Perception of Client-Centered Practice in Occupational Therapists and Their Clients

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OBJECTIVE. The purpose of this study was to comparatively analyze the perceptions of clients and occupational therapists regarding their involvement in the process of client-centered practice.

METHOD. Participants (11 occupational therapists, 30 clients) in adult/geriatric health care facilities were each engaged in a semistructured interview to determine their perceptions of client-centered practice, specifically in the goal-setting process. Descriptive statistics were used to analyze the item data. In addition, one-way analysis of variance was computed to identify the differences of opinions in clients and occupational therapists on the process of client-centered practice in four facilities: long-term-care or rehabilitation, hospital outpatient, hospital inpatient, and nursing homes.

RESULTS. The occupational therapists in this study indicated use of the principles of client-centered practice in their delivery of occupational therapy services. Their clients, however, displayed mixed perceptions about their role as active participants in client-centered practice and all responded in the negative when asked if they were aware of the approach. Perceptual differences existed between the occupational therapists and their clients in relation to the use of client-centered practice, because their responses to similar questions varied. Last, type of facility significantly influenced clients’ knowledge of certain aspects of their treatment processes in the following four areas: (a) treatment goal selection, (b) encouragement provided in setting clients’ goals, (c) clients’ perception of the importance in the goal-setting process, and (d) education of clients about their participatory role in the goal-setting process.

CONCLUSION. Results suggest that a perceptual gap exists between occupational therapists and their clients in relation to their stated use of and participation in client-centered practice. In light of the results, development of a systematic strategy by occupational therapists to elicit the roles that their clients desire to play in the therapeutic process may be an effective intervention to ensure that occupational therapists and their clients are able to fulfill their roles in client-centered practice.


Introduction

In occupational therapy practice around the world, the phrase client-centered is being increasingly advocated (Conneeley, 2004; Falardeau & Durand, 2002; Law, Baptiste, & Mills, 1995; Palmadottir, 2003; Sumson & Smyth, 2000; Taylor, 2003). In essence, client-centered practice is a process in which the client is the focal point around which occupational therapy treatment evolves. Sometimes, the terms client-centered practice and client-centered care are used synonymously. However, the term care can inadvertently create a misconception and hierarchy in which the occupational therapist is the provider of care and the client is the passive recipient. Both of those roles are the opposite of what is expected in client-centered practice. Clients can participate in client-centered practice by (a) actively involving themselves in discussion (Tickle-Degnen, 2002), specifically related to occupations that they identify to be meaningful and purposeful; (b) participating in the goal-setting and treatment-planning processes (Gage, 1994; Willard & Spackman, 1947; World Health Organization, 1979); and (c) demonstrating a desire and motivation to engage in their occupational therapy treatment sessions.

The importance of client-centered practice is reflected in the professional standards established by the American Occupational Therapy Association (AOTA,
In their desire to answer the first question, Northen et al. (1995) audiotaped an initial evaluation of 30 registered occupational therapists practicing in adult physical rehabilitation facilities, reviewed their corresponding documentation, and interviewed each occupational therapist. Using a self-created client participation evaluation form, the researchers sought to identify whether occupational therapists involved their clients in the goal-setting process and, if so, what methods they used. The researchers found that the occupational therapists were involving their clients in the goal-setting process to some extent. However, such involvement did not follow any structured pattern. As a result, discrepancies were found in the issues related to (a) discussion with clients and their families on the initial and ongoing treatment processes, evaluations, and treatment outcomes; (b) clients’ concerns about the occupational therapy treatment processes; and (c) collaboration with clients in establishing treatment goals. Therefore, the researchers concluded that the maximum potential of client-centered practice was not realized throughout the treatment process (Northen et al., 1995). Although Northen et al. (1995) interviewed occupational therapists from 10 different facilities, they did not analyze whether differences in the approach of client-centered practice existed in different facilities. This issue is important to explore because client-centered practice is exceedingly important in long-term-care and nursing home facilities where residents generally suffer from chronic diseases. In these cases especially, the clients need to take control over their health, because often the quality of life is more important than other therapeutic issues (Larsson Lund et al., 2001). Furthermore, the clients’ perceptions toward client-centered practice were not taken into account in the study by Northen et al. (1995).

To explore the perception of participation of clients and the strategies adopted by different care providers to encourage client participation, Larsson Lund et al. (2001) conducted a study in Sweden. The researchers investigated the issue through semistructured interviews with hospitalized clients, nurses, and occupational therapists. They observed that the clients’ level of participation could be classified into the following three categories: (a) relinquishers, who were not interested in participation; (b) participants, who participated in the decision-making process; and (c) occasional participants, who participated occasionally in the decision-making process. Similarly, the strategies of the professionals to encourage participation could be classified into the following two categories: (a) information providers, or those who informed clients about the rehabilitation plan after the professional had created it; and (b) rehabilitation practitioners, or those...
who perceived that they had an interactive relationship with their clients. The researchers identified that the clients’ perceptions of their participation were the same, regardless of whether the care providers were occupational therapists or nurses. The study further stressed the need for identifying systematic strategies to encourage maximum participation from the clients.

