Describing occupational therapy practice

Exploring ways to improve descriptions of occupational therapy

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Abstract

An exploratory study using qualitative methods was undertaken to investigate the effectiveness of teaching final year students strategies that were designed to improve their descriptions of occupational therapy. Prior to their last fieldwork experience, four strategies were discussed with eight participating students. The participants tested the approaches during their fieldwork and reported incidences of using them to the researcher. Three strategies were found to be helpful and they contributed to participants’ feelings of increased confidence when explaining occupational therapy to others. Specifically teaching techniques for articulating occupational therapy may assist students to be more self-assured. Supervisors can support or hinder this process.

Key words
Professional representation, qualitative methods, occupational therapy education

Reference

How a profession portrays itself to others is important. The ability to provide a clear and accurate account of occupational therapy may result in growth and increased valuing of the discipline. Conversely, poor representation may produce frustration, wasted time, and missed opportunities. For example, when a referral is inappropriate or when an appropriate referral is not made due to lack of understanding of what could have been achieved. Adequate depiction of work responsibilities is also important when satisfying the legal requirements of informed consent. It is vital for health professionals to be able to articulate what they can do for clients in order for the clients to understand each clinician’s role in their healthcare plans (Caulton & Dickson, 2007). Misrepresentation may be a longstanding problem in occupational therapy, as the profession appears to have been widely misunderstood by other health workers and the wider community.

A number of authors have highlighted the difficulties occupational therapists face when representing their profession to others. For example, Jamnadas, Burns and Paul (2001) found that physician assistants and nursing students had limited understanding of the occupational therapy role. Equally, the dominance of biomedical discourse in health care settings may adversely affect articulation of profession-specific values (Miles, 2008; Wilding, 2011). It has been reported that during job interviews, many new graduate therapists appeared to have difficulty describing their practice (Williams & Richards, 2010). Indeed, Wilding and Whiteford (2007) found occupational therapists sometimes struggle to provide a concise definition because they try to name many different areas of practice in their descriptions. The effects of these challenges can be dire; for example, Keller and Wilson (2011) discovered that graduates did not seek employment in settings that were perceived to under value or lack respect for occupational therapy.

If occupational therapists have difficulty articulating their practice role, then students are likely to experience even greater challenges due to lower confidence. Also, as novices, students can experience difficulty describing their chosen profession because their theoretical and practical knowledge and skills are still developing. Studies which focused on midwifery (Miles, 2008) and social work students (Klein & Bloom, 1995) found that when students struggled to talk succinctly and accurately about their roles the effect was detrimental to
the professions over time. Occupational therapy is prone to a similar problem.

Several strategies have been identified for improving descriptions of occupational therapy. These include: paying careful attention to language (Ballinger & Payne, 2000), use of the word “occupation” (Wilding & Whiteford, 2008, p. 183), use of philosophy (Molineux, 2004), and utilising theory (Polatajko et al., 2007). However, there is still limited understanding of the best ways to represent the profession. Moreover, the experiences of students, as opposed to qualified therapists, are currently less well understood. Therefore, this study explored the question: Can the provision of strategies assist occupational therapy students to be more articulate when explaining their role and practice to others?

Method
Using qualitative methods, this study examined how a group of eight final year students described occupational therapy. It was an exploratory qualitative investigation.

Ethics
Ethical approval for the project was granted by the sponsoring university’s Ethics in Human Research Committee (405/2009/14). Pertinent ethical issues included avoiding coercion and ensuring anonymity of the participants. The potential for coercion was based on the fact that the researcher (the first author) was a student and as such approached peers to volunteer as study participants; the students might have felt obligated due to feelings of collegiality. The potential for an ethical breach was reduced by reinforcing the voluntary nature of participation and allowing invited participants’ time to consider joining the study. Issues of anonymity were addressed by using pseudonyms and reporting de-identified data. Participants were asked to not disclose names or identifying details of workplaces.

Sampling and recruitment
Recruitment targeted a sample of students from the final year of an Australian Bachelor of Occupational Therapy course, for purposive, pragmatic, and convenience reasons. This cohort of 43 students was selected because other year groups would not have completed their fieldwork placements within the timeframe allocated for the study.

During a face-to-face meeting that occurred at the beginning of a regular lecture, the researcher presented information about the study and then encouraged students to read the information sheet and ask questions. A follow-up invitation was posted electronically. Nine female students volunteered to participate. One participant withdrew during the study leaving a total of eight for the duration.

