child codes for the parent code "Overcoming Challenges" were identified by noting different recommendations that the participants provided within their responses. The responses were coded under multiple child codes if appropriate similar to the responses for the barriers question of the survey.

Figure 7

Parent and Child Codes for Overcoming Challenges in EBP Question



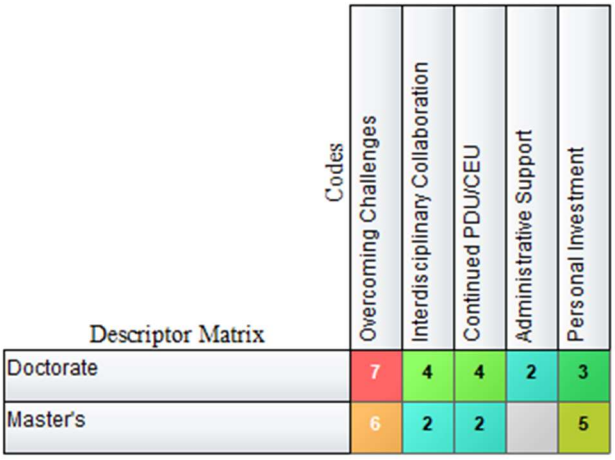
Media	Codes: Overcoming Challenges	Administrative Support	Continued PDU/CEU	Interdisciplinary Collaboration	Personal Investment
6. Overcome Challenges	13	2	6	6	8
Totals	13	2	6	6	8

The figure above shows the variance of child codes identified in response to the participant's responses. The following child codes were identified: "Administrative Support," "Continued Professional Development Units (PDU)/Continuing Education Units (CEU)," "Interdisciplinary Collaboration," and "Personal Investment." Administrative support refers to, but not limited to, the programs that administrators can implement to support OT practitioners within practice such as mentorship/buddy system between seasoned and new practitioners, and provision of resources that support EBP implementation. Continued PDU/CEU refers to required programs and courses that are intended to increase knowledge in a given topic that is often very specific to a particular concept or intervention. Interdisciplinary collaborations are identified as informal or formal meetings with other OT practitioners or members of other disciplines with a focus on discussing EBP. Lastly, personal Investment within the context of our study refers to any cost, either financial or otherwise, that the participants need to incur in order to overcome a specific challenge in integrating EBP in OT practice. The responses favored

personal investment (n=8, 31%) as the main factor to overcome challenges. Interdisciplinary collaboration (n=6, 23%) and continued PDU/CEU (n=6, 23%) being a close second and third respectively. Lastly, administrative support (n=2, 8%) showed the least identifiers during data analysis.

