

Original Article

Perceptions of improving quality and quality measurement in occupational therapy: a global survey

Percepções do aumento da qualidade e de medidas de qualidade em terapia ocupacional: uma pesquisa mundial

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Abstract

Introduction: A guiding principle for the occupational therapy profession is the use of best available evidence to ensure the provision of quality services. Many organisations collect quality indicator data to monitor and improve service performance. **Objectives:** To understand the perspectives of occupational therapists regarding the quality of services provided, investigate quality measurement practices, particularly with the Quality Evaluation Strategy Tool (QUEST), and explore how measurement data is used. **Method:** The World Federation of Occupational Therapists (WFOT) circulated an online survey in four languages to the global occupational therapy community in 2025. Data were analysed descriptively and stratified by country income, language, indicator use and familiarity with QUEST. Chi Square analysis was used to determine statistical significance of differences among subgroups. **Results:** Complete survey responses were received from 518 participants representing 61 countries. Lowest mean quality scores related to waiting times (2.93/5) and the availability of occupational therapists (2.96/5). Indicators were used by 53.1% of respondents, with more indicator users among high income countries and English respondents ($p < .001$). Although only 16% of respondents were familiar with QUEST, QUEST users were more confident in utilising indicators ($p < .001$) and reported a greater use of indicators for evaluating service changes ($p < .001$) and use of best available evidence ($p < .001$).

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Conclusion: Effective action to improve quality of service performance requires data to fully understand the nature of variations, identify evidence-based solutions and evaluate success of improvements. It is therefore imperative that the use of quality measures such as QUEST indicators becomes more widespread in occupational therapy.

Keywords: Quality Indicators, Health Care, Quality Assurance, Health Care, Total Quality Management, Quality Improvement, Outcome and Process Assessment, Health Care.

Resumo

Introdução: Um princípio direcionador da profissão de terapia ocupacional é o uso das melhores evidências disponíveis para garantir a prestação de serviços de qualidade. Muitas organizações coletam dados de indicadores de qualidade para monitorar e melhorar o desempenho dos serviços. **Objetivos:** Compreender as perspectivas de terapeutas ocupacionais sobre a qualidade dos serviços prestados, investigar as práticas de mensuração da qualidade — particularmente com a ferramenta *Quality Evaluation Strategy Tool* (QUEST) — e explorar como os dados de mensuração são utilizados. **Método:** A Federação Mundial de Terapeutas Ocupacionais (WFOT) divulgou uma pesquisa online em quatro idiomas para a comunidade global de terapia ocupacional em 2025. Os dados foram analisados de forma descritiva e estratificados por renda do país, idioma, uso de indicadores e familiaridade com a QUEST. A análise de Qui-quadrado foi utilizada para determinar a significância estatística das diferenças entre os subgrupos. **Resultados:** Foram recebidas respostas completas de 518 participantes, representando 61 países. As médias mais baixas de qualidade referiram-se aos tempos de espera (2,93/5) e à disponibilidade de terapeutas ocupacionais (2,96/5). Indicadores foram utilizados por 53,1% dos respondentes, observando-se maior uso entre profissionais de países de alta renda e falantes de inglês ($p < 0,001$). Embora apenas 16% dos respondentes estivessem familiarizados com a QUEST, os usuários da ferramenta demonstraram maior confiança na utilização de indicadores ($p < 0,001$) e relataram maior uso de indicadores para avaliar mudanças nos serviços ($p < 0,001$) e para aplicar as melhores evidências disponíveis ($p < 0,001$). **Conclusão:** Ações eficazes para melhorar a qualidade do desempenho dos serviços exigem dados para compreender plenamente a natureza das variações, identificar soluções baseadas em evidências e avaliar o sucesso das melhorias. Portanto, é imperativo que o uso de medidas de qualidade, como os indicadores da QUEST, se torne mais difundido na terapia ocupacional.

