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AN ORIENTATION TOWARDS CARE IN OCCUPATIONAL THERAPY: A THEORETICAL FRAMEWORK

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ABSTRACT

The purpose of this paper is to explore Ethic of Care (Gilligan, 1936; Noddings, 1984) in an occupational therapy (OT) setting and to determine if empathetic and relational care can provide greater patient outcomes. Ethic of Care (EoC), originally established by Gilligan (1936), is a moral orientation towards care that has been applied in the areas of education, nursing, sports coaching, and other popular professions (Fisher et al., 2017; Gano-Overway et al., 2009; Knust & Fisher, 2015; Lachman, 2012; Newton et al., 2007; Noddings, 2005; Schools, et al., 2020), but has not been widely researched in the field of OT. Thus, this paper intends to examine previous research on EoC and the relationship between a caregiver and recipient to find similarities to compare within the practice of OT. Occupational therapists have a unique responsibility of assisting and educating patients on how to live more independently (American Occupational Therapy Association, 2011). The relationship fostered between a therapist and patient has the potential to become a motivating factor during the rehabilitation process (Maclean, 2000). Fisher et al., (2019) expanded on the cyclical nature of care which occurs when there is positive intervention by the caregiver and favorable acceptance to care by the recipient. However, that care must be received; therefore, how care is felt and perceived by patients is also explored in this paper. In addition, the relationship between a Christian worldview and the implementation of care will also be explored in order to address the role of faith in the holistic rehabilitation of the patient. Finally, based on the theoretical framework of EoC, this paper will demonstrate that care can have a significant positive effect on patient success in an OT setting.

Keywords: occupational therapy, ethic of care, relationship development, motivation, rehabilitation

Introduction

The relationship between a patient and an occupational therapist is built upon the principle of care and the founder of Ethic of Care (EoC), Gilligan (1936), believed it was a moral orientation. According to Gilligan, people are either justice-oriented or care-oriented; we have a natural tendency to assess outcomes related to ourselves and a standard or a natural tendency to use a relationship, which becomes the figure, to define the self and others. Several years later, Noddings (1984) took Gilligan's concept of EoC and expanded on how the principle of care is about putting the needs of others first and recognizing their importance above our own needs.

Many questions arise in the field of occupational therapy (OT) relating to how the type of care influences an individual's recovery journey. How does the quality of a patient-therapist relationship impact the effectiveness of OT interventions? What are the foundational ethical principles that occupational therapists should include in their practice? How does the care in OT differ from other professions, and how do these distinctions relate to the importance of the EoC within the field? EoC has been extensively researched in sports, education, nursing, and among other popular professions related to human success, but has not been widely examined in the field of OT (Fisher et al., 2017; Gano-Overway et al., 2009; Knust & Fisher, 2015; Lachman, 2012; Newton et al., 2007; Noddings, 2005; Schools, et al., 2020). Furthermore, many principles studied in other human service professions, such as the cyclical nature of care and the teamwork relationship between a caregiver and recipient, can be correlated to occupational therapists and their patients (Fisher et al., 2019; Palmadottir, 2006).

The cyclical nature of care is a principle where care is given by a therapist, the care is positively received by the patient, and both the therapist and patient are encouraged to continue this process. Similarly, the concept of a patient-therapist team is the idea that care is not one-sided; both the patient and therapist must work together in order to have successful results. With the above in mind, the purpose of this paper is to explore the importance of an occupational therapist employing an EoC as a way to enhance recovery and motivation and how the means of care can influence emotions and the physical conditions of the body.

Ethic of Care and Occupational Therapy

Noddings (1984) believed in the notion that care is rooted in the responsibility to place an other individual's needs above our own. This concept of care is not unique to any singular setting; people have others, whether a child, parent, or sibling, whom they naturally care for. However, this type of instinctive care does not always apply to those working in healthcare settings which leads to the idea of ethical care. Gilligan (1936) explains how an EoC supports attachment and the connection required for a successful relationship (p. *xix*, 164). According to Noddings (1984), who expanded on Gilligan's principles, caring in an ethical way demands "an effort that is not needed in natural caring" (p. 80). Noddings continues to explain how the source of ethical behavior and care is when one feels directly for another and chooses to accept and sustain the initial feeling of care. Occupational therapists have the opportunity to encounter a wide variety of patients in many different settings such as clinical acute care, outpatient clinics, and skilled nursing facilities. Therefore, many different types of relationships are built. A patient's success and overall motivation can depend on the interpersonal relationship with their caregiver and "are relevant for each consultation" (Campbell et al., 2000). As a result, it is important for occupational therapists to develop an ethical relationship with their patients.

