5-2024

Beyond Rehabilitation: Exploring the Field of Occupational Therapy and the Transformative Impact of Care

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Abstract

As a profession that implements unique approaches to empower people of all ages and abilities to actively participate in activities that are meaningful to them, occupational therapy is an essential service for providing holistic healthcare (Darawsheh, 2018). As an undergraduate approaching graduation, the process for applying to graduate school programs has finally begun, and it has become obvious the lack of public knowledge there is regarding the profession. Even among other healthcare professionals, there is often an inadequate understanding of the field, which can be problematic and result in patients not being referred to receive the services that may benefit their recovery process (Darawsheh, 2018). This project was the perfect opportunity to maximize both my knowledge and understanding of my dream career and to provide the public with a comprehensive source of information about the field. It allows me to expand beyond simply just having the basic definition of the field and what the job description may entail. I will not only be doing research into the topic using credible online sources, but I am also lucky enough to be employed at a facility where I can observe some of these areas firsthand. Being able to converse with these various people will provide insight that cannot be found by solely doing research online.

Current Study

The current study aims to compile a comprehensive understanding of the field of occupational therapy that expands beyond the simple definition of a job description. This study takes a deep dive into the world of occupational therapy and investigates not only what the field is and the logistics of the career, but also the importance of the influence it has on the population, specifically those with life-altering impairments. Intending to spread awareness and knowledge of the profession, the study explores what occupational therapy is, how one becomes a practicing

occupational therapist, and how a person's independence and purpose can be reinstated using effective interventions and assistive devices. Interviews complement the findings of the literature review to expand upon the research and fill in important knowledge about the profession that is not easily located in currently published articles. In supplementing a literature review with qualitative research, the study gathers information about occupational therapy from a variety of perspectives that paint the entire picture rather than just half the portrait.

Part 1: Literature Search

Methodology

The current study uses a combination of literature review strategies and qualitative data collection. For the literature search, topics of interest were researched using credible online databases including Academic Search Complete, JSTOR, Psych Info, and Google Scholar. Once a list of potential credible sources was established, the information found was compiled into a thorough, academic review to supply readers with an in-depth understanding of the field of occupational therapy.

Defining Occupational Therapy

Before creating an in-depth review of the field of occupational therapy, it is essential to define a clear definition of the career first. According to Raya-Ruiz et al. (2022), occupational therapy (OT) is a profession dedicated to improving an individual's occupational performance and adaptation to enhance their overall health and well-being. In this context, occupation refers to any activity that provides meaning and purpose to an individual's daily life, and adaptation is the ability of a person to overcome an occupational challenge in which a typical response to the activity is no longer successful (Johansson & Bjorklund, 2016).

The American Occupational Therapy Association's (AOTA) Scope of Practice document describes the primary aim of OT as assisting people in effectively participating in their daily routines and preserving their occupational identities. The profession offers services that enable individuals to develop skills, recover from injuries or disabilities, and foster a healthy lifestyle, catering to both disabled and non-disabled individuals. Through the process of evaluation and intervention, occupational therapy combines the use of emotional, psychosocial, cognitive, and physical performance to promote the overall health and quality of life of an individual ("Occupational Therapy Scope of Practice", 2021).

History and Evolution of Occupational Therapy

Dunne et al. (2016), suggest that examining the history of occupational therapy methods and how the objectives of the profession have changed over the years can help current occupational therapists generate wider perspectives that can be applied to their clinical practice. Understanding the historical development of the profession offers critical knowledge about the evolution of occupational therapy practice, which encourages an assessment of modern theories and interventions for new clinical challenges that may arise (Dunne et al., 2016).

Occupational therapy as a profession has experienced several shifts in focus throughout its history (Murray et al, 2021). Turcotte and Holmes (2023) outline the evolution of the profession, beginning with the reformist movements in the early 19th century and following the changes through the biomedicalization of the profession. Knowledge of the field first emerged in response to industrialization and the expansion of capitalism, and at the time, was heavily focused on the use of arts and crafts as a means of healing and caring. Occupational therapy practices were first implemented and prescribed mostly in the form of work such as agriculture,

groundskeeping, and gardening as a form of therapy for those institutionalized in psychiatric asylums and the mentally ill.

During World War I and World War II, nurses, social workers, and women of other backgrounds started becoming what was known as “rehabilitation aids” in which they supported the wounded or injured soldiers’ rehabilitation with the use of arts and crafts as a form of therapy. These rehabilitation aids shifted care from bedside to community activities which led to excitement about the increase in autonomy and was a major breakthrough for the future development of occupational therapy as a medical profession (Turcotte & Holmes, 2023).

