Scholars increasingly concur that occupation should be the central construct underlying occupational therapy and its practice. Concomitantly, there is a growing body of occupationally focused theoretical and empirical knowledge (see, for example, Kramer, Hinojosa, & Royeen, 2003; Royeen & Crist, 2000). Among the arguments for occupation-focused practice are that it enables clients to realize meaning, become empowered, enact personal stories, and create their own identities (Christianesen, 1999; Clark, 1993; Kielhofner, 2002a; Law, 1998; Townsend, 1997; Wilcock, 2001; Wood, 1998).

The vision of occupation-focused practice is a compelling one for the field and for our clients who would be expected to have a meaningful, empowering experience. Although many do so, unfortunately, there is evidence to suggest that this is not a universal reaction. For example, a number of former clients who have written about their occupational therapy have decried the lack of relevance to their own occupational lives. Callahan (1990, p. 74), an accomplished cartoonist who became spinal-cord injured, recounts, “I remember having my hands harnessed for long periods of time to a rolling-pin-like apparatus that sanded a piece of wood,” adding with appropriate sarcasm, “A bright future as a finish sander stretched before me if I played my cards right.” The anthropologist, Murphy, notes: “Visitors to our house still scrape their feet on the doormat that I made in OT [my wife] is the only person who knows its origins, a sign of the care I have taken to keep secret the indignities visited upon me . . .” (1990, pp. 54–55). Similarly, the writer and editor Robert McCrum (1998) recalls:

The part of convalescence that I found most profoundly humiliating and depressing was occupational therapy. . . I was reduced to playing with brightly colored plastic letters of the alphabet, like a three-year-old, and passing absurdly simple recognition tests. Sitting in my wheelchair with my day-glo letter-blocks I could not escape reflecting on the irony of the situation. (1998, p. 139)

These clients’ stories certainly do not represent a full range of experiences in therapy. Nonetheless, they are troubling in that they document, in at least a number of instances, that there can be a wide gap between the vision of occupation-focused practice and what occurs.

If the evidence of a research-practice gap were limited to a few vocal former...
clients, one could not conclude that the problem was extensive. However, other less anecdotal evidence exists to suggest that practice based on emerging occupation-focused theory and research is not widespread. The 2003 National Board for Certification in Occupational Therapy (NBCOT) study of entry-level practitioners in the United States found that a majority of respondents did not report using an occupation-based model of practice (National Board for Certification in Occupational Therapy [NBCOT], 2004). Although one could take heart in the fact that these numbers represent a slight increase in therapist's reports of using occupation-based models of practice over the 1997 study, those of us advocating for occupation-focused practice have reason to be disappointed that the evidence of progress is not greater. Moreover, the study illustrates that practice largely consists of impairment-oriented assessments and interventions.

These findings concur with Fisher’s (1998, p. 512) observation that the contemporary theoretical focus on occupation “is not always obvious in practice” and Christiansen’s (1999, p. 556) conclusion that “a full and genuine appreciation of the power of occupation to enable health and well-being has not yet made its way across the landscape of the profession.” Moreover, as Gray (1998) observes, those of us in academic positions consistently hear our students returning from fieldwork bemoaning that “no one is doing occupation out there” (p. 354).

**Academic Contributions to the Theory-Practice Gap**

Most if not all professional education programs have revised their curriculums to emphasize critical appraisals of the literature and active learning about occupation-based clinical reasoning and practice. Moreover, many academic programs have even reached out to the surrounding communities of occupational therapy practitioners to provide formal and informal continuing education programs. It would not be unreasonable to expect, in light of such efforts, that there would be more concordance between practice and the vision and evidence for it articulated in the literature.

Why, then, might there be a gap between the everyday practice of occupational therapy and the vision of occupation-focused practice articulated in the literature? Many factors are certainly involved, including the need for results that can be billed according to definitions established by insurance carriers and other payers, and the demands for high volume found in most contemporary practice.

