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Occupational Therapy Through An International Perspective With A Focus On Australia

Bachelor's project in Occupational Therapy
Supervisor: Stigen, Linda
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Norwegian University of Science and Technology
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Sammendrag

Innledning:

Denne studien er en del av et større prosjekt som tar for seg ergoterapi i et internasjonalt perspektiv. Teorier og modeller innen ergoterapi har til nå, primært vært formulert av representanter fra privilegerte vestlige minoriteter. Vestlige minoriteter reflekterer ofte over deres kultur og deres perspektiver, med fokus på selvstendighet, selvhjulpenhet, egenomsorg og produktivitet. Disse verdiene er ikke nødvendigvis dekkende for hele den globale verden. Denne studien utforsker ergoterapi i Australia.

Hensikt:

Målet med studiet er å forske på hvordan ergoterapi praktiseres, utføres og erfares blant australske ergoterapeuter. Hvordan ergoterapi som fag forstås og hvordan kulturen former deres praksis.

Forskningsspørsmål: Hvordan praktiseres ergoterapi og hvordan er det forstått av Australske ergoterapeuter i en australsk kontekst?

Metode:

Det ble benyttet en kvalitativ tilnærming ved bruk av individuelle intervjuer av tre ergoterapeuter fra forskjellige steder i Australia. Meningsfortetting med koding og kondensering av intervjuene ble utført i dataanalysen.

Resultat:

Hovedfunnene i denne studien fremkommer gjennom temaene: hvordan ergoterapi praktiseres i Australia, hvordan er forståelsen av ergoterapi, og forståelsen av hvordan kultur kan påvirke praksisen av ergoterapi. Det kommer fram i resultatene at informantene vektlegger mangelen på forståelse av ergoterapi, både på arbeidsplassen, men også i samfunnet ellers. Den manglende forståelsen på arbeidsplassen kan gi en følelse av å ikke bli verdsatt eller hørt i den jobben de gjør.

Konklusjon:

Resultatene ga en indikasjon på hvordan informantene praktiserer ergoterapi i Australia, hva oppleves som ressurser og utfordringer i arbeidshverdagen. Det kommer frem i resultatene at informantene understreker behovet for å øke oppmerksomheten rundt ergoterapi og hva ergoterapeuter kan bidra med i samfunnet. Studien ga også et innblikk i hvordan Australske ergoterapeuter å arbeide med ulike kultuere.

Nøkkelord: Ergoterapi, Australia, Arbeidshverdag, Kultur

Abstract

Introduction:

This study is a part of a larger project investigating occupational therapy in an international perspective. Theories and models within occupational therapy are until now, primarily formulated by representatives from a privileged western minority. Thus, they reflect the western culture and perspective emphasizing client's independence, self-reliance, self-care and productivity. However, these values do not necessarily reflect on majority of the global population. This study investigates occupational therapy in Australia.

Objective:

The aim of this study is to investigate how occupational therapy practice is performed and experienced by Australian occupational therapists, how occupational therapy is understood and how culture shape their practices.

Research question: How is occupational therapy practice performed and understood by Australian occupational therapists in an Australian context?

Method:

Three occupational therapists from different parts of Australia participated in individual interviews. Thematic analyses, with coding and condensation, was used to analyse the data.

Results:

Three themes emerged during the process of analyses; occupational therapy practice in Australia, how is occupational therapy understood, and the awareness of how culture influences the practice of occupational therapy. The participants emphasize a lack of understanding of occupational therapy, both in their workplace and in the general community. The lack of understanding in their work may lead to a feeling of not being appreciated or understood in their practice.

Conclusion:

The results gave an understanding of how the participants practice occupational therapy in different areas. The participants highlighted the need to increase the awareness about occupational therapy and what they can contribute to the community. The study also gave an insight into how it is to work with Aborigines that live in remote areas.

Keywords: Occupational therapy, Australia, Workday, Culture

Preface

Working with this bachelor has been an interesting, educational, and challenging process. The group found support and inspiration by working together. We want to thank the occupational therapists in Australia that participated in this study and have contributed with their time and knowledge. Without their involvement, this study would not be possible to accomplish. We would also thank our advisor Linda Stigen, for her motivation and for leading us in the right direction. As well, we will give thanks to our families and friends for their support during the process.

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1.0 Introduction and background

This study is about occupational therapists in Australia, and it is a part of a more significant project, which started in 2019 by Oslo Metropolitan University and is supposed to be completed in August 2023. The primary goal is to understand occupational therapy from an international perspective. In this project, we have conducted interviews with Australian occupational therapists about their profession as occupational therapists. The participants in this study work in different institutions and will provide an insight into how they practice occupational therapy in Australia and their typical workday. The study is based on previous research, literature search, and various literature. With this research and literature, we have used qualitative design to conduct individual interviews with occupational therapists in Australia.

1.1 Occupational frame of references

1.1.1 The social constructive worldview

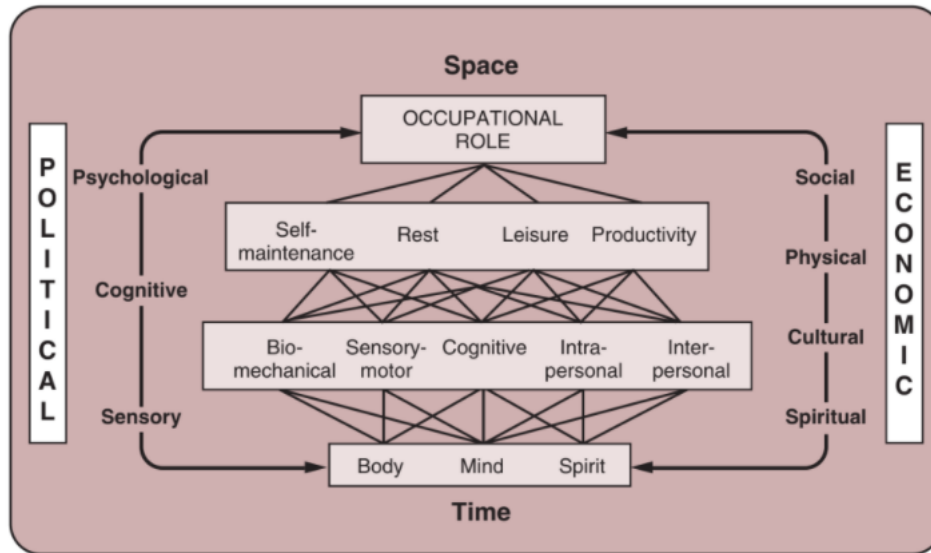
The social constructive worldview assumes that individuals search for perceptions of how they live and work to understand the historical and cultural settings (Creswell and Creswell, 2018). Toward directed meanings of particular objects or things, individuals develop subjective meanings of their experiences. These meanings can lead the researcher to study the complexity of views rather than narrowing down the meanings to a few ideas and categories. The researcher's goal is to rely as much as possible on the participants' perspectives of the setting studied. With a social constructive worldview, the intention is to make sense of the meaning others have about the world (Creswell and Creswell, 2018). This means that the participants' meanings, experiences, and thoughts will create the project's foundation. The researchers' background will be involved in shaping their interpretation of the results from the interviews. The researchers position themselves to acknowledge how their interpretation can influence their cultural, historical, and personal experiences (Creswell, 2009).

1.1.2 Occupational Performance Model (Australia)

The Occupational Performance Model (Australia) (OPM(A)) is a conceptual framework that explains both the scope of occupational therapy practice and occupational performance (Curtin, 2017). In the long term the person-context relationship and its activation through occupation is the main focus of the OPM(A) (Curtin, 2017). Eight primary constructs form this model's theoretical structure: occupational performance, occupational performance areas,

occupational roles, occupational performance capacities, core elements of occupational performance, context, time, and space. The OPM(A) can also be a device used to identify performance strengths and to evaluate the impact of impairments on occupational performance areas, occupational performance capacities, and occupational roles (Curtin, 2017).