An occupational therapist who demonstrates excellent care for patients must keep professional values when navigating different challenges and opportunities (Walder et al., 2022). In order to become this type of therapist, adequate life skills are crucial. In a study that focused on the ability of students and assistants to relate to patients, researchers found that successful OT assistants who obtain many life experiences have an intuition that "supports confidence and quality of clinical encounters" (Raudebaugh et al., 2022). This idea can translate to licensed occupational therapists and have an effect on the way patients are cared for in a professional setting. According to a study that explored the relationship between a healthcare provider and their patient, researchers found effective conversation between patient and therapist is built on social equity. Importance is given to all involved, and requires an approach of working together, not with or for a patient (Björklund, 1994). Being patient-centered includes listening and taking value in the contributions of the patient.

OT treatment assesses and cares for the patient's personal growth as well as their physical and mobility growth to complete the activities of daily living. An

occupational therapist provides the help and resources for an individual to recover safely or for an individual to learn how to complete daily tasks with a disability (Reed & Sanderson, 1999). It is commonly understood in the profession of OT that education is an important factor in the effectiveness of a therapist. A less frequently asked question is, “Does the ethical intent of an occupational therapist affect the well-being and future quality of life for a patient?”

The Cyclical Nature of Care

Gilligan (2014) wrote how people are born with an aspiration to have relationships with others, as “we are responsive, relational beings.” These relationships can be easily fostered and developed, yet also can easily be broken or damaged and occupational therapists have an opportunity to grow a relationship with their patients. The progress of this relationship can have an effect on overall patient development. The EoC can lead people to become more attentive yet can also make apparent the costs of negligence. (Gilligan, 2014). As Gilligan highlights, care can either provide success or failure depending on the principle in which it is given.

The job of an occupational therapist is unique. They are responsible for educating and helping a patient’s ability to independently, or with minimal assistance, complete the activities of daily living (American Occupational Therapy Association, 2011). No other type of therapy is exactly equivalent. However, because of this particular nature of OT, there is a high demand for patient participation as well as therapist involvement.

Fisher et al., (2019) examined the apprehension of college athletes in coach caring, and it was observed that there is a cyclical nature between a coach and their athletes. Nine out of eleven college athlete participants who spoke in interviews described reciprocal care as being encouraged by the coach to work towards success while also not feeling pressured to perform perfectly. Fisher et al., (2019) found this led to the athlete wanting to play well so that the coach knew they cared. In turn, this encourages the coach to continue their work in an ethical manner which circles back to further athlete success and continues the positive cyclical nature of care. This principle can undoubtedly be related to the relationships between an occupational therapist and their patient. If a patient is positively receptive to care, this encourages the therapist to continue creating a successful cycle for both patient and therapist.

If this principle of positive care between an occupational therapist and patient is put into practice, then the circular model of care begins. It will continue as the patient achieves their goals and the therapist is motivated to continue care. This cyclical model of care is a form of motivation. In a literature review focusing on different studies which researched patient motivation in rehabilitation, it was found that “‘motivated’ stroke patients were rewarded for sharing and reflecting the values of the rehabilitation staff by receiving more ‘time and effort’ from them” (Maclean, 2000). The patient is extrinsically motivated by seeing their therapist’s genuine care; therefore, wanting to complete tasks and exercises for the therapist to continue to see positive progress. The cyclical nature of care allows for motivation to occur even when a patient is not able to observe or track success for a period of time. When the recovery process is slow and unmotivating, the cycle of positive care and a patient’s favorable determination can provide the motivation needed to continue what is needed for ultimate success. The motivation of a patient then depends on the collaborative effort and is moved away from time and goal expectations.

