

Do existing occupational therapy guidelines fit today's practise?

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INTRODUCTION

Client diversity and participation, shared decision-making and increasing demands for impact in health care lead to more complexity in occupational therapy (OT) practice. Clinical practice guidelines (CPGs) can assist OTs in making conscientious and evidence-informed decisions in complex care. Giving these changes in health care, do existing CPGs meet OTs needs?

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OBJECTIVE

This study aims to evaluate the value and use of CPGs in occupational therapy practice in the Netherlands.

METHOD

Based on a literature search, we conducted a cross-sectional study among Dutch OTs using a questionnaire. The questionnaire was completed on paper (n=107) or online via the website of the Dutch Association of Occupational Therapists (n=139) between January and May 2017. Data were analysed using SPSS version 23.

RESULTS

A total of 246 Dutch OTs completed the questionnaire, most females (n=235), with a mean age of 37 years (range 22-64), and mean working experience of 14 years (range 0-42). They were working in various areas of practice: Nursery (n=82); Primary Healthcare/Private Practice (n=78); Rehabilitation (n=35); Hospital (n=23), Mental Health (n=9) or Other (n=19), and with different populations (elderly: n=87; children: n=69; adults: n=47; various: n=43).

Almost all of them (n=243; 98%) are familiar with clinical practice guidelines and 87% consulted a CPG during the last 12 months. Main reasons to use CPGs are to inform clinical (OT) decisions (68%) and to inform clients and their relatives (38%).

Most used and most often consulted clinical practice guidelines by Dutch OTs are depicted in Table 1.

More than half of the OTs report that the most consulted guideline can be easily found (57%) and is comprehensible (55%); they can find the information they need to make clinical decisions in the CPG (40%). One third of OTs (31%) are of the opinion that CPGs contribute to better quality of care and 87% would use the CPG again in the future.

In addition, 29% of OTs (n=72) is missing one or more guidelines, and over 45 different topics were suggested; e.g. Sensory processing issues, cancer and palliative care, chronic pain, MS, writing problems, OT-intervention guidelines for children (e.g. DCD, ADHD, ASS, NMA).

A majority of OTs is interested in outcome-focused guidelines (75%) or personalized guidelines (63%), in addition to diagnosis-oriented CPGs.

Table 1 Consulted guidelines by Dutch OTs

| Which CPG did you consult in the last 12 months? (multiple answers possible) Which CPG did you consult most often during the last 12 months? | | |
|---|-----------|----------------------|
| | Consulted | Most often consulted |
| Occupational therapy guidelines | | |
| OT for adults with stroke | 130 | 61 |
| Fall Prevention | 115 | 34 |
| Fatigue in adults with MS, Stroke, or Parkinson's disease | 75 | 7 |
| OT in Parkinson's disease | 73 | 25 |
| OT for elderly with Alzheimer and their informal caregivers | 67 | 18 |
| OT in the context of primary education | 36 | 16 |
| OT in Amyotrophic lateral sclerosis | 25 | 4 |
| Assessment and treatment of apraxia in adults with stroke | 25 | |
| Multidisciplinary guidelines | | |
| Cognitive rehabilitation in Traumatic brain injury | 41 | 4 |
| Parkinson | 38 | |
| CP | 35 | 23 |
| COPD | 30 | 6 |
| Stroke | 23 | |
| Cancer rehabilitation; MS | 21 | |
| Rheumatoid Arthritis | 20 | |
| CRPS | 15 | |
| Complaints of Arm, Neck and Shoulder (CANS); Down syndrome | 13 | |
| Other (CMC arthrosis; Carpal tunnel syndrome; Low back pain; Lower limb amputation; Schizophrenia; TBI and work participation; RA and employment) | 36 | |

CONCLUSION

Nearly all Dutch OTs know CPGs and almost 90% is using clinical practice guidelines, mainly to assist clinical decisions and to inform clients and their relatives. Future research, using interviews, will increase insight in the utilization of, and needs for, CPGs in daily practice by OTs in the Netherlands.

Increasing diversity in guidelines, e.g. outcome-focused or personalized guidelines, may contribute to guidelines that fit today's practice and meet future challenges in care.