

## **Pediatric Therapists' Perceptions of the Dynamics of Occupation-based Practice**

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Occupational therapy was founded upon the premise that participation in occupation influences well-being. Evolution of the profession produced alignment with a biomedical model of practice (Jackson, 1998) and away from a focus on the healing forces of occupation. Contemporary occupational leaders have called for a return to the profession's roots, i.e. a stronger occupation-base for practice (Baum, 2000; Pierce, 2003). Change from biomedical, impairment-driven practice to occupation-based practice has been slow to take hold, especially in medical settings (Chisholm, et al., 2000).

The aim of this study was to explore therapists' perceptions of supports and barriers to occupation-based practice at a pediatric medical center.

This study used a qualitative, grounded theory design (Corbin & Strauss, 1998). Twenty-two occupational therapists working at a children's hospital medical center served as a purposive sample (Patton, 2002). Individual, semi-structured interviews were conducted. Data analysis used a collaborative exchange of analytic steps between the two authors using constant comparison techniques. Upon theoretical saturation, multiple themes had emerged. Trustworthiness strategies of expert review and member checking (Krefting, 1991) affirmed the study's findings.

Themes of meaning regarding how this group of pediatric therapists viewed occupation-based practice emerged. Those relating to supports of occupation-based practice were that it Expresses professional identity; Is more satisfying; and Is more effective. Those related to barriers were that it Requires good parent involvement and Can be difficult in the clinic. Additionally, occupation-based practice Can be supported or impeded by clinical culture. Mind-shifting to occupation as ends: using a component-focused approach formed the final theme.

Occupation-based practice is a complex dynamic and therapists found themselves negotiating tensions between two worlds, i.e. an ideal (holistic, occupation-based practice) vs. the realities of a medical culture. While forming a basis for professional identity and leading to job satisfaction, pragmatic factors can impede good occupation-based practice.

Occupation-based practice in a medical-based facility can be reinforced by strong intrinsic and extrinsic rewards for therapists and service recipients. Creative strategies are needed to mitigate practical factors that serve as barriers to good occupation-based practice (e.g. temporal, spatial, and object-related resources).