Building the evidence for occupational therapy

Priorities for research

College of Occupational Therapists

- Identifies research priorities for the occupational therapy profession
- Includes evidence from a wide range of sources
- Highlights approaches for establishing the effectiveness and cost-effectiveness of occupation-focused interventions
Building the evidence for occupational therapy

Priorities for research

College of Occupational Therapists
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Building the evidence for occupational therapy
College of Occupational Therapists 2007
Foreword

Building the evidence for occupational therapy: priorities for research reflects the wide range of work that the Research and Development (R&D) group at the College of Occupational Therapists has conducted or commissioned in order to identify the research priorities across the different constituencies within the occupational therapy profession in the UK. The work is timely and the R&D group is to be congratulated on its efforts. Occupational therapy in the UK is a relative newcomer to the research arena and this document, alongside the launch of the UK Occupational Therapy Research Foundation later this year, is an important milestone on the profession’s journey to achieving its long-term aim, that:

All occupational therapy practice will be knowledge and evidence based within a respected culture of high quality research (White and Creek 2007).

Despite this there continue to be challenges ahead. The key challenge is to ensure the judicious use of the limited resources available. The Foundation will need to use its resources to best effect, and the research priorities outlined in the following document will help guide this activity. Commissioners and researchers applying to other funding bodies can also use this document (particularly the appendices) to support commissioning briefs or research applications. However, such activity may require tailoring of research questions and the development of projects within the context of large, multidisciplinary research programmes. This is a challenge to the occupational therapy research community that, with a few notable exceptions, has tended to conduct one-off studies rather than develop programmes of research. The need to conduct research that truly reflects the philosophical underpinnings of occupational therapy, including the involvement of service users and their carers in all stages of the research process, has also become critical. This is an additional capacity issue for a profession that is still developing the research capacity it needs (see White and Creek 2007).

Whilst there are still challenges, Building the evidence for occupational therapy: priorities for research could mark a turning point on our journey and provide the inspiration and focus for shaping professional research activities. The time is right for the occupational therapy profession in the UK to stop prioritising and act to develop a coherent knowledge and evidence base for all occupational therapy practice. For this to happen, occupational therapists, regardless of their level of engagement in research, must honour their obligation to participate in research (COT 2005a). My personal hope is that, although this document reflects research priorities for occupational therapy in the UK, it will be used to facilitate international collaborations. To rise to the challenge of ensuring all occupational therapy practice is knowledge and evidence based, we need to harness the limited resources across the world, thereby enabling occupational therapists to work together to develop a global approach, in order to develop a robust knowledge and research base for occupational therapy.

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Acknowledgements

The College of Occupational Therapists (COT) would like to acknowledge the contribution and commitment of all those who were involved in the development of the profession’s research priorities:

• Members of the specialist sections who contributed to the development of the research and development strategic vision and action plans for each of the sections.

• Members of the Research and Development Board, Council and COT senior managers who developed the organisation’s urgent research priorities; acknowledgement is particularly made of the contribution of Sheelagh Richards CBE in this context.

• Dr Katrina Bannigan, Reader in Occupational Therapy, York St John University, who was Principal Investigator, for the priorities in occupational therapy research (POTTER) project (2006), and her co-collaborators:
  - Dr Gail Boniface, University of Cardiff
  - Professor Patrick Doherty, York St John University
  - Professor Maggie Nicol, Queen Margaret University, Edinburgh
  - Dr Alison Porter-Armstrong, University of Ulster
  - Dr Rhonda Scudds, University of Ulster (now University of Saskatchewan).

• POTTER project Steering Group members Dr Sue Rugg, Julie Say and Dr Barbara Steward.
Executive summary

In 2004 the Research Forum for Allied Health Professions (RFAHP), a group comprising researchers from 11 professions regulated by the Health Professions' Council, created a vision for the future: that ‘all AHP practice will be knowledge and evidence-based within a respected culture of high quality research’ (COT 2006b). This document, Building the evidence for occupational therapy: priorities for research, outlines the areas of research and development activity that will be the priorities for the profession of occupational therapy in the United Kingdom for the next five years, as the profession strives to realise the RFAHP vision.

Given the breadth of occupational therapy research activity – across health and social care, in education, independent practice and management – the document will not identify specific research questions. The intention is to highlight key areas in which research activity for occupational therapy should be focused, enabling research-interested occupational therapists, and researchers with an interest in occupational therapy, to build evidence to support the profession of the future. This approach will enable researchers from pre-registration to post-doctoral level to develop relevant research questions, while being cognisant of key policy drivers and the criteria set by potential research funders.

The occupational therapy research priorities identified in this document have been produced from three primary sources of data:

- The research priorities identified by the College's 12 specialist sections (see Appendix A).
- The urgent research priorities identified by the British Association/College of Occupational Therapists (COT 2006b).
- Professional priorities from all domains of occupational therapy practice, established by a nationwide consultation carried out with the College's membership (the POTTER project, Bannigan et al 2006).

The background to these three initiatives is given as a context to the development of the strategic direction of research activity for the profession.