The biomedical model approach soon took over the focus of occupational therapy, which is the paradigm that focuses on body structure and function rather than occupation participation (Murray et al., 2021). As mentioned by Turcotte and Holmes (2023), as occupational therapy continued to grow, so did the want to control the field with the biomedical approach. Occupational therapists ultimately succumbed to the pressure to convert to more scientific approaches around the 1960s (Murray et al., 2021). There was pressure to do so because using arts and crafts as a form of therapy was difficult for occupational therapists to prove efficacy and it did not follow typical biomedical practices. Conforming to biomedical knowledge was thought to expand the validation of occupational therapy practices, and shifting the practice to focus on productive occupations rather than recreational occupations would help establish occupational therapists as professionals in the health field (Turcotte & Holmes, 2023).

However, there has been a recent integration of Gary Kielhofner’s Contemporary Paradigm which more closely relates to the original goal of occupational therapy. There are three main themes that build the contemporary approach, which are recognizing the important implications meaningful occupations have for a person’s well-being, focusing on challenges in

these occupations within therapy, and approaching therapy with the mindset of overcoming occupational challenges (Murray et al., 2021).

Education and Employment

There are three groups of titles within the occupational therapy department that may be involved in providing OT services, all with differing levels of required education status (Punwar & Peloquin, 2000). Occupational Aides are individuals who are not required to complete any formal education, but they must undergo on-site training that qualifies them to be able to participate in routine, simple procedures. The next level of training is known as occupational therapy assistants (OTAs), and this requires the individuals to acquire either a certificate or an associate degree. OTAs are able to direct certain occupational therapy activity programs and can work alongside occupational therapists. The highest level of education is needed to become a licensed, practicing occupational therapist, which requires completion of a bachelor's degree followed by graduating from an accredited postgraduate program. Licensed occupational therapists assess and develop treatment plans for patients as well as lead occupational therapy programs. (Punwar and Peloquin, 2000).

Lemez and Jimenez (2022) claim that as of now, there is a dual point of entry into the occupational therapy profession, meaning one can become a practicing OT by obtaining either a master's degree (MOT) or a clinical doctorate degree (OTD) from a program that has been accredited by the American Occupational Therapy Association (AOTA). The AOTA is a national group that advocates for and supports occupational therapy as a profession. Within this organization, there is a group called the Accreditation Council for Occupational Therapy Education (ACOTE) which is responsible for granting accreditation to programs that maintain the designated minimum standards of education set by the AOTA (Punwar and Peloquin, 2000).

As stated by Lemez and Jimenez (2022), there were 234 postgraduate occupational therapy programs (63 at the doctorate level) that had been accredited as of 2022. The ACOTE decided to mandate a single point of entry into the profession in 2017, in which all OTs would need an OTD degree to practice by 2027. However, this was vetoed by the AOTA in 2019, so while the dual point of entry is still under intense debate, it remains available today (Lemez & Jimenez, 2022).

Once an educational program is completed, it is time to jump into employment as a practicing occupational therapist! It is important to note that as for the job outlook of the field, there is a projected 17% increase in employment expected by the year 2030 (Lemez & Jimenez, 2022). Occupational therapists can be found working in a number of settings. Typically, these include anywhere from community spaces, outpatient centers or in the clients' own homes or living spaces, and schools to inpatient facilities such as long-term care or hospital settings (AOTA, n.d.).

Occupational Therapy Services and Interventions

Similarly, occupational therapists provide services to a wide range of people, no matter their age and with differing degrees of impairment. Services can be provided for anything from short-term injuries to life-altering, traumatic injuries and from neurological disorders such as Autism to chronic diseases/chronic pain (AOTA, n.d.). Although it is not the limit of who qualifies for occupational therapy services, the vast majority of research produced from the literature search discussed three major patient groups for OTs and some interventions that may be relevant to those specific groups.

First, acquired brain injuries, or ABIs, make up a large percentage of occupational therapy recipients of care (Raya-Ruiz et al., 2022). An ABI is either a traumatic or a non-

traumatic brain injury that occurs after an individual's birth. A traumatic brain injury (TBI) occurs due to external force, while a non-traumatic brain injury may include incidents such as strokes, brain tumors, or any incident in which the brain undergoes a long period of time without receiving oxygen, yet both TBIs and non-TBIs can cause adverse complications such as motor, cognitive, emotional, and behavioral changes that impact a person's daily life and participation. OT works closely with these individuals to evaluate what is important to them to create an intervention plan that helps them regain independence and a sense of control over their lives (Raya-Ruiz et al., 2022).

Under the category of non-traumatic brain injuries lies stroke victims, which is another large patient group that is seen by occupational therapists (Rowland et al., 2008). Strokes leave a debilitating impact on an individual's life, often resulting in the loss of mobility in an upper extremity limb, if not the entire side of the body. Through the use of interventions such as stretching, splinting, electrical stimulation, compression garments, assistive device training, and home modifications, occupational therapy can help those who have suffered a stroke improve their motor control and independently complete their own self-care or domestic tasks (Rowland et al., 2008).