Illustration 1: Occupational Performance Model (Australia)



(Curtin, 2017)

1.1.3 Occupational science

Occupational science generates research about the human occupation that enhances and causes occupation-based occupational therapy (Curtin, 2017). Occupational science is a scientific foundation for occupational therapy practice and contributes to a broader understanding of how humans perform occupation – including what they do and why (Kaae Kristensen, Schou and Mærsk, 2017). Through a lifetime, people engage in different occupations that are not static; it is influenced by negative and positive factors that are dynamic and experienced. This contributes to the sense of doing, being, belonging, and becoming (Curtin, 2017). The terms doing, being, belonging and becoming will be used to discuss the meaning given to occupation concerning health and well-being (Curtin, 2017).

The term *doing* can be seen as an occupational performance and can be captured within the traditional practice model (Curtin, 2017). The synonym to doing is a meaningful occupation that interacts with social interaction, social development, and possibilities for personal

development and satisfaction. *Being* refers to the personal aspects of an occupation, this involves that a person finds time for reflection and calmness. Being is a product of doing. Doing focuses on what we get out of doing something, the purpose of life, and human existence. It is a balance between to do and not to do in a healthy context (Curtin, 2017). Being explains the quality of life or well-being and that it is a product of a healthy behavior (Kaae Kristensen, Schou and Mærsk, 2017). This can be seen as the occupation does not simply concern what is done but the present moment of individuals' occupational experiences or the process of doing (Curtin, 2017). *Belonging* explains the social nature of people and their need to connect with other people, places, and things that mean something to them (Curtin, 2017). Belonging is about socializing, sharing values, and being a part of a group (Kaae Kristensen, Schou and Mærsk, 2017). Occupational engagement provides opportunities to "belong" by developing and maintaining relationships with others (Curtin, 2017). *Becoming* is about change, potential, development and utilizing their abilities (Curtin, 2017). Occupational therapists' goal is to help people to take advantage of their abilities, so their life can be formed through their actions (doing) and what they are (being) (Kaae Kristensen, Schou and Mærsk, 2017). The word "becoming" is associated with the idea of undergoing development, transformation, or change (Curtin, 2017).

The relationship between occupation, health and well-being is a critical practice and focus of occupational therapy (Curtin, 2017). The focus on enabling people to participate in everyday life occupations is the primary goal for occupational therapists. Occupational therapists accomplish this goal by working with communities and people to enhance their ability to engage in the occupations they need, want, or are expected to do (Curtin, 2017). This by modifying the environment or occupation to improve support for their occupational engagement. Engagement in occupations is health-giving due to focusing on the doing, being, belonging, and becoming aspect of occupation (Curtin, 2017).

1.2 Previous research

There were 18,304 registered occupational therapists in Australia in 2015/2016, where ninety-one and a half percent were women, and eight and a half percent were men (Occupational Therapy Board of Australia, 2017). Over the years, the number of occupational therapists has increased. Occupational therapists' focus is to promote health and well-being to make it possible for people to participate in everyday occupations (Allied Health Professions Australia, 2021). They have a crucial role in enabling people experiencing disability to

identify and implement different methods to participate in occupations (Occupational Therapy Australia, 2021). Occupational therapists work in a wide range of private and public settings, including community health services, hospitals, aged care facilities, education facilities, people's homes, and mental health institutions (Allied Health Professions Australia, 2021).

Occupational therapists use an extensive range of assessment strategies (Curtin, 2017). The Perceive, Recall, Plan and Perform (PRPP) system of task analysis and intervention, and The Canadian Occupational Performance Measure (COPM) will be emphasized in this study.

Assessments aim to gather information about what occupation means to individuals, what function those occupations have in their lives, what happens when participation is interrupted, and the effect opportunities have on participating in occupations (Curtin, 2017). The PRPP considers cognitive strategies used in the context of activities and tasks that is relevant and meaningful for individuals (Curtin, 2017). Hence, the COPM uses a person-centred approach to name a person's occupational performance issues, which is the highest priority from a person's perspective, and frames the priorities which forms the basis for an intervention plan (Curtin, 2017).

Australia is one of the most urbanized countries globally, with a smaller population living in remote areas (Baxter, Gray and Hayes, 2011). In the remote areas, the Indigenous population has a much greater concentration than other Australians with different backgrounds (Baxter, Gray and Hayes, 2011). Nelson, Allison and Copley (2007) highlight the importance that occupational therapist's awareness of the cultural differences appreciate how it may affect the therapeutic relationship to the client. Occupational justice is concerned with moral and ethical issues such as equity for individuals and collectives to engage in diverse and meaningful occupations (Schell, Gillen and Scaffa, 2014). Occupational justice is challenged when people are unable to meet their basic needs through what they do, not being able to practice their abilities and capacities, and do not have opportunities to express themselves for developing their potential (Wilcock, 2006). Conditions of occupational injustice undermine the rights for individuals and the communities across the world to meet the basic occupation (Schell, Gillen and Scaffa, 2014). Nelson, Allison and Copley (2007) also address that many Indigenous people continue to move location, making the consistency of access to health care and follow up difficult.

Castro, Dahlin-Ivanoff and Mårtensson (2014) illustrates in their study that there is a lack of insight into essential knowledge about cultural awareness. The current understanding of culture is what occupational therapists are satisfied with but that can lead to an outcome of the

discipline that may fail to address the political, theoretical, and ethical issues required to achieve the targeted diversity in its practice. Castro, Dahlin-Ivanoff and Mårtensson (2014) also highlights that diverse influence need to be adapted into occupational therapy knowledge and to make it relevant for their discipline.

Rahja and Laver (2019) address in their study that there is a lack of research about Australian occupational therapists' perception about how other health professionals and the community view their profession. The study aimed to determine what the Australian public know about Occupational therapy for older people. The study was based on approximately 1000 responses, and all the participants were asked to answer the question; "what is your understanding of occupational therapy, and do you believe it has a role in supporting older people?", The findings showed that about ten percent could provide a good or advanced description of occupational therapy. Over half of the participants had some knowledge about the profession, but it was limited, and the knowledge could refer to physical therapists, general rehabilitation, and return to work type of intervention. The awareness about occupational therapy has been reported and explored in a few international studies. They also viewed a limited understanding among other health professionals and their impact on interventions and assessments that occupational therapists provide (Rahja and Laver, 2019).

Smith and Mackenzie (2011) define in their study that there is a concern of a clear definition of the occupational therapy role. This raises uncertainty about how other health professionals understand how the occupational therapy role is understood. In mental health settings, there is a lack of understanding of the role of occupational therapists that have been reported to be a contributory factor in low referral rates. This study shows that understanding other professions is easier to understand than occupational therapy (Smith and Mackenzie, 2011). It can also be difficult for occupational therapists to define their work and find their place in different settings. Participants in this study do not have confidence in recommending occupational therapy because they do not know what occupational therapists can offer. Smith and Mackenzie (2011) also address that the key to understanding each other across occupational groups is communication.

This project will help get a broader understanding of how it is to work as an occupational therapist in Australia. Focusing and researching this theme might open an opportunity to establish new contacts and create a network with occupational therapists in Australia, which may provide job opportunities. Furthermore, this research will also enhance earlier research that have failed to address this theme.

1.3 Purpose and research question

In light of the introduction and occupational frame of reference, this study aims to explore how occupational therapy is practiced and understood in Australia. The OPM(A) will be used to identify different factors, both in internal and external contexts, which can be a resource or barrier to occupational therapy practice. The research that the group has assessed as relevant for this study is considered to be transferal to the topic of this study. The group did not successfully find desired research, and this might also suggest that the topic of the study is limited researched. The thesis of this study will address some of the missing research on this theme by examining the experiences and practice of occupational therapy and how it is understood by Australian occupational therapists.

The research question is:

“How is occupational therapy practice performed and understood by Australian occupational therapists in an Australian context?”

