2022

Narrative Review - Optimal Occupational Therapy Experience

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Narrative Literature Review - Optimal Occupational Therapy Experience

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in The Department of Health Sciences and Kinesiology.

By

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Under the mentorship of Dr. Jody Langdon

ABSTRACT
This narrative review examines factors associated with optimal occupational therapy experiences, including patient perspectives of occupational therapy, cost-effectiveness, use of practices, organization, and patient involvement/experiences. The information found within this review provides information to those interested in creating the most optimal experiences for their occupational therapy patients.

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April 2022
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Individuals who experience occupational therapy as a patient do so for a variety of reasons, including but not limited to developmental delays, traumatic brain injury, learning problems, and stroke rehabilitation. Within these experiences, each patient should receive an optimal level of care and overall experience. Their experience could include or be related to client-practitioner relationship, use of creative practices, workspace, their own motivation, their belief about effectiveness of occupational therapy and/or patient inclusion (AOTA, 2022).

To be able to create an optimal experience for each patient involves getting the patients’ perspective, which could help the clinician to evaluate all possible positive and negative effects on their patient, and incorporate that into the rehabilitation plan. This is vital for the patient, as it may impact their motivation to attend their appointments and adhere to their treatment plan. While conducting a feasibility assessment on an occupational therapy lifestyle intervention in conjunction with multidisciplinary chronic pain management, Nielsen et al. (2021) found some important information about patients. For example, patients had a greater acceptance of their diagnosis because they were able to get an increased understanding of pain mechanisms, develop more effective daily planning, and have improved social interaction. The patients felt empowered to change their habits through several factors, including occupational therapists and peer support systems. These patients were also able to provide feedback for the future of this intervention. This study supports the importance of patient perspective and shows the value patient experience can have on developing and implementing interventions.

Occupational therapists, as defined by the American Occupational Therapy Association (AOTA, 2022) help people participate in their desired occupations through
the use of daily activities. Occupations, as defined by the AOTA (2022), are activities that people want to do and need to do each day. Occupational therapists focus on what matters to their patient as it relates to activities of daily living as well. This could cover anything from bathing themselves to playing with their children. Occupational therapists can work in many settings, implement many different interventions, and work with many different kinds of patients. Some examples, as mentioned by the AOTA (2022), include children and adults with disabilities, work injury patients, and geriatric patients going through cognitive and physical changes. Occupational therapy service at minimum includes an initial evaluation, an intervention plan specific to the patients’ everyday activities, and evaluations of progress. Since an occupational therapist’s role is to help the patient be able to do the things important to them, it is essential that the patient is included and has an understanding of treatment.

Therefore, the purpose of this narrative review examines factors associated with optimal occupational therapy experiences, including patient perspectives of occupational therapy, cost-effectiveness, use of practices, organization, and patient involvement/experiences. The information found within this review provides information to those interested in creating the most optimal experiences for their occupational therapy patients. This review may help occupational therapists restructure their treatment to appeal to the patient. This could also be important in educating future occupational therapists.

**Perspectives of Occupational Therapy**

Occupational therapy is a field that is not well known, which is evidenced in the lack of literature focused on the perspectives of those who are and are not engaged in the
field. This includes the perspectives of students in the field and the general public, which tend to be the same. A study by Lim et al. (2007) observed how inpatients’ view occupational therapy and the effect of having the purpose of occupational therapy explained to them. There was a positive correlation between having the purpose of occupational therapy explained, and there was a positive correlation between having the purpose explained and believing occupational therapy could be beneficial to them. These results are echoed by Nielsen et al. (2021), who highlights that the patients’ goal in participating in that study was to improve their ability to cope with pain, and they expressed they were able to do that through a new awareness of their needs and new daily activity management. They were not well versed in those areas prior, and having the treatment explained made them recognize a need for it.

Two studies, by Turpin et al. (2012) and Mozer et al. (2021) found that undergraduate OT and medical students had a deeper understanding of OT after the role was explored. In the study by Turpin et al. (2012), focusing specifically on undergraduate and graduate occupational therapy program entry students, there was a level of understanding initially equal to the general population of the undergraduate students. The graduate level students were given an introduction packet before a preliminary questionnaire, and they showed a better understanding if they read the introduction pack prior. While Turpin et al. (2012) focused specifically on OT students, Mozer et al. (2021) focused on medical students. The medical students shadowed a physical therapist and were required to take a pre and post experience survey evaluating the knowledge of both PT and OT. Combining the information learned in studies focusing on patient perspectives and student perspectives, it can be seen that there was better understanding
of the role of an occupational therapist if participants had the purpose of treatment and the role of an occupational therapist explained. Therefore, it may be necessary to provide a deeper education to both students and the general public about what OT is for and how it can help.

