Publish or perish: A practical solution for research and publication challenges of occupational therapists in South Africa

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ABSTRACT

Few occupational therapists in South Africa do research or publish their work, despite the fact that most South African undergraduate courses include a research component in their students' final year. This article considers factors that hinder the development of a research and publication culture amongst South African occupational therapists. An action research project was done amongst clinical and academic occupational therapists in the Free State Province. Attitudes and obstacles towards research and publication were looked at and concepts such as updated theory, evidence-based practice and continuing professional development explored.

In conclusion, a knowledge-creating partnership between clinicians and students, with academic support, is proposed. Such a partnership has the potential to provide a practical solution to enhance research and publication amongst occupational therapists in South Africa.

Key words: Updated theory, evidence-based practice, continuing professional development, research culture

Introduction

Undergraduate occupational therapy (OT) students are expected to be actively involved in research. This is in accordance with the minimum training standards of The World Federation of Occupational Therapy[1]. In South Africa (SA), undergraduate programmes strictly adhere to this standard. However, it appears as if occupational therapists, academics and clinicians alike seldom acquire a taste for further research and/or publishing as part of their continuing professional development (CPD). This statement is substantiated by the fact that there is only one OT scientific journal in SA, and that this journal is published three times a year at most. For the period 2000 until 2007, there were a minimum of two to a maximum of five articles per issue, but three articles per issue were the observed average. It could be assumed that this scarcity of publications in the field of OT in SA coexists with a sparseness of research, a lack of publishing endeavours, or both. The logical conclusion from this argument would be that occupational therapists appear not to embrace a lifelong inclination towards doing and sharing research.

Although there seems to be an inevitable link between research and publication, one has to acknowledge that publications do not rely solely on research. Research could provide data that could be published, but experience and insight in the field of OT could also be published. It is also true that many research projects undertaken in the field of OT are never published. The bottom line, however, is that occupational therapists need to share their local knowledge and insights (flowing from research as well as from experience). If we do not research and publish the profession will not show progress and we will not be able to receive the necessary recognition globally and could, in other words, perish.

This article aims to determine the attitude of South African occupational therapists (specifically those therapists trained at and/or involved with the University of the Free State), towards research and publication. In relation to this, the article aims to determine what factors deter occupational therapists from engaging in research.

OT involves an inherent cycle of gaining, applying and testing new knowledge (here in after referred to as updated theory in this article) for the benefit of the therapist and her clients. An ethical point of departure for both academics and practising clinicians - for supporting practice with updated theory - could be research. Therefore, the mind-set of clinicians and/or academics towards research would influence their attitude and willingness to align practice with updated theory. As background to this article the concepts of updated theory and evidence-based practice (EBP) are reviewed. The potential link between research and these two concepts is also considered. The focus of the investigation, however, is fourfold. First of all, the attitudes of occupational therapists in the Free State towards research and publication are scrutinised. Secondly, the researcher endeavours to identify what deters occupational therapists from engaging in research and publication. Thirdly, the activities preferred by occupational therapists in the Free State for updating their skills and continuing their professional development, are considered. As challenges in the clinical and academic environments may differ, both spheres are utilised for generating data. Lastly, keeping in mind the difficulties that occupational therapists may experience regarding the implementation of research, this article endeavours to offer alternative means through which a culture of research and publication could be facilitated.

Literature review: Attitudes towards Updated Theory and its relevant link to Practice

EBP is internationally accepted as directing occupational therapy practice and is defined as '*using the best available evidence (moderated by an individual's circumstances and preferences) to inform decision making in practice and ultimately to improve the quality of clinical judgements*' [2:503]. Therapy would therefore be provided only in accordance with what has been proved to be effective. The concept received its first official attention in SA through a thought-provoking critique in the September 2005 issue of the South African Journal of Occupational Therapy[3]. The evaluation indicated obstacles for South African occupational therapists in pursuing this international trend toward EBP. In opposition to this opinion, an article was published in the November issue, urging therapists to make their practice evidence-based[4]. The question thus arises as to the causes

of these opposing points of view. Could it be that occupational therapists still find it difficult to explain what they do and dare not contemplate the implications of providing proof of their profession's effectiveness? Or is the crux of the matter the fact that research and publication (activities associated with EBP), remain alien to the responsibilities of the OT clinician?

