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Evidence-Based Practice Through the Lens of Pediatric Occupational Therapy Clinic Managers in the Philippines

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Abstract. The implementation of evidence-based practice (EBP) involves a systematic approach that plays a critical role in healthcare service delivery. In a world of innovations in the health sciences, keeping up with the advances through evidence-based practice is vital for allied healthcare professionals such as Occupational Therapists. This phenomenological study focused on exploring the realities of the supports, barriers, and strategies in EBP implementation as experienced by occupational therapy (OT) clinic managers. A semi-structured interview was utilized to gather data from five managers in selected pediatric OT clinics in the Philippines. Interviews were transcribed and data were analyzed using Moustakas’ phenomenological analysis which resulted in 7 major themes (a) Value of Evidence-based Practice, (b) Organizational Supports, (c) Organizational Barriers, (d) Structure Creation, (e) Skills Building, (f) System for Rewards, and (g) Seeking Resources which were categorized into textual and structural descriptions of the phenomenon. This study concluded that OT managers shared a common pattern of experiences on EBP value, organizational management supports and barriers. OT clinic managers also addressed barriers by utilizing strategies to improve EBP practice and healthcare service delivery.

Keywords. Clinic manager, Evidence-based practice, Occupational therapist, Occupational therapy

1. Introduction
In the social sciences and allied health sciences, the implementation of evidence-based practice (EBP) plays a significant role (Alshehri, Alalawi, Alhasan, & Stokes, 2017) and is regarded as best practice in healthcare service delivery (Campbell, Novak, McIntyre, & Lord, 2013). EBP is considered as the most favorable approach used to improve the practice of health sciences, wherein the best and current research evidence are utilized as basis for decision-making in the clinical settings (Weng et al., 2013).

Allied healthcare practitioners such as occupational therapists (OT) do not rely on a recipe book or one-size-fits-all traditional management for their clients as every client is unique on its own; hence the need for up-to-date and appropriate research evidence to enhance the service delivery in schools, clinics, community, and other workplace settings.

Alshehri et al. (2017) reported that to make clinically sound decisions using EBP, the following three key requirements must be satisfied: the availability of the most recent, valid,
and relevant research; the involvement of the persons who will be recipients of the care; and the knowledge, skills, and experience of professionals who will be providing that care.

An EBP approach can be implemented either at an individual level or at an organizational level. EBP implementation at an individual level has been associated with positive results and improved clinical decision making by the healthcare practitioner. On the other hand, EBP managed at the organizational level has been claimed to have significant gains including (i) increased efficiency and effectiveness of services; (ii) more analytical and reflective healthcare practitioners; and (iii) improved credibility and integrity of the allied healthcare professions (Campbell et al., 2013). The implementation and management of EBP at the organizational level has been considered as the most desirable of the two levels.

As EBP has been considered beneficial, its implementation is however challenging and demanding. Various EBP barriers exist, comprising both of (i) individual factors, including lack of time, confidence, research knowledge, internet skills, divergence in attitudes; and (ii) workplace factors, including lack of understanding about the value of research, unpaid and unprotected time to implement EBP, and limited access to resources (Alshehri et al., 2017; Weng et al., 2013). This combination of barriers means that the healthcare professionals and managers face considerable challenges in ensuring that quality evidence is integrated into service delivery.

Research, both in the local and foreign context, have been very much focused on the individual factors such as improving knowledge, skills, and attitudes of allied health care professionals towards EBP implementation. Strategies for increasing EBP knowledge at an individual level have been well-reported across literature. One strategy of choice recommended for enhancing EBP implementation is continuing education. However, it has been reported across literature that stand-alone continuing education does not appear to be extensively effective, as it only resulted to imparted knowledge but did not translate into actual practice and changed behavior in the long-term (Stander, Grimmer, & Brink, 2018). On the other hand, little work has been undertaken on organizational supports and strategic management strategies on improving EBP implementation in the allied health sciences in the local context. More so, there is insufficient literature focusing on the occupational therapy profession.

