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A qualitative investigation of influences on occupational therapists' research involvement in Ireland

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Abstract

Background: To fulfil the desire for evidence-based practice, there is impetus for occupational therapy (OT) to make research a priority and to encourage research engagement.

Purpose: This study's aim was to explore occupational therapists' reasons for and for not getting involved in research and to determine potential barriers and enablers to engaging in research.

Methods: Three focus groups were conducted with five participants each. Data were thematically analysed.

Findings: Occupational therapists' reasons for expressing interest in getting involved in research were having an interest in the condition and/or the symptoms being studied; promoting client support and service development; and 'upskilling'. Three themes emerged from the thematic analysis: (1) motivation to get involved in research can be influenced; (2) 'firefighting': barriers and organisational culture; and (3) The nature of research needs consideration from an occupational therapist perspective.

Implications: Findings suggest that though occupational therapists are able to get involved in research, it remains that there are difficulties in doing so (e.g., organisational culture); and such difficulties may outweigh both reasons and enablers to such involvement. Reasons for expressing interest, enablers, barriers and the relationships among them warrant further investigation and consideration with respect to involving occupational therapists in research.

Keywords

Occupational therapy, research involvement, focus groups, study-within-a-trial, multiple sclerosis

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Introduction

Empirical research provides a basis of evidence from which to practice and, as such, has always played an important role across healthcare professions. However, in order to ensure achievement of the discipline-specific evidence-base necessary for best practice, healthcare practitioner (HCP) involvement in research requires facilitation. There are many ways in which HCPs can engage in research, from critical appraisal of extant research and practical application to active conducting of research, such as through using qualitative and quantitative research methods, as well as interpreting their results (Pighills et al., 2013). In this context, building research capacity refers to not only the development of one's skills along this research continuum, but also institutional development with respect to facilitating, producing and using research (Cooke et al., 2015). Institutionally, policies and initiatives are implemented in order to enhance research capacity (e.g., Ireland's Health Research Board Strategy 2016–2020 (Health Research Board, 2016); Australia's Strategic Review of Health and Medical Research (Australian Government Department of Health and Ageing, 2013); the Caribbean Health Research Council (see Hospedales, 2019); and the UK's Royal College of Occupational Therapists' Research & Development Strategy (RCOT, 2019)). However, despite such recent initiatives setting the stage for meaningful change in many healthcare professions, less is known about their impact on improving the research culture within occupational therapy (OT).

Efforts have been made to expand OT's scope with respect to theory and research in the field, in order to improve practice, facilitate a more evidence-based way of practice, reinforce OT's status among other health professions and to

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deliver the best client care possible (e.g. see RCOT, 2019; White et al., 2013). Thus, there is impetus for OT to make research a priority and encourage clinicians to increase their engagement with research (Pighills et al., 2013). However, past research has identified important issues that require consideration for occupational therapists to engage in research activities (i.e. consistent with other healthcare professions) such as those related to time (Di Bona et al., 2017; Finlayson et al., 2005; Majnemer et al., 2001; Reid et al, 2019); support (Di Bona et al., 2017; Eriksson et al., 2020; Finlayson et al., 2005; Majnemer et al., 2001); cost (Finlayson et al., 2005; Majnemer et al., 2001); attitude towards and relationship with research (Di Bona et al., 2017; Finlayson et al., 2005; Majnemer et al., 2001; Waine et al., 1997); influence of the organisation and management (Di Bona et al., 2017; Finlayson et al., 2005; Majnemer et al., 2001); and more practical issues, such as administrative duties (Di Bona et al., 2017; Eriksson et al., 2020). Conversely, such research has also identified factors that enable engagement in research – though less commonly reported – which include personal motivation to engage in research, management support, protected research time, peer support, research as an institutional priority, and funding. Further to this rationale, when provided with the necessary support and training, involvement in research can potentially help occupational therapists rediscover the fundamentals of OT and revisit core aspects like client-centred care, collaborative goal-setting, and open and honest communication (Di Bona et al., 2017; Peters et al., 2019). Thus, in order to enhance occupational therapist involvement in research, it is important to explore the attitudes of occupational therapists towards such endeavours, such as randomised trials.

Moreover, less is known about occupational therapist involvement in randomised trials (e.g. development, administration, facilitation, data analysis, etc.), despite the need for better understanding. Existing research addressing barriers and enablers for HCPs, like occupational therapists, getting involved in randomised trials is limited (see Healy et al., 2018). Furthermore, research that has explored such concepts has only addressed the views of those who had already been 'recruited' or actively engaged with a research program, which highlights a lack of research exploring the attitudes of occupational therapists who have chosen not to participate in a study or had their engagement significantly restricted (e.g. as a result of study design). As involvement of occupational therapists to relevant interventions is often integral to the success of the trials (Hysong et al., 2013), it is necessary to explore these other perspectives in order to better understand occupational therapist involvement in randomised trials. Thus, the primary aim of the current study was to explore influences on occupational therapists' expression of interest in delivering a Cognitive-Occupation-Based program for people with Multiple Sclerosis (COB-MS) (excluding occupational therapists participating in the treatment group), regarding: (a) reasons behind the decision to participate/not participate, in order to improve the conduct of future trials; and (b) potential barriers and enablers for helping to conduct research, particularly randomised controlled trials.