Similarly, with regard to clients’ perceptions of their involvement in the goal-setting and treatment-planning processes, Nelson and Payton (1997) interviewed 15 clients receiving occupational therapy in adult physical rehabilitation facilities. The majority of the clients interviewed indicated that they had participated in planning their occupational therapy; however, their participation was considered to be weak by the researchers’ analysis. The finding that clients were considered to have weak involvement did not affect the clients’ valuation of occupational therapy, because 93% of the clients viewed occupational therapy positively and 60% provided strong supporting evidence. Thus, although the results indicate weak client involvement in the goal-setting and treatment-planning processes, these results did not directly affect the clients’ valuation of occupational therapy. Similar to the study by Northen et al. (1995), this study was limited by the sample of convenience and lack of variability in health care settings.

Purpose

The aforementioned studies established three priority issues for further research in occupational therapy under the tenets of client-centered practice. First is to conduct a comparative study on the perceptual involvement of clients and occupational therapists in the shared decision-making process in health care facilities in the United States because, to the best of our knowledge, there is none. Second is to investigate whether there is a difference in perception in the shared decision-making process in different health care facilities. Third is to identify strategies to enhance the desire and ability of both the clients and occupational therapists to engage in client-centered practice. The purpose of the present study was to investigate the first two issues as a preliminary step in this line of research. Three research questions were proposed for the study:

1. Did occupational therapists and their clients perceive their use of and participation in client-centered practice differently?
2. Was client-centered practice being used in a variety of health care facilities?
3. Did facility type influence the perceptions of occupational therapists and their clients about the use of and participation in client-centered practice?

Method

Participants and Selection Method

Eleven registered occupational therapists (OTRs) and 30 of their clients currently receiving occupational therapy were voluntarily recruited for the study from the local Ithaca, New York, area. Inclusion criteria for clients (21 females and 9 males) were the following: (a) must be currently receiving occupational therapy for 1 day or more in either a hospital (30% inpatient and 30% outpatient), long-term-care or rehabilitation facility (26.7%), or nursing home (13.3%); (b) must be 18 years of age or older (M = 70.63); (c) must be deemed by their occupational therapist to be cognitively intact, able to engage in a 10-min to 15-min semistructured interview (see Figure 1), and able to provide accurate information about their occupational therapy treatment and their current goals; and (d) must have signed informed consent as approved by the Ithaca College Human Subjects Review Board. The clients’ primary conditions varied widely, with the four most common being hand injury, hip replacement, stroke, and a fall. The occupational therapists (8 females and 3 males) practiced in either a hospital (45.5% inpatient, 9.1% outpatient, and 18.1% inpatient and outpatient), long-term-care or rehabilitation facility (18.2%), or nursing home facility (9.1%). Eight therapists held bachelor’s degrees and three held master’s degrees. Their years of practice ranged from 4 months to 20 years (M = 10). The occupational therapists and their clients were kept blind to the study’s specific purpose, but they were informed that the goal-setting process was being studied.

Study Design and Instrument

This study was a cross-sectional survey of occupational therapists and their clients. Forty semistructured interview questions—20 for therapists and 20 for their clients—were developed for this study to determine the extent to which client-centered practice was used (see Figure 1). These interview questions were primarily adapted from the Northen et al. (1995) study. Interview questions for clients were directed to: (a) obtain demographic information; (b) identify the extent to which the clients were satisfied with and benefited from occupational therapy; (c) elicit what the clients perceived their occupational therapy goals to be; (d) find out the degree to which the clients participated in setting their goals, and whether they identified participating in setting their goals to be important; and (e) identify their awareness of client-centered practice. The occupational therapists were interviewed in a similar format. Additionally, the occupational therapists were asked to identify barriers or facilita-
**SEMISTRUCTURED INTERVIEW PROTOCOL**

**Interview Coding System**

**PATIENT QUESTIONS**

**Type of Facility:**
- FAC001 Long-Term-Care/Rehabilitation
- FAC002 Home Care
- FAC003 Nursing Home
- FAC004 Hospital

**Gender of Client:**
- GEN001 Male
- GEN002 Female

**Age of Client: Actual:**
- AGE01 30–35
- AGE02 36–40
- AGE03 41–45
- AGE04 46–50
- AGE05 51–55
- AGE06 56–60
- AGE07 61–65
- AGE08 66–70
- AGE09 71–75
- AGE10 76–80
- AGE11 81–85
- AGE12 86–90
- AGE13 91–95
- AGE14 96–100