Occupational therapy and physical therapy are closely related fields, but occupational therapy seems less understood. Aguilar et al. (2014) and Egwu et al. (2020) explore the perceptions between occupational therapy and physiotherapy professionals, with Egwu et al. (2020) focusing specifically on physiotherapy and occupational therapy students. In the study by Aguilar et al. (2014) evaluating professionals, it was found that there was an understanding of each other’s professions, but they could not identify core values for the other’s profession. The study on students by Egwu et al. (2020) had a similar outcome. They viewed each other positively, but the physiotherapy students had less of an understanding of occupational therapy than the OT students did of physiotherapy. Both studies showed that there was a disconnect, which can cause problems because they are interconnected fields.

By definition, the allied health field is an interdisciplinary field, which means medical professions often intertwine and require teamwork. Most healthcare teams have 6 or 7 different professions within them. Patients often see a variety of professionals for the same issue, so it is important that all of their practitioners are on the same page for treatment. To be on the same page, they need to have a certain level of understanding of each other’s roles. Merryman and Synovec (2020) and Wan Yunus et al. (2022) explore the perceptions of allied health professions on occupational therapy. Both studies conducted conversations with allied health professionals that work with occupational
therapists, one doing semi-structured interviews and the other doing focus groups. Based on the data, allied health professionals seem to have limited exposure to occupational therapists, but they have a level of understanding and recognize the need for occupational therapy. Occupational therapists cover a wide range of practice that crosses many other health fields, so it is essential that there is an understanding between professions. Occupational therapists provide a perspective that is valuable to other professionals because they see a variety of patients and work alongside many professionals. Occupational therapists can help mental health professionals by promoting healthy lifestyle behaviors. They can help doctors and surgeons by providing pain management and post treatment care that is not medication. They can, according to the AOTA (2022), educate caregivers, assess living and working environments, and evaluate adaptive equipment. All of these varied responsibilities have the potential to help with preventative care.

Occupational therapists work in a variety of settings, including those healthcare settings already discussed as well as educational settings, community settings, and in home settings. Wegner et al. (2014) explored occupational therapy as an initiative to help students in K-12 schools. Occupational therapists are seen to help these students develop healthy lifestyle behaviors in addition to assisting in the development of activities of daily living. As mentioned previously, having occupational therapists in the school setting is beneficial to students because of these reasons. In particular, Wegner et al. (2014) explores the impact that occupational therapists have in a public school setting, and they find that OTs are very beneficial to adolescents in South Africa by providing school support, help developing community connections, promoting reduced substance
abuse and positive sexual behaviors, and promoting focus on positive leisure activities. Exploring other settings, Osipova (2020) looked at parents’ perspective of in-home care. Participants reported that in-home care was convenient, but not necessarily more beneficial than in another setting. The parents did not choose to have in-home care, but clinics were full. They also noted that they did not have a good understanding of occupational therapy until after the sessions concluded. These studies have slightly contrasting views because the study by Wegner et al. (2014) showed that the OT having a role in the community was very beneficial. The article by Osipova (2020) did not say that OT was not beneficial, but that it was not more beneficial than it would have been in a different setting. This indicates that more research needs to be done to examine the effectiveness of OT and its impact on the patient experience within different settings.

Overall, occupational therapy is relatively misunderstood without proper education. There is an awareness of the profession as a whole, but it is not understood what occupational therapists do or how they should be incorporated in treatment. There is a lack of knowledge from patients and professionals. Because of this, education must become part of an occupational therapist’s job to not only advocate for their patients, but to also advocate for the services they provide across all settings.

**Cost Effectiveness of Occupational Therapy Treatment**

Cost effectiveness is widely used in the healthcare field, as it compares costs and outcomes to determine worth to the patient. It analyzes if the cost of treatment is comparable to the patient outcomes. Collectively, the studies reviewed suggest that there is not enough research on cost effectiveness in occupational therapy specifically (Hand et al., 2022; Hay et al., 2002; Graff et al., 2008; Morrow and Simpson, 2022; Nagayama et
More research needs to be conducted because it is important to know if the cost of treatment is justified. It may also help to substantiate the need for treatment and proper compensation to occupational therapists. There is some limited research available that needs to be developed further.