2.0 Method

To conduct this project, we will use qualitative interviews as a method. The purpose of this project is to get occupational therapists in Australia to share their experiences and their perspectives on occupational therapy and their average workdays. To answer the research question, qualitative design was considered to be most appropriate to use, as it is desired to get in-depth and reflected answers, as well as seeking knowledge expressed in normal language (Kvale and Brinkmann, 2015). Therefore, interviews will be used as a method in this project to achieve the optimal result. The seven stages; thematizing, designing, interviewing, transcribing, analyzing, verifying, and reporting will structure the interview process as suggested by Kvale and Brinkmann (2015).

2.1. Thematizing

The purpose is to form the meaning with the research and describe the topic that is being explored (Kvale and Brinkmann, 2015). The group decided to research previous studies. We started to formulate different research questions about what we wanted to achieve with this study. In addition to the purpose of the study, prior knowledge of various theories and analysis techniques were obtained by the group before they decided which one to use to – this based on descriptions for the thematization by Kvale and Brinkmann (2015).

2.1.1 Qualitative design

Qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009). The qualitative design is based on the social constructive worldview, where the goal is to rely on the participants' vision on the theme. The process of research involves emerging questions and procedures. Data are typically collected in the participants' setting and analyzed inductively, and the researcher will make interpretations of the meaning of the data (Creswell, 2009). This project's focus will be the participants' meanings and the importance of reporting the complexity of their situations.

2.2 Designing

It is essential to make a structured plan on how to approach the interviews (Kvale and Brinkmann, 2015). The interviews were planned and scheduled with three occupational therapists in Australia. An information letter was formed and sent out with a compliance form to get in contact with our participants. Interviews were arranged conveniently for the participants and were planned to take approximately thirty to forty-five minutes over Zoom, and each participant would only be interviewed once.

2.2.1 Participants

The method of selecting the informants for this study is based on strategies described in Johannessen, Christoffersen and Tufte (2010). In order to get the best possible knowledge about the topic studied, purposeful sampling of the informants was done. To collect the necessary data, the target group was determined in advance before further informants were selected (Johannessen, Christoffersen and Tufte, 2010). With help from our advisors' network, we contacted three informants who were willing to participate in this study. Our advisor used her network in Australia to contact someone that again selected whom they knew were willing to participate in this study. The participants are all women located in different parts of Australia, which will ensure a broad representation of responses. The researchers had no pre-existing relationship with the participants. One participant works in a hospital with rehab for post-stroke and brain injury. The second participant also works in a hospital in the neurology section, working with patients primarily with stroke and neurological disorders and supervise junior occupational therapists. The third participant works in private practice with patients in a mixed range, both adults and pediatric. This selection strategy is described as appropriate

but not representative (Johannessen, Christoffersen and Tufte, 2010). The informants consist of people who can contribute with much information on the topic that is being studied.

2.3 Interviewing

It is essential to have a reflected approach to the information shared by the participants (Kvale and Brinkmann, 2015). The research interview is a conversation, an interpersonal situation between two parts about a mutual theme of interest (Brinkmann and Kvale, 2015). A semi-structured individual interview was used to collect detailed descriptive data from the participants about their experiences. The interview form is a flexible and a planned conversation, where the purpose is to get a description of the participant's worldview (Kvale and Brinkmann, 2015) Individual interviews were used to get detailed and comprehensive descriptions of what is being examined (Johannessen, Christoffersen and Tufte, 2010).

The group developed an interview guide to address the research question based on previous research and the literature review, see attachment 3. The interview guide included questions and topics to be used to guide the researchers through the interviews, and structure the interview more or less tightly (Brinkmann and Kvale, 2015). The questions should be short, avoid academic language and be easy for the participant to understand (Brinkmann and Kvale, 2015). The purpose of an interview guide is to encourage the informants to provide detailed and in-depth information (Johannessen, Christoffersen and Tufte, 2010). The researchers took inspiration from the guide to formulate the questions but did not use it exclusively. By using open-ended questions in the qualitative research, the participants can share their views, promote flexibility in the interview content, and allow the participants to express their meanings more freely (Creswell, 2009). The questions, order, and themes can be changed, and it depends on what the participant wants to emphasize (Sverdrup, 2020). Using the semi-structured method, the researchers will be getting knowledge from the participants about meanings, attitudes, and experiences about occupational therapy in Australia.

2.4 Transcribing

The interviews were recorded with a Dictaphone. The transcription is essential to clarify the interview material before the data can be analyzed (Kvale and Brinkmann, 2015).

Transcription is a rewrite from oral discourse to written discourse (Kvale and Brinkmann, 2015). An interview is a live social interaction where the body expression and the tone of the voice are immediately available to the participants in the conversation, but not for anyone reading the transcript outside of this context (Brinkmann and Kvale, 2015). The transcription was divided equally between the group members. All three interviews were transcribed verbatim, resulting in 22 pages of transcript. Names of the participants and their workplace were excluded during the transcription to protect the participants' confidentiality (NTNU, 2021).

2.5 Analyzing

The decision on what kind of analyse method that will be used, is based on the answers from the interviews (Kvale and Brinkmann, 2015). The interviews will be analysed by focusing on meaning, with meaning condensation and meaning interpretations. The interviews were categorized and subjected to more extensive qualitative interpretations. After the interviews and transcription, we started coding the transcript. Coding implies that the researcher first read through the transcription and then codes what is relevant for this study (Brinkmann and Kvale, 2015). Coding is about attaching one or more keywords to a text segment to later identify a statement (Brinkmann and Kvale, 2015). It is important to place the same codes in all interviews, if one interview accumulates new codes. The next step after the coding has been done is meaning condensation (Brinkmann and Kvale, 2015). The significance of meaning condensation implies a shortening of the meanings that the interviewees expressed in shorter formulations. Longer statements are compressed into short statements where the main summary of what is said is reformulated in a few words (Brinkmann and Kvale, 2015).

Brinkmann and Kvale (2015) suggest that the analysis of the interviews involves five steps. In the first step, the researchers will read through the interviews to get a sense of the whole setting. Second, the natural “meaning units” of the text are determined by the researcher as the subject expresses them. In the third step, the researcher will express the theme that dominates the natural meaning unit. This will be done as simply and clearly as possible, thematizing the statements from the subject’s viewpoint as understood by the researchers. In the fourth step, the natural meaning unit is examined in light of the specific purpose of the study. In the fifth

step, the most critical topics in the interview are tied together in a descriptive statement (Brinkmann and Kvale, 2015).

Table 1: Example on worksheet

Raw text	Plain text	Codes	Categories	Theme

Table 1 illustrates how the analyzing process was structured when the group was doing meaning interpretation of the interviews. The group used the worksheet in excel that was handed out by the advisor to systematize the analysing. The order of the meaning interpretation is described as followed:

The group started reading through the interviews to get a general overview. The interviews were then coded with 13 different codes. After the group was done with the coding, the interview material was put into the worksheet, in the box “raw text.” The interviews were then condensed into “plain text” by taking out all the filling words. Then the group sorted the meaning condensation and codes into categories and found the themes that emerged across the interviews with the research question in focus. Using the worksheet, the group got a better understanding of identifying the similarities and differences across the interviews. The themes will be discussed up against previous research and the theoretical framework in this study.

2.6 Verifying

The findings from the interviews will be examined on the reliability, validity, and generalizability (Kvale and Brinkmann, 2015). Reliability and validity checks were attempted throughout the study. It were made continuous checks for the finding's reliability and credibility throughout the entire research process, as described in Kvale and Brinkmann (2015).

2.6.1 Reliability

In the interview guide, it is essential to avoid leading questions, as this can influence the answers (Kvale and Brinkmann, 2015). In the social constructive perspective, the focus is to ask open-ended questions. This increases the study's reliability in that it is the participant's individual opinions that emerge, regardless of who asks the questions (Creswell, 2009).

The group participated equally in all the interviews, and the transcriptions were shared equally between the group. The group started to work together on analyzing the interviews to get a common understanding. To get more efficiency in the process, we divided the interviews and then reviewed them together. By using this method, the results are relatively similar, independent of whom it was done by. This will indicate that the work has to a certain extent, reliability linked to the interview, the transcription, and the data analyses.