The contribution of service users and carers to the development and undertaking of relevant research for occupational therapy was captured by means of a literature review. Equally, government priorities for the four UK nations are included as a reference point on which to focus research activity and to engage with the priorities of research funders. The document concludes with some thoughts about the place of research in the working lives of all occupational therapists.

This document offers occupational therapy researchers the opportunity to frame their research questions within topic areas that have been identified as priorities for the profession. By targeting research activity in strategic directions and harnessing our resources to enhance the body of knowledge about the contribution of occupation-focused interventions to the health and wellbeing of the UK's population and the nation's finances, we will position the profession to achieve greater recognition for its true value across all domains of practice.
1 Introduction

The College of Occupational Therapists (COT) is the professional organisation for occupational therapy in the UK. The need to identify priorities for occupational therapy research arose from the COT five-year business plan for 2003–2008 (COT 2003), which contained two strategic aims of particular pertinence to researchers. The first was to promote the importance of occupation for the health and wellbeing of the population, and the second was to lead innovation in occupational therapy theory, practice, research and education. Addressing these strategic aims presents challenges due to the breadth and complexity of occupational therapy interventions and the emergent nature of the profession’s evidence base.

Occupational therapy is a diverse profession that crosses health and social care services (Auriemma 2002). The complexity of occupational therapy interventions was described by Creek (2003), who noted that:

> Occupational therapy focuses on the nature, balance, pattern and context of occupations and activities in the lives of individuals, family groups and communities. It is concerned with the meaning and purpose that people place on occupations and activities and with the impact of illness, disability or social or economic deprivation on their ability to carry them out (p8).

Recognition that occupations are unique to each individual within their specific environments supports the person-centred approach to intervention that characterises occupational therapy practice in all domains. Occupational therapists have found it difficult to frame a clear definition of the profession, perhaps in part due to the person-centred and complex nature of their work. This lack of clarity contributes to a failure by others to understand the unique contribution that occupational therapists bring to the delivery of health and social care services.

Priority-setting provides a pointer to gaps in the knowledge base, and there have been several research priority-setting exercises in occupational therapy. In 1998, COT found that providing evidence of the effectiveness of interventions was the highest priority for respondents (Ilott and Mountain 1999). The research and development strategic vision and action plan published by COT in 2001 (Ilott and White 2001) suggested further research priorities for the profession, as shown in Box 1.

In recent years, the use of occupation-focused interventions has been justified by the growing evidence base for a link between occupation, health and wellbeing. This growth has been accelerated by the emergence of the discipline of occupational science (Yerxa et al 1989). Within the UK, the settings in which services are being provided are broadening in response to government agendas and priorities, and this presents new opportunities for
extending the evidence base for practice. We now see occupational therapists working in a range of physical disability and mental health settings, social services, education, employment services and independent practice. Outside the profession, however, there is poor understanding of the occupational therapist’s core role, specialist skills and potential contribution to government agendas for health and social care for the UK population in the 21st century.

Occupational therapists have a responsibility to base their work on current research and the best available evidence (COT 2005). Such responsibility highlights the need for relevant research to be undertaken and published, and for findings to be utilised to benefit service users.

The College of Occupational Therapists has a strategic role in supporting its members to deliver high-quality services, and objectives in its business plan (COT 2003) are developed to promote professional activity. A number of actions have been undertaken by the College since 2003, to meet business plan objectives and to assist occupational therapists in providing research-based practice, as shown in Box 2.

Building the evidence for occupational therapy: priorities for research describes three initiatives that highlighted key areas in which research activity for occupational therapy should be focused:

• The research priorities identified by the College’s 12 specialist sections (see Appendix A).
• The urgent research priorities identified by the British Association/College of Occupational Therapists (COT 2006b).
• Professional priorities from all domains of occupational therapy practice established by a nationwide consultation carried out with the College’s membership (the POTTER project, Bannigan et al 2006).
Between 2002 and 2005, research and development officers of the College worked with representatives of each of the 12 specialist sections to produce R&D strategic vision and action plans tailored to the interests and stage of research development of each specialist field (see Appendix A). This work included identification of research priorities that would influence the direction of research activity undertaken by members. The individual research priorities for each section are given in Appendix A and priorities common to all sections are included in Box 3.

### Box 3: Overarching research priorities of the specialist sections
- The relationship between occupation, activity and health.
- The benefits of occupation-focused interventions for quality of life, wellbeing and financial advantage.
- Increased involvement of service users in research.
- Increased evidence base to support occupational therapy interventions.
- Ongoing development of standardised assessment tools.
- Development of outcome measures for occupation-focused interventions.

### Box 2: Actions by COT to support research and development activities
- A review of the College’s research and development strategic vision and action plan (White and Creek 2007), setting out clear action points for the College and occupational therapists in order to enhance research capacity and capability.
- The development of the United Kingdom Occupational Therapy Research Foundation, launched in autumn 2007. The Foundation has a remit to support occupation-focused research to meet identified research priorities and to develop research capacity and capability within the profession.
- Publication of a 10-year mental health strategy, which includes a focus on providing evidence for a causal relationship between occupation, health and wellbeing (COT 2006a).
- Work with each of the 12 specialist sections of the College to produce R&D strategic vision and action plans relevant to their domains of practice.
- The funding of three major projects to meet urgent research priorities identified by the organisation. Each project aims to increase research capacity by offering support to a member to achieve a PhD.
- The commissioning of a major project to establish professional research priorities for the membership across all domains of activity, including a review of relevant government policy in the UK and service users’ and carers’ perspectives on what they value about occupational therapy (the POTTER project, Bannigan et al 2006).