A Union Between Occupational Therapists and Patients

Care can be seen as a two-person task. Not only does the therapist have to provide care, the patient has to work and comply with their caregiver, thus creating a team. Many researchers have found that patients hold to a high standard the quality of the relationship with their therapist “and tend to be disappointed with therapists who do not relate to them on a personal level” (Palmadottir, 2006). These studies suggest that during clients’ time in rehabilitation, they show to be more concerned with the relationship formed with their therapist rather than “the rehabilitation content and technical expertise” (Palmadottir, 2006). Care has to be both felt and perceived, yet still done in a professional manner by the therapist (Schools et al., 2020). Because care requires the cared for to both feel the care and perceive it as genuine, it is clear that a patient-client relationship must be built within a framework of ethical care (Noddings, 1984).

While interviewing student-athletes on the concept of coach care, Schools, et al. (2020) found that all eleven of the participants in the study described holistic care as including “player development as well as personal or life-skills development.” Schools, et al. (2020) continued to explain that the relationship between a coach and athlete is crucial for development and success.

Not only is this important in sports but in rehabilitation as well. When a patient feels valued by their therapist and a union is created, there is a greater possibility for meeting recovery and developmental goals. Rehabilitation is a collaborative effort between the patient and therapist. Palmadottir (2006) argued that many patients simply have the need to feel respected, acknowledged, and cared for. This creates the need for a partnership and the concept of therapist and patient working together.

Care from a Christian Perspective

In the healthcare field, the idea of ethical care takes on a different aspect when explored through a Christian worldview. In the Bible, one of the greatest commandments which Jesus gives his disciples is to not only “love the Lord your God with all your heart and with all your soul and with all your mind” but also just as importantly to “love your neighbor as yourself” (Matthew 22:37, 39, ESV). Jesus led by example by loving others in need throughout his entire life creating a perspective that stresses the importance of the worth and dignity of every person as we are all created in the image of God (Genesis 1:26-27, 5:1, Ephesians 4:24, ESV). Thus, when practicing with a Christian viewpoint in mind, occupational therapists are to provide care with a deep sense of empathy, kindness, and selflessness which encompasses the idea of EoC.

Therapists are challenged to care for patients not just as recipients of interventions, but as whole persons completely deserving of holistic care. Morris (2014) explored the responses of 97 occupational therapists on the topic of spirituality in their practice, and it was concluded that to truly provide holistic care, one must assess and take into account the spiritual needs of the individual. When religion is an integral aspect of a person’s life, they may seek comfort from their faith. Therefore, not only is caring for the patient as a whole important from a Christian perspective but also when practicing from a holistic viewpoint which is a core foundation in OT (American Occupational Therapy Association, 2011). By including Christian values such as love, compassion, and selflessness into practice, an environment of purpose and restoration is created for patients. The integration of a Christian worldview in OT affects not only the goals and interventions for patients but also the perspective and approach of occupational therapists.

In addition, when a therapist is a person of faith, they may see care as part of both their ethical and moral obligation (Schools et al., 2020). A therapist's Christian perspective of care, alongside the Biblical commandment to love others, provides a framework for a Christian occupational therapist to practice in which the patient's needs are being met and the focus is centered around holistic care for the patient.

Conclusion

EoC, including the relationship between an occupational therapist and their patient, can have a significant effect on rehabilitation and development outcomes. As explored previously, the cyclical nature of care has an opportunity to provide motivation for recovery in OT. When put into practice, this positive cycle allows for further development in a patient's recovery process and the ability to complete the activities of daily living. If a positive cycle between therapist and patient proves to be valuable, then it should be an ethical concern that an EoC is implemented into daily practice for occupational therapists. A cyclical nature of care affects performance, motivation, and success for patients. There is motivation from this standpoint to provide care that will best advance a patient while attending to their holistic needs. It is crucial for occupational therapists to truly look at the aspect of care they provide in order to become beneficial practitioners.

Further Explorations

As previously mentioned, there is great importance for EoC in OT. However, there are limited studies that have been completed regarding how the ethics of an occupational therapist affects the patients with whom they work. It would be helpful to conduct a study to further explore this specific relationship in an OT setting. Currently, we can only relate studies done on EoC in other human development careers and relate them to OT. Research completed directly in the field of OT would have an immense impact on the ability to implement these practices in daily therapy settings.

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