The role of an occupational therapist

Health care like health itself is a dynamic process which can be subject to change over time. There are an increasing amount of tensions within medicine between various groups of health care practitioners, and between the evaluation of treatment and responding to patients views. This reflects the different strains and demands bearing down on medicine from numerous quarters.

I am interested in exploring from the counsellor's perspective, in this case the occupational therapist, what exactly they do in an effort to socialize people back into society. For example looking at the role of occupational therapist and the patient's environment: physical access to buildings; availability of family and monetary support for living at home.

To answer the above question I examined areas such as what is the doctor-patient relationship or in this case the occupational therapist-patient relationship, drawing on Goffman's (1969) work, who states we all play roles throughout our lives, we present ourselves to society, and we are socialized to these roles throughout our lives, especially in childhood. Society has given us our roles- doctor, patient, sick role, etc. – and we as actors can perform the role. I also looked at Occupational therapies link to Functionalism, concentrating on Durkheim and Parsons and also drawing on the work of Marx and Weber and how Marx led to the acknowledgment in occupational therapy that labour is the collective creative activity of the people.

Description of the research strategy

For my research into how occupational therapy contributes to the promotion of health in society, I chose to use qualitative research and in this case

qualitative Interviewing. Several researchers have argued that structured interviews are unnatural and restrictive. Informal interviews get deeper. Therefore I used semi-structures face to face interviews. I feel that using semi-structured in depth interviews allowed me use a more open framework, allowing a focus on the conversation and the topics that the interviewee brings up. I started with more general questions and topics to allow the conversation to build up a relationship so the participates felt comfortable and at ease so that they could talk about some sensitive issues if they arose. Semi structure interviews are less intrusive then other methods of research. They allow us to not only gather answers but also reason for the answers, therefore giving a more comprehensive analysis into this area. Therefore I found the major benefits of this type of interviewing where that:

It is less intrusive to those being interviewed. This is because the semi-structured interview encourages two-way communication.

Those being interviewed can also ask questions of the interviewer and feel as though they have their own input.

Using this type of interviewing confirms what is already known but also allows the opportunity for learning other information outside of what’s being asked.

Conducting semi-structured interviews often will provide not just answers, but the reasons for the answers.

When individuals are interviewed they tend to open up more and feel more at ease to talk about sensitive issues.

(Silverman: 2001)

Access

I found access to interviewees a little difficult. Getting contacts was the first step, which was done through another occupational therapist I know who passed on a number of email address of willing participants. Once contacted it was difficult to arrange meeting points, days, and times that suited all, but all these issues where overcome and two interviews were successfully scheduled.

Ethical considerations

Mason (1996) puts forward ways to deal with ethical issues in qualitative

which I tried to follow throughout this pilot. This included, deciding what is the

purpose(s) of my research, e. g. self-advancement, examining which individuals or groups

might be interested or affected by your research topic- in this case it would not be

ethically sound to interview the patients themselves as there seen as a vulnerable group,

and considering what are the implications for these parties of framing your research topic

in the way you have done (1996: 26-30).

The main ethical considerations I took when interviewing the Occupational therapist, was that before the individual became a subject of research, he/she was notified of:

â- My aims, my methods, my expected benefits and possible hazards of the research I was conducting.

â- I made it clear to the interviewee of his/her right to abstain from participation in the research and his/her right to end at any time that they feel necessary to do so.

â- The confidential nature of his/her answers.

I also made it clear during my researching, that no individual would become a subject of research unless they have been given notice and that they freely consent that they would like to participate. No pressure of any kind was used to persuade an individual to become a subject of my research. I will make sure that the confidentiality of individuals from whom I gather my information, shall be kept strictly private. I also stated that at the end of my research any information that would reveal any person involved in the interviewing, will be destroyed, unless already consented that this precise information will be used.

http://www. idrc. ca/eepsea/ev-65406-201-1-DO_TOPIC. html

Evaluation of Research Process

One important use that pilot studies have in qualitative research is to develop an understanding of the concepts and theories held by the people you are studying- what is often called “ interpretation”. This is not simply a

source of additional concepts for your own theory, ones that are drawn from language of participants; this is a type of concept that Strauss (1987, pp. 33-34) called “ in-vivo codes. 2

More important, it provides you with an understanding of the meaning that these phenomena and events have for the people who are involved in them, and the perspectives that inform their actions. These meanings and perspectives are not theoretical abstractions; they are real, as real as people’s behaviour, though not as directly visible. Peoples ideas, meanings and values are essential parts of the situations and activities you study, and if you don’t understand these, your theories about that’s going on will often be incomplete or mistaken (Maxwell, 2004a: Menzel, 1978).

