

DOI: <https://doi.org/10.17159/2310-3883/2023/vol53n3a1>

South African Journal of Occupational Therapy .Vol 53(3), December 2023

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Standardised assessment: The crucial first step towards evidence-based practice

“What can be asserted without evidence, can be dismissed without evidence”

(Christopher Hitchens)

As SAJOT was first published in August 1953, this edition marks 70 years of publication for the journal. The first 10 years mainly featured papers on different facets of occupational therapy, and it was only in the late 1960's that the first scientific articles were being submitted and subsequently published (approximately 2 per edition). Although the number of scientific articles published has increased significantly since then, various appeals for more evidence-based research to be carried out and disseminated have been made not only from the SAJOT editorial team quite recently, but also from the South African Academy for Science back in 2014. In their review of the SAJOT in 2014, they stated that “there is a lack of articles reporting on the effectiveness of occupational therapy interventions in most areas of practice. An increase in experimental and outcomes research that reports on evidence of effective interventions would make the journal more balanced. This research would probably only happen if universities were encouraged to put greater emphasis on these types of study designs in their research foci”^{1,69}.

Based on the mapping review of research published in the SAJOT (featured in this edition) Hendricks, Buchanan and Clark² found that between January 2009 and December 2021, only 51.2% of articles published used a quantitative approach, of which 31.3% were Level III-3 evidence studies, as classified according to the hierarchy of evidence described by the Australian National Health and Medical Research Council (NHMRC)².

Clearly, we are not quite there yet. However, conducting higher level, more evidence-based research, requires valid, reliable, and standardised assessment practice.

In multi-cultural, multi-lingual countries such as South Africa, assessment tools developed and standardised in first world - mainly English-speaking countries - pose a major stumbling block. In order to conduct non-discriminatory assessments, various methodological challenges and implications need to be carefully considered, such as cross-cultural equivalence or construct, method, and item bias³.

In this modern era, globalization and migration have increased the multi-cultural nature of most populations. For occupational therapy, this not only has implications for assessment in the clinical field, but in many cases, culturally biased curricula in educational institutions have also imposed a rethinking of educational practices⁴. Many socio-cultural barriers are faced by occupational therapists and educators, as the assessment tools largely reflect the culture, language, and values of the dominant society, ignoring the socio-cultural differences and backgrounds of students' and clients' ethnic backgrounds⁵. It is therefore encouraging to see that South African occupational therapists are taking up the challenge.

Three of the articles featured in this edition focus on assessment practices and instruments. Breytenbach et al set out to determine the content validity of the Modified Barthel Index for the assessment of ADL in stroke patients in South Africa⁶. They highlight the various aspects of content validity as it relates to language, clarity, content completeness and appropriateness, and make recommendations for the revision of the MBI for use with the stroke population of a multi-lingual, multi-cultural society. In another article, Naude, Becker and Uys⁷ demonstrate a methodology for translating and adapting the administration instructions of the Developmental Test of Visual Perception 3rd Edition for isiZulu-speaking children. To advance the authenticity of assessment within a multi-lingual context, the methodology employed in this article provides a useful framework for cross-cultural adaptation of assessment procedures and instruments in other contexts. In the third article, the authors used a cross-sectional study design to investigate preferred paediatric hand function assessment practices of occupational therapists in South Africa⁸. They found that therapists in some cases, were not adequately trained in some standardised assessments and recommend the refinement of existing tools, and the development of a standardised, contextually relevant paediatric hand function assessment tool⁸.

The degree of racial-ethnic and social diversity in South Africa demands the development of tests and assessment practices that will enable researchers to provide high-level evidence of the services they render.

I trust that the methodologies applied in the above three articles will provide adequate guidelines that may be used for test development, refinement, and application in other fields of practice as well.

We can only provide evidence if we can measure.

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