How many days he or she has been receiving occupational therapy?
Answer: (get from chart)

**Admitting Diagnosis**

**Question:** Do you know why you are here?

Answer:
(get from chart)
- DIS001 Stroke
- DIS002 Parkinson’s
- DIS003 Hip replacement
- DIS004 Knee replacement
- DIS005 Heart problems
- DIS006 Hand injury
- DIS007 Spinal fusion
- DIS008 TBI
- DIS009 SCI
- DIS010 MS exacerbation
- DIS011 Cancer
- DIS012 Other

**Past Medical History**

**Question:** Did you have any major medical problems in the past?

Answer:
(get from chart)
- DIS01 Stroke
- DIS02 Parkinson’s
- DIS03 Hip replacement
- DIS04 Knee replacement
- DIS05 Heart problems
- DIS06 Hand injury
- DIS07 Spinal fusion
- DIS08 TBI
- DIS09 SCI
- DIS10 MS exacerbation
- DIS11 Cancer

**Past deficits in occupational performance in ADL, Work, Play & Leisure**

**Question:** Before this most recent health issue, did you have any problems with getting dressed, doing housework, eating, going to work, visiting friends, talking on the phone?

Answer:
(get from chart)
- PDOP01 ADL
- PDOP02 Work
- PDOP03 Play & leisure

**Family Support**

**Question:** How would you describe the support (help, assistance) you get from your family?

Answer:
- FAMSUPP01 Economic
- FAMSUPP02 Moral
- FAMSUPP03 Mental
- FAMSUPP04 Physical
- FAMSUPP05 I don’t get any support

**Question:** If YES, would you say that your support is consistent?

Answer:
- FAM01 Yes—Get it all the time (75–100%)
- FAM02 Yes—Some of the time (50–75%)
- FAM03 Rarely (0–50%)
- FAM04 Not at all

**Previous exposure to occupational therapy**

**Question:** Have you ever had occupational therapy before now?

Answer:
- Pre001 Yes
- Pre002 No
- Pre003 Not Sure (Don’t Know)

**Knowledge of what occupational therapy is, or what it will be doing for him or her.**

**Question:** Did your occupational therapist talk to you about what occupational therapy is and what it can do for you?

Answer:
- DEF001 Yes
- DEF002 Sort of
- DEF003 No
Question: Do you know who your occupational therapist is; can you name him or her?
Answer:
NAM01 Yes NAM02 No NAM03 Not Sure

Know Occupational Therapy Goals—Initial
Question: Do you know what your goals are or what you want to achieve in occupational therapy?
Answer:
KNOG001 Yes KNOG002 No KNOG003 Sort of

Question: If YES, can you tell me what they are?
Answer:
(check chart)
LTG01 Yes 100% LTG02 Yes 75–99% LTG03 Yes 50–74%
LTG04 Yes 25–49% LTG05 Yes 0–24% LTG06 No

How goals were set
Question: Do you know how your goals for occupational therapy were set? If YES, how?
Answer:
SET01 Client set SET02 Therapist set SET03 Client and therapist set, equally
SET04 Client and therapist set, 25:75 SET05 Client and therapist set, 0.95
SET06 Client and therapist set, 75:25 SET07 Client and therapist set, 95:0

Question: Did you assist your occupational therapist in setting your treatment goals?
Answer:
(check chart)
EFF01 Yes, 100% EFF02 Yes, 75–99% EFF03 Yes, 50–74%
EFF04 Yes, 25–49% EFF05 Yes, 0–24% EFF06 No

Question: If YES, do you think your input was taken into account in setting your treatment goals as you see them?
Answer:
(check chart)
ACC01 Yes, always 100% ACC02 Yes, most of the time 75–99%
ACC03 Yes, sometimes 50–74% ACC04 Yes, once in a while 25–49%
ACC05 Yes, not very often 0–24% ACC06 No, not at all

Question: If NO, why didn’t you give any suggestions for what you wanted to work on in treatment?
Answer:
NOSUGG01 I don’t know NOSUGG02 I didn’t have any
NOSUGG03 The occupational therapist addressed all of my concerns
NOSUGG04 The occupational therapist didn’t ask

Aware of his or her role as a participant in setting their occupational therapy goals
Question: Have you ever heard the phrase “client-centered care”?
Answer:
PCC01 Yes PCC02 No PCC03 Sort of

Question: If YES, can you tell me what it means?
Answer:
Response: Correct Incorrect Somewhat correct

Satisfaction with occupational therapy
Question: To what extent are you satisfied with your occupational therapy experience thus far?
Answer:
SAT01 100% (very) SAT02 75–99% (pretty satisfied) SAT03 50–74% (kind of)
SAT04 25–49% (a little) SAT05 0–24% (not very) SAT06 None (not at all)

