TOPIC:

Defining the role of Occupational Therapy in Patient management, Role overlap and professional boundaries in Occupational Therapy

Introduction

This paper discusses the role of Occupational Therapy in patient management and explains role overlap and professional boundaries in Occupational Therapy practice.

Occupational Therapy practice is not a very well known profession even though it has been around for a number of years now.

There is always confusion in the medical circles of confusing Occupational Therapy and Physiotherapy.

However Physiotherapy is better well know and recognized by most medical health professionals.

This struggle of always defining Occupational Therapy to fellow colleagues and the general public not only happens in this part of the world but world over.

There is definite role overlap in some cases such that it is difficult to distinguish between Occupational Therapy and Physiotherapy. This misunderstanding of the profession has led to less recognition and has lead to role conflict and confusion with Physiotherapy.

This paper will therefore try to define what Occupational Therapy is and then also explain why there is role confusion and suggest what can be done to alleviate this problem.

1. Defining the role of Occupational Therapy in patient management.

The World Federation of Occupational Therapists (2004) defines Occupational Therapy as: “a profession concerned with promoting health and well-being through occupation.

The primary goal of occupational therapy is to enable people to participate in the activities of everyday life.

Occupational therapists achieve this outcome by enhancing the individual's ability to participate, by modifying the environment, or by adapting the activity to better support participation.”
(http://www.wfot.org/information.asp).

The American Occupational Therapy Association executive board defines Occupational Therapy as: "The therapeutic use of work, self-care, and play activities to increase development and prevent disability.

It may include adaptation of task or environment to achieve maximum independence and to enhance the quality of life."

The UK College of Occupational Therapists (2004) describes OT as follows:

“Occupational Therapy enables people to achieve health, well-being and life satisfaction through participation in occupation”(Wikipedia).

These definitions highlight the use of occupations in the management of individuals or groups who have suffered an impairment of structure or function.

The definitions also highlight the adaptation of the environment or task to facilitate or enhance occupational performance in people suffering from some form of occupational dysfunction.

It is important to define the word occupation clearly so that there is better understanding of practice of Occupational therapy.

The American Association of Occupational Therapists 2002 practice framework domain and process defines occupation as activities of everyday life named, organized and given value and meaning by an individual and a culture.

These occupations should have a unique meaning and purpose in a persons' life, being central to a persons' identity and competence and influencing how one spends time and makes decisions.

One's occupation can also be defined as the way in which one occupies their time. Thus, our time is divided into three categories of activities in which we take part daily:

- **Self-Care**: sleeping, eating, grooming, dressing, and toileting

- **Work**: effort that is exerted to do or make something, or perform a task

- **Leisure**: free, unoccupied time in which one chooses to do something they enjoy (i.e., hobby, tv, socializing, sports, "chill out", read, write, listen to music, travel, etc).

When people are unable to perform these activities or occupations due to illness, injury or disability, they need help in order to cope, either from other human beings or mechanical devices or both.

If people are not able to perform these occupations they are said to have occupational dysfunction.

It is the job of the Occupational Therapist to provide intervention which will help such people to regain function, maintain level of functioning, or make accommodations for any deficits that they may be experiencing.

The goals of Occupational Therapy in these situations are to increase function and independence in regards to physical disabilities and limitations.

There may be use of repetitive exercises, but most often they are used in the context of a "functional activity".

This refers to performing meaningful activities or occupations while simultaneously working on increasing function and mobility.

For example, suppose we have a patient with limitations in upper extremity strength and range of motion.

After the Occupational Therapy assessment it is found out that the patient enjoys playing basketball.

The Occupational Therapist will have the patient increasing their strength, range of motion and help patient regain function by engaging them in practicing "shooting' hoops".

The activity also would be "graded" (gradually increasing demands) by starting with a light ball and low basket.

As the patient improves the basket would get higher and the ball heavier (Occupational Therapist may even try to block a few shots!).

Thus, these "exercises" will allow the patient to regain function and allow participation in the game with the patients' maximum potential.

This is only one simple example of so many possibilities! Consider a housewife, a driver, carpenter, computer technician, etc all occupations that may come to mind. Physical disabilities are only one area where Occupational Therapy can intervene and is usually the ONLY SIGNIFICANT aspect that will overlap with Physical Therapy.

However, in Occupational Therapy intervention is also implemented on other functional deficits, from mental health, as it interferes with daily functioning, to developmental delays or disabilities, as they interfere with occupational performance.

For example, an Occupational Therapist may help someone with a mental illness learn (or re-learn) to use their leisure time productively, handle their symptoms, get them back to work, or help them learn life skills such as healthy choices, assertiveness or relaxation skills, managing their money or their stress (just to name a few!)