Nonetheless, one important contributing dynamic to the continuing gap is how those of us who are researchers have traditionally viewed the knowledge we create and expected it to guide practice. Briefly stated, we have bestowed upon our theory and research the authority to specify what should go on in practice while mostly leaving the problem of how to actualize those specifications to the practitioner. Although this circumstance is beginning to change, it is worth considering its origins and consequences as the basis for purposively working to close the theory-practice gap.

**The influence of technical rationality on occupational therapy scholarship.** An important influence on traditional thinking about the relationship of academic knowledge to practice is technical rationality (Schon, 1983). Grounded in modernism and its positivist assertions, technical rationality viewed professional practice as the application of theory and research to solving problems (Higgs & Titchen, 2001; Schon, 1983). The latter elements were understood to provide explanation of phenomena from which the practitioner could frame problems and generate solutions to them (Parham, 1987; Schon).

Professional practice was understood to advance and improve as theory and research in a field developed and provided better understanding of the phenomena that practitioners addressed. Importantly, technical rationality included the assumption that knowing how to do something flowed directly from knowing about something. The latter was simply considered to be a rational derivation of the former.

Consistent with this view of technical rationality, contemporary literature in occupational therapy and occupational science contains several claims that generating knowledge about occupation will inform practitioners as to how they should and could practice (Clark, 1993; Clark et al., 1991; Kielhofner, 1983, 1988; Wilcock, 2001).

Another consequence of technical rationality has been the frequent isolation of scholars away from practitioners in settings where the belief in the superiority of theory and research over practical knowing is reinforced (Peloquin, 2002; Thompson, 2001). Technical rationality has viewed the organization of knowledge in professions as a “hierarchy in which ‘general principles’ occupy the highest level and ‘concrete problem solving’ the lowest” (Schon, 1983, p. 24). Status and rewards in the university and the research community have been tied not to historically improving circumstances in the real world but rather to scholarly products (i.e., publications and presentations). With notable exceptions such as Dr. A. Jean Ayres, who remained a practitioner while creating theory and conducting research (Ayres, Erwin, & Mailloux, 2004; Kielhofner, 2004), most occupational therapy theorists and researchers have found that the demands of academic life create barriers to continued and regular practice involvement. Consequently, most researchers, including myself, have built careers by engaging in theory-building and scientific inquiry, believing that these scholarly products would ultimately prove useful to and influence practitioners.

**Practitioners’ Perspectives on Theory and Research**

Despite my and others’ hopes that theory and research would inform practice, there is evidence that practitioners do not widely share the conviction that theory and research are sufficient, and in some cases, necessary for practice. O’Neal, Dickerson, and Holbert (2002) found in a national survey of occupational therapists serving adults with developmental disabilities that three quarters of therapists did not consider theory important for their daily practice. Moreover, the value therapists placed on theory decreased with their years of experience. The latter finding concurs with the 1997 and 2003 NBCOT surveys that report less use of models or frames of reference among more experienced occupational
therapists (NBCOT, 1998, 2004). Although it may be that these older therapists were exposed to less theory during their education than younger therapists, the fact remains that the growth of new theoretical approaches does not appear to be widely influencing these experienced practitioners.

Practitioners express similar concerns with reference to using research findings. In a United Kingdom study, Metcalfe et al. (2001, p. 436) reported that only 5.8% of the occupational therapists indicated “interest in finding and reading research.” Creek and Iott (2002, p. 27) conclude from their United Kingdom study that experienced occupational therapists use a wide range of techniques that “. . . appear to work rather than appraising the research evidence.”