Figure 8

Code Occurrence for Overcoming Challenges Versus Level of Education

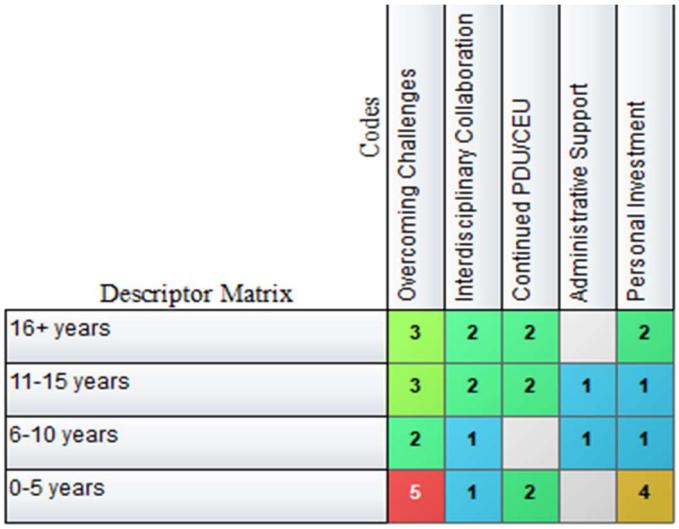


Doctorate level participants showed more variance amongst the differing child codes compared to those made by master's level participants. Doctorate level participants favored interdisciplinary collaboration (n=4, 31%), and continued PDU/CEU (n=4, 31%) as the main avenues to overcome challenges in integrating EBP in OT practice. Personal Investment (n=3, 23%) and administrative support (n=2, 15%) were seen as secondary avenues. Master's level participants identified personal investment (n=5, 56%) to be the main avenue for integration. The researchers identified interdisciplinary collaboration (n=2, 22%) and continued PDU/CEU (n=2, 22%) as secondary avenues. Interestingly, administrative support was not identified within responses from master's level participants. Responses to overcoming challenges with years of experience as a descriptor (shown above) showed roughly equal variance amongst experience levels of six years and

longer. However, the zero-to-five years of experience group heavily favored personal investment (n=4, 57%) to overcome challenges in integrating EBP in OT practice.

Figure 9

Code Occurrence for Overcoming Challenges versus Years of Experience



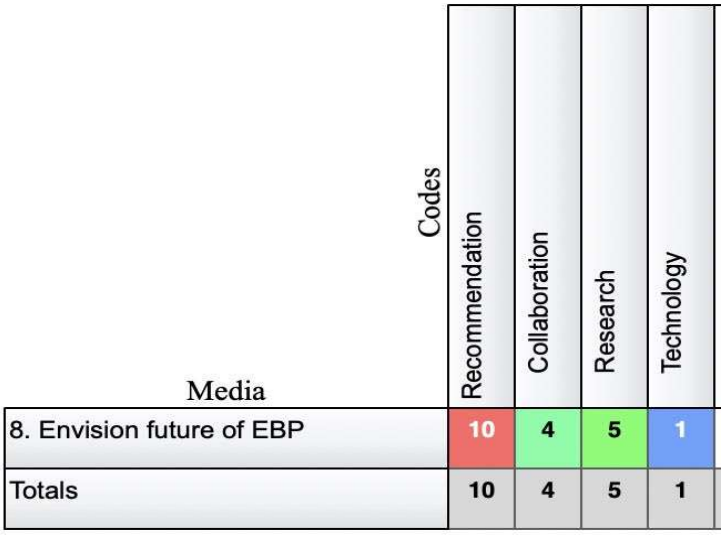
Descriptor Matrix	Overcoming Challenges	Interdisciplinary Collaboration	Continued PDU/CEU	Administrative Support	Personal Investment
16+ years	3	2	2		2
11-15 years	3	2	2	1	1
6-10 years	2	1		1	1
0-5 years	5	1	2		4

Future of EBP

Regarding the future of EBP in the field of OT we formulated three child codes that represented trends we analyzed in our participants responses. The parent code "Recommendation" has the following child codes: "Collaboration," "Research," and "Technology." We defined collaboration as professionals from multiple disciplines working together to achieve a desired patient outcome. We defined research as a systematic investigation for the creation of new knowledge or the use of existing knowledge. Technology is defined as any device, including medical devices, information technology systems, algorithms, and artificial intelligence designed to support healthcare organizations. The ten responses we were able to code are broken down as follows: research (n=5, 50%), collaboration (n=4, 40%), and technology (n=1, 10%). Of these participants 40% (n=4) are master's level and 60% (n=6) are doctorate level.

Figure 10

Code Occurrence for Future of EBP Question



Media	Codes: Recommendation	Collaboration	Research	Technology
8. Envision future of EBP	10	4	5	1
Totals	10	4	5	1

Of the participants that stated research to be involved in the future of EBP, 60% (n=3) are doctoral level and 40% (n=2) are master's level. Collaboration was split evenly among the participants with a master's degree and doctorate.