Cost effective analysis is based on several factors and usually studied by comparing those patients who have had OT to a control group that did not receive OT or to a group that received a different intervention (most likely standard care). As seen in the study by Morrow and Simpson (2022), cost effectiveness analyses are important for the decision making processes in the healthcare field because they do allow for comparisons. Studies by Hand et al. (2022) and Pergolotti et al. (2018) focused on costs, with an inclusion of insurance factors, finding some disparities and limiting adherence factors. Hand et al. (2022) conducted a systematic review of several studies, some focusing on the disparities as they related to insurance type, age, race, and ethnicity, while some focused on quality outcomes. Some disparities caused a lower utilization of services. For example, one of the studies Hand et al. (2022) reviewed focused on children and adults covered by Medicare that had autism or an intellectual disability. Adults had lower utilization because there was a disparity in age. Ultimately, they found that research is still in the early stages, however. Pergolotti et al. (2018) focused on costs compared in different areas related to cost effectiveness. One of those areas was insurance and insurance caps. Insurance caps limit the amount of times a patient can receive treatment, and the potential of having to pay out of pocket is a deterrent and could lead to less adherence.
In studies by Wales et al. (2022), Nagayama et al. (2016), Hay et al. (2002), and Graff et al. (2008) the OT treatment(s) studied were shown to be cost-effective, but a study by Pizzo et al. (2022) showed a specific treatment they were studying to not be cost-effective. The research by Wales et al. (2022) was a systematic review that viewed studies across the world on the cost effectiveness of occupational therapy in acute and subacute care. They all had different interventions and models of cost effectiveness, which made it difficult to draw conclusions about the cost-effectiveness of OT in acute and subacute care. Nagayama et al. (2016) also conducted a systematic review that determined OT as a whole was cost-effective, and they studied older patients that had one of 3 possible options: OT, other treatment (could be another kind of therapy), and no treatment. Hay et al. (2002) also studied older patients with 3 options for preventative care: OT, social activity groups with nonprofessionals, and no care. They found the preventative OT care was cost-effective because the participants who had OT rather than the other 2 options had less healthcare and caregiver costs in the long run. Graff et al. (2008) and Pizzo et al. (2022) had contrasting views with similar studies. They both studied the cost effectiveness of community based occupational therapy with dementia patients. Graff et al. (2008) determined community based therapy was cost-effective, while Pizzo et al. (2022) determined it was not. This shows that some treatment interventions may be more cost effective and therefore more readily covered by insurance than others, but some interventions could be dependent on the population. Having different answers to the same research is not a negative, as it shows a need for more research and development in this area. Cost-effectiveness impacts how occupational therapists choose to treat, so there should be a standard analysis across the board.
Patient Involvement/Experiences in Occupational Therapy Treatment

Patient experience is important in any healthcare occupation because it evaluates the patient’s quality of care from their practitioner. Including a patient in the decisions made about their treatment and considering their likes/dislikes when creating the treatment is essential to having an optimal experience (Northen et al., 1995). Yet, little research has been found which has examined this notion. However, Northen et al. (1995) examined occupational therapists’ perceptions to see if they include patients in the rehabilitation process. It was found that there is some inclusion, but there could be much improvement to include and document how the patients are involved in the process.

Patient satisfaction surveys are examined in a couple of the studies, as they are closely monitored in most healthcare settings. Interestingly, Scholte et al. (2014) stated that interpretation of patient satisfaction is difficult because satisfaction is not well defined and does not cover multiple dimensions. Most studies define dimensions of patient satisfaction that they want to focus on. For example, a study by Roush and Sonstroem (1999) created a satisfaction survey based on the following dimensions: enhancers, detractors, location, and cost, while Scholte et al. (2014) examined an already created survey including practice organization, patient outcome, and personal interaction as the dimensions and eliminated questions they believed did not add value. The goal is to view facts instead of opinions to properly assess quality of care, which drives what dimensions researchers pick for these surveys.

Patient experience is a very important factor in analyzing quality of care and overall treatment outcome. The practices that an occupational therapist uses can change the way patients view their treatment. Studies by Mullersdorf and Ivarsson (2012) and
Velde et al. (2005) explore the use of creative practices in occupational therapy. Mullersdorf and Ivarsson (2012) sent a survey to occupational therapists inquiring about their use of creative activities. Only 44% of occupational therapists said that they used creative activities. The study by Velde et al. (2005) looked at the effects of animal assisted therapy. It was deemed that animal assisted occupational therapy would be beneficial. Creative activities engage patients more and are beneficial, as shown by Velde et al. (2005). In this way, if occupational therapists incorporate fun activities into treatment, the patient might be more accepting of the treatment and could be more motivated to participate.

Client-patient relationships are a key factor in having an optimal experience. One study by McCormack and Collins (2010) focused on the contribution of disability studies to client-centred practice. Further, a study by D’Cruz et al. (2016) focused on client-centered practice for those with a traumatic brain injury. These studies had similar themes. They revealed that a “client’s” view on their disability and its effect on their life are important for practitioners to be aware of. Knowing patients and understanding their conditions gives the occupational therapist the ability to make their treatment more individualized. A study by Kirsh et al. (2006) on minorities undergoing occupational therapy treatment also noted the importance of an occupational therapist understanding differences and avoiding omissions.