The Occupational Therapists technical expertise lies in setting up an occupational process for the client which should be client centered.

The steps in the process are screening, referral, assessment program planning, clinical reasoning, intervention, reassessment, ongoing documentation, and termination and documentation.

Occupational therapy is practiced in a wide range of settings, including hospitals, health centres, homes, workplaces, schools, reform institutions and housing for seniors.

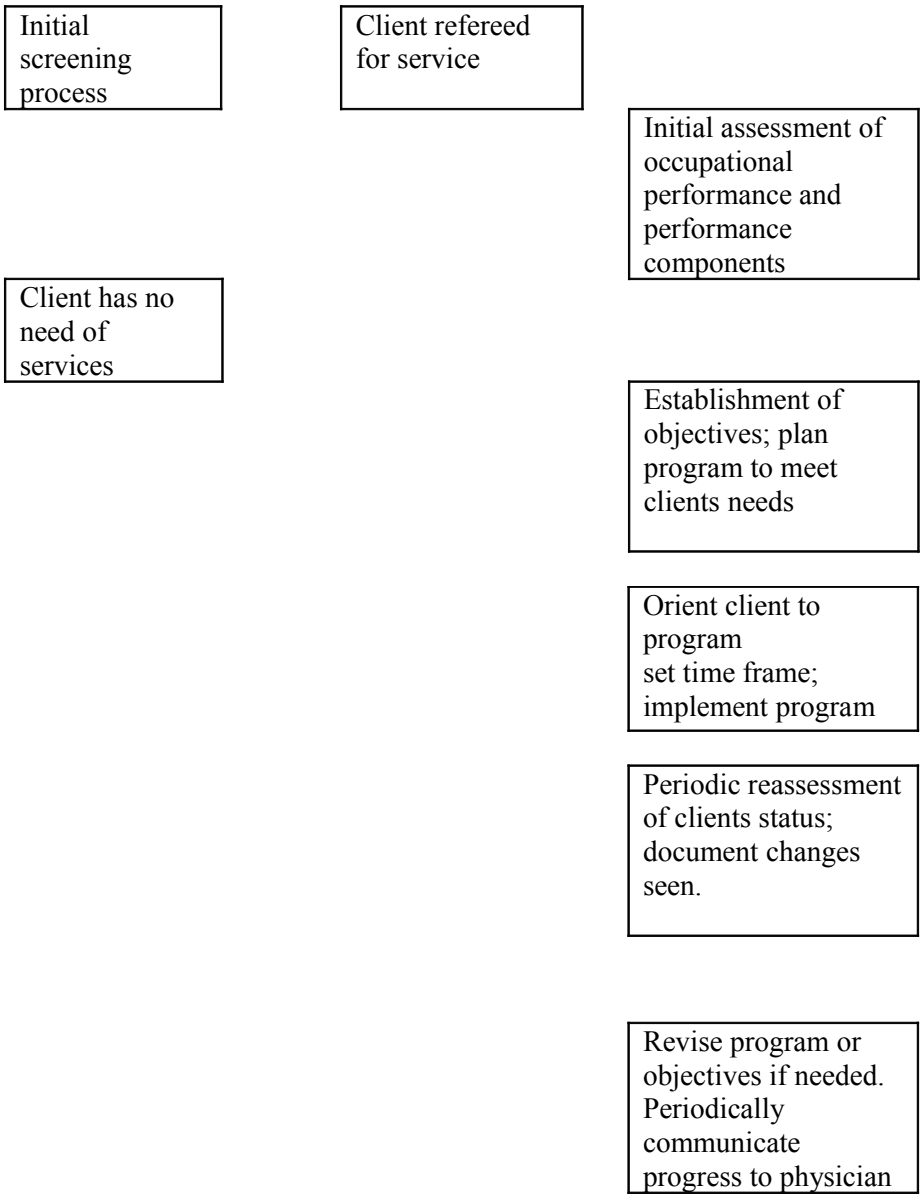
No matter where the Occupational therapist is working the Occupational Therapy process remains the same as illustrated below (figure1).

Occupational Therapy is all based on one guiding principle no matter which setting; that is, maintaining or increasing skills and/or adapting environments to meet the unique needs of an individual so they may become as independent, functional, emotionally and

physically pain free, and developmentally on target as they are capable of.

The occupational therapy process

Figure 1



or team

Client leaves service system; follow up organized if needed.

Plan discharge or termination of treatment: refer for additional services needed, Prepare discharge summary

Client achieves program objectives or maximum benefit

Clients are actively involved in the therapeutic process, and outcomes of occupational therapy are diverse, client-driven and measured in terms of participation or satisfaction derived from participation(www.wfot.com).