Discussion

Curriculum

Our participants received either a master's or doctorate level education in occupational therapy. According to the responses we received from our questionnaire, we found that the participants that received a doctorate level education were overall more satisfied with their curricular experience than those in a master's level education. A third of our participants with a master's level education expressed dissatisfaction with their graduate program regarding their curriculum. A majority (65%) of our participants with doctorate level degrees answered that they felt positively about the curriculum they received in their graduate programs, and only 50% of the participants with master's level degrees felt similarly. These answers indicate a potential foundational teaching deficit at

different levels of education. Furthermore, this deficit underscores how important curriculum is in foundational knowledge regarding EBP. In order to effectively implement EBP, there must be a general educational foundation in curriculum taught at levels of occupational therapy graduate programs.

Perspective

Participants' varied viewpoints on the utilization of EBP in occupational therapy encompass a range of perspectives. A significant number of participants firmly believe in the vital role of EBP, emphasizing its necessity in enhancing the quality of client care through grounded interventions in research and proven effectiveness. An interesting trend emerges when examining the correlation between years of experience and EBP perspectives. Nearly half (48%) of those advocating for improvement have zero to five years of experience, suggesting that early-career practitioners perceive a greater need for enhancements in EBP application. Contrarily, respondents with sixteen plus years showed a lower percentage (24%) advocating for improvement, while those with eleven to fifteen years account for 28%, hinting at an evolution in perspectives with experience. Our study underscores the importance of a structured approach, with 23.1% recognizing a top-down approach as crucial in guiding evidence-based interventions. These varying emphases based on educational levels, experience, and thematic considerations offer valuable insights for educators, practitioners, and researchers. Future research could explore factors influencing these perspectives and devise strategies to address EBP implementation challenges, particularly for early-career practitioners. Additionally, participants emphasize EBP's supportive function for clinical occupational therapists, aligning with the 23.1% who identify background as a relevant perspective. This

underscores the influence of diverse experiences in shaping practitioners' viewpoints on EBP integration within occupational therapy. Moreover, participants' perspective on EBP in OT vary, encompassing both positive and negative outlook. Some see EBP as a strategic tool for progress, while others are dissatisfied, particularly in relation to unmet expectations in their educational experience in OT. These diverse perspectives offer insight into the nuanced ways practitioners perceive and engage EBP within the OT context. It is essential to acknowledge that these specific themes appear to carry less weight or precedence compared to other aspects of parent-child code ratio.

Barriers and Overcoming Challenges

The implications of the findings in the current understanding of various barriers that impact integration of EBP in OT practice is that time management, and to an extent productivity demands, are still the most prevalent barriers followed by access to resources. The participants' responses to the questionnaire exemplifies that personal investment outside of patient care is the leading resource in overcoming said barriers. However, the quality of the responses identified under 'Personal Investment' hints towards it not being a viable long-term solution.

These findings highlight the multifaceted nature of barriers and ways to overcome it in the integration of EBP in OT practice. Addressing these barriers will necessitate a shift of focus from personal towards administrative and collaborative avenues. This shift will enable OT practitioners to focus more on personal development and patient care as a function of productivity demands of their day-to-day practice.

Future of EBP

Based on our findings, research and collaboration are factors that will influence the future of EBP. Regarding research, participants' responses included encouraging practitioners to engage in research and increasing the research backing for OT practice. One participant stated that despite not being directly involved in research, occupational therapists in a clinical setting help guide us in developing further research. This statement shows that OT practitioners are aware that despite not being placed in a researcher role, practitioners can be indirectly involved in scientific research. Collaboration was a code prevalent in 40% of participants' responses. One participant stated that the field of OT can benefit from a program that places occupational therapists together in a way that allows each therapist to apply their strengths to achieve a desired outcome like creating guidelines. Responses involving collaboration discussed ways in which practitioners can be involved in sharing information through opportunities like clubs and courses. One participant stated that EBP can be promoted in school and training in various clinical settings. There was one participant that stated technology will be involved in the future of EBP. Based on our data it does not seem that OT practitioners believe that technology will have an impact on the future of EBP. This trend may change as technology continues to develop and become integrated into clinical settings.

