

# Empowering patients in occupational therapy



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Disability Issues for Healthcare professionals Assignment

## Introduction

Empowerment is a process of helping people to assert control over the factors which affect their lives. It involves a transfer of power from the professional to the patient - health care professionals need to give up their power and help their clients gain power (Gibson, 1991). The aim of empowerment is to transform the individual's lifestyle so that employment, housing, leisure, health and other institutions support empowerment. In a nutshell, Empowerment is a process through which individuals and social groups become able to express their needs and present their concerns. They will also gain power within themselves to make their own decisions, devise strategies for involvement and attain social, political and cultural action to meet those demands. Through such a process people see a closer relationship between their goals in life and a sense of how to achieve them, and a correspondence between their efforts and life outcomes.

## Empowerment as the main goal of Health Care Professionals

For health care professionals, empowerment is as an educational process designed to help clients develop the knowledge, skills, attitudes, and self-awareness required to effectively assume responsibility for their health-related decisions. Client empowerment is an approach that aims to establish the client's independence and self-control.

Most of the time, the clients are seen as passive receivers of care, with health care providers being considered the experts. Modernisation has

brought with it the ideology of client empowerment in which the client should become an expert in his or her own health care. The empowerment approach allows clients to gain skills and knowledge for improving their overall health status. They change from being passive to being actively involved in their personal health care process, and as a result, they feel more independent and experience increased autonomy and participation in decision-making.

Self-efficacy is important in rehabilitation. A belief in oneself and the confidence to take charge and make decisions relating to personal care can directly affect the efficacy of treatment and the successful use of the available health care services and equipment.

Some approaches that can be used to promote active participation, which increase motivation, include individual interviews, group discussions, posters, handouts, and videos, organizing various rehabilitation activities, including meetings with health care professionals, goal-setting, treatment negotiation and choice, decision-making and explanations of the consequences of noncompliance.

Empowerment can be based on the “ five A’s”: acceptance, affect, autonomy, alliance and active participation according to the Empowerment approach called the ‘ patient empowerment model’ by Anderson et al.

Acceptance is a key characteristic and refers to the amount of respectfulness shown by health care professional (HCP) towards the client. Regardless of the degree of disability, lifestyle, appearance or attitude of the client, the HCP must accept and take into consideration the goals the individual wants

to set. This is because no matter what objectives the HCP wants to set, if they do not meet the clients' values, he/she will not improve. Affect refers to the emotional aspect of the empowering therapy sessions. Emotional aspect of the problems and barriers the client has in the managing of his/her disability has many effects. Exploring the emotional aspects and barriers strengthens the client's motivation to address the problem and methods of behavioural change. In addition, it gives the HCP an opportunity to support the clients to improve their way of living and help their emotional health. Autonomy means how much the client is involved and participates in the decision making of his/her own life and health choices. The client should be responsible for choosing the issues he/she wishes to target and make all non-diagnostic decisions. The HCP should ensure that these decisions are accurate and evidence-based. During the consultation, the HCP should work as a team, but independently, with clients to help them make informed choices about their disability, lifestyle changes and treatment. The HCP should provide clients with the equipment and resources that they cannot obtain for themselves. The last key feature in an empowering consultation is the active participation of everyone involved in the rehabilitation process. Despite the fact that the client should be the main decision maker, this doesn't mean that the HCP should be a passive participant. The consultation should be able to help the clients identify the issues they want to address and change, how they feel about it, find the different options of change, and find out with the help of the HCP the barriers of change. The role of the HCP is to actively guide the client throughout the process by listening to the client actively, and gently guiding the client from one stage to another.

How is Occupational Therapy empowering for the client

### Overview to Occupational Therapy

People experience life to the fullest through meaningful occupations – the day to day skills, activities, interactions and experiences that engage us with our environment, our community and the people around us. Our ability to participate in occupations that are important to us promotes health and well-being. The goal of occupational therapy is to positively influence people's health by enabling occupation.

The primary goal of Occupational therapy is rehabilitation and facilitation of health and wellness in the community of the individual's choice, rather than to manage symptoms. Occupational therapists work with people in a manner that helps to foster hope, motivation and empowerment, as well as lifestyle changes were necessary. These therapists are educated in the scientific understanding of neurophysiology, psychosocial development, activity and environmental analysis, and group dynamics, occupational therapists work to empower each individual to fully participate and be successful and satisfied in his/her self-selected occupations.

Occupational Therapists help with situations such as;

- Difficulties affecting ones ability to care for oneself or others
- Returning to work after prolonged illness or injury
- Learning difficulties in the classroom
- Mobility problems that impair function in the home/workplace/community

- Difficulties socializing or enjoy leisure time because of functional changes
- Home or workplace modifications when accessibility is an issue

Where do Occupational therapists work?

- Hospitals
- Mental health hospitals / services
- Rehabilitation centres
- Private practice
- Long term care facilities
- Children's treatment centres

### Occupational Engagement

Occupational engagement describes how a person has to have a balance of activity and rest, a variety and range of meaningful occupations and routines, and the ability to move around in society and interact socially, implying that occupational engagement occurs over a period of time.

Moreover, occupational engagement involves interpretation and comprehension emanating from experience, the process that forms the basis for ongoing occupational engagement and a cyclical means of maintaining a sense of self and well-being. Quality of life is an important indicator of community adjustment, and measurements of quality of life are intended to reflect and capture the current life situation of persons with disabilities.