Along with brain injuries, spinal cord injuries (SCIs) are debilitating, life-altering events that leave a major impact on their victims, and OT plays a huge role in reducing the risk of any further complications (Arsh et al., 2020). In general, SCIs result in partial or complete paralysis, bladder and bowel incontinence issues, and many other functional changes. In addition, SCIs that occur at the cervical level may cause a complete loss of a person's upper extremity mobility, meaning all daily tasks have now become dependent on a caregiver. However, with the use of effective occupational therapy services, some of this independence may be restored. For SCI

patients, interventions for upper limb strength may include sanding activities or resistance training. Activities such as pegboard exercises, grip training, and block activities can improve an individual's fine motor skills. Lastly, SCI patients can learn how to modify their activities of daily living routines by learning how to self-feed, bathe, dress, and groom themselves with the aid of assistive devices and adaptive equipment (Arsh et al., 2020).

The previously mentioned life-altering events, as well as several additional disabilities and limitations can have a huge impact on someone's mental health. Interestingly, occupational therapy is not only commonly used to rehabilitate physical functioning, but it can also play a huge role in mental health services as well (Romano et al., 2021). According to Romano et al. (2021), Occupational therapy services are often used in the form of activity-based groups to treat mental health disorders, with major depressive disorder being the specific topic of concern in their research. OT groups for mental health include groups that focus on function, activity, tasks, social aspects, life skills, socioemotional factors, support, and more. These groups help individuals struggling with mental health to regain a sense of belonging and to find people they resonate with, who make them feel accepted and as though they can express themselves. Overall, these groups aim to promote relaxation and self-confidence (Romano et al., 2021).

One challenge for providing services to patients that was identified by Daniëls et al. (2002), was keeping patients motivated, since if someone is not interested in their intervention plan, there will be no improvement. Some of the solutions provided for keeping individuals motivated and actively participating in their plan of care included setting meaningful and achievable goals, as well as building a shared profile between the patient and the therapist. Setting meaningful goals that are relevant to what the individual may struggle with at home rather than basing all interventions on the institutional environment may help the patient

recognize the importance and meaning behind the specific intervention. In addition, offering choices to create achievable goals makes the task feel more doable for the individual. Lastly, building an understanding of the person's occupational profile so the OT knows what is important to them and what they would like to get back to doing is crucial for effective outcomes (Daniëls et al., 2002). This is further addressed in the interview questions as well.

Transformative Impact

Participation in occupational therapy interventions can have drastic impacts on an individual's overall health and well-being and life satisfaction (Alageel, 2022). Although strategies used in occupational therapy do partially result in the improvement of the physical performance of impaired individuals, Arsh et al. (2020), report that the most important outcome for occupational therapy is maximizing the individual's quality of life. Quality of life, as defined by Alageel (2022), is a broad term used to organize and evaluate the frameworks regarding an individual's role in life. Quality of life involves a person's objectives in life, as well as their mental and emotional states, ability to adapt, and social involvement.

Occupational therapy works to enhance the quality of life for those with impairments and disabilities in numerous ways (Alageel, 2022). Occupational therapy integrates creative treatment techniques, which are linked to imagination. Creativity and imagination are crucial practices for those with impairments and disability because they enhance life-meaning through participation and self-expression. Supporting an individual's engagement in creative occupations increases happiness and self-esteem, promotes independence, and motivates people to express their social identities. According to Arsh et al. (2020), "satisfaction of essential human needs is critical to quality of life". Therefore, participating in meaningful activities nurtures quality of life by implementing an overall sense of satisfaction in one's life relating to the balance of health,

well-being, happiness and joy, motivation, and many other positive psychological aspects (Alageel, 2022). In this way, occupational therapy empowers productivity and fulfillment in an individual's lifestyle (Arsh et al., 2020).

Discussion

The comprehensive exploration into the field of occupational therapy done through the literature search has highlighted the multifaceted nature, historical evolution, pathways of education, and the transformative impact of the profession. Beginning with establishing a clear definition, the academic review dove into the historical development of occupational therapy as a profession dedicated to enhancing individuals' performance and adaptation in life. The review then discussed the diverse education and employment pathways one can take to become involved in occupational therapy services as the demand for the profession continues to grow. Evidence from the search also illuminated the wide range of populations and conditions that occupational therapy services encompass, from brain injuries and strokes to spinal cord injuries and mental health disorders. From this information, it can be understood that occupational therapists play a crucial role in enhancing someone's quality of life and promoting independence. The transformative impact of occupational therapy extends beyond just physical rehabilitation by fostering creativity, engagement in meaningful activities, and promoting life fulfillment.