Methodology

Context of the study

The current study is a study-within-a-trial (SWAT), which takes place in the context of a trial of COB-MS (Dwyer et al., 2020; Hynes & Forwell, 2019; Reilly & Hynes, 2018) – from here on referred to as 'the host trial'. Within the host trial, occupational therapists were 'recruited to participate' with respect to receiving training in COB-MS and delivering it to trial participants with multiple sclerosis (MS). Following advertisement of the host trial to occupational therapists in Ireland via flyer and occupational therapist study information sheet (through professional body email [*Association of Occupational Therapists of Ireland*] and through notification on the *MS Ireland* website, Irish health professionals email list and the bi-annual *MS Ireland* research e-zine), 50 expressions of interest were received, of which three were ineligible. Of the 47 eligible occupational therapists, 20 consented to participate. The 27 occupational therapists who declined to take part in the host trial were invited to interview as part of a focus group (of which three were unreachable), as were all nine consenting occupational therapists who were randomly allocated to the wait-list control condition of the host trial (i.e. not advised of study procedures or program content). This is an important distinction as having declined or chosen to participate may influence participant perspectives. Cumulatively, 33 occupational therapists were invited to participate (see *Participants* below). Occupational therapists randomised to the experimental group were not invited to participate given that their active participation in the program at the time of the study could bias their perspectives and confound results.

Study design and analysis

Focus groups were used in this study to explore occupational therapists' reasons to participate or not participate in research and the barriers and enablers they face in this context. A qualitative approach was chosen as they are uniquely flexible in facilitating the exploration and understanding of a deeper meaning and the development of clear and relevant themes (Willig and Rogers, 2017). Qualitative research allows for examination of the research context, which facilitates fuller understanding of the research topic (Guest et al., 2012). Furthermore, it is the most appropriate method for gaining insight into participants' experiences of little understood topics (Silverman, 2013). Specifically, focus groups were chosen in order to gather information, while capitalising on the shared ideas and motivation for participation a group environment provides (Carey, 2016) – in this context, the potentially common experiences and ideas of occupational therapists. The social dynamic of a focus group environment supports interactive discussion, which results in an added depth of information (Parker and Tritter, 2006). Moreover, due to the geographically dispersed nature of the participants, *online* focus groups were utilised (Matthews et al., 2018).

Data were analysed using *thematic analysis*, which is a method for identifying, analysing and reporting themes within qualitative data (Boyatzis, 1998). *Reflexive* thematic analysis, as outlined by Braun and Clarke (2006, 2019, 2020) was deemed most appropriate for this study as it facilitates an inductive approach to data analysis which was appropriate given the exploratory nature of this study. Specifically, reflexive thematic analysis is an iterative, recursive process, characterised by the ongoing formation and revision of themes following reading and re-reading of the data (Braun and Clarke, 2006, 2019, 2020).

Specifically, data were analysed consistent with Braun and Clarke's (2020) six-phase analytic process, which highlights three main tasks: familiarisation with data; coding and theme identification; and the reviewing and refining of themes. Specifically, familiarisation with the data began during data collection and involved the reading and re-reading of the focus groups' transcriptions, accompanied by observational note-taking. The two experienced researchers who facilitated the focus groups then systematically generated concise, meaningful codes; followed by identification of patterns from/within the data. The codes and patterns identified were discussed by the four-person multi-disciplinary research team and thematic maps were used to identify the themes in relation to one another. The final phases consisted of reviewing and refining the themes. This was an iterative process whereby the themes were checked against the transcripts in order to ensure their credibility (Mays and Pope, 2000).

Trustworthiness of the data and credibility of the findings were ensured through a variety of methods. For example, triangulation strategies were used to capture different dimensions of the data (e.g., multiple observers/observations and analysts/analyses), the researchers immersed themselves in the data to ensure rich descriptions and member-checking of the transcriptions and emerging themes (with three randomly selected participants, one per focus group) was used to increase validity of the findings (e.g., Creswell, 2009). The focus group facilitators worked on ensuring a good rapport with the participants to increase the likelihood of collecting useful data. Reflection techniques such as bracketing (i.e. reflection of the researcher(s) on associated ideas or beliefs, prior to and during the research process, such as through note-taking and a reflective journal) were used throughout in order to account for personal views and biases (Chwalisz et al., 2008).