Many clients want to be able to feel empowered in things such as satisfaction with work, leisure, finances, living situation, safety, family relations, social relations, and religion. Within occupational therapy,

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increased occupational engagement is viewed as a goal toward enhanced quality of life. The role of an occupational therapist often is to offer and provide the conditions necessary for satisfactory quality of life to the person.

### Client-centred practice

Client-centred practice is defined as; “ an approach to service which embraces a philosophy of respect for and partnership with, people receiving services” (Law, et al 1995 p253).

Client-centred practice is non-directive and focuses on concerns as expressed by the client. People receiving services are capable of playing an active role in defining and solving problems, with the therapist serving as a facilitator to help solve their problems enabling understanding and proposing solutions. The development of client-centred practice reflected Carl Rogers’ key humanitarian principles of self-actualisation, personal growth and the importance of the environment which are all closely linked specifically in the philosophical framework of occupational therapy.

Occupational Therapy is a client-centred health profession concerned with promoting health and well-being through occupation” (WFOT 2010 p4)

Client- centred occupational therapy is a partnership between the client and the therapist which empowers the client to engage in functional performance to fulfil his /her occupational roles in a variety of environments. The client participates actively in negotiating goals which are given priority and are at the centre of assessment, intervention and evaluation. Throughout the process the therapist listens to and respects the client’s values, adapts the

interventions to meet the client's needs and enables the client to make informed decisions. Therapists are also required to treat service users with respect and dignity at all times working in partnership with them and their carer, putting them at the centre of practice whilst upholding the service users' right to make choices over the care they receive and the plans they wish to make.

Client-centred practice is now the exclusive domain of occupational therapy and other professions, such as nursing and medicine. These have also endorsed the principles of the client centred approach to encourage working closer with service users.

### Disability and Occupational Therapy

Occupational therapists work in rehabilitation in response to the problem of impairment. Traditional rehabilitation services translated the understanding of disability into strategies that aimed to facilitate or minimize the impact of impairments and their consequences while encouraging the person with impairments to be as independent and normal as possible. Disabled persons typically encounter rehabilitation either at a critical phase after the onset of a disability and/or over a long period of time. Consequently, rehabilitation can dramatically influence how disabled persons come to understand their impairment and the appropriate response to it.

Rehabilitation helps disabled persons to work toward the elimination or reduction of their impairments' and toward conformity with functional or social norms can convey an implicit message that disability is a bad thing that needs to be eliminated or masked from view. Disabled persons

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consistently report that discrimination and attitudinal barriers negatively impact their self-sufficiency and participation in society. The help mentioned above helps to empower the persons with disability issues to continue enjoying and living their life as independent as they can.

### Occupational Therapy and Mental Health

Occupational therapists also help people who experience mental health illnesses (depression, anxiety, schizophrenia, bipolar mood disorder, concurrent disorders, or another condition) to live full, active and more hopeful lives. Occupational therapists work collaboratively with people of all ages; empowering them to determine their goals, lead their care, and work towards recovery.

The following are examples of how the knowledge and skill base of OT is used in the process of empowering individuals in all phases of mental health recovery;

- Help to identify and implement healthy habits, rituals and routines to support a healthy lifestyle.
- Teach and support the active use of coping strategies to help manage the effect of symptoms of illness on one's life, including being more organized and able to engage in activities of choice.
- Support the creation and use of a wellness recovery action plan in group or individual sessions.
- Provide information to increase awareness of community-based resources, such as peer-facilitated groups and other support options.

## Barriers that Health Care Professionals face in empowering people with disabilities

Health care professionals face various barriers to the successful implementation of empowerment. These can range from practical and physical issues to the complexities of working in a team and the underlying biology of the disability itself.

In a clinical situation there is not enough time to be as flexible as you want, some clients would benefit from more work but there is a certain limit of resources such as staff, time and finances. Lack of appropriate equipment, may cause professionals to omit, or not recommend procedures or functional aids for people with disabilities that would otherwise be very helpful to the client. These practical barriers restrict the health care professional from giving the best possible therapy to his/her clients.

Another type of barrier that health care professionals might face is the physical barrier of dealing with people with hearing/visual/speech/cognitive impairments as there will be a communication barrier and health care professionals are not always trained to communicate with these kinds of clients. Therapy might not be as empowering to these clients as it will be sort of a passive process because the therapist cannot fully initiate with the client or vice versa.

Environmental barriers are also very effective as Health care professionals promote active participation with their clients, however when the person goes in the outside world, he/she might find it difficult to maintain those positive, empowering strategies that he/she was taught. Despite progress in

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universal design, principles and policies, people with disabilities continue to face an enormous amount of barriers to participating in society. Structures such as parks, fitness facilities, grocery stores, transportation and other recreational facilities are often inaccessible to people with disabilities.

Many people with disabilities might show some degree of stress during their rehabilitation process. Stress manifests in various ways that affect health—lowered bodily resistance to disease being one example. Socially, stress can affect the client’s immediate surroundings, making it difficult to take positive action. Stress can reduce the efficacy of treatment, therefore health care professionals should assist clients in gaining confidence and improving their outlook.

It would also be beneficial if there were health promotion efforts targeted to people with disabilities, this can have a huge impact on improving lifestyle behaviours, increasing quality of life and reducing medical costs. Health professionals and people in the community need to be aware of the growing need to assist people with disabilities in self- managing their own health by creating disability-friendly communities that eliminate the physical, programmatic, and attitudinal barriers that often prevent or limit their participation in many community based health promotion programs.

Conclusion

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