Looking at my research questions, through my pilot study I found I had problems in developing the questions as I often got confused between intellectual issues- what I wanted to understand by doing the study- and practical issue- what I wanted to accomplish. According to LeCompte and Preissle, “ distinguishing between the purpose and the research question is the first problem” in coming up with workable research questions (1993, p. 37)

I decided to focus on three kinds of questions that are suited to process theory, rather then variance theory. For example I tried to base my research questions around (a) questions about the meaning for events and activities to the people involved in these, (b) questions about the influence of the physical and social context on these events and activities and (c) questions about the process by which these events and activities and their outcomes

occurred. For example “ What does your typical working day involve?” Because all of these types of questions involve situation-specific phenomena, they do not lend themselves to the kinds of comparison and control that variance theory requires. Instead, they generally involve an open-ended, inductive approach in order to discover what these meaning and influences are and how they are involved in these events and activities.

Decisions about where to conduct my research and whom to include were an essential part of my research methods. I found “ sampling” to be problematic for the qualitative research pilot, because it implies the purpose of “ representing” the population sampled. It ignores the fact that, in qualitative research, the typical way of selecting settings and individuals is neither probability sampling nor convenience sampling. Instead it falls into a third category, known as purposeful sampling (Patton, 1990, p. 169). This is a strategy in which particular settings, persons, or activities are selected deliberately in order to provide information that can’t be gotten as well from other choices. For example, Weiss argued that any qualitative interview studies do not use “ samples” at all, put panels “ people who are uniquely able to be informative because they are expert in an area or were privileged witnesses to an event” (1994, p. 17); I used this form of purposeful selection by choosing full trained Occupational Therapists to interview. I think selecting those times, settings and individuals that can provide you with the information that you need in order to answer your research question is the most important consideration in qualitative selection decisions.

On the negative side, I feel as though one of my interviews suffered slightly due to it been chosen because of its convenience of where and when the

interview could take place. Although convenience and cost are real considerations, they should be the last factors to be taken into account after strategically deliberating on how to get the most information of the greatest utility from the limited number of cases to be sampled. Convenience sampling is neither purposeful nor strategic and I feel as though a different individual could have brought more information to light had I chosen more wisely (Patton, 1990, p. 181)

If conducting this study again I think I would test out the use of participation observation. In this case it would be of that in an open setting, usually public and in this case a hospital. Gold (1958) states that, when using this technique the participant observer enters the setting without intending to limit the observation to particular process or people and adopts an unstructured approach. Occasionally certain foci crystallise early in the study, but usually observation progresses from the unstructured to the more focused until eventually specific actions and events become the main interest of the researcher. It is important to differentiate between significant and relatively unimportant data in the setting.

I also feel several other valuable things were brought to my attention on conducting this pilot study. I found that I need to revise my interview guide, adding questions about issues I hadn’t realised were important, such as asking respondent to go through a typical day. I also discovered additional useful questions, such as asking participants to describe specific medical terminology that would illustrate what they had been saying. For example, probing more around phrases such as sensory function, neuromusculoskeletal function, body structure, and client centred. I found

that taking a step back and listening to participant's experiences in new ways was very important to the collection of the data and feel as though in the future it will help me if I put everything know about Occupational Therapy to one side and do the interview as if I know nothing about this area.

Codes

Equipment

Environment

Medical language

Patient Life

Intervention

Medical OT/Patient

Academic

Skills OT/Patient

Social- Work

Physical- Work

Role of Occupational Therapy

In qualitative research, the goal of coding is not to count things, but to " fracture" (Strauss, 1987, p. 29) the data and rearrange them into categories that facilitate comparison between things in the same category and that aid

in the development of theoretical concepts. Above is a diagram of the codes produced after my interviews once the data had been worked through in a systematic manner.