**General Conclusions and Recommendations for Future Research**

In conclusion, there is still much research to be done in the area of patient satisfaction and understanding. From the three sections: perspectives of occupational therapy, cost-effectiveness of occupational therapy, and patient involvement/experience
in occupational therapy, it can be seen that further development is needed. Perspectives of occupational therapy reveal that there is a lack of knowledge of the profession, so there should be more education available, especially in ways that are easily accessible to anyone who might pursue or utilize occupational therapy in the future. Allied health professionals have limited exposure and that leads to limited knowledge. Cost-effectiveness studies are limited as well, especially in the United States. While it is important to study OT across the world, cost analysis and insurance are very different between countries. There are disparities as it relates to cost of treatment. To ensure each country is able to provide optimal care at a cost level worth it to the patient, research for that specific country and their policies should be done. Patient involvement/experience is the heart of occupational therapy, so making sure patients are satisfied, involved, adhered, and engaged is essential. There are many patient satisfaction surveys in other rehabilitation areas, like physical therapy, that could be tweaked to fit occupational therapy. The use of creative practices can encourage more engagement and is sometimes necessary to align to a patient’s activities of daily living. Client-practitioner relationships are key to getting patients involved and keeping them engaged, while ensuring they have an optimal experience.

Future research should include evaluation of teamwork among allied health professionals, cost-effectiveness of specific interventions, disparities related to cost of treatment, insurance aspects specific to OT treatment, development of creative use of practices, and creation/evaluation of OT patient satisfaction surveys. Teamwork among allied health professionals needs to be more heavily investigated as well to see what ways they could be more beneficial to patients with treatment in multiple disciplines. Cost-
effectiveness of specific interventions should be analyzed more in depth. Treatments should be able to be easily compared and evaluated for costs and quality outcomes. Disparities related to cost of treatment should be more heavily researched so practitioners/insurance companies can be educated on how to minimize those. Insurance has a major role in adherence, so it is important for this information to stay up to date. To ensure each country is able to provide optimal care at a cost level worth it to the patient, research for that specific country and their policies should be done. Continuing education on insurance policies could be very beneficial to practitioners. In addition, creative use of practices encourages patients and keeps them motivated, so developing those further and sharing research on their success/failure is helpful to other OTs. Finally, patient satisfaction surveys should be created and evaluated. These surveys could have multiple benefits to occupational therapists that allow them to increase how many of their patients have an optimal experience, as determined by the patients themselves.
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https://doi.org/10.1016/j.xjep.2021.100463


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https://doi.org/10.1111/j.1440-1630.2004.00442.x


APPENDIX A - ANNOTATED BIBLIOGRAPHY

*Perspectives of Occupational Therapy*


[https://doi.org/10.1111/j.1440-1630.2006.00647.x](https://doi.org/10.1111/j.1440-1630.2006.00647.x)

This article observes how inpatients’ view occupational therapy. The purpose of this was to see how a patient perceives the practices and if they know the purpose of interventions. This was a qualitative study done through a self-report questionnaire. The questionnaire mostly asks yes or no questions, or “on a scale” questions with a few that required actual written responses. The participants were inpatients in acute wards that were mentally stable, and had been a resident of the ward for at least a week. Of 64 participants, 53 had met with an occupational therapist and 2/3s of that had been explained to what occupational therapy was for. There was a positive correlation between meeting a therapist and having the purpose explained, and there was a positive correlation between having the purpose explained and believing occupational therapy could be helpful.
This study is done in Australia, and evaluates the students’ perceptions of occupational therapy when they enter the program. These students have not taken any classes in the occupational therapy program before their perceptions are evaluated. This was a qualitative study done by distributing a questionnaire on the first day of classes to students. The participants were undergraduate students entering the bachelor’s program and graduate students entering the master’s program. The graduate students got an introduction package to read. They were asked three open ended questions about what occupational therapy is. The results concluded that the undergraduate students had perceptions equivalent to that of the general population, and the graduate students had a more well-rounded understanding.

The goal of this study was to give first year medical students an understanding of physical and occupational therapy. Doctors should be able to incorporate PTs and OTs into their plans of care. The goal is not only to understand the roles of PTs and OTs, but to also know when to incorporate them and collaborate. As part of the students’ “Clinical Skills” course, they were required to shadow an outpatient PT. While they only observed PT, the PT was asked to explain both OT and PT to the students. All information given to the students was on both PT and OT. The students took a pre and post-experience survey. In that survey, they were asked if it was helpful and if it should be continued. 84% found it helpful and 97% agreed that it should be continued in the future. They were also asked about their confidence levels in understanding PT and OT and knowing when to refer. These numbers both had a large increase from pre to post experience.

A two phase study was conducted in Australia with occupational therapists and physiotherapists. In the first phase, values were identified for both through interviews. In the second phase, the values identified were presented through Delphi questionnaires to occupational therapists and physiotherapists to determine what values were essential to each. This article is an examination of the two phase study from a different perspective. From the study, the researchers could see how the two professions viewed each other. They identified significantly less values for the other profession than for their own. Physiotherapists only identified 5 values for occupational therapy, while occupational therapists identified 61 values for their profession. Core parts of occupational therapy were not listed as a value by physiotherapists, and vice versa. There is a large gap in how a profession views itself and how other professions perceive it.

