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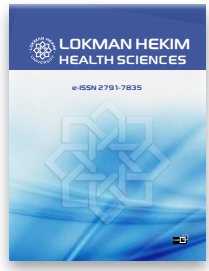

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ORIGINAL ARTICLE

Exploring Occupational Therapists' Perspectives on Client-centered Approaches

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Abstract

Introduction: Client-centered approaches are considered best practice in occupational therapy. Therapists adopt this focus due to education and the nature of the profession. This study aimed to investigate occupational therapists' perspectives on client-centered approaches, their perceived effectiveness, and the factors facilitating their implementation, while also examining the difficulties encountered.

Methods: A cross-sectional survey was conducted with 104 occupational therapists, mainly specializing in pediatric rehabilitation. Data were collected through Google Forms, following a comprehensive literature review.

Results: Occupational therapists reported that they prioritized client preferences and used practice-based experiential knowledge to facilitate this approach. However, it was determined that barriers such as limited client awareness and institutional standards hindered its full implementation.

Discussion and Conclusion: The findings offer practical tools for facilitating client-centered approaches and suggest addressing challenges and barriers to enhance the perceived effectiveness of occupational therapy in Türkiye. These measures can promote a more client-centered approach in practice.

Keywords: Client-centered practice; Education; Intervention; Occupational therapy; Regulations

Identifying the common methods and tools used by healthcare professionals in the assessment and intervention processes, as well as the periodic review of these practices by professionals, is important. Information obtained from surveys contributes to an understanding of the degree to which professional services align with best practices within the profession.[1] A fundamental element of best practice is client-centered services. This element is consistent with the American Occupational Therapy Association (AOTA)'s centennial vision for the profession and the Occupational Therapy Practice Framework.[2,3] Client-centered practice researches are missions of occupational therapy.[4] Occupational therapists have always considered client-centered approaches to be of significant importance.[5]

The client-centered approach is a fundamental characteristic of best practice, and is a service philosophy that embraces respect for individuals/communities and partnership with them. Occupational therapists inherently adopt a client-

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centered approach when they collaborate with clients to develop or select activities that align with their interests, health-related goals, and participation in daily life, especially those activities that hold personal significance or interest.[6] Occupational therapists who adopt this approach involve clients in the assessment and intervention planning process, taking time to understand their values, needs, priorities, daily occupations, and preferences. This information is then used to guide clinical decisions throughout the service delivery process.[7] However, the extent to which occupational therapists are measuring the effectiveness of client-centered practice remains to be fully explored. In addition, there is a need for further research into how occupational therapists assess the effectiveness of interventions, including client-centered approaches. The identification, description, and testing of client-centered interventions is where the knowledge gap lies. Addressing this knowledge gap is imperative to ensure the effective implementation and outcomes of these interventions.[8]

In Türkiye, the principle of client-centeredness in health professions has been formally recognized in the occupational therapist's job description, as outlined in the Regulation on Job and Task Descriptions of Health Professionals and Other Professionals Working in Health Services, published in the Official Gazette on May 22, 2014 (No. 29007).[9] As stated in the articles of the National Core Education Programme for Occupational Therapy in Türkiye, the aim is to train professional occupational therapists who, after undergraduate training, can work in a client-centered manner throughout the country.[10] This study aims to explore the perspectives of occupational therapists on client-centered approaches. In this context, the study will identify the tools and actions employed to facilitate the implementation of client-centered approaches. Furthermore, the study will identify the barriers and challenges in the implementation of these approaches and contribute to the national development of occupational therapy in Türkiye, which is a relatively recent profession in the country compared to the global context.

Materials and Methods

Design

The present study adopted a descriptive cross-sectional survey design, utilizing survey methodology.[11] The questionnaire was designed to include a Likert scale, multiple-choice questions, and one open-ended question. The distribution of the survey instrument to participants was facilitated by the Turkish AOTA via a web-based survey tool. A total of 253 members of the Turkish AOTA were contacted via email, and 104 occupational therapists completed the survey, yielding a response rate of 41.1%. Ethical approval for the study was received from the Scientific Research Ethics Committee of University Lokman Hekim on March 28, 2024 (Approval No: 2024095). The study was conducted in accordance with the Declaration of Helsinki. Before commencing the survey, informed consent was obtained from the occupational therapists via a link embedded within an email. The reporting of this descriptive cross-sectional survey was primarily guided by the Strengthening the Reporting of Observational studies in Epidemiology guidelines.[12]

Participants

Since there is no national registry indicating the exact number of occupational therapists in Türkiye, a convenience sampling method was employed to reach the study population. The inclusion criteria stipulated that therapists must have accumulated a minimum of 6 months of professional experience and must have provided their consent to participate in the study. Furthermore, they must have been available to participate within the designated 4-week data collection period. The data collection period commenced on April 2, 2024, and concluded after a period of 4 weeks, at which point the survey was closed to any additional occupational therapists who could have potentially been included as study participants.

