



Understanding North American yoga therapists' attitudes, skills and use of evidence-based practice: A cross-national survey



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ABSTRACT

Introduction: Little is known about the adoption of evidence-based practice (EBP) by yoga therapists (YTs). **Objective:** To determine the attitudes, skills, training, use, barriers and facilitators to the use of EBP amongst North American YTs

Design: Cross-sectional, descriptive survey

Methods: Self-identified YTs practicing in North America were invited to participate in an online survey. YT attitudes, skills, training, utilisation, barriers to use, and facilitators of EBP use were measured using the 84-item Evidence-Based practice Attitude and utilization Survey (EBASE).

Results: 367 members responded (~20% of eligible participants). Attitudes towards EBP were generally positive with 88% agreeing that professional literature and research findings were useful for the practice of yoga therapy. Most (80%) were interested in improving their skills and the majority agreed that EBP improves the quality of care (68%), assists in making decisions (74%) and takes into account the YTs clinical experience when making clinical decisions (59%). Moderate to moderately-high levels of perceived skill in EBP were reported mostly utilizing online search engines (51%). Lack of clinical evidence was the only notable barrier to uptake reported by YTs (48%). Facilitators to EBP included access to online EBP education materials (70.6%), ability to download full-text journal articles and access to free online databases in the workplace (67.3%).

Conclusion: North American YTs report positive attitudes, moderate to moderately-high levels of perceived skill and moderate uptake of EBP. This aligns them with other complementary and integrative health practitioners. Initiatives to support the adoption of EBP are proposed as a means of improving best practice in yoga therapy.

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1. Introduction

1.1. Background

Evidence-based practice (EBP) is an important framework for clinical decision making, taking into consideration the patient's perspective (i.e. values, rights and preferences), the best available evidence, and clinician expertise.^{1–14} The move towards EBP was prompted by a need to deliver safe and effective clinical care, informed by the best available evidence, rather than solely relying on tradition, authority and intuition.^{1,4,15,16} Most health professions have embraced EBP, with positive attitudes towards EBP

reported among allied health (AH) and complementary and integrative health (CIH) professionals.^{4,5,8–11,13,17–25} These professions also reportedly engage in EBP, albeit in varying degrees.^{5,9,11,13,19–23}

The benefits of EBP are numerous, including greater quality and consistency of care, improved patient outcomes, increased professional accountability, improved healthcare delivery, enhanced professional credibility, facilitation of interdisciplinary collaboration, economic and resource efficiency, patient empowerment, and improved clinical decision making.^{1,2,5,10,25–29} These benefits indicate that clinicians and healthcare organizations have a professional, ethical and social responsibility to engage in EBP, and to apply the principles of EBP to clinical decision making.^{1,5,15,27,29}

Despite the rhetoric of EBP, most health professions engage in EBP at relatively low levels^{5,9,11,13,19–23}; for many professions, the level of engagement is still not known. In CIH practice, evidence suggests that lack of time, insufficient evidence, and a misunderstanding of EBP are considerable barriers to EBP.^{5,11,17,19,20} Other

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studies point to an incompatibility between EBP and individualized patient care (an element of critical importance to CIH professions) as an obstacle to EBP engagement.³⁰ Notwithstanding, there is a disproportionately high representation of chiropractors in these studies, with little to no representation from other disciplines (such as yoga therapy); as such, the current evidence may not necessarily reflect the state of the art of EBP across CIH.

Yoga therapy, which is grounded in the principles and practices of the ancient tradition of yoga, has a unique explanatory model of health and disease that differs from biomedicine. According to the *International Association of Yoga Therapists (IAYT)*, yoga therapy is distinguished from general yoga in that it is “the appropriate application of these [yoga’s] teachings and practices in a therapeutic context”.³¹ In other words, yoga therapy includes a focus on the therapeutic relationship, and works with improving function, “eliminating, reducing, or managing symptoms that cause suffering”, and changing the “relationship to and identification with their [the client’s] condition”.³¹ As an emerging profession, it is anticipated that the distinction between general yoga teaching and yoga therapy should become more clear as the field develops, and as educational standards, accreditation and credentialing processes become further refined.³²

Yoga therapy, like many CIH practices, places the client at the forefront of the clinical decision making process. As such, yoga therapy faces similar challenges to many other traditionally-based CIH practices in trying to converge research evidence with traditional knowledge, while simultaneously giving consideration to the needs/expectations of clients and clinical expertise.^{5,10,33,34} However, unlike other CIH disciplines, there has been very little discourse or exploration of EBP uptake in yoga therapy.