Question: Do you think you benefit from occupational therapy?
Answer:
USE01 Very USE02 For the most part USE03 Sort of
USE04 A little USE05 Not

Figure 1. Semistructured Interview Protocol: Interview Coding System (Continued)
Question: Do you think that you personally should actively participate in the occupational therapy process?
Answer:
OTPROCES01 Yes, very much  OTPROCES02 Yes, somewhat  OTPROCES03 No

View of self in general
Question: Would you define yourself as being an extrovert or an introvert?
Answer:
Sel001 Extrovert  Sel002 Introvert

OCCLUSIO THERAPIST QUESTIONS
Gender of occupational therapist:
GTP001 Male  GTP002 Female

Highest degree earned:
DEG01 BS  DEG02 MS  DEG03 PhD

Therapist's years of experience: Actual:
YRS01 25+  YRS02 20–24  YRS03 15–19
YRS04 10–14  YRS05 5–9  YRS06 0–4

Years at current setting: Actual:
CUR01 25+  CUR02 20–24  CUR03 15–19
CUR04 10–14  CUR05 5–9  CUR06 0–4

Decision for setting occupational therapy goals
Question: How did you decide what goals to set for your client?
Answer:
INI01 I decided them  INI02 Administered a formal assessment
INI03 Based on just what client stated that he or she wanted to work on  INI04 Discussed with client

Question: Why did you use that method to set the occupational therapy goals?
Answer:
SET01 Facility standard-care map  SET02 What I always do
SET03 Felt they were able to contribute  SET04 Client not able to state own
SET05 Client left it up to me  SET06 It's consistent with client-centered care

Did the client voice desire to contribute to setting goals?
Question: Did your client tell you what he or she wanted to do in treatment?
Answer:
PTVOICE01 Yes  PTVOICE02 No  PTVOICE03 Sort of

Question: If YES, or SORT OF, do you think his or her suggestions were applicable to be addressed in occupational therapy treatment?
Answer:
CONADD01 Yes  CONADD02 No  CONADD03 Sort of

Question: If NO, or SORT OF, why did you think his or her suggestions were not applicable?
Answer:
NOTAPP01 His or her response was not within the realm of occupational therapy  NOTAPP02 The facility lacks the resources to carry out his or her suggestion
NOTAPP03 Not enough time to address his or her desires

Was patient educated about the role of occupational therapy and how it pertains to him or her in general?
Question: Did you talk to your client about what occupational therapy is and what we do as occupational therapists?
Answer:
OTED01 Yes  OTED02 No  OTED03 Sort of

Note. TBI = traumatic brain injury; SCI = spinal cord injury; MS = multiple sclerosis; ADL = activities of daily living. (Continues)
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was patient educated about his or her role as a participant in setting goals?</td>
<td>EDU01 Yes      EDU02 No     EDU03 Sort of</td>
</tr>
<tr>
<td>Question: Did you talk to your client about participating in setting his or her treatment goals?</td>
<td>EDU01 Yes      EDU02 No     EDU03 Sort of</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: Did you elicit his or her participation in setting goals?</td>
<td>EDU01 Yes      EDU02 No     EDU03 Sort of</td>
</tr>
<tr>
<td>Question: If NO, what were the barriers you faced that hindered your ability to elicit his or her participation?</td>
<td>EDU01 Yes      EDU02 No     EDU03 Sort of</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: If YES, did he or she provide any input?</td>
<td>VER01 Yes, consistently     VER02 Yes, inconsistently</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: After goals were set, did occupational therapist tell the client what the goals were?</td>
<td>VER03 Yes, but irrelevant to OT     VER03 No</td>
</tr>
<tr>
<td>Question: Now that goals have been set and the client has been working on them in treatment, do you think he or she knows what they are?</td>
<td>VER03 Yes, but irrelevant to OT     VER03 No</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: If YES, did he or she provide any input?</td>
<td>VER01 Yes, consistently     VER02 Yes, inconsistently</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: How important do you feel it is to involve the client in setting his or her goals?</td>
<td>IMP01 Very     IMP02 Pretty important         IMP03 Somewhat important</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: Have you ever heard the phrase “client-centered care”?</td>
<td>CCC01 Yes      CCC02 No     CCC03 Sort of</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
<tr>
<td>Question: If YES, do you ever believe that you can treat with this approach?</td>
<td>APP01 Yes, consistently     APP02 Yes, inconsistently</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Semistructured Interview Protocol: Interview Coding System (Continued)

Note. TBI = traumatic brain injury; SCI = spinal cord injury; MS = multiple sclerosis; ADL = activities of daily living.

tors, if any, that they faced in implementing client-centered practice. During each question, both the occupational therapists and clients were asked to make additional comments if they wished. After the interview, medical charts were compared to register the validity or discrepancies in the comments.