There is no escape from the fact that professionalism brings with it many responsibilities[5]. The challenge of '*having great skill or experience in a particular field*' implies an educated accountability[6]. In SA, the resilience of OT as a profession in the midst of social change and cultural transformation relies on effective re-orientation of its knowledge base[7]. Therefore, generating and using research remain the keys to addressing and ensuring a dynamic future for OT.

In practice, however, it appears as if available research evidence is seldom applied[8]. OT clinicians admit to not employing research findings, and additionally they specify numerous obstacles to building research capacity and thus ensuring quality health care[9]. According to Alsop[2] it seems that many decisions in practice are made intuitively, '*based on opinion rather than on evidence of best practice… believing traditional practice… held them in good stead and that custom and practice is the only evidence required*'. Even these practices are seldom shared through publication.

Recently, Forsyth *et al*.[9] attributed one of the most overlooked factors by clinicians, namely omitting theory from practice, to the academic-practice gap. The academic-practice gap is the perceived inaccessibility of knowledge generated and presented by academics. Furthermore, in developing countries such as SA, where a lack of resources and a shortage of staff plague many sectors in public health, these factors intensify other identified obstacles such as workload pressures and lack of support, time, energy and skills[9,10].

Despite the obvious effort associated with producing new evidence via research, resources available in the public health sector of SA are also not aiding access to available research literature. While it is already difficult for the OT clinician to address the unmet needs in urban and rural communities, the most evidence available from literature is Eurocentric and not specific to Third World circumstances[3]. For instance, when considering priorities in relation to manpower and means, applying the PICO model (patient population, intervention, comparison and outcomes) as advocated by the EBP paradigm[11], may not be the most appropriate process to follow. In SA, '*looking for evidence to determine if what one is doing is correct or not*'[3] after four years of undergraduate training, may be perceived as a luxury. This is especially true when the data one is researching is not compatible with the Third World circumstances in which many South African therapists work.

There seems to be a similar trend internationally, indicating restrictions to accessing, using and generating research[2,8,9]. When considering the overwhelming strains that the South African occupational therapists in the public health sector face, the invitation of Ilott, Taylor and Bolano[12], to spawn a global approach to evidence-based OT, could be an added burden. Would it be fair to expect the same from therapists who are from historically marginalised, developing, disadvantaged Third World systems, as from those who operate in developed and advantaged First World practices? For example, therapists who provide semi-rural and rural services to historically disadvantaged African people, in a structure where the ratio of therapist to patient is demoralising and where access to resources such as libraries and the Internet is practically non-existent[3]. In the researcher's experience, merely photocopying material is a challenge to many of these therapists. Typed reports are often only a reality when owning a personal computer or when there is access to the administrative staff's equipment.

Yet, in spite of all the factors that could deter OT practitioners (both clinicians and academics) from accessing, using or generating research, it remains of fundamental importance to consider the reasons for using updated theory in practice. Forsyth *et al*.[9] provide the following three reasons in support of the utilisation of updated theory:

- Without systematically applying current knowledge to practice, practice is of a lower quality and would have fewer benefits to clients (supported by Roberts[13]).
- The absence of established knowledge may result in therapists being guided merely by practical experience and technical skills – a modus operandi uncharacteristic to that which defines a profession.
- Both factors mentioned above could consequently result in affecting the status of OT and the slow destruction of this profession's public support.

The duty to share the results of updated theory brings to mind the proposed system of Continuing Professional Development (CPD). CPD is a system that encourages "life long learning". Life long learning is an umbrella term encompassing all activities associated with post-initial education – this would include formal (e.g. university courses), non-formal (e.g. journal groups) and informal education (e.g. reflection on day-to-day experiences)[17]. CPD directly relates to the ethical code of conduct expected of occupational therapists[14,15,16]. Manifestations of this code of conduct would include accountability for quality of work and employing best available evidence to make intervention successful. Both these aspects could be adhered to by participation in research and sharing that research through, for example, publication or participation in OT conferences. In SA, the Health Professions Council (HPC) considers CPD to be so important that a system to encourage practitioners to accumulate continuing education units (CEUs) in order to maintain registration is being developed. Within this system formal learning, research and publication are activities for which occupational therapists can earn the most continuing educational units[18]. Thus the HPC has made a link to *EBP* activities which *"involve creating, finding and appraising evidence required to answer defined clinical and related questions*'[4].

