



The perception of involved professionals towards research feasibility and usefulness: lessons from the Multi-Site Trial on Efficacy of Constraint Induced Movement Therapy in Children with Hemiplegia

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Background. In the last decades, the world of rehabilitation has been more and more calling for clear evidence to support intervention and numerous research programs have been developed. At stake, relatively lit-

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the research on opinions and attitude of rehabilitation personnel involved in research conducted in real clinical settings has been carried out.

Aim. To explore the opinion of professionals involved in a national clinical trial on research.

Design: Multicentre cross-sectional study.

Setting. 19 rehabilitation centres/services (4 research institutes, 15 local rehabilitation services).

Population: All professional participating to a multi-centre clinical trial on the effects of Constraint Induced Movement Therapy on children with hemiplegic cerebral palsy.

Methods. A 15-questions questionnaire inquiring feasibility, usefulness, products, costs, judgement and perceptions about clinical research in rehabilitation was administered.

Results. Among those working in one of the 19 rehabilitation centres part of the multicentric study, 76 professionals were asked to fill in the questionnaire. 68 professionals answered (89.4% of response rate). More than 75% of the sample thinks that its rehabilitation centre is suited to develop clinical research. Research results useful for the development of their daily activities (new tools for the assessment of children, to demonstrate the efficacy of a new treatment option and to learn

a new way of working, and to strengthen the ties within the working team). Research is costly in terms of personal time and effort, but it can modify the rehabilitation praxis (assessment tools, the relationship with colleagues/patients). 98% of the interviewees declared the willingness to participate to other research projects.

Conclusion and clinical rehabilitation impact: This survey highlights the importance of conducting research in local rehabilitation services, not only in terms of generation of new evidences, but also in terms of building networks, sharing experiences and knowledge, connecting with centers of excellence and providing a specific training for research conduction.

KEY WORDS: Research - Clinical trials as topic - Rehabilitation - Attitude of health personnel.

In the last decades the world of rehabilitation has been calling for clear evidence to support interventions.¹⁻⁴ Facilities or institutional resources, management of patients, adequate availability of target population and support from collaborating professionals (therapists, psychologists, physicians, nurses) result as key elements to complete successfully research projects within real clinical settings,⁵⁻⁸ and subsequently translate research evidence into clinical practice.⁵⁻⁹ According to Fitzgerald and Delitto² “...the quality of data and the ability to successfully complete a clinical trial will largely depend on the willingness of physical therapists to participate... and therapists may be less likely to participate in a clinical trial if they believe that an investigator views them simply as a convenient work force to collect data”. Moreover the authors highlight that physical therapists “... may be more likely to participate if they view the investigator as an important member of their clinical team, whose research may have a direct impact on their practice environment... and if they believe that the investigators views them as important members of the research team”.²

Furthermore, the productivity demands that therapists are required to satisfy in their daily practice can affect clinical research conduction. The burden of testing and documenting the results of a clinical trial may influence or limit the therapist's patient management and clinical responsibilities, and favour incomplete data collection and the therapist's withdrawal from the study.

Reviewing the international literature on perception and attitudes to research, it clearly emerges that much attention is paid to how patients involved in research projects perceive the meaning of research

conduction and to how they feel in being involved in such studies, while little interest is devoted to the professional's point of view.

The aim of this study is to present the perceptions and attitudes of different professionals involved in a multisite clinical trial on the efficacy of a new rehabilitation approach,¹⁰ exploring their attitude towards the usefulness of clinical research, the difficulties to be faced in conducting an experimental project in a local rehabilitation service and the translation of the results into clinical daily practice.

Materials and methods

Study design and sample

To explore the opinions on conducting research in clinical rehabilitation, a cross-sectional study was conducted among 76 professional working in 19 Italian rehabilitation services (4 research institutes, 15 local rehabilitation services).

All the interviewed professionals are currently involved in a multi-centre clinical trial on the effects of Constraint Induced Movement Therapy (CIMT) on children with hemiplegic cerebral palsy¹⁰ and they all belong to the Italian Group of Cerebral Palsy (G.I.P.C.I.), an association founded in 1994 and composed by physiotherapists, physicians and psychologists. The group has been working for 15 years in defining the decision-making process and clinical management of children with cerebral palsy.

The questionnaire

The pilot survey was conducted utilizing an ad hoc questionnaire (Appendix 1) composed by 15 questions. The questionnaire explored several areas dealing with feasibility, usefulness, products, costs, judgement and perceptions about clinical research in rehabilitation.

