Evidence Based Practice and Research Engagement From YOUR Perspective: Exploring SLT’s Understanding and Use of Research and EBP in Routine Clinical Work in the UK

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Background

- Increased awareness of EBP in the field of SLT internationally (Spek et al, 2013).

- SLTs are required to engage in EBP (HCPC, 2014).

- Studies suggest research is not accessed routinely by SLTs to inform clinical practice (McCurtin & Roddam, 2012).

- SLTs have been reported to experience barriers to EBP: time, limited knowledge and skills, insufficient evidence in some clinical areas, individual perceptions, work context (Skeat & Roddam, 2010).

- Enabling EBP and research are key priorities for the RCSLT.
Aims

- To explore the **skills, knowledge and use** of EBP and research engagement in SLTs in the UK.

- To investigate the **relationship** between clinical experience, education and confidence levels in and EBP/research engagement.

- To explore participants’ **perceptions of barriers and enablers** in implementing EBP and research engagement.

- To operationalise **concrete and graded steps** to facilitate progression and enhancement of EBP and research engagement in the profession.
Methods

Online questionnaire
(5 point Likert scale)

Distributed to UK RCSLT members (14,003)

7.4% responded (n=1035)

Qualitative and quantitative data collected
COM-B Model of Behaviour Change

Capabilities

Motivation

Opportunities

Behaviour

Michie et al (2011)
The Theoretical Domains Framework (Michie et al. 2005), consisting of 12 (subsequently 14) domains which cover the main factors influencing behaviour change and can help identify and address potential enablers and barriers in clinical practice (French et al., 2012)

- In devising our survey, we drew on some components of the TDF
Mapping COM-B with Theoretical Domains Framework (TDF) domains

- **Capabilities**: Knowledge Skills, Memory Attention, Decision Processes, Behaviour Regulation
- **Opportunities**: Environmental Context, Resources, Social Influences
- **Motivation**: Professional Role/Identity, Beliefs about capabilities and consequences, Optimism/Intentions, Reinforcements Goals
There are good networks and resources available to support me to be an evidence-based practitioner.

I am aware of how to find evidence to inform my practice.

(Michie et al, 2011; French et al, 2012)
Mapping questions using the COM-B

It is my responsibility as a speech and language therapist to implement evidence based practice

(Michie et al, 2011; French et al, 2012)
Demographics of Participants

1035 responses in total

18% from London
Primary Caseload

N = 1020 (Excluding International Participants)

- Language Impairment: 19%
- Autism Spectrum: 11%
- Dysphagia: 14%
- Developmental Speech Difficulties: 10%
- Learning Disabilities: 11%
- Aphasia: 6%
- Other: 24%
- No Response: 5%
**Results - EBP**

- **37%** report difficulty in accessing research evidence.
- **95%** report to have a good understanding of EBP.
- **65%** report to routinely using evidence to support practice.
- **63%** did not feel confident applying research to practice.
- **53%** could count on their managers for support.
- **94%** felt applying research to practice would benefit their clients.

**CAPABILITIES**

**OPPORTUNITIES**

**MOTIVATION**
Results - Research Engagement

**Opportunities**
- 36% could count on their managers for support in conducting research
- 37% felt they had no opportunities to collaborate in research

**Capabilities**
- 67% reportedly felt it was important for them to have opportunities to be involved in clinical research

**Motivation**
- 25% felt that undertaking research would get in the way of seeing clients
- 60% interested in being more involved in research
Participation in research activities

- Audit
- Service evaluation
- Attend conference
- Journal club
- Literature reviews
- Case studies
- Collaborate in research
- Present a poster
- Conduct research
- Present a paper
- Publish research article
- Submit a grant
- Grant £1-£5,000
- Grant >£5,000

% Participants
Associations between Years of Experience, Levels of Education, Confidence Levels in Research and EBP/RE (Capability, Opportunity and Motivation subscales)

- A significant correlation between **years of experience** and **opportunity** subscale ($r_s = .261, p < .01$)

- Significant correlation between **level of education** and **capability** subscale ($r_s = .295, p < .01$) and **motivation** subscale ($r_s = .301, p < .01$)

- Significant correlations between **confidence** levels in **research** and **capability** subscale ($r_s = .552, p < 0.01$) and **motivation** subscale ($r_s = .557, p < .01$)
Barriers to EBP

- Lack of Support: Work context
- Lack of Knowledge Re: EBP
- Beliefs re: EBP
- Beliefs: Capabilities and motivation
- Heavy Caseloads
- No Access to resources
- Lack of Managerial Support
- No Links with Universities
- Work Pressures
- Time
Barriers to Research Engagement

- Lack of Skills to conduct research
- Beliefs: may take over work time
- Beliefs in Capabilities
- Heavy Caseloads
- Not enough Managerial Support
- Reduced Staffing
- No funding budget
- No Links with Universities
- Not a priority at work
- Time

Barriers:
- No funding budget
- Reduced Staffing
- Heavy Caseloads
- Not enough Managerial Support
- Not a priority at work
- Lack of Skills to conduct research
- Beliefs: may take over work time
- Beliefs in Capabilities
Opportunities for EBP

- Collaboration
- Funding
- Training Knowledge
- Motivation/Personal beliefs
- Opportunities
- Networking
- Managerial support
- Work context
- Access to research
- Reducing time constraints
Opportunities in Research Engagement

- Collaboration
- Funding
- Training Knowledge
- Opportunities
- Motivation: wish to contribute to evidence base
- Access to research
- Reducing time constraints
- Work context
- Networking
- Managerial support
Facilitators for EBP