Sudswad (2003) found that practitioners felt research lacked real-life relevance to clinical situations, addressed topics not relevant to practice, and failed to present their findings in ways that facilitated their application. Dysart and Tomlin (2002) found that the majority of therapists they studied were either neutral about or tended to view research as having low applicability. Dubouloz, Egan, Vallerand, & von Zweck (1999, p. 448) report that practitioners in their investigation felt that the literature was not always “relevant, easily applied or oriented to occupational therapy.” Even when practitioners report that they believe theory and research holds value for practice, they report substantial difficulty integrating it into their practice (McCluskey & Cusick, 2002).

It should not surprise us that practitioners often find scholarship insufficiently relevant to practice concerns and circumstances. In keeping with academic demands, most occupational therapy scholarship is carried out and written up to firstly convince other scholars that the work is sufficiently rigorous. The fact that applicability takes a back seat is not because scholars don't care about practice or whether their scholarship informs practice. Rather, it is because of all the factors that influence the production and publication of scholarship (e.g., funding and journal review standards) are primarily concerned with scientific standards and only secondarily with whether practitioners will actually use the knowledge produced (Peloquin, 2002; Peloquin & Abreu, 1996). Once again, this is circumstance exists largely because technical rationality has led us to assume such knowledge, once created, will inform practice.

**Toward a New Conception of the Relationship of Theoretical and Practical Knowledge**

Practitioners’ concerns about the relevance of theory and research to their work are echoed by contemporary scholars who have challenged the assumptions and values of technical rationality. The central critique of technical rationality is its assumption that theoretical knowledge contains the necessary information for practice. There is growing recognition that the kind of knowledge required for decision making in practice differs from that generated to explain phenomena (Barnett, 1997; Higgs & Titchen, 2001; MacKinnon, 1991; Schon, 1983). The central argument against technical rationality rests on the assertion that knowing about something is not the same as knowing how to do something. The knowledge that explains phenomena is simply not sufficient for solving problems related to those phenomena (Schon). As Peloquin (2002) points out, part of the failure of technical rationality in occupational therapy is that it emphasized epistemological issues involved in knowledge generation but ignored the epistemology of practice (i.e., how practitioners use knowledge).

It is important to note also that there is a growing body of work in the field that goes beyond the traditional concern of technical rationality for discovering and validating general principles that only explain phenomena of interest to the field. There have been important strides made in focusing occupational therapy scholarship toward theoretical and empirical concern for practice-related issues. These efforts include important well-controlled studies that test occupationally oriented interventions (see, for example, Clark et al., 1997; Edwards et al., 1999; Gitlin, Corcoran, Winter, Boyce, & Hauck, 2001). Such studies have an significant place in the field and contribute notable and relevant knowledge for practice. They are also powerful sources of evidence to justify occupational therapy services to outside funders, managers, and policymakers.

Nonetheless, many applied research studies in occupational therapy are still largely conceived and executed by researchers with practitioners mostly filling roles as consultants, advisors, service providers, or data collectors. Among the concerns sometimes expressed by practitioners about such applied research are that the interventions tested take place under ideal conditions or with resources not available in practice or that the implications of the research findings for what to do in practice are often not clear (Dubouloz, Egan, Vallerand, & von Zweck, 1999; Dysart & Tomlin, 2002). Moreover, practitioners sometimes believe that research evidence does not fit with their perception of the practical situation or a particular client’s needs. Consequently, they feel torn between being “client-centered and being scientifically-oriented” (Dubouloz, 1999, p. 448). As Peloquin (2002) notes, there is a danger in research that relies too heavily on research methods that hold the most status and attract funding, while ignoring those questions and methods that correspond to practical needs. Given the continued gap between research and practice, we have to ask: Is there yet another step that can be taken to center occupational therapy scholarship in practice?