Despite the evident importance of CPD and lifelong learning, the general trend indicated by the literature reviewed is not encouraging. It would appear as if South African OT practitioners, due to our unique circumstances mentioned before, could be passing opportunities by for embracing research-associated activities. The challenge therefore, is to discover how SA occupational therapists could communicate our unique take on the universal guiding beliefs, standards and ideals that encompass the ethos of OT as a profession and '*capture its character, convey its genius, and manifest its spirit*' [19:612]. The researcher feels that the resourcefulness of South African occupational therapists is a point of optimism. Ingenuity and determination drive them to meet the challenges of their work environment. They will also uncover ways in which to address Ilott *et al*.'s[12:40] appeal to strive towards the driving principal of global EBP, namely '*one world, one profession and many evidences*'.

Aim of the study

The overall purpose of this study was to explore whether continuous research could be stimulated in the clinical context while simultaneously generating evidence for practice and publishing the results. The researcher thus set out to:

- Determine the attitude of occupational therapists in the Free State towards gaining new information from literature (i.e. updated theory and EBP) or activities associated with CPD.
- Determine the obstacles preventing the current practice of these clinicians from being supported by evidence from research and experience (i.e. their own or that of other occupational therapists).
- Determine the activities preferred by occupational therapists in the Free State to update their skills
- Offer practical solutions.

Methodology

The research reported on in this article was done within an action research design. This design provided an orientation to the research process, rather than being a methodology as such. Tripp[20] describes action research as a participatory democratic process for developing practical knowledge as a blanket term that may involve reflective practice, action learning, action research and researched action. The focus here was on illuminating the underlying context that could

promote or deter the researcher's vision of developing a research culture for undergraduate OT students at the UFS. The researcher wanted to "*take stock of what is going on*" while also thinking *"of a possible way forward"* [21:8]

At the outset of the study a series of both quantitative and qualitative inquiries were undertaken in an attempt to verify whether trends, such as those noted in literature, resonated with experiences of fellow OT clinicians in Bloemfontein. These inquiries commenced during a planned focus group and a survey at a journal club meeting hosted by the Free State Occupational Therapy Association of South Africa in September of 2005. Informed consent was obtained from the 17 participants. A structured, quantitative questionnaire was used as an introduction to the discussion. Eight questions were asked. The main focus was on whether participants had participated in research and publication and if so, how they felt about these experiences. Two questions focused specifically on what they perceived as the main obstacles to engagement in research and what their preference for CPD activities would be. A discussion, based on these eight questions, followed on completion of the individual questionnaires. Three participants volunteered to make notes of the comments made during the discussion. These were acknowledged during data interpretation from this session in combination with the field notes from the researcher's reflective diary.

Furthermore, structured interviews with the researcher's academic colleagues were held at the UFS Department of OT. Nine staff members consented to conceptualising their experiences with regard to publication. Data generated here were compared to the expert opinion of a member of the SAJOT's editorial staff, obtained via personal communication. In combination, these data contributed to the provision of a full descriptive picture of perceived issues regarding publication.

The third manner of data collection was a comparative study contrasting existing statistics from an unpublished study conducted by students at the University of Kwa Zulu Natal[22] which analysed the Journals which were published in the period 1953 – 1999 with information from a document survey of the publications of SAJOT from the year 2005.

The relevance of the findings was promoted by collecting data from different informants, e.g. different groups of occupational therapists, unpublished research, newsletter articles and expert opinions (see *Table I*). The triangulation of data contributes to a variety of angles from which to interpret data. Therefore an attempted thick description of these findings, as advocated by Henning[23] follows.