Recommendations

The transferability and generalizability of the research findings can be addressed by widening the scope of participant recruitment. Furthermore, our study is broad in terms of scope and topics discussed. Future researchers can narrow the scope by building onto the findings of our study. Avenues in which the scope of future studies can be

defined by examining the barriers noted as well as the methods used to overcome them. Inclusion of certified occupational therapy assistants can also introduce other viewpoints regarding the OT field as a whole.

Based on the research findings, introduction of external support for integration of EBP in OT practice such as administrative support, methods of collaboration, addition of resources, etc. can aid in alleviating personal investment from OT practitioners as well as aid in time management.

Study Limitations

Our study faced challenges related to participant recruitment leading to a small sample size. We believe that the time frame given to recruit participants was a limiting factor in participant recruitment and data collection. The time obligation required on behalf of the participants may have created a barrier as some participants are employed full-time or have limited time to invest in a research study. Our intention was to recruit a greater number of participants without affiliation with Stanbridge University. However, five of the thirteen participants are employed as either part- or full-time instructors with Stanbridge University. Another limitation we encountered was the possibility of participant bias in favor of EBP which may have impacted on the accuracy of our findings. It is possible that the findings of our study may have limited generalizability to OT practitioners from states other than California.

Conclusion

Our research study elucidates the crucial role of EBP in OT practice and offers a nuanced understanding of practitioners' perspectives, curriculum satisfaction, identified barriers, and future aspirations in implementing EBP. The significance of EBP in OT

practice as highlighted earlier, lies in its potential to enhance quality of client care through grounded interventions and proven effectiveness. Our study uncovered disparities in curriculum satisfaction, with participants holding doctorate degrees expressing high contentment signaling a potential need for improved enhancements in the core educational offerings across different academic levels such as the master's programs. Varied perspectives on EBP, ranging from enthusiastic support to dissatisfaction, underscore the complexity of its integration. Early career practitioners, with fewer years of experience, emphasized the need for improvement, suggesting an evolving perspective with professional maturity. Barriers primarily centered on time management, advocating for a transformative shift towards administrative and collaborative solutions. Overcoming challenges necessitated personal investment, revealing continued growth in EBP integration, emphasizing collaboration, research, and a strength-based approach. Our study, rooted in the recognition of EBP’s paramount importance in OT, aimed to address educational disparities, foster collaborative efforts, and enhance support structures contributing to the ongoing advancement of EBP within the landscape of OT practice. In essence, our research not only identified the challenges faced by OT practitioners but also provided a pathway forward, ensuring a more seamless integration of EBP into the framework of occupational therapy.

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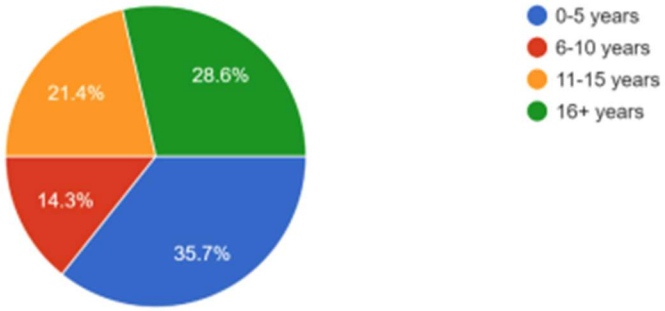
Figure A

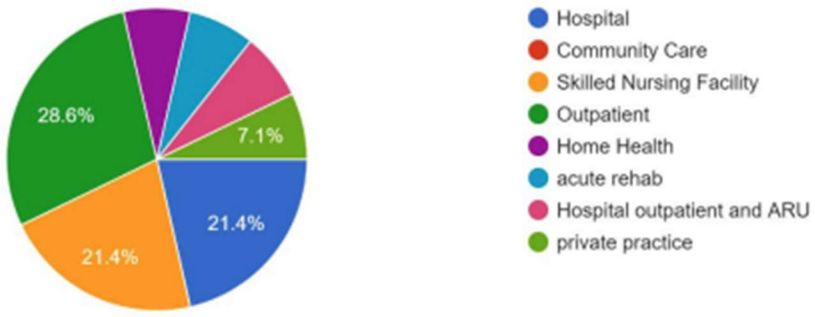
Years of clinical experience



Note: Of the thirteen respondents, 35.7% had zero to five years of experience, 14.3% had six to ten years of experience, 21.4% had eleven to fifteen years of experience, and 28.6% had sixteen plus years of experience.