**Engaged Scholarship**

The realization that knowledge generated in academia often fails to translate into practical action, has spawned interdisciplinary movement that envisions a new form of “engaged scholarship” (Boyer, 1990; President’s Declaration, 2000; Wingspread Declaration, 1999). Engaged scholarship seeks to discover new ways of addressing and solving everyday life problems of people and society. This movement has also redefined what is meant by knowledge and how it should be judged. For example, theory is being reformulated so that “proposals-for-action are included as well as claims-to-knowledge” (Maxwell, 1992, p. 223). Beyond the traditional focus on propositional, rationally deduced forms of knowledge, there is a new emphasis on
Table 1. Comparison of the Assumptions and Values of Technical Rationality and the New Paradigm of Scholarship

<table>
<thead>
<tr>
<th>Technical Rationality</th>
<th>Engaged Scholarship</th>
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<tr>
<td>Assumes that generalized or propositional knowledge will lead to applications of that knowledge</td>
<td>Recognizes a gap between generalized or propositional knowledge and practical problem solving</td>
</tr>
<tr>
<td>Knowledge is pursued for its own sake without immediate consideration of its utility (basic research most highly valued)</td>
<td>Knowledge is pursued specifically to solve human problems (applied research most highly valued)</td>
</tr>
<tr>
<td>Emphasizes detached and objective scholarship</td>
<td>Emphasizes “engaged scholarship”</td>
</tr>
<tr>
<td>Knowledge is judged by its logical structure and empirical support</td>
<td>Knowledge is judged for its practical utility</td>
</tr>
<tr>
<td>Emphasizes control of the research process to ensure internal validity</td>
<td>Emphasizes grounding in real life contexts to ensure external validity</td>
</tr>
<tr>
<td>Sees generalized theory as the penultimate form of knowledge</td>
<td>Values a range of knowledge forms including theory, experiential knowledge, practical know-how</td>
</tr>
<tr>
<td>Expert model in which researcher is in control of the research process</td>
<td>Collaborative model in which researcher and practitioner share power and control in shaping the research process</td>
</tr>
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Alternative epistemologies that recognize, for example, the importance of experiential and procedural knowledge (Bradbury & Reason, 2001). Within the framework of technical rationality, scientific knowledge has been judged for its logical argumentation and empirical rigor whereas its practical utility has been largely unexamined or implicitly assumed (Higgs & Titchen, 2001). There is now recognition that scholarship should be equally recognized and judged by its real-world utility (Barnett, 1997).

Finally, engaged scholarship requires a rethinking of how knowledge is best generated. New approaches, such as participatory action research (PAR; Bradbury & Reason, 2001; David, Zakus, & Lysack, 1998) emphasize that genuine knowledge arises out of efforts to achieve desired changes or solve problems in a particular context. Proponents of PAR and related approaches emphasize have called for major changes in how research is conducted. Notably, researchers must relinquish the traditional power and control they have over the research process. Researchers must involve stakeholders as true collaborators who can shape the research including what questions are addressed, what data are collected, and how findings are interpreted and disseminated (Balcazar et al., 2004; Suarez-Balcazar & Harper, 2003).

In addition to these interdisciplinary perspectives, occupational therapists have argued that scholarship and practice should be more integrated. For instance, Peloquin and Abreu (1996) argue that the “disjunction between the academic world and the world of practice” (p. 588) must be bridged by dialogue and collaboration. Recent examples of participatory research in occupational therapy indicate a shift toward research that is centered in practice and involves stakeholders (Egan et al., in press; Hammel, Finlayson, & Lastowski, 2003; Taylor, Braveman, & Hammel, 2004).

Participatory research that advances both theory and practice: A knowledge-creating system

A range of literature describes participatory approaches to creating knowledge (see, for example: Bradbury & Reason, 2001; Jason et al., 2004; Suarez-Balcazar & Harper, 2003). Throughout these discussions, authors emphasize approaches that support empowering participants, solving problems grounded in the realities of a particular context, and creating situated knowledge for achieving local change. New approaches to knowledge generation are important for correcting many of the problems associated with traditional scholarship. However, in some instances, the literature has a tendency to overcorrect the bias of technical rationality. There is a tendency to emphasize the importance of empowerment and solving local problems while deemphasizing traditional research aims of creating generalizable theory and empirical findings, as though the two sets of enterprises were incompatible. There is a need to preserve what was good about the aims and perspectives of traditional knowledge generation while also embracing contemporary proposals for how to go about generating knowledge.