Part 2: Interviews

Methodology

The following interviews were completed with the goal of expanding the knowledge found from the literature review and answering remaining questions in which answers were scarce in the existing research. The first three interviewees were currently practicing

occupational therapists at either QLI in Omaha, Nebraska, or Miller Orthopedic Specialists in Council Bluffs, Iowa. The third interviewee was an individual who was on the receiving end of occupational therapy services numerous times after undergoing intensive spine and back reconstruction surgeries. To respect the privacy and dignity of this individual, no other identifying information has been provided.

Occupational Therapist Interviews

Q. What aspects of your education do you feel have been most beneficial to your work as an occupational therapist?

A1. *"The most beneficial aspect was gaining real-life experiences and learning that building the occupational profile with patients to understand their feelings is crucial. I learned a lot about how huge relationships are during my clinical rotations."*

A2. *"The practical experiences, like patient simulations, prepared me for real-life patient treatment design and implementation. The inter-disciplinary group tasks were beneficial in learning how PT and OT work together."*

A3. "*Although the lectures and assignments in class were completely necessary and taught us the groundwork for OT, any hands-on experience I was able to have in school was the most beneficial. Whether it was working with patients for our practicals, having individuals living with various disabilities/injuries coming in to talk to our class, or going out on fieldwork, this is where I learned the most. Each patient/client is so unique and very rarely is a "textbook" example. This also helped to build my confidence when working with injuries or conditions that I was not as familiar with."*

Q. In what ways do occupational therapy and physical therapy differ? In what ways would you say they complement each other?

A1. *"They differ because physical therapy focuses on treating the actual injury itself, while occupational therapy focuses on getting you to do things throughout the day that are meaningful to you. They complement each other because PT gets you where you need to go and OT brings the meaning back into your life once you get there."*

A2. *"Definitely depends on the practice setting. In a skilled nursing facility setting, OT and PT work very closely, with OT tending to focus on rehab, adaptation, and/or compensation with regard to ADL tasks, safety, cognition, and the patient's successful functional ability in his/her environment. PT focuses on the physical aspect of the person, like strengthening the legs for improved transfer ability and mobility. In my current setting (outpatient orthopedics), OT focuses on the upper extremities and upper spine, and PT focuses on the lower extremities and lower spine. Together, OT and PT address the various aspects of an individual that are negatively impacted by the diagnosis/diagnoses and assist the individual to return as close as possible to his/her prior level of function."*

A3. "*Physical therapy generally focuses more on gross motor patterns, gait training, and lower extremity rehabilitation and occupational therapy tends to focus on upper extremities, ADLs, and fine motor movements. Rarely does PT or OT fit into those boxes perfectly. I think the biggest area in which OT and PT differ is the functional component and the "why" behind the therapies for OT. PT and OT complement each other well in piecing back someone's life together after*

a catastrophic injury. An example I think of is a new mother wanting to be active in her daughter's life; OT worked on holding, feeding, changing, dressing, and playing with her daughter while PT supported walking while pushing a stroller, floor transfers, unsupported seated positioning, and walking while carrying her daughter. From my experience, PT and OT patient programs work best when there is collaboration between the two departments."

Q. How would you say treatment differs between in-patient, acute care settings, and long-term care facilities?

A1. *"Acute care is closer to the injury, so you may be working from bedside on something small like washing your face or working toward sitting edge of bed. Long-term care is more maintenance-based. Since you're further out from the injury, you may be able to do more intense interventions."*

A2. *"Inpatient is guiding the patient to attain his/her basic ADLs and function. Acute is immediately following a life-altering event, like a stroke, it's "the here and now". Long-term care is assisting patients in rehab following a decline of function, strength, ROM, etc., that adversely affects their ADL participation and function."*

A3. "*While a lot of the treatments differ based on the facility, in my experience, I have found that inpatient OT focuses most on training the patient on precautions, transfers, and discharge recommendations, while acute care settings involve a lot more interdisciplinary collaboration between clinicians, nurses, physicians because the individual has acute medical needs. Oftentimes, acute care is an introduction to an intensive rehabilitation schedule and specialized care. Long-*

term care facilities are very dependent on location; the ones that I have had experience with often support individuals who are not yet ready for a level of intensity within their rehab program as a traditional acute care setting or they have needs that surpass what family, friends, or other facilities can support based on their complex level of needs. They are still receiving therapies, but this may look more like a maintenance program or it may be getting them ready for a more intensive rehab program."

