The Experience of Evidence-Based Practice: The Clinician's Perspective



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BACKGROUND

Physical therapists have overall positive attitudes and beliefs towards evidence-based practice (EBP), but implementation rates of EBP behaviors within the profession are low. Several survey studies have identified factors influencing the practice of EBP, but without exploring the underlying experiences of respondents, the influence of these factors and how they interplay with other personal, social, and environmental factors is not well understood. Learning about the backgrounds, perspectives, and experiences of those who practice using an evidence-based approach may give insight into factors necessary for EBP adoption.

PURPOSE

To describe and interpret the experience of implementing EBP from the perspectives of physical therapists who use this approach.

METHODS

This study utilized a qualitative, phenomenological research approach.

Procedure:

One-on-one semi-structured interviews conducted with participants

- In-person or through video conferencing technology per participant's choice
- · Audio-recorded
- · Ranged in length from 30 to 60 minutes

Data Analysis

- Interviews were transcribed verbatim by a professional transcriptionist
- Transcripts were reconciled with audio recordings and de-identified
- · Constant Comparison coding was completed using NVivo Software
- · Coding continued until data saturation was met
- Field notes and reflective journaling further supported the data analysis

Trustworthiness

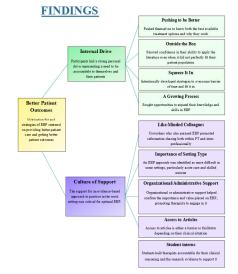
Trustworthiness was established using the four components of credibility, transferability, dependability, and confirmability.

Participants

Twelve physical therapists (5 women and 7 men) serving as clinical instructors who scored in top 50% on a self-report measure of EBP behaviors and who were rated highly for use of EBP by students were recruited using purposeful sampling

- Age 29 to 57
- · 4 to 22 years experience
- · 6 different states
- · Variety of physical therapy settings

The participants reported engaging in a wide variety of activities that promote EBP. Two main themes. Internal Drive and Culture of Support, and one overarching theme, Better Patient Outcomes. emerged from the data. Subthemes were identified under each main theme.



Pushing to be Better: ... It's more of an internal struggle to always push myself rather than watching everybody else and do what they do. I've never been like that. I've always done my own thing to push myself to be better. (Jared)



Outside the Box: PT, that's what PT is, you're always adapting... You gotta look. There's no black and white; it's gray... You gotta look outside the box. (Gregg)

Squeeze it In: I might start the search on the computer when I run back to it and I check my schedule...Then when I come back to check the next note, just for a quick update to see what's going on, I might hit a button or two here and there and just squeeze it in...(Todd)

Importance of Setting Type: Yeah, I felt like when I did do the acute care that you're really limited on what you can and can't use for evidence-based practice, mostly because I felt constrained on productivity. You have to see X amount of people in X amount of hours, and you

can't leave until they're seen...(Rachel)

Like-Minded Colleagues: I think that it's really helpful to have those people to bounce things off of. I'm not sure if I would be using evidence as much as I was right now if I was in a really small clinic, where either I was by myself or there was just one or two other therapists there that maybe didn't share some of those same values. (Nora)

THE LIVED EXPERIENCE: A Growing Tree

A visual metaphor of a seedling growing into a tree was selected to describe the lived experience of using EBP in physical therapy practice. The seedling represents the participants and the *Internal Drive* they bring to the experience. The seedling must go through a growth process extending its roots into soil that provides it the sustenance to continue growing stronger. The environment in which the tree survives and grows represents the *Culture of Support*. The soil represents the setting and the nutrients feeding the tree are the other aspects of support. All growth is directed toward the sun, representing *Better Patient Outcomes*.



DISCUSSION

Participants identified different mechanisms for gathering evidence and sharing it with colleagues, which may explain previous lower recorded implementation rates. (Jette et al., 2003; Salbach, et. al., 2007)

Personal traits expressed are similar to characteristics of experts in physical therapy, meaning recommendations for expert development may also apply for development of EBP behaviors (Jensen, Gwyer, Shepard, & Hack, 2000)

 The variety of strategies to "squeeze it in" supports consistent drive but individualized solutions, making adoption practical. (Grol & Wensing, 2005)

All participants recognized the importance of organizational or administrative support for the attainment of a culture that promoted EBP.

 Organizations that focused on patient outcomes versus just productivity were positively recognized, but the economic effect was rarely mentioned, representing a potential disconnect between the PT desires and organization needs. (Schreiber & Stern, 2005)

CONCLUSION

The variety of EBP activities supports that interventions aimed at increasing implementation rates must also be multidimensional. Educators and employers must work toward encouraging growth of personal characteristics to encourage pursuit of EBP, but then provide the environmental aspects to create the culture of support if full behavioral implementation is desired. The variety of strategies used to overcome time barriers and provide organizational support indicate that a solutions can be flexible and adaptable to the needs of therapists and clinic settings.

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