Senge and Scharmer (2001) describe an approach to scholarship that appears to strike the right balance. They propose creating “a knowledge-creating system,” which is a community of researchers and practitioners working together as part of a “continuing cycle of creating theory, tools and practical know-how” (p. 238). In this knowledge-creating system there are three interacting domains of activity (illustrated in Figure 1):

![Figure 1. A knowledge-creating system.](attachment:image.png)
(a) Research, which is a “disciplined approach to discovery and understanding, with a commitment to share what is learned” (Senge & Scharmer, 2001, p. 240). This first element aims to create generalizable, theoretical knowledge that transcends the particular situation.

(b) Capacity-building, which aims to enhance practitioners' and clients' awareness and capabilities both as individuals and collectively. This element creates practical knowledge among the participants. This includes both enhancing the skills of occupational therapy practitioners and enhancing the skills of living among clients in the program.

(c) Practice innovation, which involves creating new visions of what can be accomplished in practice and going on to create the practical tools and approaches that work in the situation to achieve these visions. Practice innovation often leads to tools that not only work in the situation at hand, but that can also be used in other comparable situations. In occupational therapy such tools might be new evaluations and new intervention protocols.

What is most notable about the concept of a knowledge-creating system is that it seeks to integrate all the components of knowledge creation and use within a single community of people working together. Thus concepts, evidence, and practice innovations are created at the same time that practitioners' knowledge of and use of these resources is increased. Furthermore, practitioners are centrally involved in the process of creating the knowledge they use, whereas researchers are equally involved in solving practice problems and innovating in practice. In this knowledge-creating system the traditional divide between creating and assessing knowledge on the one hand and applying it on the other is eliminated.

Implementing a Knowledge-Creating System: Two Lessons From Experience

Implementing a knowledge-creating system requires researchers and practitioners to work together in new ways. I will offer as an example, how researchers and practitioners are changing the approach to studying, developing, and applying the model of human occupation (MOHO). Detailed discussions of these efforts can be found elsewhere (Forsyth, Duncan, Summerfield-Mann, in press; Kielhofner, 2002b; Kielhofner, Borell, & Tham, 2002). Here, my aim is to share the kind of journey that can be involved in learning to do scholarship in a different way. At the outset, I want to acknowledge that I have not always approached scholarship as I am advocating in this paper. When previously confronted with concerns about the challenges of implementing MOHO concepts and tools in practice, I was prone to see it as practitioners’ failures to use existing knowledge to enhance their practice. I strongly suspect I am not alone in having held this attitude. Embracing the idea of engaged scholarship and working toward a knowledge-creating community require a genuine transformation in the researcher’s outlook and practices. I will focus here on two critical transformations: creating a new researcher-practice dialogue and sharing power.

Creating a New Researcher-Practice Dialogue

Conversations between researchers and practitioners often involve each taking past the other for reasons linked to the previous discussion of technical rationality. A productive researcher-practice dialogue requires finding common ground between the thought processes that typically separate scholars and practitioners (Peloquin & Abreu, 1996). One example is how we established a new dialogue about the assessment process.

Over the past couple decades as we have worked to create, study, and publish MOHO-based assessments, we have become increasingly concerned with the rigor of developing good measures (e.g., Forsyth & Kielhofner, 1999; Kielhofner, Mallinson, Forsyth, & Lai, 2001; Lai, Haglund, & Kielhofner, 1999; Vélozo et al., 1999). Along the way, we were more than a bit frustrated to learn that practitioners frequently used our standardized assessments in nonstandard ways. For example, therapists often completed the interview or observation associated with an assessment but did not rate the scales we had labored to create and validate as part of these observational or interview assessments. Even more disturbing to us was to find out that practitioners had modified our standardized measures to create local versions that they perceived as more practical. Most disturbing of all was when practitioners tried out our standardized tools and abandoned them as being too cumbersome for practice.