Q. Can you describe your approach to developing treatment plans and interventions for your patients?

A1. *"Going off the assessment, I identify what things they are struggling with, and then based on their occupational profile, I focus on finding things that are meaningful to them that they want to get back to. Both of these are important in developing an effective treatment plan."*

A2. *"I treat each patient as an individual and not a diagnosis. A healthy, active, 30-year-old father of 4 children with no comorbidities is going to require a different treatment plan than an 80-year-old man who is afflicted with multiple comorbidities and has a significantly high fall risk. They are both important patients that deserve respect, patience, care, and individual treatment interventions that specifically address their unique living situation, living environment, support systems, functional abilities, and needs."*

Q. What evidence-based interventions have you found to be most effective and why?

A1. *"Working closely with their ADLs is very beneficial for getting outcomes. I find it effective to work on their morning routine with them so we can work on the*

actual tasks themselves in real situations rather than only working on the tasks in mock situations in the gym."

A2. *"In my current orthopedic setting, I rely heavily on continuing education courses. The courses I choose are filled with references and resources to ensure I am treating my patients with current interventions that positively impact their rehab."*

A3. *"n/a based on specialty area"*

Q. How do you involve patients in the intervention process? How do you encourage their participation and motivation?

A1. *"I give them options of different activities that are working toward the same goal so they still have a choice. I also let them choose the environment they prefer to work in (like in their own room or the gym, try to be as flexible as possible). Getting to know them on a deeper level, listening to them, and showing empathy also goes a long way in gaining their trust and encouraging their motivation."*

A2. *"From the start to the finish by relating their individualism with their diagnosis/diagnoses to their living environment, their support system, their abilities and functions, their time availabilities, their life responsibilities, and their identities….the patient is in the center and everything that defines them is involved in designing the intervention to promote patient program adherence and best possible outcomes."*

A3. "*Open communication throughout the intervention process is a key component. I may have an individual that loves one piece of AT and another that finds it to be inconvenient. It is important to do consistent check-ins with the*

indviudal and their support system to find the best solutions. Encouraging them that we are actively working towards their goal of becoming more independent and I am here to support them throughout the process."

Q. Can you provide examples of common assistive devices you recommend for activities of daily living, mobility, communication, or other meaningful purposes?

A1. *"A common high-tech option is the Zoogo eye gaze communication device, or any other type of AAC communication device. For more low-tech options, we use a lot of foam tubing for silverware, pencils, etc. for grip strength, as well as weighted utensils, pant clips for clothing management, gel grippers, dressing sticks, walkers, wheelchairs, and AFOs."*

A2. *"Patients with limited upper extremity range of motion benefit from reachers, patients with distal tremors may benefit from proximal stability methods, patients with mobility limitations may benefit from compensated measures, like power chairs. Limited dexterity or pinching ability=built-up utensils. Limited cervical extension=cut-out cups. Limited vocal ability=microphone, typing, writing. Limited visual ability=tactile feedback and instructions, contrast colors, textures."*

A3. *"Environmental Controls: Echo Dots, Echo Shows, Fire TV Cubes, Google Homes, Apple Home products, Smart Plugs, Smart Bulbs, automated doors, automated shades, automated lights, video monitoring systems, etc. Communication: iPads, Tobii Dynavox Eye Gaze Systems, AAC applications*

Return to School/Work: Voice Control for devices, GlassOuse glasses, Kensington Adaptive Mice, Typing Sticks, power wheelchairs to connect to laptop and/or phone, head tracking, facial expressions for computer functions

Mobility: Power wheelchair control options (sip and puff, head array, etc.)"

Q. How would you say assistive devices improve a person's quality of life and overall well-being?

A1. *"Assistive devices make the task easier and may help someone go from needing moderate assistance to being modified independent."*

A2. *"First, the person must be comfortable with it, or they will not use it. Assistive devices have the ability to empower an individual to engage, participate and function in ways that perhaps they were unable to do prior to the device. If the assistive device is able to help the person achieve chosen tasks, then his/her well-being will tend to be more positive."*

A3. "*Assistive devices support an individual in regaining independence. This improves quality of life, promotes dignity, decreases feelings of isolation, and offers hope for their future. It is so rewarding to help someone return to tasks that they did not think they would be able to."*

Q. How do you believe occupational therapy contributes to the mental health and well-being of individuals and communities?

A1. *"OT plays a huge role in mental health. Sometimes patients struggle a lot with their diagnoses and how it impacts their lives. OT gives them more independence, helps them socialize and get out in the community, and gets them back to doing what they used to do before their injury."*

A2. *"I believe that mental health is becoming more widely accepted to talk about and address; it's no longer this stigma in which people shy away from, like it was in the past. OT addresses mental health in each patient because we realize that mental health and well-being affects every aspect of a person. From a community perspective, OT helps get the word out that mental health and well-being needs to be respected and addressed."*

A3. "*Occupational Therapy looks at a person as a whole which includes both the physical and mental well-being of an individual. We look for barriers to success and how to support the individual in mind, body, and well-ness. We are also our patients/client's strongest advocates and can be helpful spreading awareness, speaking to members of the community, and facilitating change within the community whether it is making places more accessible or increasing comfort level in interactions with individuals with disabilities."*

Q. From your experience, how does occupational therapy support individuals in achieving greater independence and autonomy in their lives?