Palavras-chave: Indicadores de Qualidade em Assistência à Saúde, Garantia da Qualidade dos Cuidados de Saúde, Gestão da Qualidade Total, Melhoria de Qualidade, Avaliação de Processos e Resultados em Cuidados de Saúde.

Introduction

A guiding principle for the occupational therapy profession is the use of best available evidence in decision-making to ensure the provision of quality services (World Federation of Occupational Therapists, 2021). Many organisations have adopted the use of indicators in occupational therapy to assess quality and collect objective data that can be used in clinical and organisational decision-making to advance service quality (Ballmer et al., 2024).

Quality indicators seek to understand occupational therapy service using quantitative data (Lighter, 2015). The use of indicators reflects an empirico-analytic paradigm for interpretation of how reality exists (ontology) and ways knowledge is acquired (epistemology). The empirico-analytic paradigm seeks ontological truths through the use of objective, reductionist and quantifiable measurements involving scientific methods of inquiry (Minichiello et al., 2004). Measurement tools, screens or flags are utilised as indicators to collect summary data regarding processes used in the delivery of occupational therapy services. The indicator data serves as a proxy measure to identify if further investigation is needed.

Contextual analysis is required to understand the reason for indicator findings. If interpreted in isolation, indicator data may lead to inaccurate or inappropriate conclusions (Mainz, 2003).

While use of indicator data falls within the empirico-analytic paradigm, the subsequent contextual analysis involves the collection of qualitative data from a different ontological and epistemological perspective. Rather than seeking a single objective truth, a qualitative approach to the contextual analysis involves exploring multiple realities gained from different perspectives and interpretations to develop a deep understanding of the issues that impacted the indicator findings. Through this deep understanding, best practices can be identified and defined, as well as inform the development of continuous improvement initiatives aimed toward increasing quality of service. In this way indicator benchmarks can then be set and used to affirm best practice.

The importance of reflective and reflexive practice for occupational therapists has been highlighted in the WFOT Minimum Competencies of Occupational Therapists. Skills in continuous quality improvement are an important part of the occupational therapy process (World Federation of Occupational Therapists, 2026a). Reflective and reflexive practice is a part of the continuous quality cycle where measurement is key to monitoring service standards (Ayanian & Markel, 2016).

Benefits of using quality indicators include improved outcomes, increased efficiency and enhanced satisfaction of service users (Berwick et al., 2008). Proponents have also advocated for the expanded use of quality indicators to improve the work life of service providers, as well as advance equity of service (Nundy et al, 2022; Bodenheimer & Sinsky, 2014).

Using data gathered by indicators offers accountability, provides evidence of the value of occupational therapy and identifies areas not meeting performance expectations (Leland et al., 2015). The impact of actions for service improvement can then be evaluated through measurement of indicators. Monitoring of indicator data therefore provides a feedback mechanism for measuring the success of actions and the potential need for additional improvements. The cyclical loop of indicator data monitoring, identification of quality issues, implementation of evidence-based improvements and evaluation forms the continuous improvement process (Petersen, 1999).

While the overarching goal of indicators is to ensure safe and quality services, evidence generated by indicators also lends credibility for advocacy and action regarding the needs of the profession necessary for service quality (Sandhu et al., 2018). Reports in the research literature have highlighted organisational issues that frequently impact the quality of occupational therapy services. For example, factors shown to affect service quality include staffing levels in nursing homes (Livingstone et al., 2019); product costs (Margot-Cattin et al., 2024); waiting times (Sarsak, 2024) and therapist time availability (Sarsak et al., 2023) for the provision of assistive technology; service access for people with COVID-19 and post-COVID (von Zweck et al., 2023); occupational therapy workforce shortages for primary care services (Freeman et al., 2025); and wait times and funding for occupational therapy mental health services (Jesus et al., 2025).

Several types of indicators are used in occupational therapy, from a variety of sources (Ballmer et al., 2024). Often the choice of quality indicators is influenced by funders,

regulatory standards or accreditation processes. Examples cited in a scoping review by Ballmer et al. (2024) include the use of the Goal Attainment Scale (GAS) in Switzerland, NICE indicator list in the United Kingdom and the Quality Improvement Plan for Ontario Health Teams (QIPOH) Indicators in Canada.