Figure B

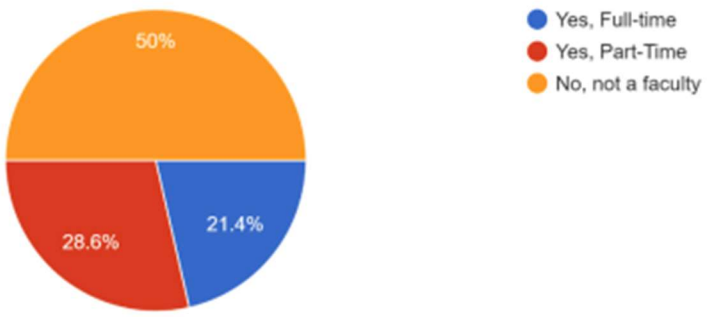
Different clinical settings



Note: Of the thirteen respondents, 21.4% worked in the skilled nursing facility, 21.4% worked in the hospital, 28.6% worked in outpatient clinics, and 7.1% equally distributed in the remaining sites: private, acute rehabilitation, community care, and home health.

Figure C

Stanbridge University Faculty



Note: Of the thirteen respondents, almost half of them were Stanbridge University faculty members. Of those participants, 28.6% worked part-time, and 21.4% worked full-time.

Table 1

Demographics

	n	%
Years of Experience		
0-5 years	5	38.5
6-10 years	1	7.6
11-15 years	3	23.1
16 years and more	4	30.7
Total	13	99.9

Note. The overall number of participants.

Clinical Setting		
Hospital	4	30.7
Skilled Nursing Facility	3	23.1
Outpatient	4	30.7
Home Health	1	7.6
Acute Rehab	2	15.4
Private Practice	1	7.6
Total	15	

Note. This table demonstrates that a single participant was engaged in three different clinical settings.

	n	%
Faculty Member		
Stanbridge University	6	85.7
St. Augustine University	1	14.2

Table 2

Major Themes Identified per Interview Questionnaire

	Attitudes	Barriers	Dissatisfaction	Overcoming Challenges	Perspective	Readiness	Recommendation	Reliability
Curriculum	2	0	3	0	1	5	0	0
Perspective	1	0	2	0	10	0	0	0
EBP in Own Practice	4	0	0	0	0	5	0	5
Barriers	0	13	0	0	0	0	0	0
Major Concerns	3	0	0	0	7	0	0	0
Overcome Challenges	0	0	0	13	0	0	0	0
Confidence in Appraising Clinical Research	3	0	0	0	6	2	0	0
Envision Future of EBP	0	0	0	0	0	0	10	0

Table 3

Major Themes as a Function of Level of Education

	Attitudes	Barriers	Dissatisfaction	Overcoming Challenges	Perspective	Readiness	Recommendation	Reliability
Doctorate	8	7	1	7	11	8	6	2
Master's	3	6	4	6	14	4	4	3

Table 4

Major Themes as a Function of Level of Education

	Attitudes	Barriers	Dissatisfaction	Overcoming Challenges	Perspective	Readiness	Recommendation	Reliability
0-5 years	4	5	4	5	12	4	3	3
6-10 years	0	2	0	2	0	0	2	0
11-15 years	5	3	0	3	7	5	2	1
16 years or more	2	3	1	3	6	3	3	1

Appendix A

Informed Consent Form

Institutional Review Board (IRB) APPROVED
Approval Date: 1-3-24
STANBRIDGE UNIVERSITY

Consent Form

On the Path to Best Practice: Investigating EBP Integration in Occupational Therapy

CONTACT INFORMATION

Please contact the principal investigator if you have any questions about this research study.