Measures

The Client-centered Approaches Survey

The survey was designed based on a pool of research questions from previous studies.[5,13,14] From an initial pool of 41 questions, a final set of 28 questions as survey items was developed through consensus among the researchers. The electronic survey tool Google Forms (https://docs.google.com/forms/d/1C-0oVoH3QRF4sI4_rxOeDQaNOHVmSYLaRTShGvFRqmM/edit) was utilized to create a draft survey, with the objective being to assess occupational therapists' client-centered approaches and their effectiveness. The survey concentrated on the intensity and effectiveness of these approaches, as well as the barriers and facilitators to their use. Three occupational therapists working in hospital and clinic settings were selected to pilot the electronic survey. Based on their feedback, the sub-options of the multiple-choice questions were revised and finalized to ensure accurate translation and clear comprehensibility. The final version of the survey incorporated questions on sociodemographic

characteristics (4 questions), working conditions (7 questions), aspects related to client-centered approaches and their effectiveness (16 questions), and the addition of further aspects (1 question). The survey incorporated Likert-type scale questions as well as multiple-choice questions and one open-ended question. The survey instrument is available in Appendix 1.

Data Analysis

The data were analyzed using Google Forms, Microsoft Excel (2016; Microsoft Corp., Redmond, WA), and IBM Statistical Package for the Social Sciences Statistics (Version 24; IBM Corp., Armonk, NY). The survey data were collected through Google Forms, where all closed-ended items were set as mandatory; therefore, there were no missing data. Likert-type items were treated as ordinal variables. Consequently, descriptive statistics for these items were summarized using frequencies (n), percentages, medians, and minimum–maximum values. The development of tables and graphs illustrating the results was conducted using Microsoft Excel.

Results

Sociodemographic Characteristics

A total of 104 occupational therapists participated in the study by completing the survey. The majority of participants (88.5%) were aged between 22 and 29 years, and nearly half (46.2%) had between 6 months and 2 years of experience as occupational therapists. The majority of occupational therapists (47.1%) were working in the Central Anatolia Region. The majority of participants (63.5%) worked in the field of pediatric rehabilitation, followed by those working in hand rehabilitation (15.3%) (Table 1).

Table 1. Descriptive statistics

Variable	n	%
Age		
20–29 years	92	88.5
30–39 years	12	11.5
Experience		
6 months–2 years	48	46.2
3–5 years	41	39.4
6–10 years	13	12.5
10 years and more	2	1.9
Work area		
Hand rehabilitation	16	15.3
Geriatric rehabilitation	2	1.9
Neurological rehabilitation	11	10.6
Mental health	9	8.7
Pediatric rehabilitation	66	63.5

Working Conditions

Participants were asked to indicate the conditions of their work environment. Most of the participants (79.3%) reported independently planning their interventions, indicating a high level of autonomy (Median=5; Min–Max=1–5). Considering their views on the necessity of following fixed routines in the clinic, 30.8% of participants (n=32) agreed with this situation; but 26.9% remained neutral; overall, the responses showed a central tendency (Median=3; Min–Max=1–5). Among the respondents, 35.6% expressed that they provided services to a regular and specific number of clients throughout the day (Median=3; Min–Max=1–5), whereas 23.1% disagreed with this idea. In addition, 39.4% of participants indicated that the daily number of clients and schedules was known a few days before; in comparison, 23.1% stated that the scheduling was done only on the same day. Whether occupational therapists have enough time for each client was evaluated, 48.1% reported that they had enough time; but 24% strongly disagreed with this view (Median=3; Min–Max=1–5). Moreover, regarding whether each client had a fixed or specific session duration, 32.7% of participants strongly agreed, while 46.2% supported this view (Median=5; Min–Max=1–5).

Client-centered Approaches

Participants answered questions about the use and importance of the client-centered approach. Almost half of the participants said they always use client-centered practices (49%), and the overall frequency of use was high (Median=4; Min–Max=2–5). In addition, most of the participants (70.2%) stated that the client-centered approach was extremely important (Median=5; Min–Max=3–5), and 56.7% were very satisfied with using this approach (Median=4; Min–Max=2–5). Participants reported that they most commonly gained knowledge about client-centered practice through undergraduate education (45.2%), following publications (45.2%), and clinical practice (41.3%).