The considerable lack of research in the mentioned fields is congruent to the top research priority of the National Unified Health Research Agenda (NUHRA) 2017-2022 which is ‘Responsive Health Systems’ specifically Health Research Management (Philippine National Health Research System [PNHRS], 2017). Furthermore, the Philippine Academy of Occupational Therapists [PAOT] (2015) has also identified in its research agenda the key topics to be prioritized which includes ‘Engagement of Professionals in Research Generation’ and research consumption.

This study then sought to address the abovementioned gaps and adopted a macro management perspective because organizational managers are primarily responsible for creating and nurturing a proper environment; and for providing the required resources to successfully facilitate EBP. A macro lens recognizes the important role and contribution of organization managers in the implementation of EBP. It was the author's intention to add to the existing body of knowledge by understanding and interpreting the experiences and insights of Filipino OT clinic managers on EBP implementation in the country. By exploring and understanding the realities of EBP implementation experienced by OT managers in the country, organizations can better cater to the EBP needs of Filipino occupational therapists, who in turn, provide quality services that are valid, and research based.
2. Statement of the Problem
This study specifically sought to answer the following research questions:

2.1 What are the EBP implementation experiences of OT clinic managers in their organizations?

2.2 How do OT clinic managers address the difficulties of EBP implementation in their organizations?

3. Methodology
A qualitative approach was used to understand the participants from their point of view, focusing on the meaning of events and actions as expressed by the participants. The specific type of qualitative approach utilized was descriptive phenomenology. The purpose of conducting a phenomenological study was to describe and interpret the experiences of participants to understand the essence of the experience as perceived by them.

Two data sources were used to generate answers to the research questions. These were semi-structured interviews and documents such as organization manuals, policies, employment contracts, and minutes of meetings. The documents were used to verify or support the data obtained from the interviews. The semi-structured interview questions were subjected to validation of experts in the field of qualitative research, clinic management, and occupational therapists in the pediatric setting. These experts provided feedback and recommendations for the validity of the interview questions. Pilot tests were also performed prior to data collection to ascertain that interview questions align with the research questions and to detect any problems with the data gathering procedures. The interview with the actual participants commenced after the interview questions were revised based on the expert validation and results of the pilot test.

Five OT managers were selected as study participants using purposive sampling. The participants were purposely selected because they have lived the experiences being investigated, were willing to share their thoughts about their experiences, and can articulate their conscious experiences. The following were the inclusion criteria: (1) OT manager working in a pediatric clinic; (2) has worked as an OT manager in the organization for at least 1 year, (3) handled any of the major management functions in the respective organization, and (4) a resident of any of the regions of the Philippines. The participants were initially contacted through email and/or mobile phone to invite participation to the study. The contact information was taken from the publicly available data reflected in the PAOT database. This study did not include other OT work settings such as hospitals, mental health institutions, community-based rehabilitation facilities, and government-owned institutions. The purpose of focusing only on the pediatric setting was to preserve the homogeneity of participants, as each work setting has its own unique organization demands.

After the participants expressed their willingness to take part in the study, the interview session was arranged at a location and time agreed upon by the participants and the researcher. Interviews were transcribed and data were analyzed using Moustakas’ phenomenological analysis (Creswell, 2014). The goal of the analysis was to discover patterns in the participant responses. Specific data elements were organized and synthesized to derive the patterns and ideas that formed the basis of the conclusions.

4. Results and Discussion
This section presents the findings and its discussion according to the seven steps of Moustakas’ phenomenological analysis.
4.1 Bracketing. The initial stage in the phenomenological analysis was done by reporting of the researcher’s personal experiences in relation to the phenomenon being studied. Prior to presenting the data gathered, the researcher provided a full disclosure and description of her personal experiences to set them aside, to have a fresh perspective of the phenomenon and to direct the focus of the data analysis to the participants and the phenomenon that they have experienced.

4.2 Horizontalization. A list of significant statements (Table 1) was developed from the interviews which were noteworthy in answering the central questions of the study. These statements were treated of equal value in describing the participants’ experiences of the phenomenon.