Participants

The eligibility criteria for this study were as follows: working in Ireland as an occupational therapist at the time of the host trial, CORU registered, expressed interest in the host trial and not allocated to the treatment group as part of the host trial. Of the 33 occupational therapists invited to participate in a focus group, 18 consented to participate, though only 15 were able to attend a focus group. In light of this sample and consistent with best practice strategies (Carey, 2016; Willig and Rogers, 2017), three focus groups were arranged: FG1(N=5; 3 host trial decliners; 2 host trial controls); FG2 (N=5; 2 decliners; 3 controls) and FG3 (N=5; 4 decliners; 1 control). All participants were female. Participating occupational therapists chose a focus group that best suited their schedule from among four options. Table 1 provides relevant demographic characteristics of each participating occupational therapist.

Materials

Zoom Video Communications Inc. (2016), a collaborative, cloud-based videoconferencing service, was used to host the focus groups online. An Olympus Digital Voice Recorder WS-852 was used to audio-record the focus group interviews. The development of the semi-structured interview guide was informed by results from the PRioRiTy study (Healy et al., 2018), as well as from observations of the researcher during their 'recruitment' of occupational therapists for the host trial. The questions were developed to explore the subtle nuances regarding specific trial-focused barriers and facilitators, as well as more general research-based barriers and facilitators. Prior to finalisation, the interview guide was subject to expert review (i.e. three reviewers, two experts in qualitative research and one in OT), wherein final amendments were made. See Table 2 for the semi-structured interview guide used in all three focus groups. Coding and analysis were supported by NVivo Qualitative Data Analysis Software (2015). The *Consolidated Criteria for Reporting Qualitative Research* checklist (Tong et al., 2007) provided a framework for study design and guidance for reporting of results.

Procedure

Three online focus groups were held over 3 weeks, from June to July 2020. The duration of the focus groups were 1 hour 7 minutes, 1 hour 4 minutes and 47 minutes; and were both audio recorded and facilitated by two members of the research team – one from an OT background and one from a psychology background. Consistent with the *Study Design*, facilitators conducted reflexive analysis during and immediately after the focus group (i.e. through note-taking and discussion), in order to reflect on the experience and discuss their thoughts and interpretations. The audio recordings

Table 1. Demographic characteristics.

Participant[a]	Age	Sex	Years working as an OT	Involvement in host trial	Involved in prior research following certification	Capacity of prior research involvement
Abigail1N	45	F	15	No	No	
Bridget1C	44	F	22	Control	No	
Caroline1N	41	F	21	No	No	
Deirdre1C	34	F	11	Control	No	
Emma1N	48	F	12	No	No	
Fiona2C	29	F	4	Control	No	
Gayle2C	54	F	30	Control	No	
Harriet2C	41	F	19	Control	No	
Isabel2N	33	F	5	No	No	
Jackie2N	46	F	24	No	No	
Katherine3N	34	F	9	No	Yes	Work-based research
Lorraine3N	32	F	7	No	No	
Martina3N	45	F	23	No	Yes	Work-based research
Nancy3N	44	F	12	No	No	
Olivia3C	46	F	26	Control	Yes	Conducted qualitative research

N: No; C: Control.
[a]The number following the participant's pseudonym reflects Focus Group number and the letter following the number refers to whether or not the participant was involved in the host trial.

Table 2. Semi-structured interview guide.

"As noted earlier, we are interested in learning more about your decision regarding whether or not to participate in COB-MS, as well as your perceptions of barriers and facilitators to healthcare professionals in helping conduct interventions like COB-MS. We currently don't know much about these, so that's why we're asking to get some insight into this from you."

1. Can you help me understand the reason(s) behind your decision to participate/not participate in the COB-MS program?
2. Was there anything you perceived, in particular, about the potential acceptability or feasibility of the COB-MS program that influenced your decision?
3. In light of the limited information about the program, provided to you prior to making your decision to participate, what potential barriers to administration did you foresee in advance of making your decision?
4. Likewise, what strengths of the program did you think might facilitate its administration?
5. During your decision-making about whether or not to participate in the COB-MS program, what did you think about your ability to potentially administrate the program?
6. More generally, what do you think are barriers to healthcare professionals participating in programs like this?
7. Likewise, what do you think facilitates participation of healthcare professionals in research programs like this?
8. What do you think can help healthcare professionals become involved in research trials like the COB-MS program?
9. Can you suggest strategies we might use to incentivise HCPs, like occupational therapists, to get involved in research and help deliver programs like this?
10. Can you provide any other feedback, advice or recommendations you might have?

COB-MS: Cognitive-Occupation-Based program for people with Multiple Sclerosis.

were transcribed verbatim and anonymised by one of the researchers. The transcripts were then checked for accuracy and missing data by both focus group facilitators.