Participants were asked about the benefits of the client-centered approach, 69.6% stated that it activates the client during interventions, 57.7% indicated that it fosters client-therapist collaboration, and 59.6% reported that it enhances intervention effectiveness.

Participants indicated that they most commonly used the action to facilitate use of a client-centered approach in their interventions, with the most prevalent applications

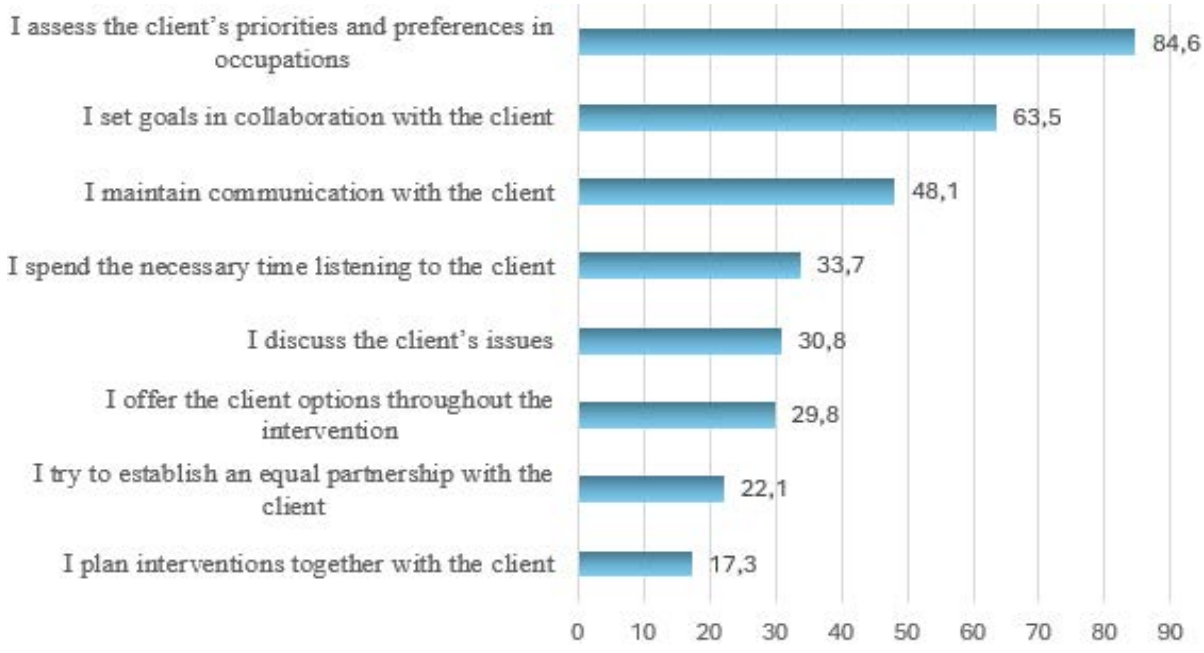

Figure 1. Actions that facilitate the use of client-centered approaches.

Values indicate the percentage of participants reporting each action. Participants were allowed to select more than one option.

