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Research Article

EVIDENCE BASED PRACTICE AMONG SPEECH LANGUAGE PATHOLOGIST IN PAKISTAN; UTILIZATION, ATTITUDES AND BARRIERS

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Abstract:

Introduction: Evidence Based practice is not very well known in the field of Speech Language pathology. Like the discipline itself, it is a new subject across the Pakistan. Though we are growing fast in the knowledge and implication of EBP, yet we need to identify the attitudes, barriers and utilization of EBP in the field.

Objectives: The purpose of current study were to investigate attitudes of speech language pathologists towards research and evidence-based practice, utilization of research-based knowledge in process of clinical decision making by speech language pathologists and perceived barriers to EBP among speech language pathologists.

Methods: It was Cross Section Survey. The data was collected from speech therapists through non-probability convenience sampling technique. The respondents were contacted in clinical setups in Lahore. The content of questionnaire was validated through literature and Lynn M. R method. SPSS version 16.0 was used for data analysis.

Results: Out of total 109, 21 (19.3%) Speech Language Pathologist had Bachelor Highest Qualification, 34(31.2%) had master's degree and 54(49.5%) had MS degree. Most of speech therapist found working with developmental disabilities 32(29.4%), childhood speech language pathologist 32(29.4%). Half of respondents were found reading research articles and applying in clinical setting. 65(59.6%) respondents rated their EBP use at high rank. Most of therapists 99 (90.9%) agreed that EBP removes art from clinical practice.

Conclusion: Speech and Language pathologists had a positive attitude towards EBP. The most commonly utilized methods of EBP were Clinical experience and opinions of colleagues. While research studies or clinical practice guidelines were used minimally.

Key Words: Evidence Based Practice, Speech Language Pathologist, Utilization, Attitudes and Barriers

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INTRODUCTION/ LITERATURE REVIEW:

Evidence Based Practice (EBP) is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients by integrating individual clinical expertise with best available external clinical evidence from systematic research. EBP have been discussed by many other authors too in terms of its usefulness and implementation (1). He considered that it may help to provide better clinical impact. EBP helps to reduce the gap between research and clinical practice. EBP make care providers more responsible and minimize the variations in different care protocols thus leads to an standardized health care procedures for all (2). Process of EBP can be divided into five major steps such as converting problem to some foreground question, finding best available evidence, critically appraising the evidence before applying, integrating clinical expertise, best available evidence and patient preferences. Mostly the deficits reported are lack of familiarity with research and biostatistics, poor skills in finding literature and lack of ability in critically appraising the research work (3-6).

After identified prognosis, purposeful and skilled interaction of speech therapist with patient client is warranted. The techniques and methods used by speech therapist are consistent with the prognosis. The speech therapist reexamines the patients to figure out changes in patient's condition or modify or redirect intervention. The process of examination may identify any lack of prognosis. At this point, again, referral or further consultation may be called (07).

Finally interventional strategies and reexamination leads to checking results and fulfilment of expected outcomes and impact of speech therapy which may include changes in pathology, disease, disorder or condition, speech and language limitations, risk prevention, societal participation and patient/ client satisfaction.

When we look into details of Process of EBP, making searchable clinical questions are the first step considered. These are the questions which are used to find necessary related literature. Many hours of efforts and work can be saved by keeping in view few elements of making clinical questions. These elements include Patient characteristics, patient management and outcomes of interest(08-15). Patient characteristics include patient information, his or her age, gender, complaints, symptoms, diagnosis etc. or anything related to patient's health(16). Like other fields of rehabilitation, professionals of

communication disorders and speech language pathologists have realized the importance of evidence based practice. The American Speech Language Hearing Association (ASHA) issued a policy document for integrating the guidelines of evidence based practice into the process of clinical decision making and support(17).

METHODOLOGY:

This was a cross sectional study completed in 6 months. The data was collected from the Speech Language Pathologists working in clinical setups from all over the Pakistan through non-Probability Convenience Sampling Technique. The *Respondent Information Sheet* (RIS) was explained to the respondents about objective of the research. The questionnaire was distributed as handouts and through mail. Stamped envelopes were posted along with to enhance the response rate. Our questionnaire didn't contain any personal questions. Therefore, it posed no threat to participants' confidentiality in any way. However, an identification number was still assigned to each survey to protect the data and privacy. Data was stored in locked and secure place.