Support Structures

- Research Access
- EBP Process
- Prioritising Caseloads
- Training and Knowledge
- Links with Universities
- Peer/team Support
- Networking
- Ring-fenced time
- Funding
- Organisational support
Keen interest in collecting data in specific clinical area
Organisational support: working in HEI
Funding
Collaborating with other SLTs involved in research
Networking
Research Access
Research Process
Links with Universities
Training and Knowledge
Peer/team Support
Summary

- **Mismatch** between **attitudes** and **understanding** of EBP and its **application** in work contexts
- 93% stated that **EBP** made them **better clinicians**
- 65% **use evidence** in clinical decision making
- 33% **undertake literature reviews**
- **Lack of opportunities** in implementing EBP and getting involved in research
Lack of opportunities and support structures
Gap between knowledge and application
Gap between evidence and practice
The “evidence-based practice inventory”: reliability and validity was demonstrated for a novel instrument to identify barriers and facilitators for Evidence Based Practice in health care

Nina M. Kaper, Maartje H.J. Swennen, Arjen J. van Wijk, Cor J. Kalkman, Nanda van Rheenen, Yolanda van der Graaf, Geert J.M.G. van der Heijden

Journal of Clinical Epidemiology 68 (2015) 1261-1269
Evidence-based practice inventory

Attitude
1. I feel that EBP is useless①②③④⑤⑥useful to improve my patients’ outcomes.
2. I feel that EBP is an unimportant①②③④⑤⑥important feature of high-quality patient care.
3. I feel that EBP worsens①②③④⑤⑥improves the quality of my clinical decisions.
4. I feel that EBP disregards①②③④⑤⑥respects my clinical experience.
5. I feel that EBP disregards①②③④⑤⑥respects individual differences between my patients.
6. EBP makes me feel constrained①②③④⑤⑥autonomous in my clinical decisions.
7. EBP hinders①②③④⑤⑥helps me in making better clinical decisions.
8. I feel that clinical guidelines in my own discipline hinder①②③④⑤⑥help me in making decisions.

Subjective norm
9. My colleagues discourage①②③④⑤⑥encourage me to apply EBP principles in my clinical decisions.
10. In my department, we pay no attention to applying EBP principles in our clinical decisions.
11. Managers in my department hinder support me to apply EBP principles in my clinical decisions.
12. My colleagues and I rarely frequently discuss and challenge how we make our clinical decisions.
13. My colleagues and I rarely frequently discuss research evidence from literature.
*Clinicians whom I respect most are opponents advocates of EBP.
*Clinicians whom I respect most rarely frequently use research evidence to account for their clinical decisions.
Perceived behavioral control
14. I feel that I am incapable capable of applying EBP principles in my clinical decisions.
15. I feel that I am incapable capable of translating my information needs into relevant and feasible clinical questions.
15. I feel that I am incapable\textsuperscript{①②③④⑤⑥} capable of translating my information needs into relevant and feasible clinical questions.
16. I feel that I am incapable\textsuperscript{①②③④⑤⑥} capable of searching for research evidence in literature.
17. I feel that I am incapable\textsuperscript{①②③④⑤⑥} capable of critically appraising research evidence from literature.
18. I feel that I am incapable\textsuperscript{①②③④⑤⑥} capable of translating research evidence to the care of my individual patients.
19. I feel incapable\textsuperscript{①②③④⑤⑥} capable of regularly keeping up with latest research evidence from literature.

Decision making
20. I give low\textsuperscript{①②③④⑤⑥} high priority to a thorough understanding of the background of the answers to my clinical questions.
21. I dislike\textsuperscript{①②③④⑤⑥} like using numbers, tables, and other quantitative information for supporting my clinical decisions.
22. When making clinical decisions, I prefer to use my intuition and experience facts and arguments.

Intention and behavior

23. I rarely frequently use research evidence to support my clinical decisions.

*When research evidence does not support my trusted clinical routines, I feel uncomfortable comfortable to change them.

24. I prefer to use my own experience research evidence for making my clinical decisions.

25. I tend to ask colleagues search the literature to find answers to my clinical questions.

26. I rarely frequently seek out available research evidence to answer my daily clinical question.
Core components of EBP as defined by Dollaghan (2007)
Evidence sources for your client group - Autism


Clinical knowledge and experience with your client group

- This worked well before and I know how to do it
- Is there evidence for it?
- Use RCSLT Clinical Decision Making Tool
- Consider how to measure change/which variables to control during intervention
- Gain information from your CEN or HUB.

Giving your clients information and choice

- Talk through the options/Prepare information sheets
- Gathering links/You Tube/Bowen and Snow (2017)
Action Plan

SLTs are ALL Research Consumers

Enablers
- Ring fenced time
- Funding
- Training and knowledge
- Research process
- Peer/team support
- Networking
- Research access
- Organisational support
- Prioritising caseloads

Facilitate Research Engagement/Participation

Capabilities
- Improve EBP/Build research skills and research engagement

Opportunities
- SLTs are Research aware/active

Motivation
- Facilitate Evidence Based Practice

Barriers
- Time
- Lack of knowledge of EBP/Research Process
- Lack of support in work context
- Heavy Caseloads
- No access to resources
- No Links with HEIs
- Lack of Managerial support

Facilitate Evidence Based Practice
References


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This research forms part of the MSc dissertations of Sai Bangera and Josephine Wallinger from City, University London

We are happy to answer questions, or please do get in touch:

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