Informants	Data collection strategies
Clinicians at Journal Club	Focus group
Clinicians at Journal Club	Structured questionnaire
Academic Colleagues	Structured interviews
SAJOT Editorial Committee	Expert opinion
Undergraduate study from the University of Durban Westville	Comparative study: unpublished study and Document survey 2005 issues of SAJOT
In combination with all the above	Field notes in reflective journal

Table I: Clarification of data collection

Findings and Discussion

The attitude of occupational therapists in the Free State toward research and publication is discussed as indicated by their involvement in research and publication; their perceived obstacles to research and publication and their preferred CPD activities.

Involvement in research and publication

Numerical data generated by members of the journal club indicated little activity in both areas of research and publication. None of the 17 participants (100%) had ever published an article and only two (11.8%) had submitted work to be considered for publication (for which they had not yet received feedback at the time). The latter two belonged to a group of three occupational therapists present (17.7%) who had been practising the longest. It is quite significant that representation of the group was dominated by therapists who had been in practice less than two years i.e. "novice therapists" (refer to *Table II* for details). Only five of the participants had been practising longer than five years. This raises the question as to whether novice clinicians valued updated theory more than those who had been qualified for longer than two years and therefore attended journal club meetings.

(N=17)		
Period Practicing	**Number**	**Percentage (%)**
Less than 2 years	10	58.8
2 – 5 years	2	11.8
6 – 10 years	1	5.9
11 – 15 years	1	5.9
More than 16 years	3	17.7

Table II: Work experience of journal club members

The majority (14 or 82.3%) was involved in research as part of their undergraduate training programme. It was interesting to note that the only two (11.8%) participants who rated this experience as very negative and uninspiring, were also part of a group of four participants who were not at all interested in publishing scientific material. The two that experienced research very negatively, however, expressed an interest in engaging in some form of research in the future.

Obstacles preventing engagement in research

Table III summarises the main obstacles preventing participants from engaging in research. Insufficient time (76.5%) and regarding themselves as incompetent (52.9%) were the predominant factors inhibiting research.

(N=17)		
Identified Obstacles	**Number**	**Percentage (%)**
Insufficient time	13	76.5
Isolation – don't want to work alone	8	47.7
Find the local university unapproachable & inaccessible	1	5.9
Lack of support from management	3	17.7
Lack of knowledge and skills	9	52.9
All of the above	0	0
No interest	1	5.9

Table III: Obstacles identified by journal club members

Reflecting on participation during the group, the researcher found that the questionnaire was completed enthusiastically. However, it was difficult to instigate a general discussion as participants were reluctant to express their opinions. The situation was perfectly framed by one young therapist who stated that she did not want to say something that could be perceived as wrong or that could put her in a bad light. Even a senior therapist present commented after the session that it provoked much thought, but that she needed time for contemplation before expressing her opinion.

This phenomenon of not being able to express one's opinion freely could be interpreted in different ways. Colleagues who interact with one another on a daily basis are usually more comfortable with sharing their opinions. Occasional interaction with fellow clinicians from various areas of expertise could be more challenging. In the Free State there is only one university that trains OT students and many CPD activities would therefore feature direct or indirect involvement of academic staff. There are also only four journal club meetings per year. A lack of opportunity for sharing

of opinions and ideas, in addition to the perceived presence of academic experts, could both have discouraged participation during the focus group. In accordance with this finding, it is significant that at a one-day conference in England, the conclusion after a debating session and discussions was that occupational therapists face a challenge concerning the *articulation* of clinical thinking[24]. The conference attendees (like the members of the local journal club) could not reach consensus, because they all experienced difficulty in expressing their viewpoints.

Preferred CPD activities

Table IV specifies the agreed format for CPD preferred by the participants. Formal activities (64.7%) and a preference for work-based activities (52.9%) correlated with the identified lack of time for engagement in research. Careful consideration should therefore be given to the format of research before adding it to the workload of therapists. In most instances it would be unrealistic to expect OT clinicians to cope with direct engagement in formal research activities.