A group of three experienced occupational therapists, each with a doctoral degree, examined the instrument for face and content validity by analyzing and critiquing the questions. Based on their feedback, questions were refined and restructured for clarity and to produce only two levels of results (nominal and rating scale). A Cronbach’s alpha was used to analyze the internal consistency of the pilot data on questions related to clients’ perceptions of their occupational therapy goals and the goal-setting process. An alpha of .75 was found for these questions,
leading to the acceptance of the questions as a reliable composite instrument.

The survey was designed to ask questions in three areas: (a) demographic information, (b) involvement of the goal-setting process, and (c) knowledge of occupational therapy and client-centered service. In each area, questions were designed to elicit responses in a Likert scale format and, additionally, the respondents were asked to comment on the items as an open-ended format. The survey items for both the clients and occupational therapists are given in Figure 1.

Data Collection

The primary researcher was in regular contact with the occupational therapists to determine the most convenient times to conduct the interviews, based on scheduling and availability of appropriate clients to be interviewed. Once schedules were arranged, the clients and occupational therapists were formally recruited by the primary researcher. Before any interviewing, each participant signed an informed consent form. The interviews took place within the facilities in which the occupational therapists were employed and the clients were treated, each at a private location of their choice. All interviews were conducted on a one-on-one basis either with the clients or with the occupational therapists. In one case, a client’s wife was present because she was highly involved in her husband’s care. After the interviews with the clients, their actual occupational therapy goals were recorded from the clients’ charts with the permission of the appropriate authority. No specific order was assigned as to whether clients or occupational therapists would be interviewed first; rather, order was determined by availability. The length of the interviews was between 15 min and 20 min. No incentives were given for participation.

Data Analysis

Interviews from all 41 interviewees (11 occupational therapists and 30 clients) formed the database of this study. Survey instrument items were coded and analyzed using the Statistical Package for the Social Sciences (SPSS), Version 11.5. The primary analysis in this study was to compare the survey instrument items between occupational therapists and clients. Because the survey items between the occupational therapists and clients were not totally matched, descriptive statistics were used to analyze and report the data. To compare the influence of the facilities on client-centered practice, one-way analysis of variance (ANOVA) with an alpha level of .05 was performed on Likert scale data with facility as independent categorical variables (long-term-care or rehabilitation hospital, nursing home, inpatient hospital, and outpatient hospital) and responses as dependent variables to determine whether the responses of clients as well as occupational therapists varied significantly on the basis of their facilities. Tukey’s honestly significant difference (HSD) post hoc analyses were also performed simultaneously in the SPSS to determine the pair-wise comparison in case of significant results. Goals stated by clients were compared with goals written in the chart to get an estimate of the client’s knowledge of goal setting in percentage (see Figure 1). For example, if the client suggested that he or she had knowledge of two goals such as bathing and dressing, and the chart recorded four goals, then the client had knowledge of 50% of goal setting. Comments of the respondents were not analyzed using structured thematic approach but rather were presented along with the item results using content analysis.

Results

Data from the semistructured interviews produced information primarily in two areas: (a) perceptual differences on use of and participation in client-centered practice in regard to the extent of use of client-centered practice by occupational therapists and the extent to which client participation in client-centered practice is used in treatment planning and goal setting, and (b) influence of facility type on the perceptions of occupational therapists and their clients in client-centered practice.

Occupational Therapists’ Participation in Client-Centered Care

Table 1 summarizes the occupational therapists’ responses to interview questions related to the extent of their use of client-centered practice in their delivery of occupational therapy services. Overwhelmingly, the occupational therapists responded positively on all the components of the client-centered practice questions. Two out of 11 therapists did not educate the clients on participating in the goal-setting process. One out of 11 occupational therapists was unsure about the importance of client-centered practice and did not discuss goals with his or her clients as part of the method to set them. Two out of 11 occupational therapists were also unsure whether their clients participated in the goal-setting process. Additionally, 72.2% of the occupational therapists noted that they encouraged their clients “a lot” to participate in setting their goals. In response to how the client-centered approach appeals to them, 63.6% identified client-centered practice to be “very appealing.” Therefore, results indicated that occupational therapists were using a client-centered approach in their delivery of occupational therapy services in the target area.
Clients’ Participation in Client-Centered Care

Table 2 summarizes the clients’ responses to the interview questions related to their perception on the extent of their participation in client-centered practice. Although a major percentage of clients indicated that they benefit from and are satisfied with occupational therapy, only a fraction of the clients reported assisting in setting their goals. One third of those clients who did not report participating in setting their occupational therapy goals reasoned that their occupational therapists addressed all of their concerns, therefore eliminating their need to participate. Interestingly, a large number of clients—76.6% altogether—indicated knowledge of more than half of their actual occupational therapy goals. When clients were asked to rate whether it was important to them to participate in setting their goals, however, 60% responded “Yes, very much,” whereas 26.7% responded “No”—with reasons such as “I’d rather have them tell me what to do” or “Right now I have too much” or “They tell me what to do, that’s what they’re trained for” or “I don’t know that I need to, they know what they’re doing.” Last, when asked whether they were aware of the phrase client-centered practice or had ever heard of it, all of the clients responded in the negative.