In detail, the questions explore the opinions on the usefulness of clinical research in general and in daily practice, on which are the main difficulties to be faced in conducting experimental projects in a rehabilitation service (either within a local health service or in a hospital/research institute), the personal experience in terms of time and efforts spent, the influences and changes in the organization of daily practice needed in developing the project and, finally, the possibility to translate the results in clinical daily practice.

One question was organized with a 5 point scale (1 = few resources à 5 = a lot of resources), seven questions with a 4 point scale (totally agree/partially agree/do not agree at all/don't know) and the remaining seven consisted of open questions with several proposed answers.

The participants answered voluntarily to the questionnaire, which was distributed to each of the 19 rehabilitation centers or hospitals currently involved in the multicentric clinical trial.

The validity of the questionnaire has not been explicitly tested but its content validity was explored and confirmed. The instrument was developed in three phases.

In the first phase, the items were developed via an extensive literature review, which was analyzed by content analysis. This review was conducted using the MEDLINE and PsycINFO databases from the years 1990 to 2008 and the following key words: rehabilitation research, professionals attitude, rehabilitation services, professionals perception, clinical research.

To estimate and evaluate the face validity, the first draft of the instrument was examined and critiqued and experts in rehabilitation, in physical therapy, in social research, epidemiology and biostatistics (N=15). The purpose of the expert evaluation was to ensure that the items would represent critical attributes as well as to gather more relevant items from the experts' point of view. In addition, they were also asked to write their comments and to add items if they considered them relevant to the phenomenon. One item was removed on the basis of the expert evaluation because of its redundancy, two were added and four were slightly modified.

Statistical analysis

A descriptive analysis was carried out utilizing the SAS® package, version 9.1 (SAS Institute Inc., Cary, NC, USA). To determine differences in the attitudes of professionals towards research among gender, type of job, age and job duration of responders Chi-squared and Fisher exact test were used. A P-value of 0.05 or less was considered statistically significant.

Results

Sixty-eight out of 76 professionals working in one of the 19 rehabilitation centres participating to the

TABLE I.—*Responders: main characteristics.*

Variables		
Sex	Male	16%
	Female	84%
Age	Mean	42 yrs
	Range	22-61 yrs
Background	Neurologist	25%
	Physiatrist	3%
	Psychologist	3%
	Physical therapist	54%
	Occupational therapist	15%
Employed since	70s	16 (24%)
	80s	19 (28%)
	90s	13 (19%)
	2000	17 (25%)
	No information provided	3 (4%)
Working in	Teaching Hospital	(29) 42%
	Local Rehab Services	(39) 58%
Professional experience (years)	Mean	13, 7 yrs
	Range	1-35 yrs
Employed in the same Service since	< 5 years	19 (27,9 %)
	5-10 years	17 (25,0 %)
	10-20	13 (19,1 %)
	> 20	19 (27,9 %)
Clinical research institute		17 (25 %)
	Local territorial rehab service	51 (75 %)

research project answered the questionnaire (response rate of 89.4%): responders' main characteristics are summarized in Table I. Responders are mainly women, with a proportion of 5:1, a mean age of 42 years (median 43, mode 53, age range 22-61); 69% of professionals were rehabilitation therapists (physical therapists and occupational therapist), 28% were physicians (25% child psychiatrists or child neurologists and 3% physiatrists) and 3% psychologists.

More than 50% of professionals works in the actual rehabilitation service since 10 years ago: on average, the responders have been working since 13.7 years ago (range 1-35 years) (Table I).

The professionals who refused to answer the questionnaire did not differ significantly from the responders according to the main variables considered (age, sex, background, professional experience, type of rehabilitation service).

TABLE II.—*Research and daily practice: professionals' opinion.*

	Totally agree (%)	Partially agree (%)	Do not agree (%)	Do not know (%)
		Centro	Sud	Totale
Research in rehabilitation is useful	99	0	0	1
Research is a duty of my Service	42	39	18	1
Research is useful to my personal daily practice	94	6	0	0
I have a flair for research	69	23	2	6
Research experience should be extended to other Services	88	12	0	0
The research I am involved in should be applied for other treatment options	58	15	4	23
	Better	Worse	No change	Do not know
How my practice changed after conducting the research	71*	1**	1	27
	Yes	No		
I wish to participate to other research projects in the future	88	12		

*The answers indicated an amelioration in the (A) clinical relationship with patients, parents, colleagues or other professionals, and (B) in the utilization of new assessment tools. **The answers indicated a worsening in the (A) clinical relationship with patients.