## 2 Specialist sections’ research and development strategic vision and action plans

Between 2002 and 2005, research and development officers of the College worked with representatives of each of the 12 specialist sections to produce R&D strategic vision and action plans tailored to the interests and stage of research development of each specialist field (see Appendix A). This work included identification of research priorities that would influence the direction of research activity undertaken by members. The individual research priorities for each section are given in Appendix A and priorities common to all sections are included in Box 3.
3 Urgent research priorities

In 2005, the College approved funding of up to £250,000 to fund urgent research priorities for occupational therapy. Through consultation with senior members of the professional organisation, COT Council and the Research and Development Board, areas were agreed which merited such urgent attention and for which proposals would be sought. Recognition was also given to the need to support research capacity development within the proposed initiative, in order to work towards the College’s stated objective that research leaders should represent 1 per cent of its membership. (Ilott & White 2001).

The overarching theme, to which all proposals were expected to demonstrate alliance, was ‘The impact of occupation and activity on quality of life, health and the nation’s finances.’ (COT 2005b) Proposals were sought in the topic areas displayed in Box 4. Details of suggested research questions included under each of these headings are included in Appendix B.

Box 4: Urgent research priorities identified by the College of Occupational Therapists (2006b)

- Occupation and wellbeing.
- The impact of occupational therapy on service users.
- Integration of services.
- Demographics and population needs.
- Workforce diversity.
- Learning needs of occupational therapists.
- Information management.
- Occupational therapy as a career.

Funding applications were required to include the opportunity for a British Association of Occupational Therapists (BAOT) member to undertake PhD studies as part of the project, in order to increase the research capacity and capability of the profession. As a result of this initiative, three major projects were commissioned that will be completed in 2009. These projects will provide much-needed research in the following areas:

- Evaluation of the impact of the implementation of government policy on occupational therapy: using assertive outreach as an exemplar.
- Return to work following traumatic brain injury: case control study and economic analysis.
4 Membership priorities for occupational therapy research

In 2005, the College commissioned a project to gain an understanding of the research priorities of its membership. The project brief included the requirement for occupational therapists from all domains of practice to have the opportunity to contribute research priorities, in order to inform the overall picture of professional research need.

The priorities in occupational therapy research (POTTER) project (Bannigan et al 2006) involved contributors from the four UK countries. Given the scope of occupational therapy practice, a comprehensive methodology was required and a five-stage project was designed (see Figure 1).

![Figure 1: An overview of the POTTER project methodology](image-url)
4.1 Knowledge gathering

The knowledge gathering stage, which extended throughout the project, involved three areas of enquiry to develop an understanding of the context for research in occupational therapy:

- Service users’ and carers’ perspectives on what they value about occupational therapy.
- Government priorities for health and social care from the four UK countries.
- A review of POTTER project findings (Bannigan et al 2006) within the context of the OT Seeker database of systematic reviews (www.otseeker.com, 2007).

4.1.1 What service users and carers value about occupational therapy

A literature review was undertaken as part of the POTTER project (Bannigan et al 2006) to ascertain the views of service users and carers on what they value about occupational therapy. Within the literature, there was a focus on two areas: relationships with therapists and administrative aspects of services. The opinions of service users were found to be generally positive about their relationships with occupational therapists, noting professional and encouraging attitudes and the provision of effective care that resulted in health benefits. Opinions about administrative aspects of services were less favourable, with criticism of poor communication between teams, inadequate provision of information, excessive waiting times and a lack of empowerment for service users in the therapeutic relationship.

Little research evidence was found relating to carers’ opinions of occupational therapy. However, the findings that were available indicated that carers appreciate therapists who demonstrate an insight into the demands of caring, involve them in decision-making and provide interventions that lead to improved occupational performance.

Areas for further research indicated by work with service users and carers are shown in Box 5.

Box 5: Service users’ and carers’ research priorities for occupational therapy

- Health benefits of increasing occupational choice in interventions.
- Lifestyle redesign to achieve everyday living skills.
- Service re-configuration to benefit service users.
- Outcome measures research to link interventions to outcomes.
- Greater inclusion of service users and carers at all stages of the research process.

