

## APPENDIX 1

The Evidence-Based Practice Attitude Scale (EBPAS) for optometry. The question used and the corresponding domain are shown for each of the 50 items contained in the EBPAS. Respondents were instructed as follows *“The following questions ask about using new types of therapy, interventions or treatments. Indicate the extent to which you agree with each item. Select the most appropriate answer. Choose only answer per question.”* Response options were rated using a categorical scale (see explanatory note\*). Domains are described in the bottom section of the Table. The original EBPAS-50<sup>32</sup> developed for mental health practitioners was modified so that terminology was relevant for optometrists, for example by replacing the word *clients* with *patients*.

| Item | Domain*      | Question   |   |
|------|--------------|--|---|
| 1    | Openness     | I like to use new types of therapy/interventions to help my patients   |   |
| 2    | Openness     | I am willing to try new types of therapy/interventions even if I have to follow a treatment manual   |   |
| 3    | Divergence   | I know better than academic researchers how to care for my patients  |   |
| 4    | Openness     | I am willing to use new and different types of therapy/interventions developed by researchers  |   |
| 5    | Divergence   | Research based treatments/interventions are not clinically useful  |   |
| 6    | Divergence   | Clinical experience is more important than using manualised therapy/interventions  |   |
| 7    | Divergence   | I would not use manualised therapy / interventions   |   |
| 8    | Openness     | I would try a new therapy/intervention even if it were very different from what I am used to doing   |   |
| 9    | Appeal       | <b>For questions 9 to 15: If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if:</b> | it was intuitively appealing                              |
| 10   | Appeal       |  | it “made sense” to you?                                   |
| 11   | Requirements |  | it was required by your employer?                         |
| 12   | Requirements |  | it was required by your registration board?               |
| 13   | Requirements |  | it was required by your government or ministry of health? |
| 14   | Appeal       |  | it was being used by colleagues who were happy with it?   |
| 15   | Appeal       |  | you felt you had enough training to use it correctly?     |
| 16   | Limitations  | Evidence-based Practice (EBP) detracts from truly connecting with your patients  |   |
| 17   | Limitations  | EBP makes it harder to develop a strong patient-optometrist relationship   |   |
| 18   | Limitations  | EBP is too simplistic  |   |
| 19   | Limitations  | EBP is not useful for patients with multiple problems  |   |

| Item | Domain*     | Question   |
|------|-------------|--|
| 20   | Limitations | EBP is not useful for families with multiple problems                        |
| 21   | Limitations | EBP is not individualized treatment  |
| 22   | Limitations | EBP is too narrowly focused  |
| 23   | Fit         | I would adopt EBP if my patients wanted it                                   |
| 24   | Fit         | I would adopt EBP if I knew more about how my patients liked it              |
| 25   | Fit         | I would adopt EBP if I knew it was right for my patients                     |
| 26   | Fit         | I would adopt EBP if I had a say in which EBP was used                       |
| 27   | Fit         | I would adopt EBP if I had a say in how I would use the EBP                  |
| 28   | Fit         | I would adopt EBP if it fit with my clinical approach                        |
| 29   | Fit         | I would adopt EBP if it fit with my treatment philosophy                     |
| 30   | Monitoring  | I prefer to work on my own without oversight                                 |
| 31   | Monitoring  | I do not want anyone looking over my shoulder while I provide services       |
| 32   | Monitoring  | My work does not need to be monitored  |
| 33   | Monitoring  | I do not need to be monitored  |
| 34   | Balance     | I am satisfied with my skills as a therapist / optometrist                   |
| 35   | Balance     | A positive outcome in therapy is an art more than a science                  |
| 36   | Balance     | Optometric practice is both an art and a science                             |
| 37   | Balance     | My competence as an optometrist is more important than a particular approach |
| 38   | Burden      | I don't have time to learn anything new                                      |
| 39   | Burden      | I can't meet my other obligations  |
| 40   | Burden      | I don't know how to fit EBP into my workload                                 |
| 41   | Burden      | EBP will cause too much paperwork  |
| 42   | Security    | Learning more about EBP will help me keep my job                             |
| 43   | Security    | Learning more about EBP will help me get a new job                           |
| 44   | Security    | Learning more about EBP will make it easier to find work                     |
| 45   | Support     | I would learn more about EBP if continuing education credits were provided   |
| 46   | Support     | I would learn more about EBP if training was provided                        |
| 47   | Support     | I would learn more about EBP if ongoing support was provided                 |
| 48   | Feedback    | I enjoy getting feedback on my work performance                              |
| 49   | Feedback    | Getting feedback helps me to be a better therapist / optometrist             |

| Item                           | Domain*      | Question  |
|--------------------------------|--------------|---|
| 50                             | Feedback     | Getting supervision helps me to be a better therapist / optometrist   |
| <b>Descriptions of domains</b> |              |   |
|                                | Appeal       | The extent to which an optometrist would adopt a new practice because it is intuitively appealing, makes sense, could be used correctly, or is being used by colleagues who are happy with it |
|                                | Requirements | The extent to which an optometrist would adopt a new practice if it was required by an employer, a registration board or a government   |
|                                | Openness     | The extent to which an optometrist is generally willing to try to use new types of therapy  |
|                                | Divergence   | The extent to which an optometrist perceives research-based interventions as not clinically useful and less important than clinical experience  |
|                                | Limitations  | Inability of EBP to address client needs  |
|                                | Fit          | Fit of EBP to the values and needs of the patient and the optometrist   |
|                                | Monitoring   | Relates to negative perceptions of oversight by supervisors   |
|                                | Balance      | Perception that EBP requires a balance between art and science  |
|                                | Burden       | Time and administrative burden related to EBP   |
|                                | Security     | Perceived likelihood of increased job security or professional marketability  |
|                                | Support      | Perceived organisational support  |
|                                | Feedback     | Relates to positive perceptions of receiving feedback   |

\* Each question is accompanied by a box to be ticked indicating 'Not at all', 'To a slight extent', 'To a moderate extent', 'To a great extent' or 'To a very great extent', which are marked with 0, 1, 2, 3 or 4 respectively.