The one-way ANOVA revealed a significant difference in clients’ knowledge of their occupational therapy goals across the facilities \([F(3,29) = 7.699, p = .001]\). Post hoc Tukey’s HSD test revealed that clients from both nursing homes \((p = .003)\) and outpatient hospitals \((p = .002)\) were significantly more aware of their occupational therapy goals than clients from long-term-care or rehabilitation facilities. Clients from inpatient hospitals showed a trend of more awareness \((p = .058)\) of their occupational therapy goals than the clients from long-term-care or rehabilitation facilities. No post hoc significance was indicated between clients from inpatient hospitals, outpatient hospitals, or nursing home facilities, thus indicating they were equally aware of their occupational therapy goals.

Perceptual Differences in Client-Centered Care Usage

A comparison of Table 1 and Table 2 provides insight into the incongruence between occupational therapists and their clients’ perceptions on their use of, and participation in, client-centered practice. For example, in response to the question, “Do you talk to your clients about what occupational therapy is and what occupational therapy can do for them?,” all of the occupational therapists responded, “Yes,” with one stating, “It’s required.” However, in response to the similar question to clients, “Did your occupational therapist talk to you about what occupational therapy is and what it can do for you?,” about 60% of the clients responded, “Yes,” with one stating, “It’s required.” However, in response to the similar question to clients, “Did your occupational therapist talk to you about what occupational therapy is and what it can do for you?,” about 60% of the clients responded, “Yes,” whereas the rest answered in the negative. In another case, 10 of 11 occupational therapists indicated that they discuss goal options with their clients, and 9 of 11 occupational therapists stated that they took suggestions of their clients into account in setting goals. In response to similar questions on the clients’ part, a varied picture emerged. Only 13 of 30 clients were able to state all of their goals, 10 of 30 were able to state half or more of their goals, and 6 of 30 were able to state only a quarter or less of their goals.

<table>
<thead>
<tr>
<th>Extent of Participation</th>
<th>100%</th>
<th>99-75%</th>
<th>74-50%</th>
<th>49-25%</th>
<th>24-0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client is benefiting from occupational therapy</td>
<td>19</td>
<td>63.3</td>
<td>5</td>
<td>17.7</td>
<td>3</td>
</tr>
<tr>
<td>Client is satisfied with occupational therapy</td>
<td>20</td>
<td>66.7</td>
<td>6</td>
<td>20.0</td>
<td>3</td>
</tr>
<tr>
<td>Client has knowledge of what percentage of occupational therapy goals</td>
<td>13</td>
<td>43.3</td>
<td>1</td>
<td>3.3</td>
<td>9</td>
</tr>
<tr>
<td>Client assisted with goal setting</td>
<td>7</td>
<td>23.3</td>
<td>3</td>
<td>10.0</td>
<td>5</td>
</tr>
<tr>
<td>Client believes that it is important to participate in goal setting</td>
<td>18</td>
<td>60.0</td>
<td>–</td>
<td>–</td>
<td>4</td>
</tr>
</tbody>
</table>
Influence of Facility Type on Client-Centered Practice

The one-way ANOVA revealed that a significant difference across the facilities exists in the assistance that clients provide in setting their occupational therapy goals \[ F(3,29) = 4.993, p = .007 \]. Post hoc Tukey’s HSD test indicated that clients in the outpatient hospitals assisted significantly more in setting their treatment goals than clients in either nursing homes \( p = .012 \) or inpatient hospitals \( p = .026 \). Other post hoc Tukey’s HSD comparisons were insignificant.

Additionally, no significant differences were indicated among the clients’ receipt of information about the role of occupational therapy, clients’ perception of their benefit from occupational therapy, clients’ extent of satisfaction with occupational therapy, or clients’ belief of the importance of their participation in the goal-setting process.

Similarly, no significant difference was indicated between the responses of occupational therapists across different facilities, with one-way ANOVA indicating that the occupational therapists responded similarly on all questions.