We first decided to remedy this situation by increasing our training and support of practitioners. We reasoned that practitioners lacked the information to understand why it was important and how to use our tools and implement them in standardized ways. Consequently, we talked about the importance of evidence-based practice, discussed the research behind the assessments, provided resources for their use, and gave training in their use. Instead of the wholesale adoption of the standardized assessments that we were aiming for, our efforts generated negative rumblings among staff about the burden that using the assessments posed. We (other researcher colleagues and myself) believed that the assessments, which we had labored long and hard to develop and study, were obviously useful. Therefore, our first reaction was to conclude that practitioners were ungrateful for our time and resources, lacked commitment, and didn’t want to put in the effort to really learn and use the assessments. Some honest discussions revealed that practitioners were equally convinced that we were naïve about the needs and demands of practice. More importantly, these discussions underscored that: (a) methodological concerns about assessment centered on scientific evidence concerning validity and reliability, (b) practitioners’ concerns centered on local utility (ease, efficiency and effectiveness for professional communication), and (c) researchers and practitioners each were convinced that their concerns where the ones that really mattered.

We were able to move beyond this characteristic researcher-practice standoff by engaging in ongoing discussions in which we actively listened to each other and considered how both sets of concerns might be integrated together. This discussion led to a new way of thinking about assessments, which we could all agree upon. That is, we all wanted a practical way to dependably generate critical information for understanding clients’ needs that others would understand, respect, and support. Once we
identified this common ground we could begin to work together using the strengths of our respective viewpoints and expertise to improve the assessment process. This was neither an easy nor a smooth process. Researchers and practitioners alike have their own sets of concerns and what they consider to be their own expertise. It is easy to dismiss the other’s perspective as insufficiently informed about what really matters. For researchers, it is tempting to just retreat to the academic setting where one does not have to attend to multiple objections and challenges to getting on with the research process that occur in participatory research.

Importantly, this was not the first time we worked with clinicians to develop assessments. Indeed, over the years we had always consulted with practitioners to get their opinions about and reactions to assessments we were developing. But we did not involve them centrally in the process of identifying the need for and creating the evaluations. There is a fundamental difference between seeking practitioner input into scholarship and involving them as part of the critical dialogue that shapes inquiry. Also, it is important to differentiate this kind of dialogue from seeking consultation or gathering feedback where ideas move back and forth between the researcher’s mind and the practitioner’s mind. Rather, in this kind of dialogue there is an interstitial space created where the partners educate each other about their respective perspectives and literally change each others minds in the process. In effect, both researchers and practitioners in our knowledge-creating community challenged each other to pause in the midst of our ordinary ways of seeing and doing things and to consider another way of looking at our work and its consequences.

We find that this type of dialogue routinely results in innovative ideas that would not otherwise have surfaced. One example is how we worked together to address a new practice opportunity in a mental health setting. New legislation in the United Kingdom mandated that consumers with mental illness receive an evaluation of vocational potential, when they came into contact with the service system. Occupational therapists wanted to take on the role of doing this evaluation of vocational potential and, therefore, needed a psychosocial measure of potential for work. We recommended the Worker Role Interview (WRI; Velozo, Kielhofner, & Fisher, 1998). However, when practitioners tried it out they identified two problems. First, the interview, which was originally designed for persons with acute impairments interfering with work, was not well-suited to clients with chronic disabilities and negligible work histories. Second, doing this standardized interview took away from time that could be used to explore other aspects of a client’s occupational functioning, which often were a higher priority than work for the client.