The selection of appropriate indicators is an important consideration for the generation of evidence needed and valued in the continuous improvement process. Indicators must evaluate issues of relevant and significant importance to provide a valid measure of service quality. Seminal publications have identified seven pillars of quality for measurement by indicators, including safety, effectiveness, person-centeredness, timeliness, efficiency, acceptability and equity (Ayanian & Markel, 2016). More recently, the concept of sustainability was suggested as an additional quality pillar ensuring that standards are responsive to the evolving environment (World Federation of Occupational Therapists, 2018).

The WFOT developed the Quality Evaluation Strategy Tool (QUEST) to be used by occupational therapists to collect indicator data needed for service quality accountability and evidence-informed decision-making (World Federation of Occupational Therapists, 2025a). QUEST is a practical resource for supporting the selection, implementation and monitoring of quality indicators for occupational therapy continuous improvement. Quality is described by QUEST using a framework with seven dimensions (appropriateness, sustainability, accessibility, efficiency, effectiveness, person-centredness and safety) and three perspectives (structure, process and outcome) (Ayanian & Markel, 2016). QUEST aligns with basic tenets of occupational therapy, including the collaborative person-centred relationship of occupational therapists with service users and their participation in the evaluation of quality.

Using QUEST, implementation of quality indicators entails a two-step process, involving first the identification of standards or expectations of service users and other stakeholders for each of the quality dimensions. Indicators are then chosen from a core set of structure, process and outcome indicators and defined using SMART criteria (specific, measurable, agreed upon, reliable and timely) to measure priority quality expectations (World Federation of Occupational Therapists, 2025a).

Multiple approaches are used to collect data for quality indicators. Clinical audit is one method of quality assessment that depends on robust quality indicators (Limb et al., 2017). Quality indicators establish an expected minimum standard that serves as a benchmark against which service is measured (Barclay et al., 2021; Welch & Forster, 2003). Audits frequently form an important part of a clinical governance framework used to ensure services are monitored and improved to meet community expectations.

While the benefits of indicator use are well accepted and available resources in the occupational therapy community to encourage continuous improvement are increasing, little is known regarding actual quality concerns and practices of occupational therapists. As a quality improvement initiative, the WFOT wished to explore how QUEST was implemented and used. Information was needed from this community to better understand how the profession advances quality of service and identify supports that may be helpful for engaging occupational therapists in the use of QUEST or other quality indicator frameworks for the benefit of occupational therapy users and key organisational stakeholders, including management and funding bodies.

To this end, WFOT conducted an online survey regarding quality in occupational therapy, with the purpose of:

1. Understanding the perspectives of occupational therapists regarding the quality of services they provide;
2. Investigating quality measurement practices in occupational therapy, particularly the use of QUEST;
3. Exploring how quality measurement data is used to improve occupational therapy.

Methodology

Survey design and translation

This descriptive cross-sectional study aimed to identify occupational therapists' perceptions of service quality and use of quality indicators. The study is reported using the Consensus-Based Checklist for Reporting of Survey Studies (CROSS) (Sharma et al., 2021).

A self-administered online survey was developed by members of the WFOT Quality Indicators Working Group based on knowledge of international occupational therapy practice and relevant research literature. The survey was initially developed in English using Survey Monkey and subsequently translated into French, German and Spanish.

To translate the survey, the WFOT Translation Policy was followed using the online tool DeepL to develop a machine-generated translation. This survey version was revised by a member of the WFOT Translation Team who was a native speaker of the language of translation. Each French, German and Spanish translation was then independently reviewed by a second native speaking member of the Translation Team to ensure quality.

