Contemporary occupational therapy: Disruption or transformation?

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Successful health care transformation or innovation requires disruption (Brook, 2009). Disruption occurs when linear change is no longer possible due to vast differences between service providers and clients (Bower and Christensen, 1995; Brook, 2009; Hwang et al, 2015). Transformation in health care requires leadership and a holistic approach (Senzon, 2011).

In occupational therapy transformation leaders are pushing for a 'paradigm shift' to a focus on occupation (Gustafsson et al, 2014). What this paradigm shift means in real practice and how it fits in with current reforms in health care policy and practice is not well understood. Understanding why and how this disruption has come about, and recognising the limitations of such internally led reform are critical to appreciating the opportunities and challenges of our profession at this moment in time and into the future.

Historical paradigms

Throughout the history of occupational therapy, a focus on occupation has been at the centre of practice, interventions and scientific enquiry within the profession (Hooper, 2006). Transformation leaders in occupational therapy have warned against being defined by assumptions embedded in the dominant medical model; however, what is lacking is scrutiny of the epistemology or dynamics surrounding the suggested transformation (Hooper, 2006). In the early years of the occupational therapy profession, there was a focus on concrete activities of its practice 'doing' and not its scientific basis and as such attracted those people who like doing (Serrett, 1985).

During the mid-20th century, the profession became heavily influenced by scientific reductionist approaches and therefore training became longer and practice changed. This shift was referred by some authors as 'derailment in occupational therapy' (Shannon, 1977). We disagree with this school of thought and argue that what changed is what the profession knew, which substantially grew while how it knew it remained the same, so this is essentially a growth rather than derailment (Hooper, 2006).

Emerging paradigms

In recent years, occupational therapy scholars have developed models and frameworks that reflect occupational therapy's knowledge base and synthesise multiple dimensions of occupation (Wilcock and Townsend, 2000; Townsend and Wilcock, 2004).

Occupational therapy transformation appears to be led by a few disruptors, with some referring to the change as 'renaissance of occupation'(Gustafsson et al, 2014). We know that occupation has always been at the centre of our practice and argue that the increased focus on it is a welcome development but hardly a renaissance (Hooper, 2006). While current transformation leaders acknowledge the role of external factors, there has not been much discussion on how the profession's said paradigm shift is responding to these factors.

The profession clearly has to change and adapt in view of overwhelming changes around. Besides the transformation leaders, most occupational therapists are not actively involved in questioning where the profession is going and how we know that we are going in the right direction. This state of confusion has led to some occupational therapists abandoning well-researched approaches in their quest for contemporary practice. We are of the view that occupational therapists should feel confident in using shared evidence-based practices, including the individual placement and support model based on employment interventions, solution-focused approaches, recovery-based approaches, sensory approaches and teaching self-management strategies, as they are contemporary and epistemologically consistent with occupation-focused practice (Egan et al, 2010; Farkas, 2006; Slade et al, 2014).

Some authors have already concluded that there is a contemporary paradigm (Gustafsson et al, 2014). We agree that the profession should evolve, however, and that this should be achieved through diversity of ideas, experiences and research rather than a revolution. A 'paradigm shift' infers a 'complete change from the usual way of doing' and we argue that this is hardly the case in practice or in theory. In occupational therapy, the transactions between

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occupation and health have always been the basis of the profession.

We agree with Wilcock (1999), who stated that a profession's philosophy should allow for 'personal variations and changes through the growth of ideas, research and experiences'. We are of the view that the profession's philosophical beliefs are broad enough and allow for transformation 'change in appearance or character so that the profession is improved'. For example, we are of the view that occupational therapists need to be proactive and focus more on preventative health rather than assisting only those that have already developed health problems. Such a focus can only improve the profession. We warn against disruptive change as it can only yield short-lived benefits or worse.

There is a need for a holistic transformation that is responsive to the world around us. As stated in the code of ethics for occupational therapists, in most countries 'occupational therapists should be involved in the ongoing development of their profession'. We make this calling to all occupational therapists again now as we navigate our profession towards the next paradigm. **IJTR**

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