Data collection and analysis
The study was implemented in three stages:

Stage 1: An education and planning group occurred prior to the participants’ final fieldwork placement
Stage 2: Participants wrote a “critical incident summary” during their placements
Stage 3: A reflection, sharing, and evaluation group was held after the fieldwork and after preliminary analysis of the data

Table 1
Four Strategies Proposed to Improve Descriptions of Occupational Therapy

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Reasoning for strategy development</th>
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<tbody>
<tr>
<td>1. Our domain is in our name</td>
<td>As the word ‘occupation’ appears in the name ‘occupational therapist’, occupational therapists ought to be explicit about the connection between the profession’s title and their skills (Whiteford, 2007). Use of ‘occupation’ enables therapists to identify themselves as “experts in occupation” (Wilding &amp; Whiteford, 2008, p. 183).</td>
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<tr>
<td>2. Focus on theory</td>
<td>Words from theories of human occupation can act as a starting point for a definition of occupational therapy</td>
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<tr>
<td>3. Avoiding biomedical language and frameworks</td>
<td>Unconscious conformity with biomedicine may perpetuate lack of understanding of occupational therapy (Wilding, 2011). Using words such as “function” and “activities of daily living” instead of “occupation” may dilute or distort the focus of occupational therapy (Wilding &amp; Whiteford, 2008).</td>
</tr>
<tr>
<td>4. Using visualisation</td>
<td>An informal strategy that involved thinking about a favourite occupation and connecting with the feelings that arise when doing this favoured occupation and then thinking about how one would feel if he/she could no longer participate in this occupation. A person is asked to compare and contrast his/her feelings in these two scenarios to highlight how occupation can vitally impact upon satisfaction, enjoyment in life, and well-being.</td>
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Fieldwork was chosen as the appropriate testing ground because some authors (Caulton & Dickson, 2007; Pfeifer, Kranz & Scoggin, 2008) have asserted that to become articulate, preparation is best undertaken during fieldwork education.

Before the study began, the researcher decided that a good and effective definition of occupational therapy should describe the professional focus on occupation. This assumption was consistent with the founding philosophy and unique theoretical basis of the profession (Polatajko et al., 2007; Wilcock, 2004; Wood, 2011). Use of occupation as a therapeutic tool for restoring health and wellbeing has been central to occupational therapy from its beginning.

During the education and planning group (stage one), the researcher presented her summary of pertinent literature and four strategies for improving articulation (see Table 1). The strategies were developed by reading and discussing the project with her principal supervisor (the second author of this article). The group debated the ideas before participants made a commitment to using one or more of them during their upcoming fieldwork.

In stage two, the participants implemented their chosen strategies. After six weeks of placement, the half-way point of their fieldwork experience, they were asked to write approximately 1000 words about a ‘critical incident’. That is, an experience with a client during which they implemented their chosen strategy/strategies. Each participant was given a set of questions to guide her writing (see Table 2). Once completed, the stories were emailed to the researcher.

The analysis process started with reading the critical incidents in their entirety and thereby obtaining a sense of each participant’s experience. Next, the stories were sorted into sections according to the questions that were asked in the guidelines for writing the incidents. Thus similar responses were grouped together and compared. Using a repetitive, line by line process, the researcher inductively developed codes. Next codes were organised into categories, then themes. The technique of coding and code building is recommended for qualitative analysis by many experienced researchers (Ezzy, 2002; Jackson & Gillis, 2003).

The third and final phase was a post-fieldwork group meeting. Only four participants attended this meeting. The others were unable to be present due to a conflict of commitments. This group provided an opportunity for sharing, reflecting, and further discussion of their experiences of describing occupational therapy. It also enabled the researcher to discuss preliminary findings with the participants. This was an opportunity to clarify and ask questions about the researcher’s interpretation of their experiences.

**Trustworthiness**

Trustworthiness was addressed by engaging in a systematic process of data collection and analysis, the use of reflective processes, and by having experienced researchers as supervisors. Systematic and in-depth consideration of data was achieved by using verbatim, unedited critical incident write-ups. The research team (student researcher and supervisors) discussed how the data could be understood, placed into categories, and interpreted.