(N=17)		
Preferred CPD Activities	**Number**	**Percentage (%)**
Has to be part of daily responsibilities (work-based)	9	52.9
CPD – Formal Courses	11	64.7
CPD - Speciality Days	11	64.7
Audit or utilising prior statistics	2	11.8
Mini-research projects in groups	9	52.9
Directing student research	3	17.7

Table IV: CPD activities preferred by journal club members

The preference of journal club members for input to update theory is not an isolated incident but seems to indicate an international trend. Findings show a significant correlation with the reading patterns and attitudes towards research from a much larger research population. Members of the American OT Association[25] agreed that their primary sources of knowledge for practice were CPD and mentoring clinicians. Although they viewed research in journals as generally helpful to practice, it was certainly not the most frequently used source of knowledge.

Attitudes towards publishing in the SAJOT

The findings thus far indicate that besides a lack of engagement in research and publication, OT clinicians even appeared reluctant to access research published in journals. In an effort to compare the situation in the clinical setting with that of the academic domain, the Department of OT at the University of the Free State (UFS), was approached. The experience of persons involved in pre- and postgraduate research training as part of their job descriptions, and opinions on involvement in publication, were investigated. The pie chart (*Figure 1*) indicates the direct link between the periods employed as an OT academic with the amount of material submitted for publication. The current nine staff members had 26 publications for the period from their appointment up to February 2006. From the interviews it appeared as if workload once again was the most significant obstacle to engaging in publication. Staff at the UFS specifically found lecturing in a parallel medium setting extremely time consuming as all classes needed to be repeated and all material duplicated in both languages of instruction. Only three of these 26 publications (16.7 %) were in the SAJOT. Eight of the nine staff members who had submitted articles for publication to SAJOT agreed that reviewers' comments were devoid of positive criticism, causing them to perceive feedback as being exposing rather than constructive.

Therefore, contrary to an 'engagement-in-and-sharing-of-research' philosophy promoted by ethical practice, CPD and EBP; occupational therapists appear not to communicate their findings in the one journal readily available to SA occupational therapists – the SAJOT. An expert view from the SAJOT editorial staff[26] supported the opinions voiced by both the Journal Club and the academic staff of the UFS. While acknowledging that they do not have confirmed information, their beliefs were (emphasis added by the researcher) [26]:

- After working hard on their theses, occupational therapists do not have the energy to publish.
- Occupational therapists that submit articles may be put off by the reviewers' comments.
- Universities do not push for publication from staff members, but this is changing.
- Clinicians don't think they have anything to say that is of importance.
- Clinicians do not read articles and therefore don't think of writing articles/ clinicians think the journal is for "academics".
- Clinicians are too busy caring to spend time writing.
- Writing is hard work.

Apart from these identified obstacles discouraging publication, articles in the SAJOT were examined in an attempt to uncover the perceived nature of OT research in SA. According to Stewart *et al*[22], during this period of 46 years, 71 journals were published and 55% of these issues consisted of between four and six articles. In comparison, the researcher did a document survey of the SAJOT published in 2005 and this revealed that three issues were published in that year with an average of two articles per issue. Stewart *et al.*[22] found that 75% of the articles published since 1953 were quantitative in nature. For the period 1982 to 1999, 83.8% of the articles were published by academics. In contrast, 71.4% (five out of seven) of the articles in the 2005 issues were from a medical positivistic paradigm and 100% of the authors were part of an academic institution. (Only first authors were taken into consideration). When comparing Stewart et al.'s study with the analysis of the 2005 issues, there was a marked increase in authors with postgraduate qualifications.

There was, therefore, a noted prevalence of publications by academics and a predominant focus on quantitative data. This trend might dissuade novice researchers and even established clinicians from considering publication. Besides the perceived limited variation of methods employed by researchers, articles were predominantly limited to scholarly papers. Although instructions to authors did not

