The Role of the Occupational Therapist–Work Evaluator

(occupational therapy, occupational vocational evaluation, role)

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This paper presents the role of the occupational therapist as that of a work evaluator who provides services to injured workers. Therapists, by virtue of their professional knowledge, have a frame of reference for work evaluation and understand the factors that interrupt the work process. In work evaluation, the therapist assists the injured worker to develop work readiness and the physical capacities necessary for working productively. This development takes place in a therapeutic milieu where the “worker” role is regained. The role of the occupational therapist–work evaluator includes work-oriented treatment in the acute care setting, job analysis, work tolerance screening, work capacity evaluation, work hardening, and job market reentry management in the work evaluation and community settings.

Occupational therapy's basic function is the restoration of health through activity (1–3). This activity involves the use of the mind and body in the daily skills of work, self-care, and play. By exploring work-play theories, therapists can develop ideas for an individual’s vocational development. A therapist must know the inherent psychosocial factors of the occupational role and the effect of illness or injury to evaluate and treat the injured worker.

The occupational therapist–work evaluator provides work-oriented treatment in the acute stage of rehabilitation and initiates an effective work evaluation and work-readiness training program. In this way, the therapist facilitates an injured worker's transition from rehabilitation patient to productive worker.

Frames of Reference for Work Evaluation

Work-Play Theories

Occupational therapists in work evaluation are constructing a frame of reference for the development of work behaviors (4–14). Work-play theorists assert that vocational behaviors evolve as an individual develops (7–9). Vocational behaviors may be based on needs satisfaction, the strength of cultural influences, and the childhood development of worker traits (4–16).

Needs Satisfaction

Tuck (9), a licensed professional rehabilitation counselor, states that the degree to which work is valued as a worthwhile pursuit varies between socioeconomic groups. Roe (10), a well-known researcher in psychology and education, relates vocational development to Maslow's (11) hierarchy of needs and believes that occupation is the only situation in our society that has the potential of giving some satisfaction at all levels of basic needs. In difficult life situations, a person might find the status or appreciation provided by occupation a great source of satisfaction.

Some postulates in work-play theory base vocational development on family relations. Early parent-child relationships can significantly affect a person's vocational...
choice (5, 7, 10). Osipow (13) maintains that children of accepting, loving, overprotective parents choose occupations that are people oriented. Children with rejecting or neglecting parents choose jobs that are science or technology oriented.

Cultural Influences

Culture has a primary influence on how humans work and play (3, 14). The individual acquires behavioral patterns through involvement in a cultural group. The group influences the individual through a value system. These values are passed from parent to child. The child develops characteristic behaviors or "roles" from parental instruction and observation.

Work roles and play roles are prescribed by a person's cultural group. The occupational therapist who attempts to effect change in an individual's work behaviors and to develop work-oriented treatment, must be sensitive to the cultural influences on the injured worker (15).

Worker Trait Development

Two occupational therapy theorists in work-play theory strongly relate human traits, such as work attitudes, punctuality, appearance, acceptance of supervision, attitude toward peers, sustained productivity, and other work habits, to childhood development (5, 8). A child begins to learn the importance and value of work when given work responsibilities or "chores." Tardiness, when left uncorrected, leads to absenteeism in work. A child who does not learn to respect authority has difficulty accepting supervision in the work situation. A child's attention span in play later influences his or her ability to concentrate on work tasks.

Factors That Interrupt the Work Process

Occupational therapist-work evaluators are aware of the psychosocial factors that have an impact on the injured worker. Spencer (17) believes that the impact of disease or injury leading to disability is devastating to a person's present and future life. Disability demands numerous adjustments in a person's daily life and can significantly alter both social and vocational roles. All human activities tend to be organized around the social act of work (18). Life skills affected by disability and interruption of the work process include interpersonal interaction, self-identity and self-esteem, educational and vocational skills, and adaptation in the nonhuman environment (3, 9, 17-24).

Social Interaction

Various cultures and subcultures view work differently. Social interaction is a normal process in human life, and an interruption in the lifestyle can change an individual's social skills. When a disability occurs, family and friends rally around to support the injured or ill. The extent or degree of this support depends on the nature and duration of personal commitment, the relationship to the disabled person, and the personality of the family and significant others (17).

Disabled individuals are exposed to a number of group dynamics, based on internal and external pressures, to perform at the level of their interpersonal group. Thus, family and friends can be largely responsible for the success or failure of the rehabilitation (19).

Self-Identity and Self-Esteem

Factors such as sex, age, anticipated secondary gain, premorbid self-image, and work attitudes may affect the degree to which the individuals perceive themselves as disabled (9, 17).

Better and others (20) found that 65% of injured women more than 45 years old who received disability benefits never returned to the labor market. By contrast, only 40% of men in the same classification never returned to their jobs. Younger workers of both sexes were found to be more likely to return to work.