Table 1. Significant Statements on the Experiences of Occupational Therapy Clinic Managers on EBP Implementation

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>There are always new approaches and techniques, and we must adapt to these changes.</td>
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<tr>
<td>Services should be research-based or evidence-based because it’s our responsibility to our clients.</td>
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<tr>
<td>EBP is not yet fully implemented because it is not the priority as of this time.</td>
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<tr>
<td>Budget for training and material is very important to sustain EBP implementation.</td>
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<tr>
<td>We have books and manuals of new programs or interventions.</td>
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<td>EBP materials are very helpful since practitioners rely on it as the soul of the program.</td>
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<td>We provide seminars within the organization.</td>
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<td>Specialized lectures and echo talks are about the new evidence in the setting.</td>
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<td>OT consultants give trainings to OT assistants where there are series of tests to be passed.</td>
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<td>EBP implementation is quite a challenge given the location in Ilocos.</td>
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<td>OT practitioners have no time to really meet and discuss evidence.</td>
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<td>OT practitioners are only scheduled to visit once a month in Koronadal.</td>
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<td>Therapists are fully decked with clients so there is no extra time for searching evidence.</td>
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<td>Sometimes they are not interested to practice EBP because it is an added work.</td>
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<td>Some are good with appraising research, others are not.</td>
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<td>Organizational structure formalizes the specific tasks and roles of each staff.</td>
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<td>Limited material is still not addressed because of lack of budget.</td>
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<tr>
<td>Eventually they will need to learn to practice EBP, but it is not a basis for hiring them.</td>
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<tr>
<td>But the openness to EBP training is important.</td>
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<tr>
<td>Basic EBP knowledge and skills has already been taught and learned by professionals in their undergraduate education.</td>
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<tr>
<td>If you want to make an EBP culture, you must build it first.</td>
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<tr>
<td>If you want to practice it, you should start it.</td>
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</table>
• Create a unit specifically responsible for EBP tasks.
• Know the strengths and weaknesses, and interests of each staff.
• When you value the strengths of your employees, it will enhance EBP implementation.
• If there are rules and regulations by the organization on EBP, I am sure they would be prompted to practice it.
• Conduct an echo training to share the knowledge to the other employees too.
• Fund staff for their training. They must be knowledgeable.
• Spread out the hours of training into more days to fully grasp the concept.
• Why not give incentives to the professionals practicing EBP
• Create an EBP or research reward-system or point-system for promotion.
• Set and increase time for meeting and formal discussion beyond clinic hours.
• Improving the facilities of the center such as the tools necessary for current practices.
• Allot a budget for EBP implementation.

4.3 Theme clustering. The significant statements were analyzed and grouped into larger units of information called themes. After a detailed examination of the significant statements and the entirety of the verbatim responses shared by the participants, the researcher was able to identify seven major theme clusters (Table 2) which were divided into textural themes and structural themes to answer the central questions of the study.

Table 2. Theme Clusters Divided into Textural Themes and Structural Themes

<table>
<thead>
<tr>
<th>I. Textural Themes</th>
<th>II. Structural Themes</th>
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<tbody>
<tr>
<td>Theme 1: Value of Evidence-based Practice</td>
<td>Theme 4: Structure Creation</td>
</tr>
<tr>
<td>Theme 2: Organizational Supports</td>
<td>Theme 5: Skills Building</td>
</tr>
<tr>
<td>Theme 3: Organizational Barriers</td>
<td>Theme 6: System for Rewards</td>
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<td></td>
<td>Theme 7: Seeking Resources</td>
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</tbody>
</table>

4.4 Textural Description. As to EBP implementation experiences of OT clinic managers in their organizations

The three textural theme clusters answered the first central question of the study and presented the various factors that influence the implementation of EBP in the OT clinics. OT managers shared a common pattern of responses as to the value placed in EBP by the organization, the EBP management supports provided, and the challenges encountered in EBP implementation.