Findings

Consistent with the primary aims of the current SWAT, a number of reasons behind the decision to participate/not participate in the host trial were identified, as were potential barriers and enablers for occupational therapists in helping to conduct research. The primary reasons for getting involved in research – as addressed in all three focus groups were: (1) having an interest in the condition and/or the symptoms being studied; (2) promoting client support and service development; and (3) 'upskilling'. Both enablers (i.e. including the aforementioned 'reasons') and barriers to getting involved in research are presented in Figure 1, which provides an outline of themes, sub-themes and codes identified through the thematic analysis. With respect to this thematic analysis, three themes were identified, including: (1) Motivation to get involved in research can be influenced; (2) 'Firefighting': Barriers and organisational culture; and (3) The nature of research requires consideration from an occupational therapist perspective.

Theme 1: Motivation to get involved in research can be influenced

The first theme describes, through five sub-themes how various factors can influence motivation to get involved with

Theme 1

Motivation to get involved in research can be influenced

'Motivated Interest' (Sub-theme)
- -Interest in MS and neurological conditions
- -Interest in cognitive approaches
- -Interest in improvement of services
- -Interest in research

'Merits of the research program' (Sub-theme)
- -Organisation of program
- -Reputation/credibility (2, 3)
- -Potential for success
- -Research program clarity
- -Early intervention

'Practitioner's Personal Enhancement' (Sub-theme)
- -Career progression (2, 3)
- -Upskilling

'Client Interest' (Sub-theme)
- -Client Benefits
- -Client Need
- -Client Support
- -Health promotion for clients
- -Relationship between MS and both cognitive services and research

'Practitioner Characteristics' (Sub-theme)
- -Relevant Experience
- -Confidence (1 of 2)

Theme 2

"Firefighting": Barriers and Organisational Culture

'Priority of Clinical Practice' (Sub-theme)
- -Priority of Clinical Practice
- -Additional Work
- -Time
- -Caseload
- -Under-resourced
- -Reactive service (1, 3)

'Practicalities in Facilitating the Program' (Sub-theme)
- -Funding (1 of 2)
- -Location
- -Personal cost
- -Recruitment
- -Restrooms (1, 3)
- -Training Support for the program
- -Travel
- -Varying impact of MS (2, 3)

Organisational hierarchy' (Sub-theme)
- -Organisational hierarchy
- -Management

'Irish Context' (Sub-theme)
- -Irish Context
- -Service development

Theme 3

The nature of research requires consideration

'Opportunities to participate in research' (Sub-theme)
- -Opportunities to participate in research
- -Funding (2 of 2)
- -Access to/Awareness of Research (1, 3)

'Relationship between OT and research' (Sub-theme)
- -Relationship between OT and research
- -Need for better research training/education (1, 3)
- -OT research Support (1, 3)

'Confidence' (Sub-theme)
- -Confidence (2 of 2)
- -Feelings about capability (1, 3)

'Need for encouragement' (Sub-theme)
- -Persuasion
- -Encouragement (1, 3)

Figure 1. *Themes, Sub-themes and codes identified through Thematic Analysis*; NB: Codes (i.e., identified via dashes) without numeric notation appear in all three FGs. Codes appearing in 2 of 3 FGs were included with notation identifying which FGs within which they appear. Codes appearing in multiple themes are also notated (e.g. '1 of 2').

research. These may relate to intrinsic interests and values, or external influences. For example, 'motivated interest' accounted for numerous points of interest that influenced occupational therapists to express a desire to take part in the host trial, for example, according to Deirdre1C:

> "Well, what kind of. . . I suppose drew me to this kind of research was that it seemed to be a clear pathway and program; and it wasn't like. . . sometimes research can seem quite vague, so I felt, like, maybe motivation came to me because, one, I had worked with the patient population before and I am interested in MS patients; and I think it sounded very. . . like, it sounded like there was a structure and a plan to it and, and I think that helped it."

Consistent with Deirdre1C's perspective above, though more specific, *'Merits of the research program'* was another sub-theme identified that can influence motivation to express interest in getting involved in research. Occupational therapists indicated that being presented with clear, well-organised research programs that have potential for success influenced their motivation to get involved. According to Olivia3C:

> "Participants would be getting an opportunity. . . to be involved in a potentially positive, I suppose, experience, and that they may be able to take something away from that, you know, straight away and start applying it to their lives. I suppose from my perspective. . . you know that there was potentially a lot in it for participants. . . and also, as facilitators as well, in terms of developing new knowledge and skills."

In addition, the reputation and credibility of the institution conducting the research is another important factor. For example:

> "You know, I think the evidence-based part, and like you say, being up to date and a part of [specific university] is a big incentive for [people with MS]" – Isabel2N

Furthermore, research investigating the efficacy of *early intervention* programs was also an influential factor for involvement. According to Katherine3N:

> "Trying to reach. . . our populations earlier, rather than being a reactive service was one of the main motivators. . . the cognitive side of things never really gets addressed. I know we don't get to see people until they're maybe at the later stages of the disease. . . so trying to expand on that was the main motivation for me to get involved."