RESULTS:

All Speech Language Pathologist were agreed that emphasize was placed Upon using research finding to guide clinical decision making during my educational training 60.6% Speech Language Pathologists were agreed that whom which they exposed during my clinical fellowship year appeared to place a high priority on applying research findings and 39.4% had Undecided.

The results showed that 89.9%Speech Language Pathologists were agreed and 10.1% had Undecided The results represents that 19.3% Speech Language Pathologists were Strongly Agreed from Evidence based practice should play a role in clinical practice,70.6% were agreed and 10.1 had Undecided The results showed 10.1% Speech Language Pathologists were strongly agreed , 30.3% were agree, 50.5% had Undecided and 9.2% Disagree In The results 10.1%Speech Language Pathologists were strongly agreed, 70.6% Agreed, 10.1% Undecided, and 9.2% Disagree. The results showed19.3% Speech Language Pathologists were strongly agreed that Evidence based practice should be used to help decision making and 80.7% were agreed The results shows that 10.1%Speech Language Pathologists were strongly Agreed from Evidence Based Practice is impractical for everyday clinical practice, 61.5% agreed and 28.4% had Undecided The results shows that 21.1%Speech

Language Pathologists were agreed regarding Evidence based practice De-Emphasizes history taking and examination skills, 50.5% Undecided and 28.4% were Disagree.

The results showed that 60.6% Speech Language Pathologists were agreed Clinical practice should be based outcome research and scientific studies that assess the usefulness of particular treatment protocols, 20.2% Undecided, 10.1 Disagree and 9.2% strongly disagreed.

According to the results 61.5%Speech Language Pathologist agreed that research findings published in professional journals are not very relevant to my own clinical practice and expertise, 29.4% Undecided and 9.2% were Disagree. The results show that 59.6% Speech Language Pathologist agreed that keeping current in the research and literature in Speech Language Pathology is lifelong professional responsibility, 21.1%were Undecided, 10.1% Disagree and 9.2% strongly disagree.

The results showed that 18.3% Speech Language Pathologists were Strongly Agreed that Conducting research is one of the responsibilities of the speech language pathology clinicians practicing in the field ,52.3% were agree and 29.4% had Undecided. In last 6 months 42.2% Speech Language Pathologists always used their own clinical experience in decision making while 48.6% often used it and 9.2% sometimes used it in last 6 months 48.6% Speech Language Pathologists always used opinion of their colleagues in in decision making while 51.4% often used it.

The results shows that 18.3% Speech Language Pathologists always used Expert consultation in clinical decision making while 81.7% often used it. 11% Speech Language Pathologists were involved in Employers sponsored continuing education seminars or in-services in clinical decision making 69.7% were often and 19.3 were sometimes. 68.8% Speech Language Pathologists were used Continue education outside of my place of Employment in clinical decision making, 21.1% often continue it and 10.1% sometimes. 59.6% Speech Language Pathologists were always use Clinical practice guidelines While 40.4% often use it 49.5% Speech Language Pathologists were used textbook in clinical decision Making, 40.4% often used it and 10.1% sometimes used it. 80.7%Speech Language Pathologists were used Videos or Audio Tapes in clinical decision Making and 19.3% sometimes used it 28.4%Speech Language Pathologists were used Internet sources in

clinical decision Making and 71.6% sometimes used it. 39.4%Speech Language Pathologists were used Case studies in clinical decision Making, 51.4%% often and 9.2% sometimes used it. 38.5%Speech Language Pathologists were always used Research studies in clinical decision making and 61.5% often used it.