This is a cross-sectional study done at a Nigerian university among occupational therapy (OT) students and physiotherapy (PT) students. The purpose was to examine mutual perceptions, attitudes, and knowledge between the two professions. The participants were a 1:3 ratio of OT:PT because there were less OT students. The students were given a questionnaire with three sections: demographics, knowledge of the other profession, and attitudes and perceptions of the other profession. It was found that they both had positive attitudes towards the other, but there was a significant difference in the knowledge shown about the other profession. Occupational therapy students had more of an understanding of physiotherapy than physiotherapy students did of occupational therapy. OTs and PTs work collaboratively a lot, so it is important that they have a good understanding of the other.

In South Africa, there is a project called HealthWise. HealthWise is an initiative to help students in grade eight and nine by aiming to reduce abuse of substances and positive sexual behavior choices and by promoting positive behaviors in leisure time. HealthWise included two youth development officers. They employed two occupational therapists as the youth development officers to help with positive behaviors in leisure time. This creates a public health perspective of occupational therapy. Participants were able to identify four main roles of the occupational therapists, and the participants responded positively to the occupational therapists. Occupational therapy is an evolving role within school systems across the world.

This study was conducted in Armenia and the goal was to understand parents’ perceptions of occupational therapy in an in-home setting. There were 5 participants that went through a semi-structured interview process. The participants were primary caretakers of children with special needs. A 4 question questionnaire with sub questions was used to collect data. Four themes developed from the interviews: tragic perception of “disability”, early intervention, personal convenience to have in-home service, and existing benefits of in-home occupational therapy. According to this study, the best reason to get in-home occupational therapy is for convenience. In-home care was not their first choice, but practices were full and there was a lack of service. Also, the participants were not familiar with occupational therapy and its benefits. They gradually came to understand the role of occupational therapy as the children received care.

This study was conducted at a Federally Qualified Health Center that was not for profit and provided homeless populations with medical services. Employees of the organization that had done at least one OT referral were recruited through convenience sampling. They were all licensed healthcare providers. Each participant did an in depth semi-structured interview that last 30 minutes to an hour. There were 7 questions designed to create conversation between the interviewer and interviewee. There was an apparent need for additional OT services expressed amongst the 12 participants. Another theme noted was the unique perspective on function from an OT and how treatment decisions were influenced by that. Occupational therapists are able to offer a unique perspective and add value to a patient’s treatment plan.

This study done in Malaysia explores the perceptions of allied health professionals on the roles of occupational therapists. Understanding the role of occupational therapy is essential in interdisciplinary practices. Occupational therapists cover a wider range of practice than other rehabilitation settings, but occupational therapy has less awareness. A focus group via Ivanoff and Hultberg’s framework was used for this study. The three criteria for being in the study were (a) an allied health professional, (b) works in a clinical setting, (c) has worked with an occupational therapist for three years. Seven participants were in the focus group. The participants were asked questions about their personal working history, perceptions and knowledge of occupational therapy, and their perception about how occupational therapy roles should be promoted in a clinical setting. Three themes were generated from the focus groups: (1) awareness of the occupational therapy ecosystem, (2) in cooperating togetherness for the benefit of the client, (3) addressing the limitation to enhance the occupational therapy visibility. It was shown that there is a certain level of awareness that other allied health perceptions have of occupational therapy, but they have limited exposure to occupational therapists.
**Occupational Therapy Cost Effectiveness**


This study compares the cost effectiveness of community occupational therapy and usual care for dementia patients. The purpose is to determine which type of care is more cost effective for dementia patients. This is important because patients often decide what kind of treatment to participate in based on their out of pocket costs. The patients got randomly assigned to get the intervention or to be part of the control group. The intervention was to receive occupational therapy, and the control was usual care. For the intervention group, the therapists worked with both the caregiver and the patient. It was determined that community based occupational therapy is both successful and cost effective.

https://doi.org/10.5014/ajot.2022.049086

This article shows the importance of a cost-effectiveness analysis (CEA) in occupational therapy and how it assists in cost effectiveness studies. Stroke rehabilitation in the US costs more than it does anywhere else in the world. CEAs help the decision making process for new treatments or equipment. Rehabilitation does not typically use economic evaluation, but it is important that they consider the cost effectiveness of treatment and equipment to make informed decisions about their patient’s treatment. The outcomes of CEAs should not be the primary consideration in decision making, but they do allow for comparisons to be made across studies when in the decision making process. CEAs are not popular in occupational therapy, but that is expected to change.