Another sub-theme of motivational influence was the personal enhancement of practitioners, with respect to both 'upskilling' and career progression. For example, as Abigail1N noted:

> "I was hoping to, to be able to get involved in some way, to, you know, upskill my, you know, my skills and. . . be able to offer more to clients."

Also on a personal level, *practitioner characteristics*, such as 'confidence' and 'relevant experience' was an influential sub-theme in this context. According to Olivia3C:

> "I suppose I had confidence . . . I just thought that I would probably quite enjoy that [the program] as well, in terms of developing that knowledge and the skills you need for that program; and also getting to know the participants. . .across the course of the program."

From a vocational, client-centred standpoint, *'client interest'* was a final sub-theme identified in the context of 'occupational therapists' motivation to get involved in conducting research can be influenced'. This sub-theme included concepts such as client benefits, needs and supports; enhanced health promotion for clients; and the acknowledgement of the relationship between MS and the need for both cognitive services and cognitive research. For example, according to Lorraine3N:

> "There isn't a lot of local [MS] services. So I thought this was a really good opportunity. . . to really focus on people with MS and their cognitive deficits and. . . if there is a program out there that can really enhance their – their quality of life. . . because unfortunately it's really limited here at the minute locally."

Theme 2: 'Firefighting': Barriers and organisational culture

"From my perspective, anyway, it's the firefighting; but also, that there isn't a culture there to do research. There's no pathway – you're not encouraged to do it because the service comes first. So, that's what. . . that's what you need to address first; and, yeah, I just think that the culture within Ireland, I don't think it's really. . . anybody I know that's doing research is either based in [specific university] *or, you know, in the university or students. . . either doing their Masters or PhD; or doing their dissertation. Outside of that, I don't think there's a huge amount."*– Emma1N

Whereas Theme 1 identifies and explores factors that may influence an occupational therapist's motivation to get involved in research, the emergence of Theme 2 considers the opposite end of the spectrum; and potentially more important, how such barriers, alongside the organisational culture of OT in Ireland may *outweigh* such motivators and enablers. Specifically, Theme 2 consists of four sub-themes: practicalities in facilitating the program; priority of clinical practice; organisational hierarchy and the Irish context.

The first sub-theme, *practicalities in facilitating the program*, explains potential barriers to getting involved, identifying concerns occupational therapists had over practical issues that could potentially affect the feasibility and, in some cases, the sustainability of interventions like the host trial. Such practical issues identified were those regarding funding, aiding in the recruitment process, training support for the program, location of intervention administration, travel to said location and the appropriateness of its facilities, cost to personal life and the varying impact of the chronic condition (i.e. MS) across patient participants. With respect to one of the most cited issues in this context – 'location of intervention administration', Lorraine3N stated:

> "There probably isn't a lot of areas locally [to run the intervention]. Again, there's not a lot of care centres well set up for it; and then it's the travel for those clients to kind of, get there. . . and what support they would need on site like, you know, once they're there if they need to use the toilet for personal care and things like that."

Conversely, '*Priority of Clinical Practice'* may be a more important issue for consideration in this context. For example, concerns over 'practicality' issues can either be clarified or easily amended by research teams running interventions like the host trial (if actually problematic; e.g. ensuring appropriate venues). On the other hand, concerns regarding '*Priority of Clinical Practice'* may be more 'institutional' or 'organisational'; and thus, not as easily overcome. Consistent with the codes identified across the focus groups, another narrative emerged – a sub-story, so to speak, regarding occupational therapists' 'prioritisation of clinical practice' in that because of the coupling of being 'under-resourced' (i.e. with respect to both 'staffing' and materials) and maintaining a consistent 'caseload', occupational therapists lack the 'time' to take on 'additional work' such as research involvement. For example, one occupational therapist who did not take part in the host trial, Caroline1N, stated:

> "I think as OTs, we have so much to offer and I think that maybe within the health system, we are more reactive than we can be; and that's completely to do with resources and all of that and. . . I think the reason that it didn't work out for me was just, it was just clinical capacity. I am under-resourced where I am and then I inherited an area to cover in addition to what I was doing at my job. I was trying to juggle too much and something has to fall; and sometimes, the non-direct clinical piece is the piece that falls because the priority always has to be the clinical practice and the cases and the episodes that occur that need to get addressed."