INVOLVE, a national advisory group that supports the involvement of the public in health and social care research, believes that such involvement leads to research that is more relevant to people’s needs and concerns (www.invo.org.uk, 2007). To continue to promote the value of occupational therapy and occupation-focused interventions, research activities should include a focus on input from service users and their carers.
4.1.2 Government priorities for health and social care research

A review of national policy documents from each of the four UK countries identified government priorities for research, as shown in Table 1. Given the broad interests of occupational therapists, the government research priority areas present considerable opportunity to develop research questions that can fill identified gaps in the existing professional knowledge base. Tuning occupational therapy research proposals to government policy will help to meet national priorities and may attract external funding.

| England (DH 2003) | Ageing and older people  
Coronary heart disease  
Diabetes  
Genetics  
Mental health  
Public health |
|---|---|
| Northern Ireland (Central Services Agency 2006) | Cancer  
Child health and welfare  
Endocrinology and diabetes  
Epidemiology  
Infectious diseases  
Neurosciences  
Trauma and rehabilitation |
| Scotland (CSO 2001) | Cancer  
Cardiovascular and cerebrovascular disease  
Mental health  
Public health |
| Wales (Wales Office of Research and Development for Health and Social Care 2006) | Prevention and early intervention  
Service organisation and delivery  
Chronic disease management |

4.2 Consultation with key constituents

As part of the POTTER project two days of consensus conferences with selected participants were held as a participative consultation opportunity to inform the content of a nationwide survey tool. Invitations to attend the consensus events were extended to selected individuals, enabling up to 50 key people to contribute. Participants had either a strategic perspective on occupational therapy in the UK or access to key constituents within the profession. Non-members and occupational therapists working in new or marginal areas of practice were included in the consultation. The conferences focused on key...
areas for research rather than on specific research questions, aiming to gain a consensus on priority topics that reflected the views of participants.

4.3 National survey of occupational therapists

The consensus conference findings were refined into a survey tool via an iterative process involving the project leads and steering group, and two pre-testing trials with occupational therapy students and practitioners. Ethical approval was obtained from the relevant university ethics committee.

The survey was sent to a random sample (N=7000) of the UK-based COT membership. This resulted in a return of 2,661 completed questionnaires, or some 10 per cent of the overall membership. The profile of respondents in terms of country of residence and category of membership represented an approximate match with the known profile of the COT membership. Some 70 per cent of respondents were in clinical practice, 16 per cent were students, 7 per cent were managers and 2.5 per cent were academics. Remaining respondents were employed in marginal areas of the profession or were not employed as occupational therapists at the time of the survey. Research priorities of the respondents reflected their predominantly clinical focus and need for a stronger evidence base to support occupation-focused interventions in practice settings. The research priorities of the survey respondents are displayed in Box 6.

Box 6: Research priorities from survey sample (n=2661)

- Occupation-focused interventions.
- Effectiveness of occupational therapy interventions, particularly in the following areas:
  - Long-term outcomes of intervention.
  - People with acute illness.
  - People with mental health problems.
  - People with neurological conditions.
  - Cognitive rehabilitation.
  - Specialist areas of practice.
  - Intermediate care.
  - Provision of assistive technologies and adaptations.
  - People with complex conditions.
- Benefits of occupational therapy from the service user’s perspective.
- Occupational therapy in vocational rehabilitation.
- Value of integrated services within the community.
- Developing new valid and reliable outcome measures for occupation-focused interventions.
- Cost-effectiveness of occupational therapy versus generic working, including the contribution of the occupational therapy support worker.
- Clinical reasoning skills and decision-making skills in occupational therapy education programmes.
- The impact of government policy on occupational therapy service provision.
4.3.1 Membership responses in relation to the OT Seeker database

Whilst OT Seeker (www.otseeker.com, 2007) authors acknowledge that ‘evaluating the effectiveness of occupational therapy interventions has been identified as a major research priority for the profession’ (Bennett et al 2006, p10), they also identify the need for research priorities to be informed by the following aspects:

- Demographic trends.
- Identified public health needs.
- Feasibility.
- Availability of resources.
- Potential cost-effectiveness of the intervention concerned.

The perspective of OT Seeker places the requirement for research priorities in a broader context than the practice setting. The points above mirror a number of the aspects identified by the College of Occupational Therapists as forming research priorities (see Box 4).

4.4 Researchers’ commentary

Recognising the key role that occupational therapy researchers will have in delivering identified research priorities, an expert commentary was sought on the findings of the POTTER project survey (Bannigan et al 2006). Fifteen occupational therapy researchers, each identified from the Register of occupational therapy researchers (www.cot.org.uk/members/research/register/intro.php) as being a previous principal investigator or major award holder, contributed a perspective in this capacity. The expert opinion of the researchers is displayed in Box 7.

4.5 Consultation with COT Council

Council members and senior officers of COT were given the opportunity to comment on the POTTER project outcomes (Bannigan et al 2006) and to provide a strategic perspective on how these could best be used to steer the future research direction of the professional organisation. Twenty-two individuals attended a feedback meeting and the consensus of their opinions is given in Box 8.
Box 7: Researchers’ comments on the development of research priorities