A1. *"OT gives them different tools and strategies that help them with their activities to be as independent as possible."*

A2. *"A true example: If a patient has achieved her goal upper extremity range of motion and strength, and she can now successfully complete toilet hygiene, this is awesome! Humans have the ability to achieve amazing things and OT helps to guide patients in these achievements. Through education, empathy, respect, passion and persistence, OT helps patients attain success and improve their quality of life."*

A3. "*Finding solutions to encourage and support independence. We may not be able to get a person back to prior level of function, but we can make changes to their environment, level of support, adaptive tech, and integrating tools that they need for success to participate in their various roles, even if it may look different."*

Q. In what ways do you think occupational therapy promotes social inclusion and participation for individuals with disabilities?

A1. *"It helps give people a sense of community by getting them involved in groups, demonstrating inclusion, and adapting activities for participation purposes."*

A2. *"OT promotes inclusion for all humans via rehabilitation, compensation, and/or adaptation no matter the diagnosis/diagnoses. OT removes the "dis" from disability!"*

A3. "*We are constantly spreading awareness, aiding in communication and participation, and accessibility."*

Q. In your opinion, what distinguishes occupational therapy from other healthcare professions in terms of its influence on holistic health outcomes?

A1. *"Occupational therapy looks holistically at everything impacting their lives. It considers variables of psychosocial factors, physical factors, and religion to make a unique plan of care for them, which means it is treating the whole person and not just as what their injury is."*

A2. *"Occupational therapy takes into account all aspects of a patient's individualism, the mental health, the physical health, the living situations and*

environments, the family, the work aspect, the instrumental activities of daily living. OTs can work with patients for rehab, then assess their home living situation to determine safety when returning home upon discharge. OTs can pre-hab a patient to strengthen and improve range of motion prior to an expected surgery to positively influence rehab and outcomes following surgery. OT is not just getting a person stronger, it's getting the person stronger to complete necessary and chosen tasks, like toileting, dressing, etc."

A3. "*Similar answer to question 9, but we treat the whole person. OTs are looking at what brings someone purpose, how can we facilitate independence, how can this person actively participate in a life that they find value in. We are not prescribing medications or recommending surgeries, we are treating with movement, cognitive support, emotional support, and recommending additional specialty areas."*

Occupational Therapy Recipient Interview Questions

Q. If you received treatment from both in-patient settings and long-term care settings, what were the most notable differences you saw between the two?

A. *"I only received in-patient OT services for all 6 hospitalizations"*

Q. How did your occupational therapy sessions typically unfold? Can you describe some of the interventions or activities you participated in?

A. *"The first couple days after surgery OT would show me how to independently brush my teeth, eat, brush my hair or do very basic ADL's while still confined to the bed with IV and drains still in place, and then once I was able to move around they would show me how to make adjustments in caring for myself so*

that I could do it independently around my hospital room and by the time I went home with my physical restrictions. Before I was able to be discharged, I had to model how I would shower, use the bathroom, get dressed, get in and out of a car, go up and down stairs, how I would use my crutches and walkers, how I would transfer from the toilet seat raiser to the shower chair, the way I would get myself out of a recliner or laying position at home, and how I would pick things up from the floor with my braces on. I had to pass all those tests witnessed by my in-patient OT in order to be discharged."

Q. What interventions did you find to be most effective and why?

A. *"How to take a shower and cleanup after using the restroom were by far the most important because there was not always someone right there to do it for me. I also could not get my incisions wet but needed to stay clean to prevent infections. I would not have learned a safe way to do either of those without my OT showing me some tricks. It also let me have some dignity back when I had already been so exposed throughout the entire hospital admission. I thankfully had the same OT for all 6 surgeries."*

Q. How were you involved in the intervention process? How did your therapist encourage your participation and motivation?

A. *"My therapist would model how she would like me to do a task with my restrictions, and then I was encouraged to try independently. She would make corrections or intervene while I was still weak and not fully capable. During the really tough days when I was still on pain pumps and my incisions hurt so badly, they always used encouragement as a way to keep me going.*

Depending on the day and type of surgery recovery, sometimes rewards were offered if I did tasks on my own. As my anticipated discharge date would approach, I would have to do it fully independent in order to go home. I was always sent home with a plan on how to do self care tasks while my physical restrictions lasted. They called me frequently during the first few weeks at home to see how things were going and make any changes if necessary."

Q. Can you provide examples of any assistive devices that were impactful in your activities of daily living, mobility, communication, or other meaningful purposes?