2.6.2 Validity

Validity is a process for developing more long-lasting interpretations of the observations (Kvale and Brinkmann, 2015). It is also about how the researchers' approach corresponds with the purpose of the study and that the findings represent reality (Johannessen, Christoffersen and Tufte, 2010). Quality assurance refers to which extent the results are valid to selecting the phenomenon that has been studied (Kvale and Brinkmann, 2015). Essential parts of the quality assurance of the results are the systematics, order, and documentation. In qualitative research, quality assurance or evaluation of validity is done during the research process. It is also essential to question what we do and other possible alternatives regarding the selection, data collection, and analyzes (Kvale and Brinkmann, 2015). The recording of the interviews involves an initial abstraction from the conversations during the interview. This entails a loss of body languages, such as posture and gestures. The transcription also gives another abstraction in vocal register, intonation, and breathing (Kvale and Brinkmann, 2015). Since the interviews had to take place on Zoom, it was hard to get possible gesticulation from both parts in the transcription process. Also, since this is a research project, all of the participants participate on a voluntary foundation and receive information about the topic well in advance of the interview. The Validity of the results can be affected because the participants can prepare the answers in advance.

2.6.3 Generalizability

Consistent demands to produce generalizable knowledge for the social sciences may imply an assumption of scientific knowledge that is necessarily universal and valid for all places and times, for every individual (Kvale and Brinkmann, 2015). This is the opposite of the social constructive worldview, which this study takes inspiration from (Creswell, 2009). Limitations of the research interviews are few participants for the results to be generalized (Kvale and Brinkmann, 2015). Since this study only contains three participants, it gives an insight into

what their practice as an occupational therapy looks like and their understanding of occupational therapy. With more participants, it would have given a bigger perspective and a stronger indication of the similarities among the country. Therefore, there are restrictions on how the results can be generalized through data collection in the qualitative study with the interview as a method. The purpose is instead to get a deeper understanding of the participants' experiences and knowledge.

2.7 Reporting

The reporting is the last step in the seven method stages of an interview study, where it is a result from the process (Brinkmann and Kvale, 2015). The interview findings and the method are conveyed in a form that complies with scientific criteria, acknowledges the research's ethical aspects, and results in a readable product (Kvale and Brinkmann, 2015). Therefore, the researchers have had the final report in mind from the very beginning to bring out what is desired conveyed.

The results are presented through selected quotations to give the reader an impression and reinforce this study's meaning. Quotations in an interview survey are the standard way to present the findings (Kvale and Brinkmann, 2015). The quotations should be considered short, but there should be a balance between the quotations and the text, as described in Kvale and Brinkmann (2015). In the selection of the quotations that express the same topic, the most comprehensive, informative, and well-formed quotations were used (Kvale and Brinkmann, 2015). If several of the participants had the same point of view from the interviews, this is mentioned in the results.

2.8 Literature search

To do literature search, Sverdrup (2020) explains that the first step is to describe the searching words and current databases used in the study. Literature searches were done in the database Cinhal to enlighten the research question for this study. The group participated in a lecture with the university teacher at NTNU Gjøvik to find good keywords and combinations to contribute to the searches. The group reviewed different research articles, and some articles were not included in this study because the articles did not fit the standard according to the NTNU University Library, that provides information about where and how to find literature. (NTNU, 2020). The articles that the group included through the searches in the database in

this study were Nelson, Allison and Copley (2007) and Rahja and Laver (2019). To get an overview of keywords, combinations, and the number of hits, see attachment 1. The method and the selection of articles need to be described to understand why and how the current articles were chosen (Sverdrup, 2020).

The material used in connections with the social constructive worldview (Creswell, 2009), was learned through lectures at NTNU Gjøvik. It was also done a search in Google Scholar with the search phrase “occupational therapy and culture.” The result of the search ended with many hits, but the article Castro, Dahlin-Ivanoff and Mårtensson (2014) was found to be most relevant. Because of the relevance of the article by (Rahja and Laver, 2019), the group decided to do a manual search of its references. The manual search resulted in finding the article Smith and Mackenzie (2011). In addition to the articles, textbooks were also used to obtain essential knowledge on the topic in advance of the interviews. To obtain information and facts about occupational therapist in Australia, the web pages; www.ahpa.com.au and www.otaus.com.au have been used.

2.9 Ethical considerations

An interview survey is a moral examination and is attached to the moral questions for both means of the study and its goals (Kvale and Brinkmann, 2015). In order to ensure ethical trustworthiness, it was essential to send out a letter of information and a consent to the participants, see attachment 2. Informed consent means that the participants in the study are informed about the purpose, main features of the research study, and possible risks and benefits by participating (Kvale and Brinkmann, 2015). It ensures that the participants participate voluntarily and that they are aware of their rights and can at any time withdraw from the study. In a qualitative method, it is crucial to have a written consent, which states that the participants have agreed to participate in this study (Sverdrup, 2020).

An ethical consideration is the time differences between Norway and Australia, which made it challenging to conduct the interviews. It could be difficult to find a time that accommodates both parties, however, it is essential for the group to adapt to the participants' schedule.

Another ethical consideration is privacy protection, which concerns information about someone, such as names, addresses, phone numbers, and e-mail (Sverdrup, 2020). The answers from the interviews are also private information. Hence, it was sent a formal script to

the Norwegian Senter for Research Data (NSD) to conduct our research, see attachment 4. The amount of personal information collected through the interviews shall be limited to what is necessary for the purpose of the study (NTNU, 2021). The information from the interviews will be confidential and anonymized (Sverdrup, 2020).

The transcription also involves ethical questions (Kvale and Brinkmann, 2015). The participants may talk about sensitive topics, where it is vital to protect their confidentiality, both to the persons that are being interviewed and the institutions they mention. Moreover, it is essential to save the recording in an external hard drive and delete it after the transcription is finished (Kvale and Brinkmann, 2015).

Ethical demands are also placed on the researcher's role and integrity. Thus, no emphasis was placed on the students' personal opinions, but rather to report and interpret the participants' perspectives (Kvale and Brinkmann, 2015). It was therefore crucial that both students maintained an objective and professional attitude to the survey.

3.0 Results

The participants in this study had between twelve to sixteen years of experience as an occupational therapist. They were all women between the age of thirty-five to thirty-seven years old, located in different parts of Australia. Two of the participants work in the hospital sector, and one participant works in private practice. Three themes emerged from the data analyses: Occupational therapy practice, how occupational therapy is understood in Australia, and the awareness of cultural influences on practice.

3.1 Occupational therapy practice

3.1.1 What a typical workday looks like

The participants worked in different settings, in hospitals, and private practice. The patient group for the participants working at hospitals are people with stroke or brain injury. The participant in the private practice work with patients in a diverse range, with adults' disabilities, usually acute brain injury, and pediatric, often autism, developmental delay, and genetic conditions. To get access to the health system in Australia, one participant described that individuals are provided with a package of money through the government. She described it as they get their money package to use for their personal care, social engagement, and therapy needs. She also mentioned that the clients need a detailed assessment and planning report to get reviewed every one to two years to get new funding packages.