Feasibility

More than 75% of the sample thinks that its rehabilitation centre is suited to develop clinical research, while the remaining 25% thinks that research trials have to be carried out in other centers (11%) or in centres of excellence (14%).

Thinking to cases to be recruited in research projects, professionals think that any kind of case is suitable to be enrolled (51%), regardless of severity of impairment, age and compliance to treatment, while the remaining 49% thinks that cases with too severe motor impairment (17%), too young patients (<2-4 years of age) (24%) and those where a small change is expected (3%), should not be included.

Usefulness

Nearly all the interviewees think that clinical research in rehabilitation is very useful both in general and in the development of their daily activities. In particular, the research project carried out was fruitful to acquire new tools for the assessment of children (48%), to demonstrate the efficacy of a new treatment option and to learn a new way of working (26% each) and to strengthen the ties within the working team (12%).

Cost perception

Clinical research is considered very costly in terms of personal time and effort for more than 50% of the

sample, while it is less costly in terms of service time, organization and resources (nearly 40%).

Products

According to professionals, research can modify the rehabilitation praxis, mostly for what concerns the ability to utilize and apply assessment tools (60%), the relationship with colleagues and other professionals (50%), the relationship with children and their families (25%). In a single case, the relationship with the child has worsened.

Extendibility

According to most of the interviewees, a research trial experience should be proposed and conducted also in other rehabilitation services, and a similar experience should be planned also for other new treatment options.

Overall judgment

70% of the sample thinks to have a flair for research activity, although in 60% of cases, they declare that research is not one of their service's duty (Table II).

Research is considered a positive experience because of the gaining of competence and new technical skills (63%), the collaboration with other centers/services (62%), the amelioration of the organiza-

tion, cooperation and working within each service. On the contrary, research is considered negatively due to the difficulties in organizing the new treatment/intervention according to a shared protocol (often requiring a modification of the usual organizational procedures), and those related to the complex and time-consuming assessment phase, required in the research program.

In general, 98% of professional declared to be disposed to participate to other research projects and clinical trials.

The attitudes of professionals towards research seem not to be influenced by gender or type of job of the responders, but by age and job duration. In fact, younger professionals (<30 years) feel more inclined to research than the older ones (100% *vs.* 63%; $P=0.024$) and people with a shorter job experience (<10 years) are more favourably disposed towards clinical research in their daily practice than their more experienced colleagues (94% *vs.* 60%; $P=0.012$).

Discussion

There is a widespread agreement on the need of creating a culture of research to keep pace with the increasing need for developing and testing new approaches to disease management.¹¹ This statement is particularly true and pressing in the field of pediatric rehabilitation, since too often in the past, a low-quality research or no research at all has allowed the diffusion of rehabilitation treatments and praxis which were not based on scientific evidence and whose efficacy and safety had not been tested and demonstrated.^{12, 13}

However, the several problems encountered in conducting research in pediatric rehabilitation are a matter of fact and are usually related to the health-care delivery systems and to professionals attitudes and role, as well as to the their different cultural background.

Research and care are often seen as conflicting activities. In the literature, conducting research in clinical settings includes two sets of relationships: researcher-subject and clinician-patient, usually performed by the same individuals and therefore potentially generating conflicting and confusing professional's roles.¹⁴

The struggle to reconcile care and research often depends upon professionals perception that certain

types of care were inseparable from the research and that research is a *way of taking care of patients*,¹⁴ and therefore, clinicians must be encouraged to consider research as their own responsibility, not only academic institutions' and research organizations' duty.

The results of our investigation on the clinicians perception of research is in accordance with these remarks on research.

In our sample, the results show that most of the interviewed professionals — particularly younger professionals — consider the research experience conducted worthwhile and, besides the efforts taken and the difficulties experienced, nearly all responders express the willingness to repeat the experience.

According to professionals, the conducted research has improved and enriched their rehabilitation practice and their systematic utilization of validated assessment tools. This issue is reported by other authors who underline that scientific research offers many other satisfactions in addition to the excitement of the validation of a new approach.²

Another relevant result regards the opportunity to connect with colleagues involved in the same project study, as other Authors emphasized. Clinicians working as researchers with peers who deeply think and passionately care about subjects of common interest, besides the primary outcomes of research, have many chances to work with different people in areas where disciplines overlap, explore new fields, and broaden their expertise.¹⁵

In Italy, the rehabilitation services are mainly located in territorial and community health centers which are inhomogeneous due to different aspects, *i.e.* different departments of affiliation (social, medical, psychological, psychiatric services), professionals' training and background, resources availability, being or not involved in an updating and collaborative network or working in structures of rural areas, with the result that very often professional suffer from "working isolation". In this context, research can create the opportunity to promote networking and experience sharing. While planning research projects in real-world clinical settings, support and networking should be considered.¹⁶

The most relevant negative aspect of research development regards the conflicting interest between care organization and delivery and research conduction, mainly on the assessment phase.