https://doi.org/10.1002/oti.1408

This a systematic review of the cost-effectiveness of occupational therapy for older people. Trial-based full economic evaluations were examined. They have to consider costs and outcomes in occupational therapy for older people compared to other therapies or no intervention at all. The Cochrane risk of bias tool was used to review quality of methodology, and the Drummond checklist was used to examine quality of economic evaluations. There were five studies included in the review: two on fall prevention, two on preventive occupational therapy interventions, and one on occupational therapy for patients with dementia. The primary outcomes focused on were total medical care costs, functional status, social participation, and quality of life. Two out of five of the studies (one on preventive occupational therapy interventions and the other on occupational therapy for dementia patients) showed that occupational therapy is cost effective for older people compared to standard care. There is not a lot of research on cost effectiveness in occupational therapy, so it is encouraged to search for more research in this area.

In this systematic review, the primary outcome reviewed was the value for money of occupational therapy. Studies were considered based on if they had adult populations and if the interventions were performed by an OT or by a team with a OT on it. Included studies were ones with an alternate intervention for comparison, randomized and non randomized studies, and studies with embedded economic analysis and modeled economic analysis. While cost effectiveness can sometimes be hard to compare between different countries, this review was not limited by location. All costs were converted to US dollars. The goal was to synthesize the studies to identify cost effective practices. Ten articles were included in this systematic review. They had different approaches to examining cost-effectiveness, so this review compares them. There was significant heterogeneity in cost-effectiveness methodology and occupational therapy intervention, which made it difficult to draw conclusions about the cost-effectiveness of OT in acute and subacute care. Five interventions within the studies were found to be cheaper and have more benefits: delivery of structured activities of daily living; PTA retraining for people with traumatic brain injuries; occupation-based intervention poststroke; acute discharge planning, adjusting challenge-skill balance in rehabilitation for those with musculoskeletal, spinal, or cerebral diseases; and combined occupational and
physiotherapy for pre and post op hip replacements. These areas show to have economic value, but more research needs to be done to substantiate the findings.

This health services research is relevant to occupational therapy, and it includes articles on clients’ access to and use of occupational therapy; effects of occupational therapy on important quality-of-care indicators and client outcomes; and value of occupational therapy services through the lens of cost-effectiveness. Health services research focuses on patients’ access to care, cost of care, and result of care. The goal of this kind of research is to be able to identify the best and most efficient ways to implement high quality care for maximal outcomes. Two articles look at the utilization of occupational therapy among specific populations. One focused on children and adults covered by Medicare who are on the autism spectrum, have intellectual disability, or both. It was found that there was lower utilization among adolescents and adults compared to younger children. Possible disparities in access to care could be age, race, ethnicity, sex, and urbanicity. Another study looked at utilization in acute care hospitals in a regional health system moderated by sociodemographics. Patients with lower performance of activities of daily living were more likely to have access to care. Disparities shown in this study were similar: race, ethnicity, insurance type, and age. Since both studies found similar disparities, it is important for future research to develop plans for minimizing those disparities. Quality of care is another part of the health services research. One article found moderate evidence to show that depression and anxiety symptoms were reduced in the physical disability inpatient rehabilitation. It is important for practitioners to see
outcomes from a payer’s perspective, so that the value of occupational therapy is advocated for. Five articles focus on connections between occupational therapy care and outcomes as defined by the Center for Medicaid and Medicare Services (CMS). Three articles examine the connections between occupational therapy care and quality outcomes. Most of the studies in this area are reviews that show that occupational therapy is still in the early stages of research in this area. More research needs to be done, especially in regards to CMS quality measures. The last area of the health services research is cost-effectiveness. Three studies are used to consider the value of occupational therapy services through a cost-effectiveness view. The studies ultimately prove that there is much more research needing to be done in this area.
A cost-utility comparison of the Community Occupational Therapy in Dementia-UK (COTiD-UK) and treatment as usual (TAU) was done. Valuing Active Life in Dementia (VALID) was used to estimate cost-effectiveness of COTiD-UK compared to TAU. People with mild to moderate dementia and their caregivers were recruited as pairs for this study. The person with dementia had to live in their own home, have a diagnosis of dementia as defined by the DSM-IV, and a score of 0.5-2 on the Clinical Dementia Rating Scale. The caregiver had to be 18 or older and provide practical support with activities for at least four hours a week. The pairs were randomly assigned to either COTiD-UK or TAU. COTiD-UK was 10 hours of community therapy for 10 weeks, including the caregiver. TAU is the service that would normally be provided to a patient with mild to moderate dementia. The outcome measure used for the cost-utility analysis was quality-adjusted life years (QALYs), a combination of quality of life and length of life. There was a significant difference in the costs of the two treatments, but there was no significant difference in the outcomes. TAU was cheaper, and it produced the same level of outcomes as COTiD-UK. COTiD-UK was found not to be cost-effective.