Interesting to consider, in this context, is that occupational therapists largely acknowledge that, through the mechanisms of this narrative, their clinical practice is often a 'reactive service', in which they don't often have opportunities to help facilitate 'early intervention' for their clients, which is a concept consistent with that of being motivationally influenced by 'early intervention'-designed research programs, as noted by Katherine3N in the context of Theme 1. Perhaps because of such factors associated with priority of clinical practice, the concepts of 'organisational hierarchy' and 'management' emerged as important factors for consideration in the third sub-theme. For example, while many received managerial support to engage in the host trial (e.g. Abigail1N, Caroline1N, Fiona2C and Jackie2N), some did not – primarily because of other priorities in the clinical practice. For example, according to Isabel2N:

> "[I] thought it would be great to be able to get further training and offer more around the cognition. . . but we were – I wasn't able to take part again for the same reasons – resources; basically waitlists kind of prevailed. . . and I just wasn't given permission by my manager to. . . take part in the research. We just had to call it because of that."

However, it would be remiss to ignore the larger picture with respect to the organisational culture within which occupational therapists and, indeed, HCPs work – in this context – the Health Service Executive (HSE) of Ireland; that is in an '*Irish Context'*. For example, according to Martina3N:

> "It's resources and the ever-challenging scenario in the HSE. . . that nothing happens quickly; and nothing gets replaced quickly. . . and then, you know, we have to go out to other services to help us cover gaps. . . and then the [research engagement] just falls totally off the radar, unfortunately."

Though the occupational therapists expressed their concerns in this remit, particularly with respect to getting involved with research, they were not entirely pessimistic about the potential to do so – as previously evidenced within discussion of Theme 1; but also with respect to their perspectives on 'service development':

> "I'm always willing to learn as well; but, this is about – foremost, this is about people with MS and trying to improve services for them. So, that's the most important thing for me. I learn whatever needs to be learned." – Gayle2C

However, the occupational therapists were not unrealistically optimistic either, again acknowledging being a largely 'reactive service', in light of aims and goals of further developing their service:

> "We tend to be a reactive service. As with a lot of the health services, we react whenever people are meeting, kind of their challenges and their difficulties and – and we work around that. Whereas, if you look at properly planning a service, it would be really. . . I would be really enthusiastic about getting involved, just to set up good cognitive practices, to set up good fatigue management practices, to set up good balance. . . kind of, lifestyle balance issues and lifestyle choices; so that we're in there before people are having to make a compensatory choice." – Caroline1N

Theme 3: The nature of research needs consideration from an occupational therapist perspective

The third and final theme reflects occupational therapists' perspectives on their own relationship with research and how such perspectives may influence getting involved with such endeavours. Theme 3 consists of four sub-themes, including: opportunities to participate in research; the relationship between OT and research; confidence; and the need for encouragement. With respect to *opportunities to participate in research*, this sub-theme encapsulated the notion of occupational therapists' perspective regarding their limited awareness and access to both extant research and opportunities to get involved with conducting research, as well as funding for research in an OT setting. For example, according to Emma1N:

> "I just think that it's not seen as a priority [for occupational therapists] to the same degrees of other countries to carry out research, and also, I think it's part of the culture as well, I know there's lots that ye can. . . of barriers and everything, but I just feel that it's not really seen as a priority and just. . . there isn't any incentive to carry out research."

With respect to the second sub-theme, occupational therapists indicated that they may not have as healthy a relationship with research as they might like to; for example:

> "I only ever come across – an odd time – an OT that would be interested in doing research; or maybe having the confidence to do it or having that. . . there is this kind of idea. . . and I definitely have heard it . . . 'oh yeah, occupational therapists don't really do research'. So, there is that little bit of. . . like narrative; and you know, it's not fully true because. . . I know it's not, because I see people who are doing it. . . but it doesn't – we don't have that. . . I don't know, it's like a lack of – there's something. . . there's something maybe, a little bit missing sometimes I feel. . . . I think as well, just because of the nature of how we work, you often need the drag to come from someone – like in management, so that you're like 'oh yeah we're doing that or like. . . that something' so there needs to be kind of a – both. . . going both ways, interest in the staff, with the management going like 'yes, let's do it'." – Deirdre1C

Though 'confidence' was addressed in Theme 1 as a personal characteristic that could provide motivation to get involved in research, there was evidence of mixed feelings about actually *having* the confidence to do so – a third sub-theme. For example, whereas some were confident in their ability to research (e.g. Olivia3C in Theme 1), others were not; though, not necessarily put off by it – still willing to learn more and enhance their skills:

> "I was really interested in, you know, the cognitive rehab part. But, I must say I'm like, afraid of research, so when it comes to like researching and like papers, that kind of – that part, I'm not – it's not my biggest strength. . ." – Fiona2C

The final sub-theme regarding the relationship between occupational therapists and the nature of research is occupational therapists' perceived 'need to be encouraged' to get involved in research, for example:

> "You know, we need to encourage clinicians to be more involved in this. . . research and yet, workplaces don't often facilitate that; instead, just saying, 'you know, caseloads are really busy' or often just dealing with priorities. And although, we can see where to develop our input, we often don't have the resources or the opportunity to do that."– Olivia3C;