It is important to recognize that occupation is the means and end in occupational therapy.

2. Role overlap and professional boundaries in Occupational Therapy

Professional role demarcation, role overlap and confusion has been on physiotherapy and occupational therapy agenda for years, (Smith, 2000).

There is increasingly stronger emphasis for evidence-based practice and, as a result, therapists have to justify more robustly their place in the healthcare profession.

At a clinical level, it is essential to have a clear understanding of professional boundaries and a mutual respect for the skills and abilities of other health care professionals, to enhance professional working relationships,(Tempest et al 2006).

The need to examine the role overlap and core business for different professions does not stem from a need to be overprotective of individual roles.

It is recognised that role overlap is a complex issue and the way it is managed affects the extent and success of inter-professional working in the health profession, (Tempest et al 2006).

An exploratory study of role overlap between occupational therapy and physiotherapy in stroke management in the United Kingdom, was carried out by Booth and Hewison (2002).

This study revealed that the majority of the participants recognised the existence of role overlap as inevitable within collaborative health care and felt it was of benefit to patients.

However, it appeared that the concept was also perceived as a challenge to role security by many when considered from a professional perspective.

Occupational Therapy specifically is faced with a unique problem of dilemma of the profession's public persona.

The occupational therapy profession has a long-standing dilemma over how it is perceived and understood both by lay people and by health and social care disciplines.

However in some cases Occupational Therapists themselves are caught up in the confusion.

To make matters worse Occupational therapists' tools are the ordinary, often mundane, occupations of daily living.

Thus, what occupational therapists do can sometimes appear neither therapeutic nor health-driven, and herein is the profession's greatest difficulty – conveying to the professional person as well as to the lay person the potential of everyday activity to embrace the complexity of ill-health and disability and to restore and maintain health and well-being,(Perrin 2009).

Even though Physiotherapy faces dilemma of its own it is better well known than Occupational Therapy.

Treatment techniques are envisaged to be more medically orientated than Occupational Therapy treatment techniques.

Health professionals however should acknowledge that both Physiotherapy and Occupational Therapy have legitimate roles in the restoration of movement.

The physiotherapy focuses on human movement as an integral part of everyday life.

The Occupational Therapist focuses on everyday occupations which consists of human movement (Paul and Peterson, 2002).

There times when overlap is inevitable but the best interests of the patient should be the foundation for all decisions relating to specialization and overlap of function between Occupational Therapy and Physiotherapy.

Paul and Peterson (2002) indicated that, “Turf wars involving unresolved decisions concerning divisions of labour are

unacceptable because they inevitably lead to duplication of services.

In turn duplication of services(for example other professions repeatedly conducting Range of motion and strength tests without communication) frequently is accompanied by failure to provide the full range of services that is desirable and otherwise possible."

They went on to say usually it is a challenge to meet the full rehabilitation needs of a patient even without unnecessary duplication.

The overall motivation of the patient declines if asked naively in the afternoon to do the same thing done all morning by someone else.

Excessive fatigue of specific muscle groups is another undesirable consequence of failure of interdisciplinary communication.

Patients have a right to know that therapists communicate successfully with each other toward the goal of a coherent integrated plan of intervention.

What should be done then is the question?

Occupational therapists have been strongly encouraged to refocus their attention on occupation and its use as intervention.

The transition from the medical model and the reductionist care associated with it to occupation based practice which emphasizes a client-centred approach has strengthened the profession's position within health care and reaffirmed the domain of occupational therapy.

This paradigm shift requires occupational therapy practitioners to develop interventions that are individualized, meaningful, and

orientated towards the clients' occupation and occupational performance.

Some authors have suggested strategies to challenge this development. Booth and Hewison (2002) emphasised professional uniqueness through role delineation. However, this strategy was found to be weak in the context of increasing demands for collaboration at a policy level.

Smith et al (2000) offered the suggestion that occupational therapy and physiotherapy undergraduate education programmes should be combined.

They also recommended that a creative, independent and comprehensive review of future workforce planning and stated that the real way forward is towards the creation of highly skilled

rehabilitation therapists who would be truly responsive to the needs of service users.

Paul and Peterson (2002) recommend that clear guidelines for disciplinary specialization and interdisciplinary teamwork be developed at a local level within each facility.

These guideline should structure decision making within each rehabilitation team meeting or care plan conference. In addition one to one communication between the Physiotherapist and Occupational Therapists is regularly needed to achieve an intervention plan with goals and methods oriented to the unique needs of the individual patient.

These guideline should be guided by the distinct philosophies, histories and outlooks of each profession.

In conclusion properly managed overlap between Physiotherapy and Occupational Therapy in the restoration of movement becomes an advantage in rehabilitation not a disadvantage.

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