The Issue Is

Why Are Occupational Therapists Not Doing More Replication Research?

In today’s changing health care environment, professions are at risk for losing their identity. Research is a method of validating a profession’s unique contributions, thereby avoiding the blurring of roles between professions. The profession of occupational therapy has just begun to systematically research some of the basic premises on which it is based (Nelson, 1997). To further develop our field as a profession, this endeavor must continue.

Replication is a vital part of developing a body of research and should be seen as equal in value to original research. There are many valid points to support the importance of replication research. First, replication studies can support existing theories as well as aid in the development of models of practice (Blomquist, 1986). Empirical support for occupational therapy models of practice provides us with not only the necessary rationale for our treatment, but also the corroboration of a variety of models to choose from when treating our varied clientele.

Second, replicating original works helps to minimize Type I and Type II errors (Blomquist, 1986; Haller & Reynolds, 1986). A Type I error (reporting that a significant difference exists when it does not) would potentially result in using a treatment thought to be effective that in reality is ineffective. A Type II error (reporting that there is no significant difference when one exists) would potentially result in a decision not to use an effective treatment. Eliminating both types of error is desirable. By replicating, one can compare the results with the original research and potentially identify the possibility that a Type I or Type II error was made in the original work.

Third, replicating can increase construct validity (the degree to which a measurement tool accurately measures the theoretical construct it was designed to measure) (Blomquist, 1986; Connelly, 1986). Construct validity is rarely verified by a single study but is established over time as numerous studies investigate the theoretical construct being measured. Replication research using the same measurement tool as the original study and obtaining the same results supports the construct validity of the measurement device.

Fourth, replication research is vital to protect against fraud (Blomquist, 1986; Mann, 1987). By ensuring that replication studies will be conducted, researchers will be encouraged to produce work of the highest quality and will be discouraged from altering their results.

Finally, replication research, and research in general, ultimately affects our decisions when we treat clients. Replication research would aid therapists in making the best possible decisions.

With all of these advantages of replication research, why is it not being done more frequently in occupational therapy? There are several barriers to a researcher interested in undergoing replication research. For example, because of the underrepresentation of replication studies in professional journals, one might assume that these journals would rather publish original works of research (Feldman, 1994; Haller & Reynolds, 1986). This underrepresentation could also be due to a lack of submissions of replication research. Another barrier is that students and established researchers are often encouraged by professors and colleagues to produce original research (Ryland, 1989). Further, replication research is often mistakenly seen as not being as challenging to conduct or as beneficial to the body of occupational therapy knowledge (Connelly, 1986). As a result of these fallacies, funding for replication studies may be limited (Ostenbacher, 1995). Another potential barrier is that the original study may not have described very clearly or precisely the methodology used (Mann, 1987). Without vital information about procedures, conducting a valid replication study is difficult.

These barriers can be eliminated through various methods. First, journals could encourage replication studies by

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reserving a certain amount of space in each issue solely for replication research (Feldman, 1994; Haller & Reynolds, 1986). Additionally, journal editors could encourage the inclusion of more procedural detail in published studies. Authors of original work are responsible for documenting all the details of the study, and they could make themselves available to answer other researchers’ questions about exact procedures. Second, students could be encouraged to conduct replication research because this type of research is useful as an introduction to conducting research (Feldman, 1994; Ryland, 1989). Finally, support can also be given to replication through funding (Ottenbacher, 1995). The American Occupational Therapy Foundation has recently taken a step in this direction by awarding three grants to master of occupational therapy students at the Medical College of Ohio in support of their replication research projects. Implementation of these methods of supporting replication research would help us continue to validate the research that is guiding our practice. ▲

References


Ottenbacher, K. J. (1995). Why replication research does not work (as well as we think it should). Archives of Physical Medicine and Rehabilitation, 76, 123–129.


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