Principal Investigator: Dr. Janet Baghoomian Email: jbaghoomian@stanbridge.edu

If you have any concerns about this research and how it is conducted, please contact our institutional officer-in-charge: Stanbridge University VP of Instruction/Independent Contact: VP.instruction@stanbridge.edu or the Stanbridge University Institutional Review Board (IRB): irb@stanbridge.edu

DESCRIPTION

You are being asked to participate in a research study conducted by graduate students in the MSOT program at Stanbridge University. If you need to reach any of the graduate students for any reason, their contact information is as follows:

Student Investigators:	Email:
Khristian Dela Cruz	khristian.delacruz@my.stanbridge.edu
Juan Carlo Joson	juan-carlo.joson@my.stanbridge.edu
Talin Mirzaei	talin.mirzaei@my.stanbridge.edu
Tyler Watts	tyler.watts@my.stanbridge.edu

The research aims to understand the views, strategies, and challenges faced by OT practitioners when incorporating EBP into their practice. EBP involves making informed decisions about how to address a particular issue or problem by integrating the best available evidence from systematic research, clinical expertise, and consideration of the patient's or client's preferences and values. Embedding EBP in practice necessitates healthcare professionals to delve into the patient's condition, scrutinize research findings, assess evidence, amalgamate information into treatment protocols, and assess the resulting outcomes. We want to learn more about how your experiences and education impact the way you use research evidence to enhance patient care.

The purpose of this research is to contribute valuable knowledge to improve the integration of EBP in the field of OT. By conducting this research, we hope to identify areas for improvement in OT education, strategies for successful EBP implementation, and ways to overcome challenges faced by the practitioners.

Participation in our research study is voluntary, and you may withdraw at any time or decline to answer any questions. If you agree to participate in this study, you will be asked questions about your perception of EBP, your experience of EBP implementation in clinical settings, and barriers towards not using EBP, and what coping strategies you utilized. The interview questions will be administered in-person or electronically, and will take approximately 60-minutes to complete. Your input will be crucial in helping us understand how to enhance the use of EBP in OT. Rest assured, your response will remain confidential, ensuring your privacy throughout the research process.

TIME INVOLVEMENT AND DURATION OF PARTICIPATION

Initial response to interview questions and optional second interview to be held on zoom, in-person, or phone call dependent on participant preference (two sessions - 30 minutes per session, a total of 60 minutes).

RISKS AND BENEFITS

Risks associated with participation in this study will mostly be discomfort with self-reflection. This may be attributed to the participants' own implementation of EBP and any inadequacies they feel within their field. Aside from that, there may be inconvenient times and places for interviews. A minimal risk is anticipated.

Benefits of participating in the study include a potential increase in knowledge of evidence-based practice utilization and integration in the participants' clinical practice.

PARTICIPANT'S RIGHTS

Your participation is voluntary. You may choose not to participate at any stage of the study. You may choose not to answer questions or participate in procedures that may make you feel uncomfortable, without penalty or any effect on the compensation (if applicable). Your identity will be kept confidential. You may withdraw from the study at any time or for any reason.

PRIVACY/CONFIDENTIALITY/DATA SECURITY

Individual information will be protected in all data resulting from this study. No personal information will be collected other than basic demographic descriptors. Pertinent identifiable information will only be used to sort data prior to analysis and will be de-identified after data analysis is completed.

The data that will be obtained from this study is not anticipated to be used in any future studies. However, it will be kept in storage for three years post study closure. Since this study does not involve private information concerning the participants' personal health history, three years is the shortest possible retention period. All digital data will be kept in a Google Drive specifically made to only hold data obtained in this study. The Google Drive username and password will only be made available to the principal and student investigators.

The signed consent forms will be stored in a separate location from the interview questions data. Access to this location will only be available to the principal and student investigators. If there is a breach in data security, the participants will be made aware of the breach and the principal investigator will make appropriate communication to the Institutional Review Board.