Questions were included in the survey regarding demographic characteristics of respondents, including their country of residence, role, practice, and experience in occupational therapy. Survey respondents were asked to rate their quality of service in relation to questions corresponding to each of the QUEST quality dimensions (Table 1). Quality was rated according to a 5-point Likert scale (1=low to 5=high). The survey also solicited information regarding the respondents' use of quality indicators and familiarity with QUEST (yes/no), and factors influencing the reported use of indicators. Factors were rated using the same 5-point Likert scale. Close-ended questions were used to obtain information from respondents familiar with QUEST how the tool impacted their use of indicators. Close-ended questions also asked all respondents that used quality indicators how they used the data generated by the measures.

Table 1. Survey questions.

Likert scale response questions	
Questions	Response choices
WFOT is interested to understand your perception of the quality of occupational therapy services you are able to provide. Please rate the following questions using the five-point rating scale:	
• The availability of occupational therapists to provide quality services for the population that you serve.	5-point Likert scale (1=low; 5=high)
• The availability of necessary resources to provide quality occupational therapy services to the people/populations with whom you work.	
• Your knowledge and skills to provide quality occupational therapy services to the people/populations with whom you work.	
• The waiting time required to access the occupational therapy services you provide.	
• Your ability to provide the amount of time/sessions for people for quality occupational therapy services.	
• Your ability to provide occupational therapy services using the best available evidence .	
• The effectiveness of the occupational therapy services you provide.	
• The satisfaction of the people for whom you provide occupational therapy services.	
• The safety of the people you serve when providing occupational therapy services.	

Table 1. Continue...

Likert scale response questions	
Please rate the following factors regarding your use / potential future use of quality indicators to measure quality in your work.	
● Leadership support for the use of quality indicators	5-point Likert scale (1=low; 5=high)
● Peer support for the use of quality indicators	
● Availability of time for the use of quality indicators	
● Availability of resources needed for the use of quality indicators	
● Knowledge about the use of quality indicators	
● Confidence in the use of quality indicators	
● Ability to influence change through the use of quality indicators	
Other close-ended questions	
Questions	Response choices
How is data collected through quality indicators used in your work? (check all that apply)	● Monitor the quality of your occupational therapy service.
	● Compare the quality of occupational therapy service with your peers or established benchmarks.
	● Provide reports on the results of the quality indicators.
	● Make changes to your occupational therapy service.
	● Evaluate changes made to your occupational therapy service.
	● None of the above
	● Other (please specify)
What did you gain from QUEST regarding the use of quality indicators? (Check all that apply)	● Awareness about continuous improvement in occupational therapy
	● Awareness about the use of quality indicators in occupational therapy
	● Awareness about relevant quality indicators for your work in occupational therapy
	● Understanding about how to define SMART quality indicators
	● Understanding about how to use SMART quality indicators
	● None of the above
	● Other (please specify)

Survey procedures

The survey was circulated to the international occupational therapy community with links to each of the four languages using WFOT communication channels, including social media and the WFOT website and electronic newsletter. WFOT member organisations were also requested to circulate the survey to their individual members. Prior to wide circulation, the survey was pilot tested with participants that completed the QUEST online course. Once finalised, the survey remained open for a six-week period in March and April 2025. Reminders were sent twice during this time period.

The study was evaluated using the online Health Research Authority Decision-Making Tool (United Kingdom, 2022) and determined to be a quality improvement initiative. Although it did not require ethics review, the study was conducted according to ethical principles with measures taken to ensure survey consent and privacy of collected data. Oversight of the work of the Working Group was provided by WFOT.

To avoid bias regarding the use of a WFOT survey to evaluate use of a resource developed by the Federation (QUEST), the following mechanisms were used:

- Pilot testing of the survey to ensure questions were neutral and nonleading.
- Wide circulation of the survey to a broad occupational therapy audience using multiple communication channels.
- Provision of an explicit request on the survey form for feedback that could be used to continuously improve WFOT tools and resources.
- Participation of a project team to conduct the study with representatives from regions across the world.
- Request for anonymized responses from participants.