. . .rather than feeling the need to 'persuade' their managers and the organisational hierarchy to permit their involvement:

> "Our manager here needed a little bit of persuasion to. . . participate in the research. Once there's lots of information. . . and I suppose his big question was. . .you know, for your time, what are we going to get back from this?" – Bridget1C

Discussion

Interpretation of results

Results from the current study revealed that the primary reasons behind occupational therapists' decision-making to get involved in running a randomised controlled trial of a Cognitive Occupation-based program for people with MS were having an interest in the condition and/or the symptoms being studied; promoting client support and service development; and 'upskilling'. Similarly, results revealed that getting involved in research was *enabled* by: a motivated interest; merits of the specific research program; the clients' interests; and the practitioners' personal enhancement and characteristics were all potential facilitators. On the other hand, a number of *barriers* to getting involved in research were also identified, including prioritisation of clinical practice over research activities, practicalities in facilitating such programs (e.g. training, funding and location), organisational considerations (e.g. organisational structure, hierarchy and management), as well as existing attitudes and beliefs about the relationship between OT and research (e.g., confidence, need for encouragement, access and training). Furthermore, the emergence of the three themes (i.e. motivation to get involved in conducting research can be influenced; 'firefighting': barriers and organisational culture; and the nature of research requires consideration from an occupational therapist perspective) formed a narrative about how occupational therapists interact with research. For example, despite whatever reasons or motivations the occupational therapist might have had for wanting to get involved in the research, a variety of considerations arose that took priority for determining involvement (e.g. prioritisation of clinical practice, practicalities in facilitating the research or organisational considerations). That is, whether or not a barrier could be overcome ultimately dictated an OT's involvement in the host trial.

These results are largely consistent with the findings from similar research by Waine et al. (1997) as well as Birken et al. (2017), regarding occupational therapists' perspectives on and involvement in research – particularly through the identification: of time, funding, caseload, lack of resources, staffing, the priority of clinical practice, confidence, personal cost and the perceived relationship between

OT and research all as potential barriers to getting involved in research; and of personal motivation/interest to engage in research and research skill development/training as potential facilitators to getting involved in research. The consistency of these findings is further interesting to note given the gap in time between the current research and that by Waine et al. (1997) (i.e. over 20 years), as well as the recency of Birken et al.'s (2017) research, which suggest that, from an organisational culture perspective, the barriers identified have, indeed, been established over time and may be difficult to overcome in the absence of an updated 'rethinking'. Moreover, the consistency of these findings also suggest that the results of the current research may not be specific unto an 'Irish context' as elicited from the participants, given that the same barriers – largely associated with organisational culture – were also found in Canada (Waine et al., 1997) and the United Kingdom (Birken et al., 2017). Indeed, future research on the longevity of these issues is required.

Limitations & future research

Though the results of this qualitative SWAT yielded a number of interesting findings, there are multiple limitations that must be considered. For example, as the current research utilised a series of focus groups, it is not possible to generalise from these findings (i.e. derived from 15 occupational therapists in Ireland) – consistent with the telos of qualitative research, more generally. Thus, though this is not a limitation per se, the concept is addressed so as to make explicit how the implications and recommendations made in this discussion should not be interpreted – as based on generalisability. For example, it is not known whether these findings from the current research reflect the views of other occupational therapists outside of Ireland or whether they are representative of other occupational therapists with similar research experiences. However, given the exploratory nature of this research, the findings provide useful recommendations for future research in this area as well as making recommendation for overcoming occupational therapists' barriers to involvement in research, which is necessary for the successful design and evaluation of treatment interventions.

Another limitation is that it can be argued that some of the data possess a negative or pessimistic connotation towards occupational therapist involvement in research, which may have resulted from a potential bias of participants, given that 9 of the 15 did not participate in the host trial in *any* manner (e.g. for reasons discussed in the *Results* section). However, this is not to say that a significant number of this SWAT's participants would have this bias, given that 6 of the 15 *did* take part in the host trial as part of the control arm. Thus, it can be argued that such bias was accounted for, given that these perspectives were largely balanced.

With that, despite the potential distinctions between having declined involvement in a research intervention and getting involved – be it actively (facilitating the intervention) or passively (waitlist control), there are certainly consistencies between the findings and extant research. For example, though Di Bona et al. (2017) utilised a similar methodology, their cohort of occupational therapists had been involved in facilitating an intervention for people with dementia. Nevertheless, the barriers and enablers they identified are congruent with the current research. They found that issues regarding paperwork, recruitment, intervention videos and learning a new intervention were barriers, which is consistent with the current findings when considered in light of administrative duties (i.e. practicalities) as well as occupational therapists' relationship with research (i.e. with respect to confidence and need for sufficient training). Di Bona and colleagues also found that support, protected time and positive attitudes were important enablers to research involvement which are indeed consistent with findings regarding the influence of motivation (e.g. positive attitudes), practicalities (e.g. time), need for encouragement and organisational culture (e.g. support and time). Importantly, Di Bona et al. (2017) conclude that such barriers and enablers but must be considered in both individual and organisational contexts. The findings from this SWAT reinforce this sentiment. Further worth noting, whereas Di Bona and colleagues advanced extant research on occupational therapists engaging research through focusing on occupational therapists who *did* engage in research, the current research also advances the literature through focus on occupational therapists who, at most, had limited engagement with research.