STATEMENT OF CONSENT

1. I have read the above information and have received answers to any questions I may have asked.
2. I am 18 years or older.
3. My participation is voluntary.
4. I may withdraw from this study at any point.
5. I consent to take part in the study.

_____	_____	_____
Printed Name of Participant	**Signature of Participant**	**Date**
_____	_____	_____
Printed Name of Researcher Obtaining Consent	**Signature of Researcher Obtaining Consent**	**Date**

Appendix B

Screening Questionnaire

On the Path to Best Practice:
Investigating EBP Integration in
Occupational Therapy

Study Background: Evidence-based practice (EBP) is an approach in healthcare that combines the best available research evidence with clinical expertise and patient preferences to guide decision-making. It involves analyzing validated data, integrating it into treatment plans, and evaluating outcomes to deliver safe, effective care, aiming to improve patient results while managing costs.

1. Email

Screening Questionnaire

Personal Information:

- Full Name:
- Contact Information:
- Email:

1) On a scale of 0-10, how interested are you in the EBP topic? (0 = Not interested at all, 10 = Extremely interested)

2) Are you willing to participate in our research study?

a) Yes

b) No

3) Are you committed to spending at least one hour of your time for this study?

a) Yes

b) No

4) Are you currently working in a clinical setting?

a) Yes (Part-time/Full-time)

b) No

5) Are you licensed as an OT to practice under the state of California?

a) Yes

b) No

6) How many years of experience do you have in a clinical setting?

Appendix C

Demographic Questionnaire

Demographic Questions

1. What is the highest level of education you've completed?
a. Bachelor's
b. Master's
c. Doctorate

2. Are you a licensed occupational therapist in the state of California?
a. Yes
b. No

3. Have you clinically practiced as a licensed OT in the past 12 months?
a. Yes
b. No

4. How many years of clinical work experience do you have as an occupational therapist? (this includes clinical fieldwork)
a. 0-5 years
b. 6-10 years
c. 11-15 years
d. 16+ years

5. Which setting do you primarily practice in?
a. Hospital
b. Community Care
c. Skilled Nursing Facility
d. Outpatient
e. Home Health
f. Other : _____

6. Are you currently employed as a faculty member at Stanbridge University?
a. Yes, Full-time
b. Yes, Part-time
c. No, not a faculty

7. if employed as a faculty, please specify the average number of

hours you work per week

a. less than 5
b. 6-10 hours
c. 11-20 hours
d. 21-30 hours
e. 30 or more hours

Appendix D

Interview Questionnaire

Study Background: Evidence-based practice (EBP) is an approach in healthcare that combines the best available research evidence with clinical expertise and patient preferences to guide decision-making. It involves analyzing validated data, integrating it into treatment plans, and evaluating outcomes to deliver safe, effective care, aiming to improve patient results while managing costs.

1. Did the curriculum utilized by your OT program properly prepare you for clinical practice? Please explain.

_____

_____

_____

_____

_____

_____

2. What is your perspective on the use of evidence-based practice in OT

practice?

_____

_____

_____

_____

3. Do you utilize evidence-based practice in your own practice? Please elaborate (models and frameworks used, types of interventions and effectiveness).

_____

_____

_____

_____

_____

4. What are some barriers that prevent you from researching evidence-based practice in occupational therapy rehabilitation?

_____

_____

_____

_____

5. What are your major concerns regarding the use of evidence-based practice in clinical practice?

_____

_____

_____

6. How do you address or overcome challenges related to evidence-based practice implementation in your practice?

_____

_____

7. Based on your experience, how confident are occupational therapists in appraising clinical research?

_____

_____

_____

_____

_____

8. What do you envision as the future of evidence-based practice in the field of occupational therapy?

_____

_____

_____

_____

9. Any additional information or suggestions you'd like to share regarding the integration of evidence-based practice in occupational therapy?

_____

_____