Out of total 20.2% Speech Language Pathologists were Strongly Agreed and 61.5 were agreed that they had the time to participate in evidence base practice. But the 18.3% had Undecided. The results showed that all Speech Language Pathologists had the knowledge and skill to participate in the evidence based practice 39.4%Speech Language Pathologists were strongly agree that they had the Resources to participate in evidence based practice while 60.6% were agreed from it . 28.4% Speech Language Pathologists were strongly agree, 52.3% were agreed and 19.3% were disagree from the amount and the quality of research in my areas of clinical interest or sufficient to support my participation in evidence based practice

DISCUSSION:

Response rate was good with total of 369 participants. Age group showed that the study participants were young Speech Therapists. Although female ratio is much more in Speech Therapy field but in this study Male and female ratio was almost equal. Majority of Speech Therapist found working in private sector, while government hospitals contained only minor portion of total Speech Therapists, and Speech Therapists running self clinic were also not less. The other important demographic variable was education, most of Speech Therapists were post graduated. At most of the items about attitudes of Speech Therapists towards EPB, rate of agreement was high. However, on questions about of role of evidence based practice in clinical growth, the indecisive rate was high. About utilization of evidence based practice, most of participants have difficulty accessing journals and full text articles. They also highlighted deficit of professional development training about utilization of evidence based practice. However, big percentage of Speech Therapists reported that the research work and searching evidence for speech therapy management was not task of Speech Therapists. Also the ratio was big who had opinion that reliance on own clinical expertise more appropriate. High ratio of respondents being undecided about using clinical outcomes and research findings showed that there would be lack in understanding or application of evidence based practice concept(16).Another confusing response was

utilization clinical practice guidelines, which most are indecisive about their utilization while at the same time they showed high positive attitude towards evidence based practice(11,13,19-22).The results of our study are alight different from those of previous studies. In our study rate of agreement and indecisiveness is high (23.24) as compared to previous studies.

In the past American Speech Therapy Association conducted as survey with random sampling on about 500 speech therapists(23). However, this was multipurpose survey estimating beliefs, attitudes, knowledge and behaviors regarding evidence based practice.Like this study, attitude and knowledge need analysis was positive but there found compromise in utilization of this evidence based practice, while this study showed more utilization, which on the other hand is under question that how it is possible despite having limited resources here, even the data base access limitations?

In a bird eye view, from the perspectives of attitude, the results are similar to previous and international studies, but limitations and barriers reported are serious nature. The study showed that data basis are not available here, or Speech Therapists have not access to full text articles. While internationally in most of developed and under developed countries this is not an issue. Also here in Pakistan, this support is unavailable even by organizational and institution level. Other limitations are time and appraisal skill. This is also similar to previous studies (23,24,25). Clinicians find little time in their tight schedule to sit and find best available evidence, even if they manage to find literature, this is extremely difficult to appraise it either it is good enough for their particular case or not. Appraisal of research studies demands skill and time(26).

CONCLUSION:

Perceived barriers to EBP were also explored as time and resources. Speech and Language pathologists had a positive attitude towards EBP. The most commonly utilized methods of EBP were Clinical experience and opinions of colleagues. While research studies or clinical practice guidelines were used minimally. Attitudes were predicted by exposure to EBP Subject practice during education. However, Respondents overall reported that they have optimum assess to evidence resources, which seems interesting.

REFERENCES:

1. Straus SE, Richardson WS, Glasziou P, Haynes RB. Evidence-based medicine: how to practice

and teach EBM. 2005.