The participants said they started their days early, organizing, reading up on earlier notes, and planning the day. The participants described that they typically meet with three to four clients a day. They meet clients in their own homes, schools, or clinical space. Typical work tasks are rehabilitation training and personal activities, such as toilet retraining, self-care training, return to work training, and teaching the clients how to compensate for visual deficiencies. The participants mentioned assessments, goal setting, equipment prescriptions, home modification, and education of the client, their families and their everyday practice. The participants said that the clients get set up with a therapy program and will be followed up for adjustments and to see the process. With consent, one participant mentioned using videotape during a therapy session. She would use videotape to orient the clients back to the goals setting, help and self-manage them because she describes the clients as not good self-managers and with poor insight into their difficulties; *“It is sort of a nice way to bring them back to the goal.”*

The participants who work in hospitals mentioned that they work in teams with physiotherapists, speech pathologists, social workers, dietitians, doctors, nurses, and occupational therapists. One participant meets with the team once a week for debrief, and the other participant meets with the team three times a week. The participants reflected on positive and negative sides by working in teams and by working alone. The participant working in a team described working together, how they all see things differently, and how to treat the patient the best way. She also highlighted that everyone in the team has experience with stroke and brain injury and that they understand the value of each team member. The participant working alone mentioned that it can be a bit lonely and that she missed having other therapists at her disposal to debrief or bounce ideas. She described working alone; *“It forces me to be more independent in my clinical reasoning, but if somebody were there with me, I would probably use them whereas I am to get by on my own.”*

3.1.2 Assessments and goal setting

All the participants had several assessment tools that they use in their practice. The participants did many assessments, both standardised and nonstandardised. Some of the participants were using nonstandardised assessments with unstructured observations and interview to collect data. One participant offered an example of how she did the initial assessment with a new client, a five-year-old boy with autism. She did data collection with the

boys' mother and observed the boy. As she illustrated; *“Watching what he did functionally, how he played with his toys, moved around in the room and how he ate food.”*

The Perceive, Recall, Plan and Perform (PRPP) task analyses was one assessment that all the participants were using. The PRPP was found to be helpful and valuable to those occupational therapists working with stroke and brain injury and cognitive assessment. The participants said that PRPP is helpful for the goalsetting process because the PRPP is clear and functional. As illustrated by one participant; *“It helps get the best outcome that is most realistic and achievable and make them feel like they are going somewhere”*. In addition to the PRPP, other assessments that some of the participants mentioned using were the Canadian Occupational Performance Measure (COPM). The COPM is founded helpful for the participants when they are doing goalsetting with clients. One participant explains how she set goals with the client in the first therapy session and review the goals every week. She also said that: *“The COPM can sometimes be a challenge for those with a cognitive problem or if it is language difficulties, it can appear that the client does not understand the concept.”* One other participant mentioned using the Autism Family goal-setting tool for children with autism, a visual goal-setting tool multidisciplinary for autism.

Other assessments tools that the participants referred to using in their practice were: Motor assessment scale, Nine-Hole Peg Test (9-HPT), Box and Blocks test (BBT), Upper Limb Performance Assessments (ULPA), Montreal Cognitive Assessment (MoCA), Sensory Profile 2, Pretend Play Enjoyment Developmental Checklist (PPE-DC), The Lawton Instrumental Activity of Daily Living Scale (IADL), Adaptive Behaviour Assessment System – third Edition (ABAS-3), Beery Buktenica Developmental Test of Visual Motor Integration 6th Edition (Beery VMI), and the ASQ's parent-centric design yields unparalleled accuracy and efficiency (ASQ-3).

3.1.3 Theoretical framework

The participants mentioned using the Occupational Performance Measure – Australia (OPM(A)) as the basis of the assessments and to guide their clinical reasoning and intervention. One participant described how she uses OPM(A) when she conducted assessments; *“I will always look at the need of the person and their family, the occupation they are working on, their environment, context, and culture.”* They also mentioned that they always have the OPM(A) with them when they meet new clients; *“The OPM(A) is not*

something I think of it is not in front of my brain, but it is definitely the foundation to how I work.” Another participant mentioned using The Cognitive Behaviour and Biomedical frame of reference in addition to the OPM(A).

3.2 How is occupational therapy understood in Australia?

3.2.1 Describing occupational therapy

The participants shared how they would describe occupational therapy to someone. One of the participants mentioned that her job is to enable people to participate in the things they used to do prior to the injury. She also said that she is working with clients to get them back to enjoyable and helpful things to get a better everyday life in the community and be able to participate in the best possible way. Another participant gave an example of how she would describe occupational therapy if she got a new client. For example, she would say that she is looking at how a person is carrying out his or her day-to-day occupation, which is all the things you want or need to do in your day. She also mentioned that she is looking at making the person's occupations easier or enjoyable while help the person become more independent. One other participant highlighted how to increase independence when working with children. To improve their function and increase participation, it is essential to start with early intervention. As shown by the participant; *"I made him a visual schedule with steps of going to the toilet and washing his hands. This to increase his independence in his self-care tasks"*. Furthermore, she also described that the goal is to get the client back to their daily routine and back to the community by teaching them to do things differently.

3.2.2 Lack of knowledge

The participants experienced a lack of understanding of occupational therapy in their community and at their workplace. One participant felt that people have a general idea across the board about occupational therapy, but they do not know in great depth what occupational therapist are involved in. She also emphasized that it varies depending on the community you are in and whom you are working with. Another participant said that she demonstrates a lot when she explains what occupational therapy is to somebody. One participant demonstrates with examples. For instance, if she is having coffee with somebody she never met before and explained what occupational therapy is, she starts by teaching them how to pick up a cup of coffee or teach them to eat again. She also stated; *"I value what I do, and I care about people having an appreciation for what I do and how hard it is. I do spend some time with people, talking to them about what I do"*.

Participants working in hospitals with stroke and brain injury would say that in any area outside the brain injury and stroke unit, the understanding of occupational therapy is bad. She also said that other health professionals think that occupational therapists only store rails and give people shower chairs and that their job is to hand out types of equipment. One participant emphasized that newly educated health professionals do not understand what occupational therapy entails. She said that newly educated health professions have a poor understanding of what occupational therapy include and need they to be educated. She illustrates that; *“I would say the understanding is growing, but it still has a very, very long way to go.”* One participant shared her experience on how her knowledge was received when she first started working as an occupational therapist; *“I feel like no one knew what occupational therapy was. In one way, they can understand, but in another way, they do not understand what the hugeness of occupational therapy can be. It is growing, but I feel like you always have to explain what I specifically do”*. One participant illustrated how occupational therapy is becoming more known through the National Disability Insurance Scheme (NDIS). She thinks that the new health system of the NDIS has generated a lot more awareness in the general community of what occupational therapists do and why people might need an occupational therapist. Another one explained; *“In the new world, people have a better understanding of what occupational therapists do. People value the fact that we see somebody as a whole, and work with somebody as a whole”*.

3.2.3 Awareness of cultural influences on practice

The participants describe Australia as a multicultural society, with a large population of Aborigines, especially in the northern territory. They emphasized that the language can be a challenge. One participant said that around ninety to night-five percent of people living in that community are Aborigines, Australian first population in some remote parts of Australia. She emphasized that English is often the second, third, fourth', even fifth language that they speak. She also mentioned how people have different health priorities, and their health might be a lower priority than a western person. The participants also underlined the importance of adapting the way you work with people to see their needs. Working with different cultures requires the occupational therapist to be flexible because, as the participant describes; *“They live very traditionally in lots of ways and follow Aboriginal customs and cultures. This makes it challenging, not in a negative way, but because the traditional way to work for an occupational therapist is not always easy to translate”*. Related to client-family-centred practice, one participant described how they need to meet clients where they are. The

participant explain how one might see things that the client can potentially work with, but if it is not the client's priority, interest, or need, then it is not the appropriate thing to work on.

4.0 Discussion

The discussion is separated into two parts: methodological discussion and discussion of the results.

4.1 Methodological discussion

A critical review of the research will take place in the methodological discussion. The method, data analysis, previous research, and the selection of participants will also be discussed.

4.1.1 Method

This study involves three occupational therapists in Australia and their experiences and knowledge. Qualitative design and individual interviews were considered well suited to understand themes of the lived daily world from the informants' perspectives (Brinkmann and Kvale, 2015). This method is also appropriate to use if the researcher does not have good enough knowledge about what is being studied, with little research on the field, and when there is a need to get a fuller understanding of what is to be examined (Johannessen, Christoffersen and Tufte, 2010). Using interviews with open-ended questions, the participants got the opportunity to engage and discuss topics that they emphasized (Kvale and Brinkmann, 2015). At the same time, since the interviews were done over Zoom, physical interviews with the participants could open for more observations, more flow in the conversation, and it could have been easier to ask follow-up questions. A weakness by using this method may have been the interpersonal interactions where both participating parties influence the interview and the result (Kvale and Brinkmann, 2015). The researcher's role may have been influenced by preconceptions, thoughts, and previous experiences. Despite this, the group has, as far as possible, put aside the pre-understanding and tried to avoid this influencing the result. One challenge by doing the interviews over Zoom was bad internet connection, which resulted in some of the words were skipped and made the transcription difficult.