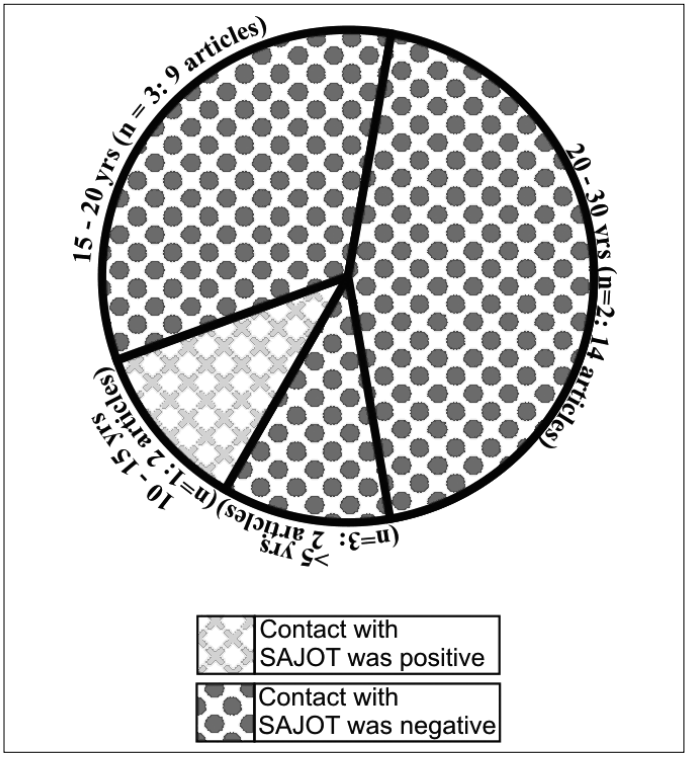

Figure 1: Comparison between period of employment and material submitted for publication

specify categories for submission[27], practice evaluations (including critically appraised papers) were not specifically encouraged as by, for example, the British Journal of Occupational Therapy[28].

It appears, then, that interpretative research (built upon extensive research projects relying mainly on statistics) may not be as highly esteemed as its positivist partner. This sketches a somewhat bleak future if current SAJOT publications, featuring three to four articles at the most, could not introduce its readership to a variety of research genres. A variety of approaches in which to communicate updated theory could inspire and stimulate clinicians to peruse issues relevant to their areas of expertise. An article describing a case study on how a very challenging case was addressed successfully, could be just as informative to the readership as comprehensive numerical-rich studies. Although limited research exposure and a lack of skills for engagement in research predominantly restrict clinicians in their participation in research, it is time that every occupational therapist rendering a quality service should feel that it is important for them to share information for the common good of our profession. It is specifically the lack of resources and high case load of therapists in community practice that force them to be innovative and creative. It is exactly this innovativeness and creativity that should encourage publication. The evidence guiding decisions made and supporting successful outcomes in treatment should be shared.

Possible Ways Forward

But how can occupational therapists be expected to embrace the fullest potential of the evidence-based practice agenda without first-hand experience thereof themselves[29]? Forsyth *et al*.[9] cite two publications that corroborate their contention that graduates are the key to an EBP future and that they should be prepared by engaging in research and by developing skills for critiquing current theory and research[30,31]. These skills are also part of a professional's CPD and should not be seen as a quick application of a set of rules[7]. An emancipatory engineering of knowledge can be encouraged by reflexivity, problem-solving, active and experiential learning, as well as action research[13, 32].

These non-traditional ways of generating knowledge are encouraged by participatory action research[33]. Kielhofner[33] identifies this knowledge-creating scheme as an engaged scholarship process. Engaged scholarship implies that knowledge[33]:

- '*is judged for its practical utility,*
- *values a range of knowledge forms in real life contexts including theory, experiential knowledge, practical know-how and*
- *is a collaborative model in which researcher and practitioner share power and control in shaping the research process.*'

Engaged scholarship therefore encourages knowledge generation. In forming a partnership, the clinician/OT academic and the student are both stakeholders and part of a process that unfolds as evidence is generated. Therefore, practice innovations will be shaped by current events and created information. Forsyth *et al*.[9] state that such a course of action ensures that the knowledge will be applied by those who assist in generating it. Experiencing the impact of research by implementing findings and adapting the way in which things in clinical settings are done, could be the first steps towards generating a research culture among undergraduate OT students.