- It is essential that the rationale for research questions is developed from a thorough literature search and systematic review, in order to fully determine the gaps in the evidence base.
- Recognition is needed that success in achieving funding for research priorities is significantly greater for recommendations arising from systematic reviews than consultation with service providers and consumers (Oxman, Schünemann and Fretheim 2006).
- Research questions will need to be developed within the priority areas that are designed to meet funders’ criteria. Recognition is needed of the preference for funding multi-professional research.
- It is important to retain a strategic focus in developing research questions, using language that reflects the benefits to service users and the wider community of occupation-focused interventions, rather than maintaining a focus on occupational therapy.
- Occupational therapists should focus research endeavours within larger programmes of research, in order to maximise funding opportunities and impact, and to create strategic alliances with the broader research community.
- Recognition is needed that practitioners are always likely to prioritise research activity within their own field of interest, and such interest must be viewed within a bigger picture of research priorities.
- Cross-cutting themes could be developed that would be pertinent to more than one clinical specialism – for example, self-management or lifestyle.
- Service managers and individual practitioners have a responsibility to participate in research studies in order to maximise the success of outcomes for the profession.
- There will be a role for the new UK Occupational Therapy Research Foundation in supporting researchers at all levels, for example by offering training workshops, mentorship programmes, support for new researchers and networking opportunities.
- Ongoing work is needed both by COT and through the Research Forum for Allied Health Professions to engage with government, charities and research-funding bodies. Strategic lobbying is required to ensure allied health representation on relevant groups.
Box 8: Council and senior officers’ perspectives on research priorities

- The service user perspective and cost-effectiveness aspects are paramount.
- Whilst focusing on research priorities to underpin current practice is important, opportunity to undertake blue skies research should not be lost.
- Effectiveness studies support service provision; research into occupation-focused interventions supports the evidence base for the profession.
- Consideration of policy drivers and financial imperatives is essential in developing research proposals.
- Gaps in the evidence base, as reported by organisations such as the National Institute for Clinical Excellence (NICE), should be specifically targeted to enable research to be undertaken that will contribute to future guideline development and review.
- Given the emphasis placed on effectiveness research across many domains of occupational therapy practice, this should become an umbrella heading under which to grow an evidence base.
- The capacity to undertake occupational therapy research needs to be considered, and strategic partnerships may be formed to nest occupational therapy focused research within bigger multi-disciplinary projects.
- A worldwide collaboration on occupational therapy research should be considered.
5 Summary and key messages

Building the evidence for occupational therapy: priorities for research provides a comprehensive overview from a number of sources of evidence, which form the basis of recommendations for research activity for occupational therapy in the UK for the next five years. From the sources reviewed and researched, a number of key messages can be extracted.

Effectiveness and cost-effectiveness of occupational therapy interventions
The effectiveness of occupation-focused interventions continues to be the major priority identified by occupational therapists for research activity. Establishing effectiveness, in terms of a measurable result that can inform future practice, is closely linked to:

• The use of standardised assessments and outcome measures in the context of service provision.
• Cost-effectiveness studies to support the commissioning of occupation-focused services.

Occupation, health and wellbeing
Targeted research activity should be used to increase our understanding of the causal relationship between occupation, health and wellbeing. This will enable occupational therapists to access the evidence needed to promote their unique skills and contribution to health and social care delivery.

Service delivery and organisation
Research is needed into the organisation and delivery of services, with a focus on workforce design and diversity, skills mix, demographic trends and population needs. The changing pattern of delivery of health and social care throughout the UK means that occupational therapists and support workers need evidence to support the relevance of occupation-focused interventions in an increasingly diverse range of environments. Whilst the integration of services within the community remains a key area for evaluation, research endeavours need to be responsive to new and emerging areas of practice.

Involvement of service users and carers
It is a priority for research into occupational therapy service provision that service users and their carers are involved at all stages of the research process. Such inclusion will enable research questions to be focused more clearly on aspects that directly address people’s health and lifestyle needs. In terms of service redesign and delivery it is recognised that the users of research may be occupational therapists rather than service users.

The context of research priorities
It is clear that occupational therapy research will take place within a number of overarching contexts, and prime consideration must be given to the following aspects when developing research questions:
Summary and key messages

- Gaps in the existing knowledge base can only be identified for research from a thorough literature search and systematic review of existing evidence.
- Government priority areas are the main drivers for much supported research activity.
- Occupational therapists should focus individual research endeavours within larger programmes of research, maintaining awareness that funders prefer multi-professional research.

**Developing research topics to meet occupational therapy priorities**

Given the breadth of occupational therapy interventions, it has not been the purpose of this publication to state individual research questions. Rather, by means of a process of review and research, it has established a broad framework of priority areas within which occupational therapy researchers can tailor their own research questions in order to meet the requirements of their task, interest and/or their funders’ interests. However, an integral part of the development of this document has been work undertaken with the specialist sections of the College and within the professional body itself to identify practice and organisational priorities that should be taken forwards through research. These are listed in the appendices.

Occupational therapists have a professional responsibility to engage with research and to contribute to research-based activities (COT 2005). Not only is this a professional requirement in the drive to deliver evidence-based practice, but the health policy contexts of the four UK nations also remind us of the integral role of research and development activity to service delivery (Central Services Agency 2006) and improved health outcomes for our populations (DH 2006).