This study utilized a qualitative design to investigate and get a deeper understanding of what occupational therapists do, the understanding of occupational therapy, and occupational therapy practice in Australia. In this study, only three participants were interviewed, which

only gives an insight into their understanding and experiences. Despite this, there is still insecurity that the same results will apply to repeated attempts. Although, the research that was done is still considered to cover similarities with new research about occupational therapy in Australia.

4.1.2 Previous research

The group has reflected on the number of research articles and previous research that was found to be relevant for this study. By examining previous research, an article that concerned the Australian public's knowledge about occupational therapy was used. This because of the group's challenges of finding articles that referred to the public's understanding of occupational therapy. The literature search may indicate that the study's research question has limited research on the topic. Some of the research articles were considered old and were therefore not included. One article was considered selected for a manual search because of its relevance.

4.1.3 Participants

The three participants were conducted through the group's advisor's network in Australia. The fact that only female participants participated in this study could have affected the results. Nevertheless, eighty-one and a half percent of occupational therapists in Australia are females. Only female occupational therapists responded and expressed their willingness to participate in this study; therefore, it was impossible to influence the balance between the sexes among the participants. Two of the participants worked at hospitals, and one participant worked in private practice, and they all had several years of experience as occupational therapists. Thus, the study only contains three participants, it can be seen as critical to this study because of the limitations on the generalization of the results. The participants were purposeful sampled for this study. It is essential to acknowledge that participation is voluntary. It is thus likely that the participants had knowledge about the topic in this study. In regard to privacy protection, the participants and the name of the participants' workplaces will not be specified. The information from the interviews have been made confidential, and the participants have been anonymized.

4.2 Discussion of the results

This study aimed to explore occupational therapists' experiences and descriptions from occupational therapists in Australia. The analysis revealed three themes: occupational therapy

practice in Australia, the occupational therapists' experience about how occupational therapy is understood, and how culture can affect the practice of occupational therapy. The results will be linked to theoretical frames of references, research articles, and occupational science literature through further discussions and interpretations of the results.

4.2.1 Occupational therapy practice in Australia

A typical workday for the participants will include collaborating with others and debriefing different cases. The participants described both positive and negative sides by working in a multidisciplinary team and working alone. During the interviews, the participants described a sense of belonging to their workplace and to find their place as occupational therapists. They explained the importance of feeling belonged and valued in the team. In the literature, a sense of belonging can contribute to feeling secure, valued, and accepted and facilitated engagement in occupations (Curtin, 2017). In the multidisciplinary teams, the participants referred to how they all valued and respected each other and how it affected the well-being. A study done in Australia explains how being included in work-relations can contribute to a greater self-determination, empowerment, choices, and control (Kaae Kristensen, Schou and Mærsk, 2017). The participant that worked alone described how she needed to rely on her clinical reasoning and intervention. A negative side of working alone is that she does not have the opportunity to debrief with colleagues in a difficult situation. Although in the literature, occupational therapists become critical practitioners through self-reflection and consultation with others (Curtin, 2017). Nevertheless, it is also essential that occupational therapy practice should acknowledge personal autonomy, be occupation-based and person-centred, and most often performed within a team-driven workplace, or no less than within context where communications with colleagues are crucial (Curtin, 2017).

The participants referred to using different assessment tools when doing observation, data collection, and goalsetting. One tool that all the participants emphasized using for cognitive assessment was the PRPP. The PRPP is an intervention and assessment model and addresses the cognitive dimension of performance (Curtin, 2017). The participants drew attention to the PRPP because of its clarity and functionality. Occupational therapists can use the PRPP to assess the extent to which individuals with impairments can use cognitive strategies in a variety of work, community, and home occupations (Curtin, 2017). COPM uses a person-centred approach to identify an individual's occupational performance issue that are of the highest priority from their perspective (Curtin, 2017). One participant highlighted that compared to PRPP, the COPM could sometimes be challenging to use for those with a

cognitive problem, and it could appear that the client did not understand its concept. Therefore, one needs to ensure that the client understands why the occupational therapist is doing assessments and is aware of what occupational therapy is (Curtin, 2017). However, it can appear challenges between the client and the occupational therapists because of communication problems. For example, the client's cognitive problem or language difficulties, an inconvenience can be that additional time may be needed to conduct the assessment (Curtin, 2017).

The occupational therapists described using the OPM(A) to guide their clinical reasoning and intervention. They described how they would place the client in the centre of the model to plan intervention and then evaluate the outcome. Addressing people's occupational needs, the OPM(A) provides a framework for guiding occupational therapists (Curtin, 2017). The foundation for practice using the OPM-A is occupational analysis, which is a holistic process. Identifying what people desire or need to do that is occupational role demands is the primary purpose of the analysis (Curtin, 2017). Nonetheless, the participants emphasized how the context is crucial when doing rehabilitation training. Occupational performance roles are affected by social expectations and the person performing them (Curtin, 2017). For example, one participant highlighted the importance of doing the rehabilitation training in a familiar context to the client. She described how she would have a training session with a client at the client's regular grocery store, rather than a store the client's not familiar with. As illustrated in the literature, engaging people in regular and familiar occupations means attaching them with social routines that are recognizable (Curtin, 2017). In addition, the importance of occupation and its relationship with health and well-being underpins the practice and focus of occupational therapy (Curtin, 2017). In the OPM(A), occupation is viewed as a process of purposeful and meaningful engagement (Curtin, 2017).

4.2.2 How is occupational therapy understood in Australia?

In the interview, the participants explained how they would describe occupational therapy to someone, and their answers show both similarities and differences. They mentioned how they looked at a person as a whole and the occupations that the client wants or needs to do. Working with individuals, occupational therapists use a whole-person perspective to achieve optimal health and well-being through participation in the occupations of life (Occupational Therapy Australia, 2021). Occupation is fundamental in the profession of occupational therapy, and occupational therapists are specialists in applying occupation as intervention and assessment (Curtin, 2017). However, the participants would describe that one can see

different occupations to work with, but if it is not in the client's interest, it is not the appropriate things to work with. The term occupation can be described as the everyday things we do in our life, but also the things we do to be who we are, the things we do to create a meaningful life and to engage with broader society and culture (Occupational Therapy Australia, 2021). Meanings are subjective, unique, and dynamic, mediated by individuals, their experiences, and the context they exist (Curtin, 2017). The essential character of understanding meaning and purpose for the effective engagement of a person in occupations is a crucial principle of occupational therapy practice and philosophy (Curtin, 2017).

The results show that the participants experience the understanding of occupational therapy in their community and workplace as limited. They would describe how people have an idea of what occupational therapy is and what occupational therapists do, but they could not elaborate on what it involves. In the same way, Smith and Mackenzie (2011) showed in their study the difficulties of understanding the occupational therapy role by other health professionals. Reasons for the uncertainty include that occupational therapists use an extensive range of approaches and interventions (Smith and Mackenzie, 2011). The participants would also experience that other health professionals would refer clients to occupational therapist without being able to explain why. In addition, previous research shows that nurses and psychiatrists appreciate occupational therapy input, but they might not understand the depth of the occupational therapy role (Smith and Mackenzie, 2011). Likewise, Rahja and Laver (2019) reported that the Australian public's knowledge about the occupational therapy role is limited. They concluded that there is a need to address the misconception that occupational therapy is mainly concerned with the workplace or physical health issues (Rahja and Laver, 2019). Moreover, the participants would say that the understanding of occupational therapy varies and depends on the person's community. One participant compared that those who are English speaking Australian and live in an urban town might better understand what occupational therapy is than those who live in a remote area. Baxter, Gray and Hayes (2011) also emphasise that the people living in outer regional or remote areas are more likely to have difficulties accessing service than those living in major cities in Australia. Hence, this can contribute to those living in the remote areas having a limited understanding of occupational therapy. Thus, for those who seek occupational therapy service, it emerges an increased awareness of the importance of accurate information to enable the best care for the clients (Curtin, 2017). Although the participants expressed that the understanding is limited,

occupational therapy has become more known over the years, but they also highlighted that it still has a long way to go.