This article explores the cost of occupational therapy by provider, insurance status, geographic region, number of visits allowed, and out of pocket costs. This study used the Medicare Provider Utilization, Payment Data Physician, insured, and Medicare-insured beneficiaries for the 10 most often used services in occupational and physical therapy. Costs of services between providers were compared, geographic variation by state was evaluated, and determined potential impact of caps on services and visits. The amounts charged by providers were different among all the states. Wisconsin was found to have the most inflated charges. At a $1880 cap, visits allowed were 12. The patient got an initial appointment for evaluation and 12 treatment appointments. An uninsured patient would pay about $2803 for the same services. If the cap was lowered, patients would have to pay out of pocket for any extra appointments. Some patients have coinsurance to help with costs, but not all do. Having a financial burden can cause patients not to adhere to treatment, which can ultimately lead to more problems and decrease quality of life. Having caps on visits increases the likelihood of patients quitting treatment.

A randomized trial was done with 361 elderly men and women from two federally subsidized apartment complexes in Los Angeles. They were split into three groups: OT, social activity program, and nontreatment. The OT group had lifestyle changes implemented into their daily routines. The active control group was the social activity group that was administered by nonprofessionals. The passive control group was the nontreatment group. Participants were evaluated initially, after 9 months of treatment, and again 6 months after treatment was complete through psychometric assessment scales. There were no significant differences in healthcare and caregiver costs initially or at the 9 month mark, but the costs at the 6 month follow up was substantially lower for the OT group. This shows that preventive OT is cost effective.

Many people do not understand the benefits of occupational therapy, and the therapists are not acknowledged for their work. There are large amounts of evidence proving that occupational therapy interventions are beneficial to health outcomes and are cost-effective. Occupational therapists are able to work with a very wide range of patients and diagnoses, but they have been underutilized. The goal of this article is to support the role and services of occupational therapists through an economic argument. There is more spending on health than there is on economic growth, so there needs to be more of a balance. The role an occupational therapist plays and the help they provide aligns with the priorities of the Canadian healthcare system transformation. Occupational therapy can provide more cost-effective and longer lasting solutions beyond traditional medicine.
Patient Involvement/Experience in Occupational Therapy


This is an opinion piece that examines the understanding of disabled people and the impacts of client-centered control. This is relevant to my topic because it touches on the occupational therapy experience from a patient perspective. It is explained that to truly have a “client-centred practice” the practitioner has to be able to listen to the client’s view on disability and its impact on their life. They examine 5 different elements of client-centred practices and how disability studies can impact those 5 different elements. This article encourages the education system to add reflection to their program and encourages practitioners to change the way they engage with disabled people.

https://doi.org/10.1002/oti.1327

This study was done in Sweden and analyzes the creative practices used in occupational therapy in their country. The study was done qualitatively. A survey was sent to several occupational therapists in Sweden asking if they used creative activities and if so, which ones they use. A limitation of this was that occupational therapists only completed the survey if they wanted to. Out of 2975 occupational therapists the survey was sent to, only 1867 filled it out. It was said that the proportion of occupational therapists to the counties in Sweden matched. The response depended on various factors, including gender and employer, etc. Only 44% of the occupational therapists that filled out the survey use creative activities. This could be used as a way to compare occupational therapy experiences between countries or to develop new interventions.

This study examines the occupational therapist’s inclusion of the patient and patient’s caregiver in the goal setting process. The purpose of this study is to see if patient’s are involved in the process or not and if they are, what ways they are included. This was a qualitative study, and a patient participation evaluation form was created that assessed how the patient’s were involved. Thirty registered occupational therapists participated in this study. It was concluded that patient’s are involved in the process of goal setting, but there is still room for improvement because much of the criteria (including things like how the therapists explained or documented certain things) they created for the patient participation evaluation form was not met.
Scholte, M., Calsbeek, H., der Sanden, M.W., & Braspennings, J.C. (2014). Quality of physical therapy from a patient’s perspective; factor analysis on web-based survey data revealed three dimensions of patient experiences with physical therapy. *BMC Health Services Research, 14*, 266 - 266.

This study took place in the Netherlands. The researchers did a factor analysis on a survey from a previous study. They evaluated the original survey of 41 questions and 10 dimensions, which was given to 2,221 patients from 52 physical therapy practices on a web based portal. They analyzed to determine what was necessary to include. They were able to reduce it to 25 questions and 3 dimensions: personal interaction, practice organization, and patient reported outcome. Their aim was to help in the process of creating an effective tool for evaluating quality of patient care.