   A. *"Shower chair, toilet seat raiser, walkers, crutches, grabbers to pick things up off the floor, no-rinse body wash and shampoo, organized and timed medications."*

Q. How would you say assistive devices improve a person's quality of life and overall well-being?

   A. *"They can greatly impact somebody's life. Giving people voices that didn't have one before, giving the gift of hearing and balance to someone that has never experienced it before which in turn develops their language, and depending on the situation it can make that person feel like they don't have a disability at all, and make them feel like they can live as an independent individual capable of everything else a "normal" person is. It can lessen the burden they feel they put on others and can create inclusivity. All of these things would only make someone's quality of life and wellbeing better."*

Q. In what ways did occupational therapy impact your daily life, routines, or activities?

A. *"It gave me a way to have some independence, freedom, and alone time which was always important when coming home from the hospital where you're bothered every two minutes by somebody. It helped me relax, decompress, and recover quicker on my own terms. I didn't feel like I always had to wait for somebody to help me once I got to a safe level of recovery. The accommodations always made my life easier and I never usually noticed when I all of a sudden didn't need them anymore, that's how integrated they were in my everyday routine. It became a habit eventually which only helped my recovery."*

Q. How do you believe occupational therapy contributes to the overall health and well-being of individuals and communities?

A. *"I think OT is very important. It's often a forgotten thing, but nobody realizes just how significantly an injury and surgeries can impact your life. It impacts you all the way down to the very little things, things so simple that people don't warn you about. Then you're stuck wondering how you're going to eat when you can't reach forward, how you're going to brush your teeth because you can't bend over, how you're going to shower when you can't stand and have multiple 9-12 inch incisions with staples and stitches that can't get wet, how you're going to get up and down from a chair when you can't bend but also can't bear weight on your hips, how you're going to use the bathroom or put your own braces on but can't twist, and don't forget you can't lift anything to you have to figure that out too. It impacts the most basic human needs, and everyone deserves to have those needs met. With interventions, less*

harm and safety risks are present for individuals and communities, and healing can begin the right way."

Q. From your experience, how does occupational therapy support individuals in achieving greater independence and autonomy in their lives?

A. *"They are really the only ones that help you reach full autonomy and true independence, and it is a critical part of the healing process. When basic needs aren't met, physical, mental, and emotional health are always at risk. It helps you move on from feeling like you're going to be dependent on someone or something for the rest of your life."*

Q. In what ways do you think occupational therapy promotes social inclusion and participation for individuals with disabilities?

A. *"It gives them an opportunity to be included whether occupational therapy teaches them how to keep up with social skills and using interventions to stay on track, or having the people around them be aware of ways they can adapt to that person's needs. It can help them talk, walk, play, interact, and adapt in ways they've mever been able to before. It also promotes a sense of awareness and inclusion to people in their immediate community."*

Q. Looking back, what do you consider to be the most valuable aspects of your experience with occupational therapy?

A. *"I didn't know exactly what OTs did until I started having my surgeries, and they are without a doubt some of the most valuable staff on my care team. There is SO much I wouldn't have been able to do when I was in the hospital and at home until my OT showed me that there is always a way, sometimes*

you just have to get a little creative and make it happen. They made me feel like I could do the impossible in some of my most vulnerable times, and I don't think I would have had smooth recoveries if they didn't start the recovery process with encouragement and giving me a sense of independence, freedom, and accomplishment."

Q. Overall, how would you say occupational therapy impacted your outlook on life after your injury?

A. *"It made me realize that my life is able to have the same end result, I just have to take a slightly different route with a little extra help and that's ok. I feel safe and comfortable knowing they are there in case there is ever anything that goes wrong. My little sister was one of the first people by my side after the surgeries and it brought me such a sense of security that she was right there to help me through every recovery. She always seemed to know what to do when I was struggling to take care of myself."*

Discussion

The interviews conducted with occupational therapists and an individual who received occupational therapy services provided valuable, first-person perspective insight into the field of occupational therapy and the impact on individual lives that couldn't be gathered from empirical research. From the occupational therapists' perspectives, it was evident that practical and hands-on experiences during education, evidence-based interventions, patient involvement in treatment planning, and the use of assistive devices that are deemed useful by the patients themselves are all crucial to meeting the goal of promoting independence and well-being in occupational therapy. The therapists interviewed also emphasized the importance of taking a holistic approach

that focuses on each individual's unique needs, goals, and interests. The recipient of occupational therapy provided essential knowledge about what their experience was like and the impact the services had on their recovery process. The individual stressed the important role the occupational therapists had in facilitating their independence in daily activities and promoting their recovery, especially when transitioning from the hospital to home. This individual also noted assistive devices as having a significant impact in improving their quality of life and reducing their dependency on other people. Overall, these interviews gathered real-life experience and knowledge about topics that were difficult to identify through previously published scientific research.