Two innovations came out of ongoing dialogue about these practice realities and about the importance and advantages of using a standardized interview (including credibility to interdisciplinary staff and administrators). First, the practitioners in the setting worked with a researcher to develop, pilot, and refine an alternative interview format suitable to the person with limited work history. At the same time another research team in the United States collaborated with the United Kingdom group to revise the rating scale of the WRI so that it was relevant to both acutely and chronically impaired clients. Thus a new and more flexible version of this standardized tool resulted (Braveman et al., 2003).

A second innovation was to develop a single interview combining content from the Occupational Circumstances Assessment-Interview and Rating Scale (OCAIRS; Deshpande et al., 2004) and the WRI (Braveman et al., 2003). The OCAIRS is a more generic assessment and its content overlaps with that of the WRI. After doing the combined interview, therapists complete the rating and reporting forms for both the OCAIRS and the WRI. The total time involved is only slightly longer than administering one of the instruments and much shorter than administering both of them separately. In this case, we solved a local problem and at the same time developed new resources for other therapists in similar situations.

The importance of finding a common language and perspective between researchers and practitioners may seem obvious as to go without saying. However, our literature, formal presentations, and daily conversations too often betray a tendency for researchers and practitioners to misconstrue each other’s motives and behaviors. The language with which the two constituencies talk and think about each other are often replete with attributions that get in the way of generating common understanding and perspectives.

Engaging in dialogue, in and of itself, does not solve the problem. Researchers and practitioners function in different worlds with different sets of concerns, and different constituencies to whom they are accountable. Dialogue inevitably results in clashes of values and perspectives. Productive dialogue, then, requires genuine effort to understand the perspectives of others, confront legitimate disagreements over what is most important, and engage in negotiations that inevitably include compromise.

Perhaps the most powerful aspect of this kind of dialogue is the way it can create a more nuanced self-understanding and reflection about how one participates in scholarship. For example, at one point in the process of working with practitioners, a staff liaison shared with me that some practitioners felt that our team was trying to force them to use MOHO assessments without consideration of their practice needs. Initially, I was disappointed because I’ve always considered my efforts to develop a practice model to be aimed at enhancing practice. After some reflection, I was able to identify ways in which my own approach to working with practitioners may have led to the kind of conclusions that some practitioners expressed. Only after realizing this could I do a better job of seeking and hearing the voices of practitioners as they described the challenges of practice. Instead of leading with my assumptions about how MOHO would inform us about what was best in a practice situation, I could begin with seeking to better understand the subtleties of the practice situation, giving that knowledge equal weight with the theoretical and empirical knowledge I have always valued.

Sharing Power

Power is not an issue routinely discussed in the context of developing theory and conducting research. Nonetheless, there are implicit power relationships both within these scholarly processes. Researchers have unquestionably taken a lead in developing
theory and conducting research in response to academic demands for the reasoning and rigor of scholarship. Moreover, the hierarchical view of knowledge in technical rationality has endowed the scholar with the power to pronounce how practice should be conducted. In turn, practitioners are expected to align their practice with concepts and evidence in order to engage in evidence-based or “best” practice. Although practitioners may have been included in traditional research, they are not ordinarily equal partners who can exercise such important decision making as defining the research problem or indicating needed changes in theory.

Implementing a knowledge-creating system means sharing the power that traditionally has been reserved for researchers. One instance of power sharing involved a group of practitioners in the United Kingdom who had reviewed existing MOHO assessments and decided that none were routinely usable in the fast-paced and often chaotic context of acute mental health care. Consequently, they began to develop their own assessment. These practitioners sought out my involvement after they had piloted an initial version of their new assessment. Their invitation was not to take over the development of the assessment but to join them as partners. Reflecting back on this process, Parkinson (submitted for publication, p. 2) refers to it as marrying “the art of the home-grown assessment with the science of standardization.” I was struck when I first read this characterization that she had effectively placed our respective contributions on an equal footing. Traditional references to “home-grown assessment” by researchers infers an inferior approach to assessment compared to the scientific development of standardized assessments.