4.2.3 Awareness on culture influences on practice

The participants described how it is to work as an occupational therapist in Australia, a country that consists of many different cultures. Culture is an essential element of daily life (Curtin, 2017), and one participant explained how occupational therapists need to be flexible when working with various cultures. The participant explained how it is to work with Aborigines, the Indigenous people of Australian, how they live very traditionally and follow Aboriginal costumes and culture. She described how working with Aborigines could be challenging because the traditional way of working as occupational therapist do not always transform to other cultures. In the literature, several authors agree that the profession of occupational therapy beliefs was historically shaped, for the most part, by Westerns/Eurocentric, urban middle-class, and Anglophone theorists, who have limited or no incorporation of other perspectives which propagates injustice (Sakellariou and Pollard, 2016). Those living in poor areas, for instance, Indigenous people, are most likely to be affected by occupational injustices (Schell, Gillen and Scaffa, 2014). Occupational justice is what people do, in addition to being, becoming, and belonging, and it is not essentially a matter of individual choice (Schell, Gillen and Scaffa, 2014). However, oppressive circumstances such as social exclusion, discrimination, and poverty, have not been traditionally central concerns in occupational therapy (Sakellariou and Pollard, 2016). Therefore, the importance of the client's interest and values is being focused on, and that the activity holds cultural meaning for the client is essential in an occupational therapy setting (Schell, Gillen and Scaffa, 2014). One study from Australia shows the essential in occupational therapy practice: to attempt to understand and be sensitive about the culture shaping the individual's perception of the world and how the culture impacts both intervention and assessment (Nelson, Allison and Copley, 2007). Nevertheless, Nelson, Allison and Copley (2007) also address that Australian occupational therapists are becoming more aware of both health issues and the Indigenous culture when working with different cultures.

Every interaction between the occupational therapist and the client should be considered a cross-cultural interaction (Schell, Gillen and Scaffa, 2014). To be able to interact in a cross-cultural way, it is important to respect everyone as individuals, be culturally self-aware, open to learning about other cultures, and engage in the process of developing cultural competence

(Schell, Gillen and Scaffa, 2014). One participant described how one could practice and work with different activities with the client, but if it is not the client's interest, she emphasized the importance of respecting the client's choice. The study by Castro, Dahlin-Ivanoff and Mårtensson (2014), illustrate that in therapy interventions, complications connected with culture might be taken for granted, ignored, or forgotten. If these issues are not respected, it could affect occupational therapy practice (Castro, Dahlin-Ivanoff and Mårtensson, 2014). However, cultural incompetence can cause distrust and lead to miscommunications, frustration, lack of adherence to therapeutic recommendations, and decreased quality of intervention and interaction with the client (Schell, Gillen and Scaffa, 2014). Consequently, occupational therapists need to become aware to practice with knowledge, respect, and sensitivity to peoples- cultural context when working with people at their most vulnerable (Curtin, 2017). Castro, Dahlin-Ivanoff and Mårtensson (2014) also emphasize that culture is becoming a topic that is increasing interest among occupational therapists and professions' developers, although there are still several gaps in the relationship between occupational therapy and culture.

Working with different cultures requires the occupational therapist to understand occupation from other worldviews to successfully address people's relevant occupational demands (Sakellariou and Pollard, 2016). The participant highlighted how she valued client-family-centered practice. In the literature, occupational therapy beliefs are about the uniqueness of individuals, and their emphasis on client-centered practice have been a concern for diversity for a long time (Schell, Gillen and Scaffa, 2014). To develop appropriate and meaningful interventions for the client, the client-centered practice focuses on understanding their values, dreams, and beliefs (Schell, Gillen and Scaffa, 2014). For that reason, effective client-centered care must include knowledge and awareness of the client's culture and their unique expression of culture (Schell, Gillen and Scaffa, 2014). On the other hand, it is also essential to acknowledge that family occupation can be seen as an inextricable part of what one does (Sakellariou and Pollard, 2016).

5.0 Conclusion

Qualitative interviews were conducted to enlighten the research question. The research question is:

How is occupational therapy practice performed and understood by Australian occupational therapists in an Australian context?"

The purpose of this study was to get an understanding of the occupational therapy practice and how a typical workday looks like for an occupational therapist in Australia. The result gave an understanding of how the participants practice occupational therapy in different areas. The occupational therapists that were interviewed in this study used a wide range of assessments in their practice. Mainly the PRPP Assessment, which was one assessment tool that all the participants valued. The participants used the OPM(A) to guide their interventions and clinical reasoning. The results show that the participants experience a lack of understanding at their workplace and in the community about what occupational therapy is and what occupational therapists do. The participants highlighted the need to increase the awareness about occupational therapy and what they can contribute to the community. One participant pointed out the awareness of occupational therapists' competence among working with different cultures and how it could impact their occupational therapy practice. The study also gave the group an insight into how it is to work with Aborigines that live in remote areas.

The group experienced that the research question was answered sufficiently through the study. Overall, it could be interesting to do more research on how culture influences the practice of occupational therapy and the understanding of occupational therapy, as the field of knowledge can occur limited.

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7.0 Attachment

7.1 Attachment 1: Literature search

Keywords	Cinahl	Hits	Articles
1. Occupational therap 2. Occupatinal therpist 3. 1 OR 2 4. Australia 5. Australian 6. 4 OR 5 7. 3 AND 6 8. «workplace» 9. 7 AND 8		1. 28 374 2. 9 798 3. 35 434 4. 121 785 5. 45 986 6. 133 769 7. 1 044 8. 41 460 9. 46	1. "What does the Australian public know about occupational therapy for older people? A population survey"
1. Culture 2. Occupational therapy 3. 1 AND 2 4. Understanding 5. 2 AND 4 6. 1 AND 5		1. 193 299 2. 28 478 3. 562 4. 204 903 5. 1045 6. 40	1. "Understanding where we come from: occupational therapy with urban Indigenous Australians".

Are you interested in taking part in the research project "Occupational therapy in an international perspective"?

This is an inquiry about participation in a research project where the main purpose is to explore occupational therapy in an international perspective. In this letter, we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

We are two occupational therapy students at NTNU Gjøvik, and we are writing our bachelor this spring of 2021.

This project is about occupational therapist in Australia, which is a part of a bigger project that focuses on occupational therapist in an international perspective.

The purpose of the project is to explore occupational therapy practice in different cultural contexts. The objective is to gain knowledge about how culture, context and diversity form practice. Our research question is: *"How does a typical workday look like for an occupational therapist in Australia?"*.

The information from the project, in addition to the bachelor assignment, could be used for major projects for master and possibly a Phd project where more participants are recruited. The results of the study will be used in the teaching of occupational therapist students and other health science students, as well as in scientific articles within occupational science.

Who is responsible for the research project?

1. Mona Asbjørnslett, Associate Professor, OsloMet – Oslo Metropolitan University
monaa@oslomet.no / +47 67 23 66 04 / 977 62 707
2. Lisebet Skeie Skarpaas, PhD Candidate, OsloMet – Oslo Metropolitan University
liskska@oslomet.no / +47 67 23 66 02 / 971 63 337
3. Cecilie Krüger, Assistant Professor, OsloMet – Oslo Metropolitan University
ceciliekr@oslomet.no / +47 67 23 66 03
4. Linda Stigen, Associate Professor, NTNU, linda.stigen@ntnu.no / +47 93223019

The occupational therapy education by NTNU Gjøvik is responsible for this study and associate professor Linda Stigen is responsible for this project.

Why are you being asked to participate?

You are asked to participate because you are an occupational therapist performing occupational therapy. We think that you have experiences and knowledge that we can learn from and hope that you will take part in this study as our informant.

What does participation involve for you?

If you chose to take part in the project, this will involve that you may be asked to participate in an interview about your experiences with practicing occupational therapy. The interview will last approx. 45 minutes. The interview includes questions about your everyday practice, how occupational therapy is performed in your setting, and how you describe occupational therapy. Your answers will be recorded electronically.