To participate in the survey, all respondents were asked to provide consent for the analysis and public use of the information they provided. Respondents also agreed that any personal data shared in the survey would be managed according to the WFOT privacy policy (World Federation of Occupational Therapists, 2025b).

Statistical analysis

The data were analysed using Microsoft Excel software. Descriptive statistics were developed for demographic characteristics, and mean scores were calculated for survey items for the total sample and subgroups stratified by country income levels (World Bank, 2025), language of survey completion, indicator use and familiarity with QUEST. Chi-square analysis was used to determine statistical significance of differences among subgroups. Weighted mean scores were also calculated for Likert scale questions, with the number of participants selecting a point on the rating scale weighted by the value of the option (between 1-5).

Results

Respondent description

Complete survey responses were received from 518 participants from 61 countries with the large majority from high income countries (n=390, 74.1%). Globally, approximately 85% of occupational therapists are located in high income countries (World Federation of Occupational Therapists, 2024a); this group was therefore slightly underrepresented in this survey. Most respondents were occupational therapists in clinical practice (n=399, 77%). The majority of respondents had more than 10 years of work experience in occupational therapy (n= 348, 67.1%), with more than a third working in the profession for over 20 years (n=183, 35.3%) (Table 2).

Table 2. Respondent description (n=518).

VARIABLES	Frequency	Percentage
World Bank Income Classification		
High	384	74.1
Upper-Middle	111	21.4
Lower-Middle	16	3.1
Low	7	1.4

Table 2. Continued...

VARIABLES	Frequency	Percentage
Role		
Manager	34	6.6
Student	10	1.9
Occupational Therapist	399	77.0
Educator	32	6.1
Researcher	14	2.7
Other	29	5.6
Work setting		
Community Services	141	27.2
Inpatient Services	172	33.2
Government	9	1.7
Universities	52	10.0
Private	91	17.6
NA/Other	53	10.2
Experience		
< 1 year	17	3.3
1 - 3 years	55	10.6
4 - 5 years	38	7.3
6 - 9 years	60	11.6
10 - 19 years	165	31.9
20 + years	183	35.3
Survey Language		
French	60	11.6
German	51	9.9
Spanish	119	23.0
English	288	55.6

Self-assessment of quality of service

The highest mean self-assessment scores for quality of service were received for the safety and satisfaction of people served (4.5/5 and 4.3/5 respectively). Respondents reported their lowest scores for waiting time (2.9/5) and the availability of occupational therapists to provide quality services for the population served (3.0/5). No statistically significant differences were found regarding quality of service in the subgroup analysis (Table 3).

Table 3. Respondent self-assessment of quality of service.

Please rate the following questions using the five-point rating scale:	Frequency					Mean
	1 (Low)	2	3	4	5 (High)	
The availability of occupational therapists to provide quality services for the population that you serve.	69	112	164	118	55	3.0
The availability of necessary resources (e.g. equipment, supplies) to provide quality occupational therapy services to the people/populations with whom you work.	48	92	163	150	65	3.2
Your knowledge and skills to provide quality occupational therapy services to the people/populations with whom you work.	3	15	85	248	167	4.1
The waiting time required to access the occupational therapy services you provide.	83	107	151	120	57	2.9
Your ability to provide the amount of time/sessions for people to provide quality occupational therapy services.	27	88	164	163	76	3.3
Your ability to provide occupational therapy services using the best available evidence.	21	61	164	177	95	3.5
The effectiveness of the occupational therapy services you provide.	3	11	117	259	128	4.0
The satisfaction of the people for whom you provide occupational therapy services.	1	2	57	242	216	4.3
The safety of the people you serve when providing occupational therapy services.	2	4	32	176	304	4.5

Indicator use

Of the 518 respondents, 275 (53.1%) stated that they used quality indicators to evaluate their work. The difference in the number of indicator users and non-users was statistically significant ($p<.001$) when analysed by country income, with 223 users (81.1%) from high income countries. Respondents completing the survey in English were higher indicator users when compared with participants using other languages ($p<.001$). Indicator users were 60.8% of all English respondents ($n=175/288$), followed by Spanish (56/119, 47.1%), German ($n=22/51$, 43.1%) and French ($n=22/60$, 36.7%). Users most frequently utilised indicators to monitor the quality of their services ($n=164$, 59.6%) (Table 4).