1.2. Objectives

Given the apparent benefits of EBP, the paucity of research on EBP in yoga therapy represents a significant knowledge gap in the field. In addressing this gap, a cross-section of the North American yoga therapist population were surveyed to ascertain their attitudes, skills, training and use of research evidence, as well as the barriers and facilitators of EBP use. The findings of this survey will be instrumental in determining the extent to which yoga therapists engage, and are prepared to engage in EBP; this will in turn inform the development of appropriate strategies that may assist in improving the uptake of EBP in yoga therapy (if indeed required) in order to close the practice-research gap.

2. Methods

2.1. Design

Cross-sectional, descriptive survey design.

2.2. Objectives

The objectives of the study were to:

1. Explore the attitudes of North American yoga therapists toward EBP.
2. Establish the level of self-reported EBP-related skill among North American yoga therapists.
3. Ascertain the degree of EBP uptake among North American yoga therapists.
4. Document the level of training in EBP and related areas among North American yoga therapists.
5. Identify barriers and facilitators to EBP uptake in North American yoga therapy practice.

6. Assess the association between North American yoga therapist attitude, skill and use of EBP and the demographic characteristics of providers.

2.3. Sample

Participants were a convenience sample of self-identified practicing yoga therapists in North America (i.e., the U.S. and Canada), who were members of IAYT. As of October 27th 2015, IAYT had 5163 North American members, of whom 4772 resided in the US and 391 resided in Canada. IAYT membership is open to a wide variety of yoga professionals, including yoga therapists and yoga teachers. While it is estimated that only one third of IAYT members were practicing yoga therapists eligible to participate in the survey (Pers comm., IAYT Director, 2016), this could not be confirmed as yoga therapy certification had not yet commenced at the time the survey was administered; as such, the sample size was calculated conservatively on the entire 5163 members. Based on this target population, the study needed to survey at least 358 therapists to achieve at worst $\pm 5\%$ margin of error with 95% confidence for any individual survey item (SurveyMonkey Sample Size Calculation Software, California, USA).

2.4. Data collection

2.4.1. Description of questionnaire

The Evidence-Based practice Attitude and utilization Survey (EBASE) was originally developed to evaluate the attitudes, skills and use of EBP amongst clinicians.¹⁶ The questionnaire has broad application and has to date been administered to various clinical groups, including chiropractors, naturopaths, Western herbal medicine providers, traditional Chinese medicine providers, homeopaths, and nurses.^{5,11,15,20} Two studies have evaluated the psychometric properties of EBASE, revealing that the questionnaire has good internal consistency, content validity, construct validity, and acceptable test-retest reliability.^{16,26}

EBASE contains 84 items, divided into seven parts. The first six parts evaluate a specific component of EBP: attitude (Part A), skill (Part B), education and training (Part C), use (Part D), barriers to EBP (Part E), and facilitators of EBP (Part F). Section G solicits information on participant demographics. Survey response items are mostly presented as four- or five-point Likert scales, with the exception of items covering demographics, education and training, and some aspects of EBP use.

Three subscores can be calculated from EBASE. The attitude subscore is the summation of scores from the first seven items in Part A plus the reversed score of the eighth item in Part A. Attitude scores range from 8 (predominantly strongly disagree) to 40 (predominantly strongly agree). The skill subscore is the sum of scores for all thirteen items in Part B. Skill scores range from 13 (primarily low-level skill) to 65 (primarily high-level skill). The use subscore is the summation of scores from the first six items of Part D. Use scores range from 0 (mainly infrequent use) to 24 (mainly frequent use).

2.4.2. Adaptation of questionnaire

Several survey items were modified slightly to specify the target population of the current study (e.g. the term ‘yoga therapy’ was substituted for ‘CAM’). Response options in sections assessing education and training (Part C) and demographics (Part G) were also modified for a North American audience. None of these changes altered item meaning, and thus were not expected to affect the validity or reliability of the instrument in a significant way.

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