Discussion

Our goal was to compare the perceptions of occupational therapists and their clients on the extent of use of client-centered practice in different facilities. Findings of the present study indicate that the occupational therapists involved their clients in discussions on goal setting and treatment planning across all facilities. This finding is similar to that of Northen et al. (1995), in which they found that in physical rehabilitation settings, occupational therapists working with adults did involve their clients in the goal-setting process to some extent. Therefore, the present study indicates that the occupational therapists fulfilled one criterion of client-centered practice by educating their clients, as envisioned by Sumsion (1999). Additionally, whereas occupational therapists participating in this study indicated their desire to apply the principles of client-centered practice, they also indicated numerous barriers to the approach. These barriers of implementation of client-centered practice include: (a) clients with decreased cognition, (b) clients who may have no desire to contribute to setting their goals and expect their therapist to do so for them, (c) decreased facility productivity, (d) clients who are unable to verbalize their concerns, (e) the difficulty of practicing in an environment in which the client’s personal goals may not be the focus of treatment on the health care team’s agenda, and (f) clients who are indifferent and unmotivated to be independent. In addition, a number of other studies also indicated numerous barriers that occupational therapists have faced in their attempts to implement client-centered practice on a daily basis. Barriers that occupational therapists may face include a vagueness of how to apply the approach (Corring & Cook, 1999; Sumsion & Smyth, 2000; Wilkins et al., 2001), practicing in environments that are dominated by the medical model (Sumsion & Smyth, 2000), lack of time to involve clients (Nelson & Payton, 1997; Wilkins et al., 2001), and clients’ lack of demand to participate (Swee Hong, Pearce, & Withers, 2000).

The results of the present study indicate that there was an equal split in client participation in goal setting. Half of the clients participated in 50% or more and half participated in 50% or less in assisting with setting their goals. This kind of split was also evident in clients’ ratings of the importance of participating in setting their goals, in which more than half (60%) stated that it was very important to participate, 13.3% stated that it was somewhat important, and a large number (26.7%) stated that it was not at all important. The heterogeneous grouping of clients is also similar to the finding of Larsson Lund et al. (2001) in which the clients could be grouped as participants, occasional participants, and relinquishers, based on their perception of participation. However, despite some clients’ lack of desire to participate in the goal-setting process, their knowledge of their occupational therapy goals was not
In addition to clients’ participation in client-centered practice, their perceptions of the approach also appeared to vary because of confounding factors such as the clients’ varying age and gender. Northen et al. (1995) indicated that a client’s age may affect his or her participation in the goal-setting process. According to their study, those who participated more in the goal-setting process averaged 30 years of age younger than clients who participated less. The authors did not address this issue further because of unequal weight given to some of the items. The results of this study indicated that age did play a factor in participation, because younger clients did participate more in the goal-setting process as compared to older participants, who participated the least. However, gender may also be a factor affecting participation in the goal-setting process, because the group who participated significantly more in the goal-setting process—the hospital outpatient clients—not only were younger, but also were mostly male.

Perception on Use of Client-Centered Practice

The results identify a perceptual gap that exists between occupational therapists and their clients in relation to their stated use of and participation in client-centered practice. This gap exists, we believe, primarily because of inconsistency in occupational therapists’ and their clients’ responses to similar questions. For example, all of the occupational therapists stated that they explained what occupational therapy was or what it would be doing for them. When occupational therapists were asked if their clients typically participated in setting their goals, more than three-quarters of the occupational therapists responded in the positive; however, the majority of clients stated little or no active participatory involvement. One reason for such a gap could be that, in the present study, the occupational therapists formed a homogenous group in terms of their perceptions of the goal-setting and treatment-planning processes, whereas the clients formed a heterogeneous group in terms of their perception of their participation as the client in the goal-setting and treatment processes. The results thus point to the fact that occupational therapists should establish a therapeutic environment that facilitates open communication with clients to establish a strategy to encourage their clients’ participation in the rehabilitation process, as suggested by Northen et al. (1995).

Some of these strategies include: (a) use of interview and assessments based on client-centered practice such as the Occupational Performance History Interview (Fearing & Clark, 2000), the Canadian Occupational Performance Measure (Law & Mills, 1998) or others; and (b) formulation of practical task-oriented goals in collaboration with clients on an everyday basis (Wilkins et al., 2001).