Actions to support research activity from all domains of the profession have been stated within the 2007 review of the College’s research and development strategic vision and action plan (White and Creek 2007). By concentrating efforts within professional, government and funders’ research priorities, occupational therapists can make a significant contribution to producing the research evidence that is needed to demonstrate the effectiveness of occupation-focused interventions.
6 References


Appendix A: Research priorities identified by the College of Occupational Therapists’ specialist sections

**R&D strategic vision and action plan: accident and emergency and related settings (COT 2003a)**

**Gaps identified**
The evidence base is sparse for occupational therapy in accident and emergency and related settings but the following list of priority research topics was identified:

- Outcomes of occupational therapy: effectiveness of interventions related to:
  - admission prevention
  - readmission rates
  - follow-up interventions
  - patient satisfaction and quality of life
  - NHS targets.
- Occupational therapists as part of a multidisciplinary team within the A&E setting.
- Standardised assessments within A&E and related intermediate care settings.
- Equity and availability of occupational therapy services in A&E and related care settings.
- Falls prevention in intermediate care and related settings.
- Development and use of competency-based service provision.
- Quality of life issues from the A&E and intermediate care user’s perspective.

**R&D strategic vision and action plan: housing (COT 2004a)**

**Gaps identified**
Research priority recommendations for social service occupational therapists and housing practitioners (based on Awang 2004, p10–11) noted that:

- Research needs to continue to identify the benefits of housing and adaptation work for service users in terms of quality of life, wellbeing and financial advantages. A key focus for future research should relate to the positive impact that housing adaptations have on the broader aspects of health and wellbeing of individuals.
- Occupational therapists need to view the wider social implications within their assessments and practice that impact on service users.
- The development of transparent practice standards covering the full adaptation process requires significant attention to ensure parity of services for service users and to enable minimum standards to be achieved.
- Areas requiring a higher research profile include minority ethnic groups, people with sensory disabilities, learning disabilities and mental health problems.
- The potential role of user groups as a force for reform within service provision requires further exploration.
- The difficulties associated with unmet need require significant exploration as resources for housing adaptations continue to be problematic.
- Research projects should be designed to produce information for the general public as well as providing good-quality evidence on which to base practice.
Gaps identified
The College of Occupational Therapists’ Specialist Section – HIV/AIDS, Oncology & Palliative Care (formerly HOPE) identified the paucity of the current evidence base to support occupational therapy interventions in HIV/AIDS, oncology and palliative care. Priority topics (in order of priority) were deemed to be:

- A national survey of occupational therapists working in the areas of (i) palliative care, (ii) cancer care and (iii) HIV/AIDS, to establish:
  - The range of settings within which occupational therapists are employed.
  - Workforce information relating to optimal patient:occupational therapist ratios.
  - What services/interventions are provided in the different environments.
- Comparison of multi-professional teams with and without occupational therapy to establish:
  - How decision-making differs in varying circumstances.
  - How rehabilitation services are provided where there is no occupational therapy input to the multi-disciplinary team.
- A national survey of the way in which equipment and wheelchairs are supplied to palliative care/cancer/HIV/AIDS patients, to establish whether equitable access to equipment is available across services and within Cancer Networks.
- A national survey to identify the post-graduate training and professional development needs of occupational therapists working in cancer care, palliative care and HIV/AIDS.
- An evaluation of different occupational therapy interventions and outcome measures with different patient groups.
- An evaluation of occupational therapy interventions with patients experiencing fatigue.
- An evaluation of occupational therapy interventions with patients experiencing breathlessness.
- Comparison of pre-registration occupational therapy training courses to identify provision made for teaching on cancer care, palliative care and HIV/AIDS. This would include the extent to which students are prepared for working in these fields of clinical practice and whether curricula need to be revised.
- Establishing the extent to which service users are involved in occupational therapy decision-making and comparison with other groups of patients and health care professionals.
- The experiences of patients with life-threatening illnesses and occupational therapy attitudes towards addressing the issue of sexuality.

Additional topic areas included:
- The need for nationally-shared standards, protocols and guidelines in HIV/AIDS, palliative care and oncology.
- Rehabilitation in neuro-oncology.
- Evaluation of occupational therapy programmes in palliative day care.
- Occupational therapy intervention for patients with body-image concern.
- Criteria for, and types of group work used in, palliative care.
- An evaluation of occupational therapy for pain management.
- The role of occupational therapy support staff in palliative care.
- The need for occupational therapy in bereavement care.
- Evaluation of relaxation and other occupational therapy interventions for stress management.
Gaps identified
The College of Occupational Therapists’ Specialist Section – Children, Young People & Families (formerly NAPOT) identified the following priority research themes:
• Identify existing knowledge base.
• Outcomes of occupational therapy interventions with service users’ perspectives prioritised.
• Occupational therapy assessment.
• User perspectives.
• Role differentiation between allied health professions.
• Skills mixes.
• Policy context.

Gaps identified
The College of Occupational Therapists’ Specialist Section – Work (formerly OTWPP) identified the following list of priority topics:
• Top priorities:
  Exploration of the organisational policies which impact on occupational therapists and their brief to work across the total spectrum of self-care, productivity and leisure.
  Health and economic effectiveness of occupational therapy interventions.
• Medium-term priorities:
  Standardised assessments relevant to UK practice in this field.
  Outcome measures.
  Glossary of terms by an international literature review.
  Relevant models of practice for vocational rehabilitation.
  Perceptions of role and expectations of occupational therapists in this area of practice.
  Perception of occupational therapy role by other workers.
  Exploration of the small number of UK therapists in this field compared with other countries.
  Vocational counselling/careers advice.
• Longer-term research objectives included:
  The role of occupational therapy in this area in primary care trusts.
  Barriers and stigma that impact on people with disabilities getting into work.
• The greatest need was identified as being the requirement to increase research capacity by developing methodologies and promoting case study research.
Gaps identified