Table 4. Use of indicators.

How is data collected through quality indicators used in your work?	Frequency	Percentage
Monitor the quality of your occupational therapy service.	164	59.6
Provide reports on the results of the quality indicators.	150	54.6
Make changes to your occupational therapy service.	145	52.7
Evaluate changes made to your occupational therapy service.	128	46.6
Compare the quality of occupational therapy service with your peers or established benchmarks.	69	25.1

Factors influencing the use of indicators

Statistically significant differences were determined between indicator users and nonusers for scores on several factors that might influence indicator use. Indicator users reported higher levels of leadership support, knowledge and confidence for utilising indicators ($p<.001$) and availability of needed resources ($p<.05$). Knowledge, confidence and the ability to influence change were rated on average to be the most positive influences for promoting use of indicators (Table 5).

Table 5. Factors influencing the use of indicators.

Please rate the following factors regarding the use of quality indicators to measure quality in your work.	Frequency						Mean
	1 (Low)	2	3	4	5 (High)	Don't Know	
Leadership support for the use of quality indicators	19	24	60	71	70	31	3.1
Peer support for the use of quality indicators	17	29	70	82	47	30	3.0
Availability of time for the use of quality indicators	41	62	70	54	32	16	2.6
Availability of resources needed for the use of quality indicators	32	48	78	66	32	19	2.7
Knowledge about the use of quality indicators	23	34	71	87	47	13	3.1
Confidence in the use of quality indicators	16	32	56	100	54	17	3.9
Ability to influence change through the use of quality indicators	15	31	67	89	54	19	3.2

QUEST use

Of the 518 survey respondents, 84 participants (16%) from 31 countries reported that they were familiar with QUEST. Fifty-five of the 84 participants (65.5%) reported that they used indicators representing 20% of the 275 survey respondents using indicators. Data were not collected regarding the types and sources of indicators used by respondents other than those utilising QUEST.

The demographic profile of respondents familiar with QUEST was similar to the total participant sample, with 63 from high income countries (75%) and 45 (61.6%) completing their survey in English. Most indicator users familiar with QUEST were working in occupational therapy practice ($n=54$, 56%), with the remaining having roles in education or management. Respondents indicated that the tool most frequently assisted them to gain awareness about the use of quality indicators in occupational therapy and identify relevant quality indicators ($n= 47$, 56%); gain awareness about continuous improvement in occupational therapy ($n=42$, 50%); develop understanding about how to define SMART quality indicators ($n=34$, 40.5%); and develop understanding about how to use SMART quality indicators ($n=29$, 34.5%).

When compared with other indicator users, QUEST users were more confident in utilising indicators ($p<.001$). QUEST users also reported a greater use of indicators for evaluating service changes ($p<.001$) and use of best available evidence ($p<.001$).

Discussion

Using a survey methodology, this study explored the perspectives of occupational therapists regarding the quality of services they provide and investigated quality measurement practices in occupational therapy, including the use of QUEST. An additional aim was to explore how quality measurement data is currently being used in occupational therapy practice.

The results of the global survey indicate that primary concerns about quality of service in occupational therapy relate to accessibility, which was reported to be hindered by the available supply of occupational therapists and the waiting time for their service. Access is an important domain of the QUEST framework and these findings support the need to establish benchmarking standards for the profession (Enderby et al., 2003). Although the respondents to this survey represent only a very small fraction of those working in occupational therapy, this finding is consistent with results from previous studies reporting on factors impacting occupational therapy quality (Jesus et al., 2025; Livingstone et al., 2019; Margot-Cattin et al., 2024; Sarsak et al., 2023; Sarsak, 2024; von Zweck et al., 2023). The finding that no statistically significant differences in perceived quality of service were found among respondent subgroups stratified by use of indicators or country income level also gives credence to the validity of the ratings.