Behaviors or roles that help the injured worker deal with internal conflicts are termed primary gains. External factors that maintain the injured worker's symptoms, such as familial reinforcement of the sick role, are termed secondary gains (9).

The way in which people view themselves before the onset of illness or injury is another important factor that affects the injured worker. Spencer (17) describes premorbid attitudes that inhibit rehabilitation, including acceptance of societal attitudes that disabled persons are not "normal," fear of the unknown, and low self-esteem.

Pruitt and Longfellow (21) believe that attitudes toward work are shaped by a person's past experiences, group values, religion, goals and aspirations, personal needs, and financial status. They feel that injury can alter a person's attitude toward work. In a work evaluation setting, I have observed patients who fear to be injured again; they are reluctant to use the equipment or the tools that were involved in their original accident. Maurice-Williams (22) terms this fear "psychologic overlay." Its manifestations are anxiety reactions or traumatic neurosis. Psychologic overlay significantly decreases productivity.
Educational and Vocational Skills

Injury and illness interrupt the educational and vocational process. Persons who sustain injury to their cognitive, perceptual, or intellectual faculties need to be retrained for work, reeducated, and prepared for their vocation.

Individuals whose injury contraindicates a return to their customary employment need to adjust to new worker roles; without work, they become alienated from the mainstream of society (10).

Adaptation in the Nonhuman Environment

The nonhuman environment can significantly affect an injured worker. Mosey (3) refers to this environment as the physical environment. The environment may present problems through architectural barriers (which impair mobility), environmental complexity (which can be beyond the grasp of the cognitively impaired individual), and the lack of physical safety. The environment may also fail to fulfill the individual’s need to be surrounded by meaningful, nonhuman objects. Researchers in environmental psychology divide the environment into the areas of space, people, and tasks (23). The disabled person must achieve control over environmental barriers to maintain a productive role in society. Dunning (24) suggests that occupational therapists must be managers of the environment who provide activities to help the injured individual create self-awareness in time and space, develop an awareness of the total environment, and confront the need for adaptation (24). Rehabilitation provides physical and psychological remediation methods for overcoming environmental barriers.

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Occupational therapists in Australia who have studied the psychosocial considerations of work conclude that the emphasis on productivity and efficiency has put a burden on the worker (7). Yet productivity is essential to work. The occupational therapist uses performance as feedback to help the injured worker become involved in productive activity (17). Because disability affects an individual in so many different ways, the therapist must construct a realistic environment to help the injured worker become productive again. The occupational therapist as a work evaluator helps the disabled individual achieve integration and reconciliation between pre- and postdisability life skills (17).

Work Evaluation Roots

Work evaluation is defined as a comprehensive process that systematically uses work, real or simulated, as the focal point for vocational assessment and exploration to assist individuals in their vocational development (25). It incorporates medical, psychological, social, vocational, educational, cultural, and economic data to help injured workers realize their highest level of functional independence.

The Commission on Accreditation of Rehabilitation Facilities (CARF) provides a list of factors described in the traditional vocational evaluation model (25). The occupational therapist–work evaluator is educated, skilled, and experienced in the evaluation and management of these vocational factors, which include the following:

- Physical and psychomotor capacities
- Intellectual capacities
- Emotional stability
- Interests, attitudes, and knowledge of occupational information
- Personal, social, and work histories
- Aptitudes
- Achievements (e.g., vocational, educational)
- Work skills and work tolerances
- Work habits (punctuality, attendance, concentration, organization, and interpersonal skills)
- Work-related capabilities (e.g., mobility, communication skills, home/activities of daily living skills, money management)
- Job-seeking skills
- Potential to benefit from specific services in rehabilitation and work
- Possible job objectives
- Ability to learn about oneself through information obtained in the evaluation experience
- Assessment of a person’s level of understanding and response to various types of instruction

Occupational therapy treatment services involve goal-directed activity for the development or modification of work skills. Some of these work evaluation is defined as a comprehensive process that systematically uses work, real or simulated, as the focal point for vocational assessment and exploration to assist individuals in their vocational development.
As occupational therapists enter the field of rehabilitating the injured worker, they must identify their work evaluation theories and technical skills. They need to establish how they differ from vocational and private vocational counselors.

Professional skills, and the idea of accountability for ethical practice in the forensic rehabilitation of the injured worker. They encourage rehabilitation counselors who want to solve problems creatively to work with those injured workers who are unable to return to their former jobs but able to return to the work force.

As a result of these changes in vocational rehabilitation a new group of rehabilitation professionals, known as “private vocational counselors” (34), has emerged. As occupational therapists enter the field of rehabilitating the injured worker, they must identify their work evaluation theories and technical skills. They need to establish how they differ from vocational and private vocational counselors.