For 3 years we have worked together to refine and study the resulting instrument, the Model of Human Occupation Screening Tool (MOHOST; Parkinson, Forsyth, & Kielhofner, 2004). This collaboration required a constant process of educating each other about our respective perspectives and concerns. It also required a substantial measure of compromise and negotiation about how to proceed. Importantly, neither those with researcher roles nor the practitioners ultimately controlled the process. Rather, it unfolded with a degree of healthy tension and ebb and flow of whose agenda prevailed at critical junctures in decision making about the developing instrument. The process of creating the MOHOST was less linear than previous projects in which researchers where clearly in charge. However, in the end, our power sharing resulted in an assessment that satisfied both a scientific and practical sets of concerns.

In another instance, a U.S.-based team worked on the development of procedure for assessing the quality and impact of group homes for persons with cognitive impairments. This team working in collaboration with personnel and residents in the homes identified concerns that current MOHO theory concerning the environment, does not address the full range of environmental issues that are important for client’s occupations. Rather than limiting the assessment procedure to those concepts already in the theory, we have agreed to expand theory to encompass those environmental elements that were important to consider in supporting clients occupational participation. In this case a practical effort is shaping theory as much as the theory guided the practical effort.

Power sharing in scholarship is a challenging process. Academics who traditionally have more training and experience in research can readily feel uncomfortable having to relinquish ultimate control over decisions that affect the research process. Similarly, practitioners often feel that their experience gives them a right to arbitrate decisions about practical application. True power sharing means that all participants may have a degree of responsibility, voice, and decision making about all aspects of knowledge generation. When this is the case, and those involved have sought a genuine dialogue as described above, power sharing can readily become resource sharing. People come to respect the expertise and insights of each other. Just as I have learned that practitioners have some great insights into research and theory building they have found that I and other researchers can often think of some very practical solutions. Working together as equal partners allows a more creative process to emerge.

Discussion

This paper asserts that the growth of theory about occupation has not consistently been translated into the kind of occupation-focused practice envisioned by the theory. I argued that this researcher-practice gap has been abetted by a perspective that separates scholarship from practice and that generates and evaluates theory and research separately from concerns about its practical significance, assuming that such knowledge will automatically inform practice.

I acknowledged that applied research that studies practice and its outcomes is a valuable contribution to the field. But I also asserted that the field also requires engaged scholarship grounded in the real-world problems faced in everyday practice. An example of engaged research was presented focusing how such research requires dialogue and power-sharing in order to be based in the world of everyday practice. My goal has been both to recognize the potential the practitioners have for shaping knowledge development in the field and to draw researchers into a reflexive, self-evaluation of our successes and lapses in shaping practice through research and in allowing research to be shaped by practice.

Although my arguments may appear to extol one kind of research over another, that is really not the intent. In the end, scholarship that increases our understanding of the world around us certainly has its place. Moreover, well-controlled applied studies that establish evidence about the potential of occupational therapy services to achieve outcomes are important. However, we cannot assume that such scholarship is going to directly shape and transform the field’s practice. In fact, there is a very real danger that only doing this type of scholarship will further separate scholars from practitioners in the field.

It is important that we critically evaluate claims about what knowledge will do. Increasing our understanding of occupation may help clarify why we pay attention to this aspect of persons’ lives in our therapy. Such knowledge may even give insights that are helpful to thinking about possibilities in practice. Nonetheless, the fact that the growth of such knowledge in the field has not led to an identifiable renaissance of
occupation-based practice, should give us pause to at least ask what kind of knowledge practice needs. In the end there may be a number of legitimate responses to this question. However, one answer seems clear. Moving rapidly toward the kind occupation-based practice that has been envisioned will require concentrated efforts to generate knowledge specifically about doing such occupation-based practice with real life clients in real world contexts. The knowledge we generate needs to add not only to what we know, but also to what we know how to do.

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