Despite a 155% growth of occupational therapists globally since 2006 (World Federation of Occupational Therapists, 2024a), the profession continues to be underdeveloped or inequitably distributed in most parts of the world, across countries of all income levels (World Federation of Occupational Therapists 2024b). Population needs for occupational therapy and other services involved in the delivery of rehabilitation services have grown and continue to grow due to population ageing and increased numbers of people experiencing chronic disease and mental health issues (Cieza et al., 2021).

Using data to benchmark goals for workforce development enables valid comparisons across services, time periods and countries (Broome & Gray, 2017). Workforce capacity is integral for safe and quality service across settings. The findings of this study suggest the pressure of ongoing workforce shortages has implications for the quality of occupational therapy, particularly with access to services as a result of demand outpacing available supply.

In this study only 53.1% of respondents reported using quality measures to inform the ratings they provided for the quality of service they deliver. For many respondents, the ratings of quality therefore reflect their perception rather than an actual measurement of service. While these perceptions of quality may well be informed by experience, evidence is lacking regarding the rationale for the opinions expressed by respondents. This finding identifies a missed opportunity to work collaboratively with service users to ensure relevant issues are considered in the planning, delivery and evaluation of service quality. Self-assessment of quality by clinicians is also known to be often more negative than consumer evaluation (Ferreira et al., 2023); for this reason, indicator data regarding user quality satisfaction is valuable to avoid bias and ensure a balanced perspective.

The finding that only one half of respondents use quality measures may also reflect an underlying skill gap in the occupational therapy workforce and prompt discussion regarding facilitators and barriers to changing practitioner behaviour. Models such as the behaviour change wheel that provide a structured approach to behaviour change may be useful in guiding professional development to integrate quality indicators into practice (Michie et al., 2008).

The need for increased use of quality indicators in occupational therapy is evident from the study findings. Effective action to address quality issues such as workforce capacity requires data to fully understand the nature and magnitude of challenges and barriers, identify potential solutions and evaluate success of improvement initiatives (World Federation of Occupational Therapists, 2024b). This requires a shift to a culture of quality where indicators are embedded and measured as a part of routine practice (Mannion & Davies, 2018). This is reinforced by recent competency requirements for the profession in international education standards (World Federation of Occupational Therapists, 2026a, 2026b).

Non-user respondents in this study reported higher levels of barriers to the use of indicators for all examined factors, with the lack of leadership support identified as the greatest impediment. Conversely, among user respondents, leadership support was one of the highest facilitators of indicator use. Although both groups reported concerns regarding a lack of time and resources for using indicators, it appears that leadership support was an important and necessary influence for implementing quality measures, and in many cases, may have helped to overcome barriers to implementing quality measures.

Results of this study can provide insight for advancing the use of indicators in occupational therapy. Respondents that used indicators largely came from high income countries and were most frequently English speaking. This finding may reflect differing views of epistemic and theoretical occupational therapy foundations, deeply rooted disparities in clinical governance systems, organisational capacity, political structures, socio-economic status, environmental conditions, or access to healthcare and technology (Guajardo & Malfitano, 2023; Rad, 2025). As indicator users were positively influenced in their utilisation of quality measures by leadership, such support may have impacted the higher knowledge, confidence and resources that were observed among indicator users. Increased levels of confidence and knowledge about indicator use and capacity to influence change were identified as the highest incentives for use of quality measures. This finding is consistent with research on organisational safety and quality culture (Brandis et al., 2017) that indicates leadership from supervisors, collaboration among interdisciplinary team members and high levels of work engagement lead to improved health and safety outcomes.

A low awareness of resources available from WFOT regarding quality measurement was reported among respondents, with only a small minority of indicator users (20%) reporting the use of QUEST, despite availability of resources in seven languages. Continued information sharing and promotion of QUEST and associated resources are required to raise awareness and use of these tools.

