# QUALITATIVE INVESTIGATION OF THE APPLICABILITY OF THE RESEARCH LITERATURE TO REHABILITATION CLINICIANS

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#### **BACKGROUND**

- Limited research examining rehabilitation specialists feelings on the published literature exists
  - Is it relevant?
  - Useful to inform practice?
- To further understand the relationship between rehabilitation specialists and utilization of literature, it is also important to understand how they are accessing the research literature
- Rehabilitation is a difficulty specialty for EBP because of the individual nature of the treatment plans (patient-centered)

### **AIM**

To examine whether rehabilitation clinicians (including physical therapists, occupational therapists, rehabilitation counselors, and physiatrists) perceived the current research literature as relevant to inform their clinical practice.

#### **METHODS**

- 21 clinicians were administered semi-structured interviews via telephone
  - 7 PTs, 5 OTs, 4 physiatrists and 5 rehabilitation counselors
- Participants were recruited via advertisements to professional organizations, websites, listservs, and social media sites
- Audio recordings of the interviews were thematically analyzed using Nvivo, a qualitative software package
- The researchers developed a theme book and then all interviews were coded utilizing the theme book

#### INTERVIEW GUIDE

- 1. What are the sources of information that you use when determining a treatment plan for a patient?
- 2. What role does published research findings play in your practice?
- 3. Are these types of research that you are more likely to utilize than others, such as clinical trials or systematic reviews of literature?
- 4. What types of sources do you use to access research findings?
- 5.How easy or difficult is it for you to get a hold of research information to assist you in making decisions about your practice? If there are difficulties what are the main problems?
- 6. In what ways has published research changed or influenced your practice?

  Can you think of a specific instance?
- 7. What problems do you think rehabilitation clinicians face in trying to implement research findings into practice?

## SAMPLE

Participant ID	Clinician Type	Age	Gender	Highest Degree Earned	Years in Practice
5000	Rehabilitation Counselor	55	Female	Master's	31
5001	Rehabilitation Counselor	39	Female	Master's	14
5003	Rehabilitation Counselor	49	Female	Master's	25
5004	Physical Therapist	32	Female	Doctorate	8
5005	Physiatrist	53	Male	MD	23
5006	Rehabilitation Counselor	44	Female	Master's	18
5007	Occupational Therapist	57	Female	Master's	20
5009	Occupational Therapist	27	Female	Master's	3
5010	Occupational Therapist	28	Female	Master's	4
5012	Physical Therapist	32	Female	Master's	8
5013	Physical Therapist	32	Female	Doctorate	5
5014	Physical Therapist	38	Female	Doctorate	12
5015	Physical Therapist	45	Female	Bachelor's	24
5016	Occupational Therapist	54	Female	Master's	30
5018	Physiatrist	40	Male	MD	5
5020	Physiatrist	44	Male	MD	14
5021	Physiatrist	43	Male	MD	12
5023	Physical Therapist	36	Female	Master's	10
5024	Occupational Therapist	54	Female	Bachelor's	30
5025	Physical Therapist	43	Female	Bachelor's	20
5026	Rehabilitation Counselor	66	Female	Bachelor's	22

#### **RESULTS**

- Similarities were found across the different clinician types
- Lack of time was reported to be a barrier for both access to and implementation of research
- Supportive work environments were helpful to gaining access to the literature
  - Librarian services/library access
  - Support for joining professional organizations
- Majority reported difficulty in utilizing published literature
  - Not applicable to their practice
  - Couldn't identify relevant research for a particular patient/condition

#### **RESULTS**

- Additional reasons for inapplicability of the research literature
  - Research protocols not feasible for clinical practice
    - Time required for implementation
      - Length of interventions are unreasonable
      - Structured time points are not feasible within a clinical environment
    - Specialized equipment utilized (i.e., robotics) are not readily available in clinical practice

## **EXEMPLAR QUOTES**

"There's not really time set aside to look for research or reasons why we do things...There's really not a set out time for research. There's barely enough time to come up with a treatment plan versus research why you're doing that. It's just a fast-paced environment so there's not time to sit at a computer" [Interview 5009: Occupational Therapist]

"The research studies have people for months and months and months doing the same thing or the data is taken over a few years, and we see people for 6 weeks at most. To get a good indication of whether something is working or something's not working, it may need more time, it may need less time. We just don't really know because we don't see always people for as long as the research indicates." [Interview 5009: Occupational Therapist]

## **EXEMPLAR QUOTES**

"It is easy for me to access the research that exists. A lot of times, the difficulty is that there may not have been a study on the particular question that I have to find" [Interview 5020: Physiatrist]

"Sometimes you read studies and they're done using certain equipment that I don't have access to." [5012: Physical Therapist]

"Most of [my decisions are] based on clinical experience. I have been there 21 years. Other coworkers have also been there probably 30 years so a lot is clinically based. Just in recent years, I think research is trying to return to get more evidence-based practice, but there is just not enough. I think its just a specialty area that it's a small quantity of people who are doing burn care even have the knowledge to want to do research. It's such a few that not a lot of it gets done" [Interview 5025: Physical Therapist]

#### LIMITS

- For our sample, we only had male physiatrists and female RCs, PTs, and OTs
  - Perspectives from female physiatrists and male RCs, PTs, and OTs not included
- All of the clinicians interviewed were part of clinical practices that had at least
   6-10 practitioners, so smaller clinical practices were not a part of this investigation
- Diverse sample included, a strength but also a limitation
  - We wanted a broad perspective on this area
  - Diverse sample does not allow us to investigate the impact of potentially important factors such as age, experience level, etc.