Furthermore, a gap between clients’ actual involvement in the goal-setting and treatment-planning processes and their perceived involvement, as found by Nelson and Payton (1997), might add to the perceptual gap found in this study. In their study, Nelson and Payton (1997) interviewed 15 persons who had received occupational therapy in adult physical rehabilitation facilities. The results indicated that the majority of clients believed that they were involved in the goal-setting, treatment-planning, and outcome-evaluation processes; however, based on the researchers’ analysis, their indication was considered to be weak. Additionally, the results indicated that despite the clients’ weak involvement in the planning processes, they had a high valuation for occupational therapy. The researchers cited Thorne (1993) for stages that persons with chronic illnesses may face in their relationship with their health care providers. Thorne explained that there are three stages that persons with a chronic illness may face: naive trust, disenchantment, and guarded alliance. According to this theory, chronically ill clients, including their families, initially undergo a naïve trust relationship with health care providers. This trust is inevitably broken because of expectations that are unmet or conflicts that are unresolved; therefore, the clients undergo a period of disenchantment. Finally, a relationship between the client and the providers emerges that is more cautious, and a guarded alliance develops. Nelson and Payton (1997) reasoned that because of the acuteness of their participants’ conditions, they may have been in the stage of naive trust and therefore have a high valuation for occupational therapy. Carrying Thorne’s stages over into the present study—in which some of the clients interviewed were receiving occupational therapy in long-term care or rehabilitation facilities, nursing homes, or outpatient hospital facilities—these clients may exhibit characteristics of the disenchantment or guarded alliance stages and therefore have a lesser degree of valuation for occupational therapy.

Influence of Facility Type on Client-Centered Practice

Although the results indicated no significant differences existed among the responses of the occupational therapists across the four facility types, general differences did appear to show some trends. Occupational therapists in hospital inpatient facilities tended to show the strongest trend of not
using client-centered practice and having the most difficulty in their attempts to do so. For example, the occupational therapists in the hospital inpatient setting consistently deviated from the norm of therapists on questions related to (a) discussion about goals, (b) level of encouragement to their clients to participate in setting their goals, (c) their perception of the importance of involving their clients in the goal-setting process, and (d) educating their clients about participating in the goal-setting process. However, hospital inpatient therapists’ responses to questions related to the barriers of using a client-centered approach indicated that their clients do not always participate in the goal-setting process because of their inability to do so. Based on their clients’ inability, it is reasonable to assume that hospital inpatient occupational therapists, who consistently work with clients who are unable to participate in the goal-setting process or lack the desire to play an active role in the therapeutic process, may use client-centered practice on an infrequent basis. Thus, it is logical that the use of client-centered practice by occupational therapists practicing in hospital inpatient settings would be less than that of other occupational therapists who did not indicate those barriers.

Andamo (1984) suggested a unique argument for some clients’ lack of participation in their hospital-based services grounded on the unnaturalness of the setting. He explained that the perceived norm for clients in most hospital settings is to hand over all personal control and responsibilities and be healed, thus taking on the sick role. Andamo (1984) argued that to expect clients to participate maximally in the experience may be very difficult and therefore an unfair expectation; thus, to provide a paternalistic style of service to those clients is not wrong. Furthermore, Andamo concluded that to expect occupational therapists to function maximally in the hospital setting may also be very difficult and unrealistic. In light of recent heavy emphasis on the client-centered practice, further in-depth studies are required on whether the client-centered practice is equally applicable in all areas of therapeutic environment in which occupational therapy practice is taking place.

Based on the current study’s results, facility type was a significant factor on questions related to clients’ knowledge of the name of the occupational therapist, knowledge of their occupational therapy goals, and their participation in the goal-setting process. Facility type, however, cannot be the sole determinant for causing these changes, because there were many other confounding factors within the facilities that may have caused the differing perceptions—age, gender, satisfaction with or benefit from occupational therapy, personal value placed on participating in the goal-setting process, or previous exposure to occupational therapy. For example, clients in the nursing home facility were all female and they participated the least in the goal-setting process; however, they were the most knowledgeable of their goals and indicated the most satisfaction with and benefit from their occupational therapy treatment. In contrast, in the long-term-care or rehabilitation facilities that had the oldest clients, more than 85% percent of the clients indicated that it is “very important” to participate in the goal-setting process. The clients were knowledgeable of the least percentage of their goals, they indicated the least benefit from and satisfaction with occupational therapy, and they were the least knowledgeable of the name of their occupational therapist. Lastly and uniquely, close to 90% of hospital outpatient clients indicated that they participated in the goal-setting process. These were the youngest clients, and the majority of them were males.

Limitations

Limitations of this study are the small sample size and the nonprobability convenience sample that was used to identify participants. Because of the first factor, the occupational therapists largely formed a homogenous group in their responses, thus limiting the generalizability of the findings. An additional limitation was the unequal distribution of the occupational therapist and clients in their respective facilities; therefore, some facilities were overrepresented or underrepresented. Lastly, extensive reliability tests were not performed on the semistructured interview questions. The questions were assumed to be appropriate, however, after being analyzed by a group of experienced occupational therapists.

Conclusion

A perceptual gap exists between occupational therapists and their clients in relation to their stated use of and participation in client-centered practice. This gap may occur as a result of therapists and clients not fully understanding their roles within the client-centered practice approach. In light of the results, development of a systematic strategy by occupational therapists to elicit the roles that their clients desire to play in the therapeutic process may be an effective intervention to ensure that occupational therapists and their clients are able to fulfill their roles in client-centered practice.

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References