In general, this problem needs to be encompassed by the commitment of resources and the respect for

clinicians practice burdens and environments. This is usually very difficult in a primary care setting where the main duty is to respect a daily patient visit quota.

Furthermore, an adequate study design tailored on therapists' interests and questions and providing information the therapists perceive as relevant to their clinical practice is clearly needed. Researchers often have considerable freedom both in choosing what to investigate and in deciding how to organize their professional and personal lives. For future research project involving rehabilitation professionals, the dialogue between investigators and therapists is urgently needed, especially about problems and hypothesis arising from clinical practice.^{17, 18}

This survey shows some limits. First of all, a selection bias regarding the population under study could have been introduced by selecting only professionals currently involved in a research project. This could have increased the probability of positive answers. It would be interesting to conduct further research to compare these results with those given by a similar population sample not directly involved in clinical research. Secondly, the questionnaire does not explore the causes of dissatisfaction of research conduction and the obstacles in daily practice. This issue will be the subject of subsequent interviews.

Conclusions

This pilot survey has highlighted the importance and the meaning of conducting research in local rehabilitation services in terms of building networks, sharing experiences and knowledge, connecting with centers of excellence.

In the professionals' opinion, in fact, the most relevant outcome deals with the personal benefits deriving from research conduction in terms of new knowledge, skills and attitudes, rather than the generation of new and good evidence for an innovative rehabilitation praxis.

In conclusion, two main needs arise. On one side, professionals working in the field of rehabilitation seem to look forward for a new professional identity, which has been confused and modified by the isolation and fragmentation of the local rehabilitation service. The currently available tools for professionals' updating and continuing education seem to be inadequate to meet the real need of those who work in local contexts, far from research and teaching cen-

ters. An efficient network is urgently needed for linking all the services, allowing the peer discussion, the experiences exchange, the acknowledgement of one's professional's role and of the quality of the developed work, and requiring the continuous review of competences and relationships with patients and families.

Moreover, the second need deals with the education system for rehabilitation. The agencies in charge to train professionals who will work in the rehabilitation services need to include specific training modules to shape the attitudes of future professionals towards research and to give tools to conduct and translate research into daily practice.¹⁹

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Appendix I

RE.PRO.AT.T.RES.

REHABILITATION PROFESSIONALS ATTITUDES TOWARD RESEARCH

Service

Sex

Age

Professional role

Employment year

Employment year in this service

1. I think the research project I'm working on could also be developed:

- in my Service
- in other services
- in centers of excellence
- other
- none

2. Such research project requires to be developed for:

- 3 years
- less than 6 months
- at least 1 year
- other
- none

3. Such research project requires to be developed in:

- extremely severe cases
- mildly severe cases
- any kind of case
- other
- none

4. The research project developed was useful because:

- it has demonstrated the efficacy of a new treatment option
- I've learned to utilize new tools for children assessment
- it has contributed to build the team
- it has introduced a new working methodology
- I've learned to utilize standardized tools for children assessment
- other
- none

5. Resources spent

	1	2	3	4	5
Personal time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. This experience could be reproduced for other types of treatment

- totally agree
- do not agree at all
- partially agree
- don't know

7. This experience should involve other services

- yes
- no

8. Is Research useful in Rehabilitation?

- totally agree
- do not agree at all
- partially agree
- don't know

9. Is Research part of the duties of your Service?

- totally agree
- do not agree at all
- partially agree
- don't know

10. Is Research useful for your personal work?

- totally agree
- do not agree at all
- partially agree
- don't know

11. Do you feel inclined for Research?

- totally agree
- do not agree at all
- partially agree
- don't know

12. Has this research experience changed something?

- yes (better)
- no
- yes (worse)
- don't know

If yes, main changes:

- relationship with patients
- relationship with relatives of patients
- relationship with colleagues
- relationship with other professionals
- tools that I am able to utilize

13. What I have appreciated most

- competence
- organization
- kindness
- collaboration with other Services
- a different way of working
- collaboration within my Services
- none
- other

14. What weighed most

- scarce collaboration among professionals
- difficulties in making/organizing treatment
- not enough time spent
- too much time spent
- too much involvement of the family
- not enough involvement of the family
- no results
- scarce information
- being isolated
- economic burden
- other
- none