Users reported QUEST to be a helpful tool to facilitate use of quality indicators. Respondents reported increased confidence in using quality measures in their practices. QUEST assisted users to learn about indicators and continuous improvement, as well as identify relevant quality measures. The research literature supports this result as findings indicate that translation of knowledge into practice and changes in behaviour are precepted by increasing understanding and awareness (Titler, 2007). Education is a vital step of implementation science whereby acceptance of new ways of doing things follows knowing and understanding why change is required (Gonzales & Cattamanchi, 2015).

Indicator users in this study most frequently utilised data generated by quality measures to monitor and report on the quality of the service they provide. This finding is aligned with the expectations of leaders in well developed practice settings to provide accountability for service quality, and supports the integration of a quality cycle in the practice of the indicator users, consistent with the Deming principles of quality improvement (Gonzales & Cattamanchi, 2015).

QUEST users had a higher utilisation of indicators for the purpose of evaluating service changes, as well as increased capacity for using best available evidence to inform their practice. These findings may result from the use of QUEST to develop measures that are uniquely relevant to a practice setting. Rather than adopting standard quality measures developed by others, utilisation of QUEST involves the identification of unique indicators to address known quality issues within the practice setting of the user. Confirming that 'metrics matter' (Lighter, 2015), such indicators may facilitate the generation and use of data for creating and measuring change over time. The data from the indicators may therefore be used beyond simply monitoring quality to facilitating and measuring change needed for continuous improvement. This function is aligned with the theoretical foundation of QUEST, with the tool expected to be used within a continuous quality context, where the ongoing improvement of the quality of occupational therapy services is considered a professional responsibility.

Limitations

Limitations of this study include the small sample size. Estimates from the WFOT Human Resources Project indicate that approximately 580,000 occupational therapists are practising in countries across the world (World Federation of Occupational Therapists, 2024a). The response rate for this survey is therefore low in proportion to the total occupational therapy community. Most survey responses were received from participants in high income countries; this group, however, was underrepresented when compared with the distribution of occupational therapists across the world. Although the survey was translated into four languages and shared globally, the survey did not reach all occupational therapists among WFOT member organisations. Therefore, prudence regarding the generalisability of the findings is required. As previously discussed, some participant responses also did not reflect objective measures of the factors that may impact quality in occupational therapy. While most respondents had many years of experience in occupational therapy to inform their perspectives, the opinion of approximately half of the participants (47%) were not based on quantifiable data.

Conclusions

Respondents of this study indicated quality issues in occupational therapy relate primarily to service access issues, with demand reported to exceed available services. To implement successful actions to improve quality of service, data is integral to better understand the nature and scope of quality concerns and identify, monitor and evaluate potential solutions.

As members of an evidence-based, person-centred profession, occupational therapists understand the importance of using best available evidence to inform practice. Solutions to quality issues must be monitored for effectiveness based on data that can be generated through the use of quality indicators.

Leadership was identified in this study as a crucial factor that differentiates those who use indicators within the occupational therapy community. Leadership at many levels is needed to mobilise support, knowledge, confidence and motivation required for the generation and use of data from quality measures for continuous improvement in occupational therapy. WFOT has provided leadership for the development of QUEST, a tool shown to be beneficial both to monitor and improve quality in occupational therapy. Findings of this study indicate QUEST increases knowledge, confidence, and use of data to influence change. Initiatives are required, however, to improve awareness and utilisation of QUEST to increase the use of quality measurement and provision of quality service in occupational therapy.

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Author's Contributions

Claudia von Zweck was responsible for the problem definition and conceptualization, analysis, and actively participated in the discussion of results, writing and review. Susan Brandis actively participated in the discussion of results, writing and review. Helen Buchanan, Teena Clouston and Tim Reistetter were responsible for the review. Sandra Bressler was responsible for the problem definition, conceptualization and actively participated in the discussion of results. World Federation of Occupational Therapists is the institutional member. All authors approved the final version of the text.

Data Availability

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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