Information may also be collected from students' observations and reflection notes. You will be asked to reflect together with students regarding their practice observations. The reflections are written down by students as part of their project.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

- It will only be the students Iselin Steinvik and Heidi Karoline Sætrang, and supervisor/project leader Linda Stigen at NTNU Gjøvik that will have access to your personal data and information.
- No personal data, only gender, age and country will be addressed in the material. The collected interview data will be locked away.
- Data processor Mona Asbjørnslett will work with and store data.
- Persons responsible for the project will have access to collected data that has been de-identified.

Participants will not be recognizable in publications.

What will happen to your personal data at the end of the research project?

The research project is scheduled to end 1st August 2023. The project data will be stored for the purpose of follow-up studies, archived for future research and publications. No personal data will be stored.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you.
- request that your personal data is deleted.
- request that incorrect personal data about you is corrected/rectified.
- receive a copy of your personal data (data portability), and send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data.

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with Oslo Metropolitan University, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- Mona Asbjørnslett, e- mail: monaa@oslomet.no, Lisebet Skeie Skarpaas; e-mail: liskska@oslomet.no, or Cecilie Krüger; cecilie@oslomet.no
- Our Data Protection Officer: Ingrid Jacobsen personvernombud@oslomet.no
- NSD – The Norwegian Centre for Research Data AS, by email: (personvertjenester@nsd.no) or by telephone: +47 55 58 21 17.
- Students by NTNU Gjøvik, Iselin Steinvik, email: iselinss@stud.ntnu.no and Heidi Karoline Sætrang, email: heidiksa@stud.ntnu.no
- NTNU Gjøvik, Linda Stigen, email: linda.stigen@ntnu.no , telephone: +47 93223019

Yours sincerely,

Project Leader/supervisor: Students:

Linda Stigen Heidi Karoline Sætrang og Iselin Siikavuopio Steinvik

Consent form

I have received and understood information about the project “Occupational therapy in an international perspective” and have been given the opportunity to ask questions. I give consent:

- to participate in an interview
- to participate in reflections with student in placement that may be included in the student’s observation and reflection notes from placement
- that a student in placement may include observations/reflections from my OT-practice in his/her observation and reflection notes from placement

I give consent for my personal data to be processed until the end date of the project, approx. 1th August 2023.

(Signed by participant, date)

7.3 Attachment 3: Interview guide

“Occupational therapy in an international perspective”

Introduction

We are Iselin and Heidi.

We are really glad that you are willing to be a part of this study.

As you properly already know from the information letter, the main purpose of the interview is to explore and discuss your everyday practice as an occupational therapist.

We just want to let you know again that we are recording this, but everything will be anonymised. And the recording will be deleted after.

Maybe you can start by telling us a bit about yourself?

- How old are you?
- Your education
- How long have you been practicing occupational therapy?
- Where have you worked earlier – experiences?

Can you tell us about your workplace, what do you work with now?

- typical patient group, or a focus area?

Can you tell us about what a regular workday looks like for you?

- Let us start with when you come to work. Describe what happens first – what is your morning routine?
- Are you working alone or in a team? (physio, nurses...)?
 - What is your relationship with the people you work with, do you work close /collaborate in different cases?
 - Positive and negative sides by working with others?
- Everyday practice, what do you do?
 - for example; meetings, home visits, interventions, activities?
 - (Can you tell a bit more about... that activity?)

How is occupational therapy performed in your setting?

- What is your culture like in your workplace? (how would you describe it? open, inclusive..)
 - Culture / resources / diversity / occupational justice /
- Do you practice a theoretical framework, for ex; (OPMA, MOHO, CMOP-E)
- Do you use any specific assessments /mapping tools

How would you describe occupational therapy?

- What is your understanding of what others know about occupational therapy?
 - What do you feel about that, and why. (patients, clients, colleges, relatives, a random person you meet).

- How do you explain occupational therapy to others?

Other alternative questions:

- How is it to work with Abigenies?

Closing end

Iselin/Heidi, do you have any questions you would like to ask or something you want to add?

That was everything we had, do you have anything you would like to add or any questions for us?

Thank you...

7.4 Attachment 4: NSD

NSD NORSK SENTER FOR FORSKNINGSDATA

NSD sin vurdering

Prosjekttittel

Ergoterapi i et internasjonalt perspektiv

Referansenummer

100341

Registrert

04.01.2019 av Lisebet Skeie Skarpaas - Lisebet.Skeie.Skarpaas@hioa.no

Behandlingsansvarlig institusjon

OsloMet - storbyuniversitetet / Fakultet for helsevitenskap / Institutt for ergoterapi og ortopediingeniørfag

Prosjektansvarlig

Mona Asbjørnslett, monaa@oslomet.no, tlf: 67236604

Type prosjekt

Forskerprosjekt

Prosjektperiode

01.02.2019 - 01.08.2023

Status

04.02.2019 - Vurdert

Vurdering (1)

04.02.2019 - Vurdert

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet med vedlegg den 04.02.2019 samt i meldingsdialogen mellom innmelder og NSD. Behandlingen kan starte. MELD ENDRINGER Dersom behandlingen av personopplysninger endrer seg, kan det være nødvendig å melde dette til NSD ved å oppdatere meldeskjemaet. På våre nettsider informerer vi om hvilke endringer som må meldes. Vent på svar før endringer

gjennomføres. TYPE OPPLYSNINGER OG VARIGHET Prosjektet vil behandle alminnelige kategorier av personopplysninger frem til 01.08.2023. LOVLIG

GRUNNLAG Prosjektet vil innhente samtykke fra de registrerte til behandlingen av personopplysninger. Vår vurdering er at prosjektet legger opp til et samtykke i samsvar med kravene i art. 4 og 7, ved at det er en frivillig, spesifikk, informert og utvetydig bekreftelse som kan dokumenteres, og som den registrerte kan trekke tilbake. Lovlig grunnlag for behandlingen vil dermed være den registrertes samtykke, jf. personvernforordningen art. 6 nr. 1 bokstav a.

PERSONVERNPRINSIPPER NSD vurderer at den planlagte behandlingen av personopplysninger vil følge prinsippene i personvernforordningen om: - lovlighet, rettferdighet og åpenhet (art. 5.1 a), ved at de registrerte får tilfredsstillende informasjon om og samtykker til behandlingen

- formålsbegrensning (art. 5.1 b), ved at personopplysninger samles inn for spesifikke, uttrykkelig angitte og berettigede formål, og ikke behandles til nye, uforenlige formål - dataminimering (art. 5.1 c), ved at det kun behandles opplysninger som er adekvate, relevante og nødvendige for formålet med prosjektet - lagringsbegrensning (art. 5.1 e), ved at personopplysningene ikke lagres lengre enn nødvendig for å oppfylle formålet DE REGISTRERTES RETTIGHETER Så lenge de registrerte kan identifiseres i datamaterialet vil de ha følgende rettigheter: åpenhet (art. 12), informasjon (art. 13), innsyn (art. 15), retting (art. 16), sletting (art. 17), begrensning (art. 18), underretning (art. 19), dataportabilitet (art. 20). NSD vurderer at informasjonen om behandlingen som de registrerte vil motta oppfyller lovens krav til form og innhold, jf. art. 12.1 og art. 13. Vi minner om at hvis en registrert tar

kontakt om sine rettigheter, har behandlingsansvarlig institusjon plikt til å svare innen en måned.

FØLG DIN INSTITUSJONS RETNINGSLINJER NSD legger til grunn at behandlingen oppfyller kravene i personvernforordningen om riktighet (art. 5.1 d), integritet og konfidensialitet (art. 5.1. f) og sikkerhet (art. 32). For å forsikre dere om at kravene oppfylles, må dere følge interne retningslinjer og/eller rådføre dere med behandlingsansvarlig institusjon. OPPFØLGING AV PROSJEKTET NSD vil følge opp ved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet. Lykke til med prosjektet!

Kontaktperson hos NSD: Karin Lillevold Tlf. Personverntjenester: 55 58 21 17 (tast 1)