General Discussion

The overarching goal of the project was to compile an extensive academic essay, that goes beyond a mere job description, to establish a complete review of the field of occupational therapy. Through a combination of literature review and qualitative research via interviews, the study sheds light on what the field entails, how one can become a practicing occupational therapist, the significance of the field, and the influence it can have on both individuals and communities. By supporting empirical data with firsthand perspectives, the study aims to illustrate a complete picture of the world of occupational therapy that addresses topics that may often be overlooked in published research itself. Having an exhaustive essay where all information can be found in one place could be useful for anyone wanting to learn more about the field, but especially for aspiring students preparing for entry into graduate programs in the future. In addition, having a greater understanding of the transformative impact of occupational therapy may aid in clinical practices and connecting to patients on a deeper level.

References

Alageel, S. M. (2022). A narrative review of the usage of creative solutions to enhance disabled patients' quality of life and wellbeing by occupational therapists. *Occupational Therapy International*, *2022*, 1-4. https://doi.org/10.1155/2022/8976906

American Occupational Therapy Association. (n.d.). *What is occupational therapy?* www.aota.org. https://www.aota.org/-/media/corporate/files/practice/manage/presentation-resources/brochure/what-is-ot-brochure.pdf

Arsh, A., Anwar, Z., Zeb, A., & Ilyas, S. M. (2019). Effectiveness of occupational therapy in improving activities of daily living performance in complete cervical tetraplegic patients; A quasi experimental study. *Pakistan Journal of Medical Sciences*, *36*(2). https://doi.org/10.12669/pjms.36.2.1002

Daniëls, R., Winding, K., & Borell, L. (2002). Experiences of occupational therapists in stroke rehabilitation: Dilemmas of some occupational therapists in inpatient stroke rehabilitation. *Scandinavian Journal of Occupational Therapy*, *9*(4), 167-175. https://doi.org/10.1080/11038120260501190

Darawsheh, W. B. (2018). Awareness and knowledge about occupational therapy in Jordan. *Occupational Therapy International*, *2018*, 1-9. https://doi.org/10.1155/2018/2493584

Dunne, B., Pettigrew, J., & Robinson, K. (2015). Using historical documentary methods to explore the history of occupational therapy. *British Journal of Occupational Therapy*, *79*(6), 376-384. https://doi.org/10.1177/0308022615608639

Johansson, A., & Björklund, A. (2015). The impact of occupational therapy and lifestyle interventions on older persons' health, well-being, and occupational adaptation. *Scandinavian Journal of Occupational Therapy*, *23*(3), 207-219. https://doi.org/10.3109/11038128.2015.1093544

Lemez, S., & Jimenez, D. (2022). Occupational therapy education and entry-level practice: A systematic review. *Education Sciences*, *12*(7), 431. https://doi.org/10.3390/educsci12070431

Murray, A., Di Tommaso, A., Molineux, M., Young, A., & Power, P. (2020). Contemporary occupational therapy philosophy and practice in hospital settings. *Scandinavian Journal of Occupational Therapy*, *28*(3), 213-224. https://doi.org/10.1080/11038128.2020.1750691

Occupational therapy scope of practice. (2021). *The American Journal of Occupational Therapy*, *75*(Supplement_3). https://doi.org/10.5014/ajot.2021.75s3005

Punwar, A. J., & Peloquin, S. M. (2000). *Occupational therapy: Principles and practice*. Lippincott Williams & Wilkins.

Ramano, E. M., De Beer, M., Roos, J. L. (2021). The perceptions of adult psychiatric inpatients with major depressive disorder towards occupational therapy activity-based groups. *South African Journal of Psychiatry*. *27(*0), 1–8. https://doi.org/10.4102/sajpsychiatry.v27i0.1612

Raya-Ruiz, M. A., Rodríguez-Bailón, M., Castaño-Monsalve, B., Vidaña-Moya, L., Fernández-Solano, A. J., & Merchán-Baeza, J. A. (2022). Study protocol for a non-randomised controlled trial: Community-based occupational therapy intervention on mental health for

people with acquired brain injury (COT-MHABI). *PLOS ONE*, *17*(10), e0274193. https://doi.org/10.1371/journal.pone.0274193

Rowland, T., Cooke, D., & Gustafsson, L. (2008). Role of occupational therapy after stroke. *Annals of Indian Academy of Neurology*, *11*(5), 99-107. https://doi.org/10.4103/0972-2327.41723

Turcotte, P., & Holmes, D. (2021). From domestication to imperial patronage: Deconstructing the biomedicalisation of occupational therapy. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *27*(5), 719–737. https://doi.org/10.1177/13634593211067891