2. Sackett DL. Evidence-based medicine: Wiley Online Library; 2000.
3. Ballin AJ, Breslin WH, Wierenga KAS, Shepard KF. Research in Physical Therapy Philosophy, Barriers to Involvement, and Use Among California Physical Therapists. *Physical Therapy*. 1980;60(7):888-95.
4. José Closs S, Lewin BJ. Perceived barriers to research utilization: A survey of four therapies. *British Journal of Therapy and Rehabilitation*. 1998;5(3):151-5.
5. Stevenson K, Lewis M, Hay E. Do physiotherapists' attitudes towards evidence-based practice change as a result of an evidence-based educational programme? *Journal of evaluation in clinical practice*. 2004;10(2):207-17.
6. Metcalfe C, Lewin R, Wisner S, Perry S, Bannigan K, Moffett JK. Barriers to implementing the evidence base in four NHS therapies: dietitians, occupational therapists, physiotherapists, speech and language therapists. *Physiotherapy*. 2001;87(8):433-41.
7. Grol R, Wensing M. What drives change? Barriers to and incentives for achieving evidence-based practice. *Medical Journal of Australia*. 2004;180(6 Suppl):S57.
8. Alfano CM, Smith T, de Moor JS, Glasgow RE, Khoury MJ, Hawkins NA, et al.: *J Natl Cancer Inst*. 2014 Sep 22;106(11). pii: dju287. doi: 10.1093/jnci/dju287. Print 2014 Nov.
9. Blank L, Baxter S, Woods HB, Goyder E, Lee A, Payne N, et al. Fast tracking the design of theory-based KT interventions through a consensus process.
10. Bussieres AE, Al Zoubi F, Quon JA, Ahmed S, Thomas A, Stuber K, et al. [Relaunching primary healthcare]. *Implement Sci*. 2015;10(1):015-0213.
11. Greco M, Zangrillo A, Mucchetti M, Nobile L, Landoni P, Bellomo R, et al. Prerequisites for sustainable care improvement using the reflective team as a work model. *J Cardiothorac Vasc Anesth*. 2015;29(2):506-9.
12. Jonasson LL, Carlsson G, Nystrom M. Improving care coordination in primary care. *Int J Qual Stud Health Well being*. 2014;9(23934).
13. Marcolongo A, Talarico F. Democracy-based consensus in medicine. *Ig Sanita Pubbl*. 2014;70(6):625-33.
14. Sene A, Kamsu-Foguem B, Rumeau P. Telemedicine framework using case-based reasoning with evidences. *Comput Methods Programs Biomed*. 2015;121(1):21-35.

15. Wagner EH, Sandhu N, Coleman K, Phillips KE, Sugarman JR. An action plan for translating cancer survivorship research into care. *Med Care*. 2014;52(11 Suppl 4):000000000000197.
16. McAlister FA, Graham I, Karr GW, Laupacis A. Evidence-Based Medicine and the Practicing Clinician. *Journal of General Internal Medicine*. 1999;14(4):236-42.
17. Association AS-L-H. Scope of practice in speech-language pathology. 2007.
18. Duffy JR, Yorkston KM. Medical Interventions for Spasmodic Dysphonia and Some Related Conditions: A Systematic Review. *Journal of Medical Speech-Language Pathology*. 2003.
19. Herschell AD, Lindhiem OJ, Kogan JN, Celedonia KL, Stein BD. An Evidence-based Guideline for the air medical transportation of prehospital trauma patients. *Eval Program Plann*. 2014;43:55-63.
20. Minaya-Munoz F, Medina-Mirapeix F, Valera-Garrido F. The new hypertension guidelines. *BMC Musculoskelet Disord*. 2013;14(310):1471-2474.
21. Lesurtel M, Perrier A, Bossuyt PM, Langer B, Clavien PA. The medical student summer research program in family medicine. *Surgery*. 2014;155(3):390-7.
22. Levin PA, Wei W, Zhou S, Xie L, Baser O. Adaptation of a best practice guideline to strengthen client-centered care in public health. *J Manag Care Spec Pharm*. 2014;20(5):501-12.
23. Jette DU, Bacon K, Batty C, Carlson M, Ferland A, Hemingway RD, et al. Evidence-based practice: beliefs, attitudes, knowledge, and behaviors of physical therapists. *Physical Therapy*. 2003;83(9):786-805.
24. Kamwendo K. What do Swedish physiotherapists feel about research? A survey of perceptions, attitudes, intentions and engagement. *Physiotherapy Research International*. 2002;7(1):23-34.
25. Lynn MR. Determination and quantification of content validity. *Nursing research*. 1986;35(6):382-6.
26. Shaw RJ, McDuffie JR, Hendrix CC, Edie A, Lindsey-Davis L, Williams JW, Jr. Applying a science-based method to improve perinatal care: the institute for healthcare improvement perinatal improvement community.