A reflexive diary assisted the researcher to focus her thinking by recording and making explicit thoughts and assumptions about the study. As recommended by Watt (2007), re-reading and deeper analysis of previous diary entries enabled the researcher to engage in an ongoing personal dialogue and to

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**Table 2**

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<th>Critical Incident Guide Questions</th>
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<tr>
<td>Please describe your placement setting:</td>
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<tr>
<td>Where did your critical incident of occupation-focused articulation take place?</td>
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<td>Who was present at the time?</td>
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<td>Immediately prior to the critical incident, what happened?</td>
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<td>How did you describe occupational therapy to the client/supervisor/other staff member/member of the public? Please write down the actual words that you used, as much as you can remember them.</td>
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<td>Which of the articulation strategies did you use? Why did you choose this one/s to use in this particular situation?</td>
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<td>Was the strategy/s you used easy to implement? What made it easy or hard to use this strategy/s?</td>
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<tr>
<td>Was there a strategy/s that you deliberately decided not to use? Why did you avoid this strategy/s?</td>
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<tr>
<td>How did you feel when you were describing occupational therapy?</td>
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<tr>
<td>How did the person react to your description?</td>
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<tr>
<td>How successful or unsuccessful do you think you were at describing occupational therapy? On what basis have you made this evaluation?</td>
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<tr>
<td>Did your use of this strategy/s make it easier to articulate what occupational therapy is? If yes, how did this strategy make articulating occupational therapy easier for you?</td>
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<tr>
<td>Reflecting on this instance, do you think you would do anything differently next time you are required to explain occupational therapy? If yes, what do you think you might do differently next time? If no, what made you feel satisfied with your explanation – why do you think it worked well?</td>
</tr>
<tr>
<td>Will you continue to use the strategy/s you used in this instance for the remainder of your placement? Why/Why not?</td>
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The participants incorporated suggestions from their supervisors regarding what ought to be included and excluded from their portrayals. Kate stated, “I was also encouraged by my supervisor to change the way I introduce what occupational therapy is, depending on the client and how they present on the ward so that it is more client-focused.” The supervisors' comments influenced the participants' future descriptions:

I used model theory. MOHO [the Model of Human Occupation] was the model that I followed because this was the model that my supervisor used. From MOHO I used the components, roles and habits, to help identify clients’ responsibilities around the house and the things that they were interested in. (Michelle)

My supervisor felt that my description was good, but relied too heavily on the use of models as a framework for my definition. She believes that this makes it difficult for clients to make connections between their circumstances and the language of the models. (Laura)

As a consequence of her supervisor’s comment, Laura abandoned the strategy of using theory in her explanation of occupational therapy.

**Focusing on occupation provided a helpful framework**

The strategies encouraged the participants to reflect on the language they used and in particular to highlight the concept of occupation and to avoid using biomedical terminology. Many of the participants accepted this advice and used the recommended language. Interestingly, the emphasis on occupation appeared to assist the participants to be more articulate:

Focusing on using the word occupation in my explanation and defining what occupation is, made explaining occupational therapy a lot easier for myself to articulate. By focusing on the language that I use in my articulation, avoiding jargon and the word function I feel that my definition has become a lot simpler and clearer for patients to understand (Sophie).

The most important thing that I think I have developed is the use of the word occupation in my description of occupational therapy. Also, and equally important, I have stopped using the word function. ...The more I used occupation in my definition, the easier I found it to use and to define (Laura).

Emphasising the words that participants could and should use provided them with additional structure for preparing their depictions of occupational therapy:

It gave me a general framework to work with that allowed me to articulate what occupational therapy is in simple terms that were easy for the patients to understand (Kate).

Through the use of the strategies: focusing on the word occupation, avoiding jargon, and reflection, it made it...
easier for me to articulate what an OT [occupational therapist] is and does. It made it easier to describe OT [occupational therapy] because I had a framework in which to structure my description and to base my wording on (Anne).

The participants individualised their descriptions of occupational therapy by using exemplars of the kinds of activities different clients were interested in. The definitions began by discussing occupation in general, and then they mentioned specific occupations that seemed to be most relevant to the particular client with whom they were talking:

I feel comfortable when describing OT [occupational therapy] to a client because I can specifically relate it to the occupations that are directly related to each individual client (Michelle).

The strategy to use the word ‘occupation’ allowed me to then personalise OT [occupational therapy] by describing occupation in meaningful terms to the individual. For example “an occupation can be an activity like gardening” and thus I can describe OT [occupational therapy] in relation to gardening and its associated components, as gardening may be important and meaningful to the individual (Anne).