The College of Occupational Therapists' Specialist Section – Neurological Practice (formerly NANOT) observed that a large body of evidence exists for the field of stroke but this is not the case for most other neurological fields, so there is a need to:

- Create a similar evidence-base for those working in other areas of neurological practice.
- Define neurological occupational therapy practice. This will necessitate systematic reviews of research in fields related to the neurological therapies. These reviews should not be limited to randomised controlled trials but should include as many levels of relevant data as possible. The aim should be to describe current research in neurological occupational therapy practice from a broad perspective. This will enable identification of the areas most in need of further research and guide the methods to be chosen for such an exploration.

For stroke, the top ten priority research topics were presented at the 2002 National Association of Neurological Occupational Therapists' annual conference (NANOT 2002) and agreed by members:

1. How effective is occupational therapy in the field of stroke?
2. Does early occupational therapy lead to improved physical and functional outcomes?
3. What is the optimum level of occupational therapy input to promote recovery in the stroke patient?
3. What are the advantages of offering longer-term rehabilitation services following hospital discharge?
5. What is the most effective way to manage perceptual problems after stroke?
6. What is the most effective way to manage cognitive problems after stroke?
7. What is the most effective way to manage inattention after stroke?
8. How effective is splinting in the promotion and/or maintenance of hand function after stroke?
9. What are the relative benefits of different treatment approaches?
10. How effective is therapeutic positioning in the promotion of functional recovery after stroke?

Gaps identified

The College of Occupational Therapists' Specialist Section – Independent Practice (formerly OTIP) identified a list of priority topics for the sector. These topics focus upon understanding the:

- scope
- scale and
- range

of independent practice.
R&D strategic vision and action plan: rheumatology (COT 2003d)

Gaps identified
The College of Occupational Therapists’ Specialist Section – Rheumatology (formerly NAROT) identified a need for research priorities within its R&D strategy. Specific priorities (McArthur 2007) were identified as:

Hand therapy
• Do upper limb and hand programmes maintain function and reduce deformity?
• Hand function assessments.

Occupational performance
• Effective management of occupational roles.
• Re-introduction of purposeful activities into occupational therapy practice.

Efficacy of occupational therapy intervention
• Which interventions produce best outcomes and increase wellbeing?
• The effect of DMARDS and biologics on occupational therapy intervention.

Pain relief
• Identification of the most effective pain management strategies.

Psychological implications
• Impact of diagnosis.
• Psychological support following diagnosis.

Qualitative research to inform evidence-based practice
• Potential contribution to a range of ways of understanding rheumatological practice.

Service user perspectives
• Perspectives of occupational therapy intervention.
• Perspectives of having a rheumatological condition.

Splinting
• The efficacy of splinting in reducing inflammation, pain and joint deformity.
• Patient and multi-disciplinary team perceptions of splinting.

Standardised assessments
• Sensitive and manageable outcome measures.

Vocational rehabilitation
• Work assessment and rehabilitation.
• Ergonomics.

R&D strategic vision and action plan: trauma and orthopaedics (COT 2005a)

Gaps identified
The research priorities of the College of Occupational Therapists’ Specialist Section – Trauma and Orthopaedics (formerly OTTO) are currently not stated. However, multi-disciplinary team priorities have been developed by Parroy S (2004).
R&D strategic vision and action plan: learning difficulties (COT 2003e)

Gaps identified
The College of Occupational Therapists’ Specialist Section – People with Learning Disabilities (formerly OTPLD) identified the paucity of evidence currently in existence to support the specific role of the occupational therapist and the effectiveness of occupational therapy interventions in the field of learning disabilities.

Identified research priorities were:
- The effectiveness of specific interventions.
- The development and use of reliable assessment tools and outcome measures for the field of learning disabilities.
- The development of a consensus statement on the role of the specialised occupational therapist working with people with learning disabilities.
- The role of the specialist occupational therapist in specific areas of practice within the field of learning disabilities, for example: parenting, forensic services, ageing and profound and complex needs.
- Life transitions, with particular emphasis on moving from child to adult services.
- Service delivery developments arising from changes in policy, for example: use of generic services, integrated teams and employment issues.

R&D strategic vision and action plan: mental health (COT 2005b)

Gaps identified
The College of Occupational Therapists’ Specialist Section – Mental Health (formerly AOTMH) identified the following key themes for research activity:
- Understanding the relationship of activity and occupation to mental health.
- Identifying the added value of having an occupational therapist to provide treatment and/or to supervise treatment.

Research priorities (in priority order) were stated as:
- activity/occupation
- occupational performance
- user perspective
- group work
- assessment (including risk assessment)
- creative activities
- technique
- client groups (Fowler Davis and Hyde 2002).
### R&D strategic vision and action plan: older people (COT 2004e)

**Gaps identified**
The College of Occupational Therapists’ Specialist Section – Older People (formerly OTOP) acknowledged that a wide range of priority areas could be identified for research activity.