It is unrealistic and unpractical to expect that engagement in a single research project during the final year of undergraduate training could ignite the full potential of engaged scholarship. Other opportunities will have to be identified. One of these is offered by the Department of OT, UFS, as student competence after each phase of clinical training in the fourth year can be assessed by giving the student either a case study (also referred to as a long case) or a mini-research project (also referred to as a short case). Development in skills for both modes of assessment is a prerequisite for graduation as each fourth-year student is assessed in both a case study and a mini-project during the final clinical examinations.

Mini-projects provide a unique opportunity for successive research projects to be initiated and co-ordinated by the clinician. The students themselves could become part of an existing research community as advocated by Forsyth *et al*.[9]. This experience does not only allow students to actively engage in research, but also to experience the outcomes of previous projects that have been implemented, as well as to perceive what the current projects' effort would establish and how that could be expanded on.

The clinician could, furthermore, develop her role as researcher while fulfilling her obligations as clinical supervisor. In developing an aspect of her responsibilities there is no added pressure, but the opportunity to generate data that could support current best practice in the area and that may even be utilised for publication. Besides specific guidelines from the university relating to the format and procedures that should be followed when engaging in a mini-project, university staff members are an accessible resource to clinicians. Therefore, the potential to develop reflective practice into a recognised research procedure for monitoring and recording innovative action is a reality. Incorporation of action research and action learning specifically as part of undergraduate fieldwork education, allow a partnership between supervising clinicians and students on placement.

Added benefits of engagement in mini-projects could be uncovered as a natural part of the ongoing reflective practice process. A few to be considered are the following:

- Clinicians can be assisted in achieving EBP by involving students to assess the effectiveness of their programmes. Academic support by the university could assist to ensure that this is a learning opportunity for everyone involved, especially as coursework forming part of a relevant module.
- Students can be expected to present journal articles during their clinical placement. This could facilitate contact with updated theory for clinicians who do not have access to academic libraries and/or the internet. It would also provide students with an opportunity to develop skills to communicate their critical thinking in a relaxed environment where discussion is promoted.
- Students on fieldwork education with OT practitioners who work in rural and isolated areas could assist with various aspects of research and development in preparation for publication. This could motivate and empower these practitioners to share their innovativeness and creativity on a national and international level.

Conclusion

A traditional approach to EBP may not be the most practical way for South African occupational therapists to prove that we are doing the *right things* right[34]. That should, however, not deter us from dealing with Illot *et al*.'s[35] challenge for developing countries, to construct relevant evidence for our settings.

In the second issue of SAJOT in 2005, Joubert[3:10] emphatically states: "*South African occupational therapists are particularly bad at producing research*". Despite and because of this fact, occupational therapists in SA, in this case specifically in the Free State, should embrace new approaches for addressing this problem. Directed, consecutive mini-research projects could encourage continued learning for both clinicians and fourth-year OT students at the UFS. Not only will this ensure that previous research published in national and international scientific journals is accessed, but it will also provide an opportunity for critically appraising these findings. Furthermore, the application of findings that appear to be appropriate for the South African setting would have to be articulated by the student during her formal presentation of the mini-project. The possibility of publishing the findings of these projects in the SAJOT would also make local updated knowledge and insights accessible to others in the OT profession.

It is only South African occupational therapists who could truly appreciate home-generated knowledge and the documentation thereof, while acknowledging the needs and cultures of clients in relation to those resources available to therapists[34]. Mini-research projects as part of clinical practical training is one way in which

the research environment ethos embodied by the university could manifest itself in the local community. Though limited in number, these projects could encourage accessing previous research and/or producing current research that is local. It is these nurturing encounters with updated theory that could persuade current and future clinicians to embrace a lifelong inclination towards research and publication.

Acknowledgements:

The first author would like to thank the undergraduate occupational therapy students at the University of the Free State, Ria Botha, Magda Pienaar, Rita van Heerden and all those therapists whose ingenuity and determination in the practice of occupational therapy in South Africa are a true inspiration. Thanks especially to Annette Wilkinson, Helen Buchanan, Deidre van Jaarsveldt and Luna Bergh for their assistance and encouragement to put feedback into constructive writing. The editor and current reviewers at the SAJOT also need to be acknowledged for their constructive feedback and practical assistance. They turned the submission of an article for review, which could be a very threatening experience, into an opportunity for real learning.

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