**Individualising definitions to fit specific contexts**

Definitions were also tailored to be relevant to the specific contexts of clients. For example Catherine, who was working with children, included that an occupational therapist helped a “child to participate and achieve goals in everyday activities, mainly those at school, play, and taking care of themselves.” Whereas Georgia, who was working in a mental health setting, said: “I adjusted my definition to the audience and the types of occupational performance problems participants in the program could be having.” Michelle provided different descriptions of occupational therapy depending upon the diagnosis of her client:

With the different conditions my explanation of occupational therapy changes because with stroke patients it was directed at remediation of occupation, and other progressive conditions were focused on comfort and compensation strategies to prolong independence for as long as possible.

Laura also changed her representation of her work “according to the context of the setting.”

Descriptions were customised because the participants’ considered this helpful to illustrate how occupational therapy was personally relevant and meaningful to clients. Catherine’s words illustrate this concept well. She reported that explaining occupational therapy “was more meaningful to the client if it was about the specifics of the setting. So that’s why I integrated the definition of occupational therapy and the context together.”

Although the definitions were personalised, there was still a common core to them. There was a shared focus on occupation in general, and then particular occupations that were most suited to the listener at that point in time, and place, were highlighted. Georgia described this process of adapting her definitions: “The core definition would probably remain the same unless change is indicated by the feedback I receive but the examples would change depending on the context in which occupational therapy was being explained.”

**Discussion**

Paying careful attention to language and briefly noting the profession’s philosophical understanding of how health is created were found to be easy and effective strategies for increasing participants’ articulateness. This finding supports the work of authors who have argued for similar approaches. For example, Molineux (2004) and Wilding (2010) encouraged diligence in one’s choice of words and Clark (1993), Fisher (1998), and Wilcocks (2004) suggested advocating that health and well-being are influenced by occupation.

The participants’ supervisors strongly influenced the definitions. This finding is not surprising as experienced therapists are in an authoritative position and are commonly expected to demonstrate behaviour and skills for students (Carnall, 1998; Flood, Haslam & Hocking, 2010). Those who are learning, strive to ensure that their descriptions of occupational therapy match those of their supervisors’ in order to make a positive impression and in deference to the inequitable power relationships that exist between the two parties (Flood et al., 2010; Miles, 2008).

Some fieldwork educators may expect students to replicate their behaviours (Johansso & Bjorklund, 2005). Modelling can be an effective way of assisting students to develop their skills however it could be problematic if they merely copy their supervisors without reflection or critique. Students need to be allowed the opportunity to test alternative methods and actions. Moreover, they often have up-to-date and fresh perspectives derived from exposure to the latest ideas at university. These benefits may be lost if supervisors insist that their way of describing occupational therapy is best. The authors suggest that if more effective ways of describing occupational therapy are not embraced then the historical situation of unsuccessful articulation and discomfort when talking about occupational therapy will be perpetuated.

As the strategies used in this study assisted the participants to gain confidence in describing occupational therapy, the authors recommend that these strategies undergo further investigation for possible inclusion within occupational therapy curricula. This proposal has been endorsed by the participants, who indicated that knowing about the strategies prior to their first fieldwork experience would have been useful.

**Study limitations**

A limited range of experiences were considered as the study sample was small and all participants were from the same
university. A different group of students may yield another set of findings. In addition, trialling the strategies with experienced therapists might create different understandings.

Although the method of gathering data produced insightful and reflective responses, a different method of data collection might have yielded different data. For example, interviewing, focus groups, or some other form of dialogue would have provided increased opportunity for probing, questioning, and developing participants’ responses.

**Future research**

Clearly, further research with a wider range of participants would provide a more complete picture of describing occupational therapy. Larger samples of participants are also recommended for future research, so that the utility of the strategies can be more effectively evaluated and the results generalised.

**Conclusion**

The study described in this article examined strategies designed to assist students to become more articulate when describing occupational therapy. Providing clear and effective representation is an important and significant challenge faced by the profession. Participants were assisted to explain occupational therapy using simple strategies such as including the word ‘occupation’ and avoiding biomedical language. Although the group did not reach consensus about one universal definition, learning specific strategies increased their confidence and made it easier to describe the purpose of occupational therapy. Further study is recommended to develop strategies that will assist occupational therapy students and practitioners to easily and effectively describe occupational therapy.

**Key points**

- Teaching specific strategies for improving articulation of occupational therapy prior to fieldwork assisted students to be more competent and confident in their descriptions.
- Supervisors appreciably affect students’ descriptions of occupational therapy; such influence ought to be wielded carefully.

**Acknowledgement**

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**References**