The OT managers considered EBP as highly important to the organization, however it was not considered as a top priority. Clinicians had a positive attitude towards EBP, but
maintaining an efficient patient flow was considered as a higher priority than EBP implementation. Lack of resources was also a factor in the low prioritization of EBP in the organizations (Harding et al., 2014).

EBP management supports provided by OT clinics included provision of materials such as journals, books, and manuals of interventions; and educational supports such as lectures, echo talks, seminars, and trainings for the EBP practitioners. The development of practitioners’ EBP knowledge and skills, availability of resources, including access to EBP mentors were deemed very critical to enhancing EBP uptake (Gallagher-Ford, 2014).

OT managers in the Philippines have identified challenges that interfered with the successful uptake of EBP implementation in organizations which included geographical constraints, compromised time for implementation, lack of interest and skills of practitioners, unclear roles, and limited materials for EBP. Main barriers to EBP implementation reported in literature were lack of time to do EBP, limited research capacity, misunderstanding of EBP roles, lack of resources, and lack of interest by the professionals involved (Dizon et al., 2014; Mota da Silva et al., 2015; Scurlock-Evans et al., 2014).

4.5 Structural Description. As to how the OT clinic managers addressed the difficulties of EBP implementation in their organizations

The remaining four theme clusters answered the second central question of the study and enumerated the different strategies employed and recommended by OT managers to address the EBP barriers experienced in the organizations.

OT managers proposed that creating a structure for EBP implementation within the organization will eliminate barriers. This creation of structure involves setting a culture, driven by rules, and valuing the EBP strengths of the practitioners. Organizational leaders create the climate for EBP by establishing clear expectations and consequences (Powell et al., 2015).

For OT managers, building of EBP skills finds its core on providing continuing educational supports to the members of the organization. A supportive EBP climate provides professional development opportunities for EBP. Practitioners who received specific training in EBP also had better research awareness (Powell et al., 2015).

Developing a system for rewards, which specifically makes use of incentives and promotions, was also proposed by OT managers. This tangible reinforcement encouraged the increased initiation and responsibility towards carrying out EBP strategies in the workplace (Kueny et al., 2015).

Seeking of necessary resources to increase the practice of EBP in organizations is an equally important strategy which involves allotting time for EBP-related tasks and procuring materials to supplement EBP. Occupational therapists have identified that positive support from management through provision of resources would help them to change their behavior towards EBP implementation (Campbell et al., 2013).

4.6 Essence. Through the scrupulous attention to details covered in the textural and structural descriptions, the researcher in search for universality in the target phenomenon came across with similar views. The managers’ shared experiences eventually led the researcher to fortify the notion that OT managers have experienced common factors that either positively or negatively affected EBP implementation in their organizations. These common factors shared were the value placed in EBP by the organization, the EBP management supports provided, and the challenges encountered in EBP implementation. OT managers also employed and recommended several strategies to address the EBP barriers experienced by the organizations.
These management strategies for addressing EBP barriers include Structure creation, Skills building, System for rewards, and Seeking resources.

4.7 Verification. The researcher recontacted the participants through electronic mailing of the managers. An electronic copy of the interview’s verbatim transcription was given to each of the participants for verification. Their corrections were equally considered to assure accuracy and reliability of results.

5. Conclusions and Recommendations

Based on the salient findings of the study, it has been concluded that (1) OT managers shared a common pattern of experiences on EBP value, organizational supports, and organizational barriers. (2) OT managers also addressed EBP barriers by utilizing strategies such as structure creation, skills building, system for rewards, and seeking of resources.

Based on the conclusions of the study, the following recommendations are offered for possible actions: (1) The EBP experiences of every manager and practitioner, whether positive or negative, should be communicated and heard within the organization for proper and strategic planning of action. Barriers, not just supports, to EBP implementation should be clearly identified by every organization to prevent further challenges and plan for appropriate innovation. (2) OT managers can adapt the 4S strategies namely Structure creation, Skills building, System for rewards, and Seeking resources when planning for innovations in EBP implementation.

References