The top 5 priorities for research (in no particular order of importance) were:

- active ageing and occupation
- assistive technology
- falls
- dementia
- intermediate care.

### R&D strategic vision and action plan: National Forum for Forensic Head Occupational Therapists (COT 2002)

**Gaps identified**
The work undertaken between COT and the National Forum for Forensic Head Occupational Therapists revealed that the evidence base is sparse. The following list of priority topics was identified. The topics focus upon understanding the effectiveness of occupational therapy, the way in which services are delivered and organised in different settings, and engagement in valued occupations, which contribute to the health of individuals and secure communities.

- **Top-priority research topics:**
  - Outcomes of occupational therapy interventions that include effectiveness of pre- and post-discharge interventions, consumer satisfaction and economic evaluation.
  - Impact of security policies upon interventions, such as the diversity and rigor of implementation.
  - Impact of the environment on therapy, particularly applying a person-centred approach within secure settings.
  - Outcome measures that include quality of life.
  - Work: vocational rehabilitation.
  - Staff recruitment and retention.

- **High-priority topics:**
  - Gaining engagement in individual and group activities.
  - Consumer/patient involvement: avoiding tokenism in restrictive milieu.
  - National service framework: personality disorder and women’s services.
  - Comparative studies: occupational therapy and other interventions.
  - Value of occupational therapy in prisons and community teams.

- **Medium-priority topics:**
  - Analysis of untoward incidents, activity and structure of the day.
  - Risk: preferred assessments and interventions.
  - Competencies/specialist skills.
  - Occupational deprivation.
References to Appendix A


College of Occupational Therapists (2004b) *Research and development strategic vision and action plan for occupational therapy in HIV/AIDS, Oncology, Palliative Care and Education (HOPE)*. London: College of Occupational Therapists.


College of Occupational Therapists (2005a) *Research and development strategic vision and action plan for Occupational Therapy in Trauma and Orthopaedics*. London: College of Occupational Therapists.
References to Appendix A

College of Occupational Therapists (2005b) Research and development strategic vision and action plan for the Association of Occupational Therapists in Mental Health. London: College of Occupational Therapists.


Appendix B: Urgent research priorities of the College of Occupational Therapists, 2006

Theme
The overarching theme for topic development is:
‘The impact of occupation and activity on the quality of life, health and the nation’s finances’ (COT 2005)

Priority topic areas

Occupation and wellbeing
- The impact of occupation on health and/or quality of life.
- Financial benefits from improved activity and participation of occupational therapy service users.
- Benefits of occupational therapy to the health promotion agenda.
- Development of outcome measures using the International classification of functioning, disability and health (ICF) (WHO 2001) framework to focus on occupational therapy service delivery and the impact on activity/occupational performance and participation.

The impact of occupational therapy on service users
- Outcomes of occupational therapy service delivery for prioritised service user groups (research in this category should focus on topics that will impact on government priority areas, or contribute to embedding occupational therapy interventions into guidelines produced by the National Institute for Health and Clinical Exellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) or the Clinical Resource Efficiency Support Team (CREST)).
- How the provision of occupational therapy intervention impacts on levels of dependency and uptake of social care services.
- The impact of targeting high-level skills at initial assessment on outcomes for service users.

Integration of services
- Investigation of NHS/local authority/social services occupational therapy integration with a focus on the added value and benefits of occupational therapy.
- Models of integration that deliver the most effective outcomes.
- Occupational therapists’ concepts of roles in health and social care to promote partnership working.

Demographics and population needs
- Population needs analysis to inform planning/prioritisation of occupational therapy service delivery and future workforce needs.
Appendix B

Workforce diversity
- Cost benefits of different skills inputs to outcomes.
- Conceptualisation of future service delivery models in the context of current government policy and statutory obligations.

Learning needs of occupational therapists
- Investigation of ways in which higher education institutions (HEIs) are teaching the doing/analysis of ‘occupation’ to occupational therapy students and the impact of the outcomes.
- Relating thinking styles to clinical outcomes.

Information management
- Occupational therapists’ engagement with implementation of the information management agenda.

Occupational therapy as a career
- Analysis of career development pathways and opportunities to identify/influence recruitment and retention.

References to Appendix B


Building the evidence for occupational therapy
Priorities for research

In line with the vision set out by the Research Forum for Allied Health Professions (RFAHP) in 2004, it is a key aim of the occupational therapy profession to ensure that all practice is knowledge and evidence based and that research is targeted to provide evidence to support, and achieve greater recognition for, the profession in the future.

The profession faces a number of challenges in meeting this aim, in particular ensuring that the best use is made of the available resources and that researchers are equipped to develop large, multidisciplinary programmes of high-quality research.

*Building the evidence for occupational therapy, priorities for research:*

- Identifies research priorities for the occupational therapy profession in the UK over the next five years.
- Incorporates information and opinions gathered from the British Association/College of Occupational Therapists, its members and 12 Specialist Sections, as well as service users and carers.
- Highlights approaches for establishing the effectiveness and cost-effectiveness of occupation-focused interventions.

This publication will assist all occupational therapists, occupational therapy commissioners, and researchers at any level in framing research questions, preparing commissioning briefs and making research applications. It is also hoped that the document will help to encourage international collaborations.