Evidence-Based Practice: Beliefs and Behaviors of Athletic Trainers

Keeley K*, Martin M, Cappaert T, Walker St†, Hankemeier D†: Rocky Mountain University, Provo, UT, *Slippery Rock University, Slippery Rock, PA, †Ball State University, Muncie, IN.

Context: Evidence-Based Practice (EBP) has become a popular topic in healthcare; however limited information is known about the clinical practice of athletic trainers as it pertains to EBP. By understanding the beliefs and behaviors of athletic trainers it will aid in establishing intervention strategies to assist athletic trainers in implementing EBP. Objective: The purpose of this study was to examine clinical athletic trainer’s beliefs and implementation of EBP. Design: Cross sectional. Setting: Online survey. Patients or Other Participants: The survey was sent to 4000 athletic trainers. A total of 467 individuals (235 males and 231 females, age 35.5 ± 9.9 years) completed the online survey, for a response rate of 11.7%. Interventions: The survey instrument consisted of three sections: (1) demographic information, (2) beliefs on EBP measured by the EBP Beliefs Scale (EBPBS), and (3) implementation of EBP measured by the EBP Implementation Scale (EBPIS). Both instruments utilized a 5-point Likert scale to rate participants’ responses (EBPBS (1=strongly disagree, 5=strongly agree); EBPIS (1=0 times, 5=≥8 times)). Cronbach α and Spearman-Brown r reliability coefficients for the EBPBS were .90 and 0.87 respectively and were 0.96 and 0.95 respectively for the EBPIS. Independent variables included: educational level, years of experience, employment setting, journal access, preceptor status, and documentation requirements. Main Outcome Measures: Dependent variables were the EBPBS and EBPIS scores; these overall scale scores were calculated by summing each item on the scale (EBPBS 16 items and EBPIS 18 items). The EBPBS and EBPIS scores were used to examine the beliefs and implementation of EBP by athletic trainers. Significant differences were calculated using Kruskal-Wallis one-way ANOVA and Mann Whitney U tests, (P≤ .05) for all analyses. Results: Athletic trainers demonstrated a neutral belief (neither agree nor disagree) in EBP on the EBPBS (56.00 ± 7.86) and a low level of EBP implementation (9.00 ± 11.38) on the EBPIS. Athletic trainers reported being clear about the steps of EBP (n=321, 74.08%). EBP belief scores were higher among ATs required to maintain documentation (P = .001), those with access to journals (P = .016), and ATs with a terminal degree (P = .011). EBP implementation scores were higher among ATs serving as preceptors (P = .013), those required to maintain documentation (P < .001), ATs with access to journals (P = .002), and ATs with a terminal degree (P = .014). Conclusions: Athletic trainers studied had a positive attitude towards EBP, but are not implementing the concepts into practice. Clinicians should begin to make EBP a priority and increase their knowledge of EBP making application more feasible. Implementation scores are very low and need to be improved to provide a positive impact on the profession and patient care. Word Count: 447