Furthermore, a goal of this SWAT's design was to advance the relevant literature, wherein views of occupational therapists were limited to those who had already been 'recruited' or actively engaged with a research program (e.g., (Di Bona et al., 2017; Du Toit et al., 2010; Eriksson et al., 2020; Finlayson et al., 2005; Majnemer et al., 2001; Reid et al., 2019; Waine et al., 1997), which presents the potential for bias in the *opposite* direction and also highlights a lack of research exploring the attitudes of occupational therapists who *did not* participate in research. With that, given the specificity of this research with respect to occupational therapists in Ireland and their perspectives in light of one particular intervention, target outcome and chronic illness, it can also be argued that the inclusion of occupational therapists actively taking part in the treatment arm may have provided a more diverse and comprehensive perspective. However, in an effort to advance the existing literature on the relationship between OT and research, more generally, it was deemed most appropriate to limit the current study's cohort to non-participating and control arm occupational therapists only. Nonetheless, future research could potentially advance upon both the extant literature and the current SWAT by including *all* occupational therapists in this context, for a more diverse and comprehensive perspective.

Another potential limitation that warrants consideration is the fact that all 15 participants were female, which could be considered as limiting findings to a female occupational therapist perspective only. However, this sample is representative as the numbers are largely commensurate with occupational therapist numbers in Ireland and, indeed, worldwide. Nevertheless, future research with the inclusion of male occupational therapists may potentially provide a more varied perspective.

Conclusion

Consistent with the aims of the current research, a number of reasons, along with barriers and enablers, for getting involved in research were identified by occupational therapists. The current research succeeded, to a large extent, in answering question five of Healy et al. (2018) PRioRiTy study by identifying barriers and enablers in helping to conduct randomised trials; albeit, from an OT perspective, only. Results revealed that though some occupational therapists are able to get involved in research of this nature, it remains that there are barriers to doing so; and in certain contexts, such barriers outweigh both reasons and enablers to getting involved in research.

While there is no simple solution to these contextual difficulties, given their association with organisational culture and, perhaps, the infrastructure of the Irish healthcare system, it is recommended that, consistent with research by Di Bona et al. (2017), research programs that aim to utilise the involvement of occupational therapists' account for such involvement during the program's design phase – particularly with respect to funding budgets, as a means of compensating and/or remunerating individual practices. In light of the inherent relationships among research, occupational therapists' involvement in research and their ability to practice evidence-based healthcare (e.g., Cooke et al., 2015; Ilott, 2004; Kielhofner, 2005; White et al., 2013), such involvement in research is vital for enhancing patient care. Thus, while it is of course crucial to reinforce occupational therapists' existing reasons and motivations for getting involved in research, a means of overcoming the identified barriers requires consideration to facilitate such involvement, and, subsequently, further inform the design and evaluation of evidence-based interventions and enhance practice and services. Indeed, a better understanding of the concepts explored in this study, along with similar future research, could further impact the manner in which WFOT consider strengthening research efforts and how current research policies are approached, particularly with respect to 'evidence-based practice and knowledge translation' and 'occupational therapy professional issues' (World Federation of Occupational Therapists, 2016).

Key messages

- Participation of occupational therapists in researching rehabilitative interventions is lacking perhaps as a result of 'firefighting' factors such as the organisational culture of OT, as well as prioritisation of under-resourced clinical practices and other practicalities in facilitating such research programs.
- Occupational therapists' perceptions on the nature of research and their relationship with it requires consideration regarding developing ways in getting occupational therapists involved with research interventions.
- Future research on overcoming occupational therapists' barriers to involvement in research is necessary for the successful design and evaluation of treatment interventions.

Research ethics

Ethical approval was awarded the National University of Ireland, Galway (R20.Jun.11) on 29 June 2020.

Patient and public involvement data

During the development, progress, and reporting of the submitted research, Patient and Public Involvement in the research was: Included at all stages of the research.

Consent

All participants provided informed consent. Data were anonymised and pseudonyms used where appropriate.

Data availability statement

Data supporting the results and analyses presented in the paper can be found at the Irish Qualitative Data Archive at dri.ie 'Qualitative investigation of reasons, barriers and enablers to occupational therapists' involvement in research programs: Focus Groups 1, 2 and 3'.

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