Through doing this, many connections were highlighted. For example, looking at the codes Medical Language and Medical OT/Patient. “ Basically, all patient information, evaluations, and interventions must be documented.”(Interview 1, p. 3) ” .. Help them overcome the effects of disability caused by physical or psychological illness, ageing, or accidents” (Interview 2, p. 2)

Therefore this process of coding is the process of combing the data for themes, ideas and categories and then marking similar passages of text with a code label so that they can easily be retrieved at a later stage for further comparison and analysis. Coding the data makes it easier to search the data, to make comparisons and to identify any patterns that require further investigation.

http://onlineqda. hud. ac. uk

Main Findings

After conducting this pilot study and fieldwork, I found that Occupational therapy and Sociology are two completely different sciences. While this is true they encompass a strong underlying relationship. According to Alice J. Punwar and Suzanne M. Peloguin, Occupational therapy is a diverse profession and is hard to define because it has undergone many changes since its beginnings. Early definitions emphasize the use of occupation as a remedial activity to help restore the individual to an improved state of

physical and mental health. Now occupational therapy is defined as “ the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain, or restore the highest possible level of independence of any individual who has an injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, developmental or learning disability, or other disorder or condition. It includes assessment by means of skilled observation or evaluation through the administration of interpretation of standardised or nonstandardised tests and measurements.” On the other hand Sociology is understood as “ the study of human social life, groups and societies” (Giddens: 2001) coalescing both of these definitions.

Durkheim and Parsons are two of the main theorists whom contributed to the elements of functionalism. Each society has particular social needs or functional prerequisites that must be met in order for the society to strive and survive. Included in these prerequisites, is the need to reproduce new generations, meaning the need for food, clothing, control conflict and the maintenance of social order and of social solidarity.

Societies achieve these social needs by developing structures and institutions that have valuable functions. The purpose of any activity or structure is the roll it has in the maintenance of society itself.

Society can be viewed as one main structure wit many interrelated and inter-pendent parts. For example, the family, economy and education all work together in an effort to help society survive.

Institutions can be seen as being beneficial to societies as the institutions exist for survival of societies. Most literature suggests that they shouldn't come under criticism and instead should be supported. Relating this back to occupational therapists, they should be seen as having a positive role in society.

Within a functionalist perspective, roles and social roles are important. The belief is that individuals are socialised through these social roles into society, parent, student, occupational therapist. These social roles largely determine an individual's behaviour. Looking at Kavanagh & Faves (1995), two occupational therapists working with homeless people, they stated that ' Roles are a source of identity and are the frame work of everyday life.'

Sociologists and Occupational therapists have put this view under criticism. They have argued against the determinism inherent in this view. Mocellin (1995) is an occupational therapist who believes the focus on roles to be stereotyping and that carrying out occupational roles, for example that of a housewife, may not always be therapeutic.

Looking at Talcott Parsons model of roles and his theory of the Doctor-Patient relationship, in Bury, M. (2005), he began with the idea that being sick/ill was a type of dysfunctional deviance and that this required reintegration with the social organism. Being ill allows individuals to be excused from their occupation and other responsibilities such as looking after the family, cooking and cleaning. This was seen as potentially detrimental to social order if it wasn't controlled.

The development of Parsons sick role was seen as being essential to controlling this deviance to make “ being ill” a transitional state back to the individuals usual role.

For Talcott Parsons, Physicians demonstrate Parsons the shift to “ affect-neutral” relationships in contemporary society, with physician and patient being protected by emotional distance. Medical education and social role expectations teach normative socialization to Occupational therapist to act in the interests of the patient instead of their own material interests, and they are lead by an egalitarian universalism instead of a personalized particularism. Physicians have mastered a body of technical knowledge, it is seen as functional for social order to permit physicians professional autonomy and authority, controlled by their socialization and role expectations.

Weber and Marx, look at how people exist within the world and are concerned with how that existence is shaped. Marx believes that the problems in society come from different social organisations instead of being a natural phenomenon. This is what is meant by people being constrained by circumstances, but it is important to remember the other element that stresses people’s ability to act. Drawing on earlier work of the philosopher Hegel, Marx identified that we create ourselves ‘ in a historical process, of which the motive force is human labour or the practical activity of men living in society’ (Bottomore & Rubel 1963, p. 18). Marx noted how the division on labour traps us into particular lifestyles or activities and the influence of Marx led to the acknowledgment in occupational therapy that labour is the collective creative activity of the people (Wilcox 1993)

Conclusion

After conducting this pilot study it is clear that my research question is still unanswered but it has provided me with ideas, approaches and clues I may not have foreseen before conducting this study. I feel this may increase the chances of getting clearer findings in my main study and has permitted a thorough check of my planned statistical and analytical procedures, giving me a chance to evaluate their usefulness for the data. I also feel it has greatly reduced the number of unanticipated problems as I now have an opportunity to redesign parts of my study to overcome these difficulties again. Overall, carrying out this smaller scaled study will hopefully lead to a rich and in-dept qualitative research project, and the end result being my research question being answered in great detail.