In this study, a psychological phenomenological approach was used. The goal was to determine what an experience means for those who have experienced it and can provide a description. Questions focused on experiences of OT as a minority group consumer. Participants were self-identified as an individual from a minority group. The interview resulted in five themes as listed by the researchers: “the importance of social location, the need for safety and acceptance, avoiding omissions, understanding differences in occupation, and the face of discrimination” (Kirsh et al., 2006). This study is important in this area because it has the potential to create better care, or at the very least make practitioners aware of minority experiences.
In this study, the effects of animal assisted therapy with occupational therapy patients is what is observed. The purpose of this study is to see how efficient animal assisted therapy is from both the patient and practitioner's perspective. This is a qualitative research that was done by interviewing occupational therapists and observing the emotional reaction of hospice patients. They assess when animal assisted therapy is also occupational therapy, and they conclude that using the animal to assist in “occupations” would be both and would be beneficial. They mold it in a way that animal assisted therapy becomes “pet care” if they are grooming the animal or something that involves occupation-based activity.

In this study, the effectiveness of occupational therapy for multiple sclerosis patients is evaluated. The purpose of the study is to decide whether occupational therapy increases quality of life for multiple sclerosis patients. Different types of occupational therapy interventions were studied. They evaluated 6 interventions, and then evaluated the interventions comprehensively. They studied several different studies, and had a process for how they decided which studies they were able to use to make a conclusion of their own. There were three reviewers that analyzed studies, and then a group of occupational therapists decided what type of intervention the study fell into. The studies had different outcomes and there was not enough evidence to prove that occupational therapy was effective or not in multiple sclerosis patients. This shows that more research on this topic needs to be done.
https://doi.org/10.1093/ptj/79.2.159

A Physical Therapy Outpatient Satisfaction Survey (PTOPS) contained 34 items and 4 components. The components are "Enhancers", "Detractors", "Location," and "Cost." Item pool was reviewed for content validity by a physical therapist that studied patient satisfaction. The fit indices of model B were fit to data from a new sample. This confirms that satisfaction responses from patients are explained well by the PTOPS. It was determined based on the criterion variable, selection of "Enhancer" and "Detractor" scales, and strength of association gives PTOPS strong content and construct validity. They do make a comment that a larger number of dissatisfied patients could influence the structure of satisfaction and validity. Participants were chosen from outpatients scheduled for physical therapy services on a day when maximal patient volume was anticipated. Exclusions for participants were under 18 years of age, being seen for initial evaluation on day of data collection, and cognitive inability to respond to the survey. This data was used to create a patient satisfaction survey specifically for outpatient physical therapy.

This is a qualitative study using unstructured interviews to develop a construct of client-therapist relationship. Twenty adult participants were chosen, 10 male and 10 female. Researchers followed principles of theoretical sampling so men and women were different ages and had varying health conditions. 3 rehabilitation institutes were involved. Ages ranged from 21-70, majority 31-60. Experience in occupational therapy ranged from 6 weeks to 17 months. Participants were interviewed once, some being 30 minutes, some being more than 1 hour. Interviews took place in the participants' homes. To begin, participants were asked to describe the relationship between themselves and their occupational therapist, and then the interviewer would expand using open-ended questions. Three main categories came from the interviews: therapist role, power, and connection. In general, the participants described the relationships with their therapist as positive. There were some instances of negativity in experiences. This is important information for therapists, so they can build relationships with each client that adheres to them as an individual.

Client-centered is a key factor of occupational therapy and a major goal for occupational therapists, but there is not a lot of research on patient experience. This study using semi-structured interviews evaluates the patient experience of occupational therapy. Six adults with moderate to severe traumatic brain injuries were interviewed twice over 15 months. Three themes emerged from the interviews: experiencing the client-therapist relationship, actively participating in therapy, finding my place in life. The participants all placed importance on the therapists acknowledging the trauma of their brain injuries and how it affected them. The client-therapist relationship was made out to be the most important factor of client-centered practice, and it increases the level of engagement patients have.
Occupational Therapy Education


https://doi.org/10.5535/arm.2017.41.1.16

This study evaluates the way that the caregiver’s education impacts the patients' recovery and also the satisfaction of the caregiver. This study was done qualitatively through a survey sent to stroke patients. There was an experimental group that received more rehabilitation therapy with a caregiver who attended an education program, and there was a control group that got conventional treatment. The results were that with the education program they provided, satisfaction from the caregiver (in this case, a home health personnel) and the family were greater. Not only that, but more importantly there was more improvement with the stroke patients.

This study evaluates occupational therapy student’s experience with their service learning courses. The purpose of this study was just to explain how the student’s view their service learning courses. It is important to know how the education process for future practitioners is working and what they are learning beyond the classroom. The study was both qualitative and quantitative, and it used a service-learning assessment matrix to evaluate the students’ perspectives. They used surveys, interviews, student journals, and focus groups to collect data. The study resulted in the conclusion that most students felt more comfortable and had a better understanding of disability after their service learning experience. This emphasizes the importance of active learning and encourages the continuation of this in occupational therapy programs.