Work-Oriented Treatment—
The Work Evaluation Process

The assessment of physical capacity is a major concern of work evaluation. The therapist–work evaluator is concerned with physical tolerance, fatigue levels, and the evaluation of physiological variants created by the vocation (28).

The physical qualities of work, such as lifting, manual dexterity, or coordination, account for a significant proportion of work disability (36).

Job Analysis

The therapist obtains vital information on the injured worker’s actual job tasks by performing a job analysis. A job analysis is a study of the worker’s activities and of the skills required to perform them. The job analysis identifies and describes, in a systematic and comprehensive manner, the following:

- What the worker does in terms of activities or functions
- How the work is done (methods, techniques, or processes involved)
- Results of the work (goods produced, services rendered, or materials used)
- Worker characteristics (skills, knowledge, abilities, and adaptabilities needed to accomplish the tasks involved)
- Context of the work in terms of environmental and organizational factors and the scope of

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the worker’s discretion, responsibility, or accountability (37).

This process is much like the activity analysis used by occupational therapists in acute rehabilitation planning.

**Work Tolerance Screening**

Work Tolerance Screening (WTS) is a physical and functional assessment of the injured worker. Special emphasis is placed on tolerances for those actions and capacities required in a specific job or type of job (38). WTS measures work performance in terms of an injured worker’s physical and psychological abilities to perform work (39). The entire spectrum of an individual’s physical capacities, including sitting, standing, walking, stooping, kneeling, bending, lifting, balancing, pulling/pushing, twisting, reaching, handling, fingering, placing, talking, hearing, and seeing, are regarded as they affect the worker’s overall performance.

WTS is a short, intensive evaluation that varies from one hour to one day in length (38, 39). Critical physical demands, those which are most likely to induce symptom onset and limit work tolerance, are measured. Matheson and Ogden (39) identified ten demands that are used as a guide in evaluating work tolerance. These critical demands range from fine dexterity to heavy lifting (e.g., “speed, dexterity, and endurance for fine manipulation” to “strength and endurance for lifting and handling weighted objects with variation in posture”).

Lifting seems to be the most frequently encountered critical work demand (39). Tolerances in lifting, carrying, and walking are used to prescribe the standards for the physical demand characteristics of work. These characteristics are set forth by the United States Department of Labor (37) and classify jobs according to the following categories: sedentary, light, medium, heavy, and very heavy. These categories can be used to assess an injured worker’s work tolerance and explore the job market for comparable employment. For example, if an individual’s physical tolerances are in the “light” category, then jobs in the “heavy” category are not suitable.

WTS quickly provides complete information on an injured worker’s tolerances. It also provides secondary feedback on symptoms as they affect productivity and clarifies physician-prescribed work restrictions.

**Work Capacity Evaluation**

Work capacity evaluation (WCE), as developed by Matheson (40), is defined as a technique of measuring an individual’s capacity to dependably sustain (work) performance in response to broadly defined work demands. WCE is similar to WTS, but goes further in that it assesses tolerances for job pressures inherent in a normal day’s work (41).

WCE usually varies from several days to two weeks in length and focuses on two main areas.

1. Work tolerances, which include fatigue tolerance, strength, specific muscle endurance, flexibility, and the effect of task performance on symptoms;
2. Feasibility, which concerns those factors that may affect an individual’s employability. These factors are related to worker traits (broadly defined as productivity factors, safety factors, and interpersonal behaviors) (40).

**Work Hardening**

Work hardening closely resembles the traditional progressive exercises used in the clinical setting. It involves graded activity prescribed for patients who require physical conditioning before returning to their jobs. It prepares injured workers for their return to work by helping them develop critical physical capacities and worker traits.

If a work hardening program is needed, it is prescribed after a work tolerance screening. Work hardening enables patients to develop the strength, coordination, and endurance they need to perform the physical demands of work. It is designed to use simulated work samples that resemble work tasks.

**Job Market Reentry Management**

The occupational therapist–work evaluators are in communication with the entire vocational rehabilitation system. They coordinate their services with medical, legal, rehabilitation, insurance, worker’s compensation, and workplace personnel. The therapist–work evaluator dependably, efficiently, and succinctly communicates essential information regarding the injured worker’s tolerances, worker traits, and overall

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Conclusion

Work evaluation has been within the scope of occupational therapy since the profession’s second decade. Because occupational therapists understand human function and the psychosocial and clinical sciences, they are able to evaluate and treat the injured worker beyond the clinic, that is, in the community and the workplace.

As occupational therapists—work evaluators identify occupation in terms of the impact of disease or injury on human “roles,” they must not overlook the “worker role.” If therapists are to ensure a position in work evaluation, they must document their roles and functions and communicate them to other professionals in the academic and work arenas.

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REFERENCES


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