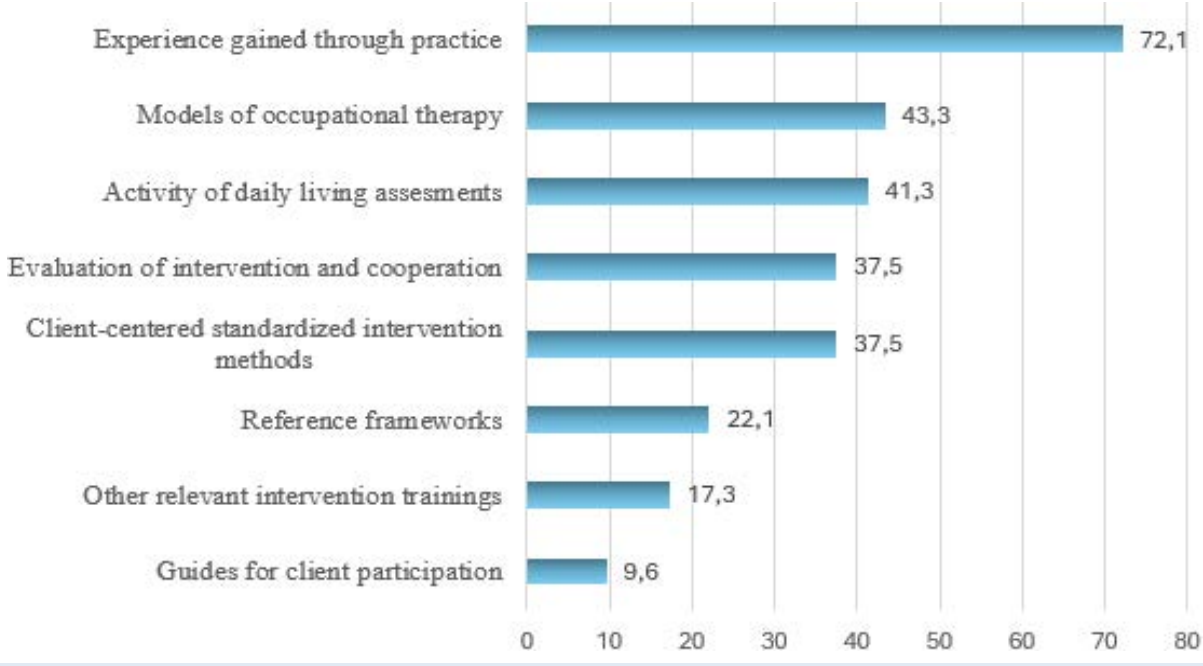

Figure 2. Tools that are used to facilitate the use of client-centered approaches.

Values indicate the percentage of participants reporting each action. Participants were allowed to select more than one option.

being the exploration of the client's occupational priorities (84.6%), the setting of goals in collaboration with the client (63.5%), and the establishment of strong communication with the client (48.1%). In terms of frequency, participants reported using these facilitation actions often (Median=4; Min–Max=1–5) (Fig 1).

Participants also reported that they used tools to facilitate a client-centered approach, relying on their past clinical experiences (72.1%), models of occupational therapy (43.3%), and assessments of activities of daily living (41.3%) to guide these practices. Similar to actions, the use of these tools was frequent among therapists (Median=4; Min–Max=1–5) (Fig. 2).

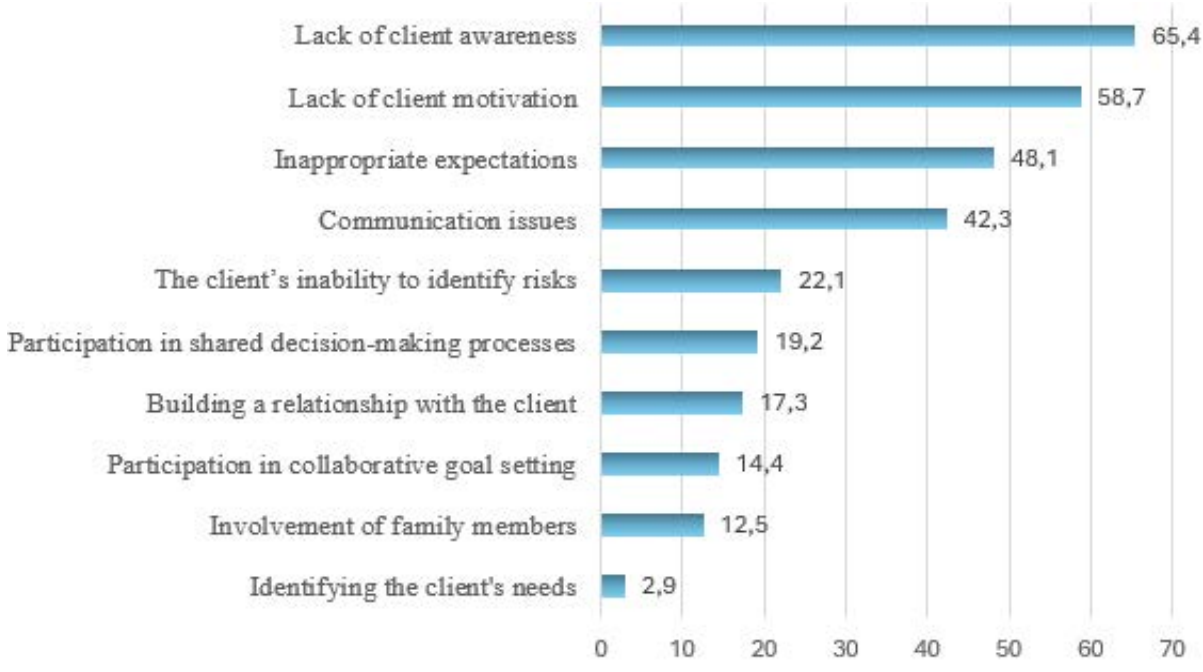

Figure 3. Challenges encountered when applying client-centered approaches.

Values indicate the percentage of participants reporting each action. Participants were allowed to select more than one option.

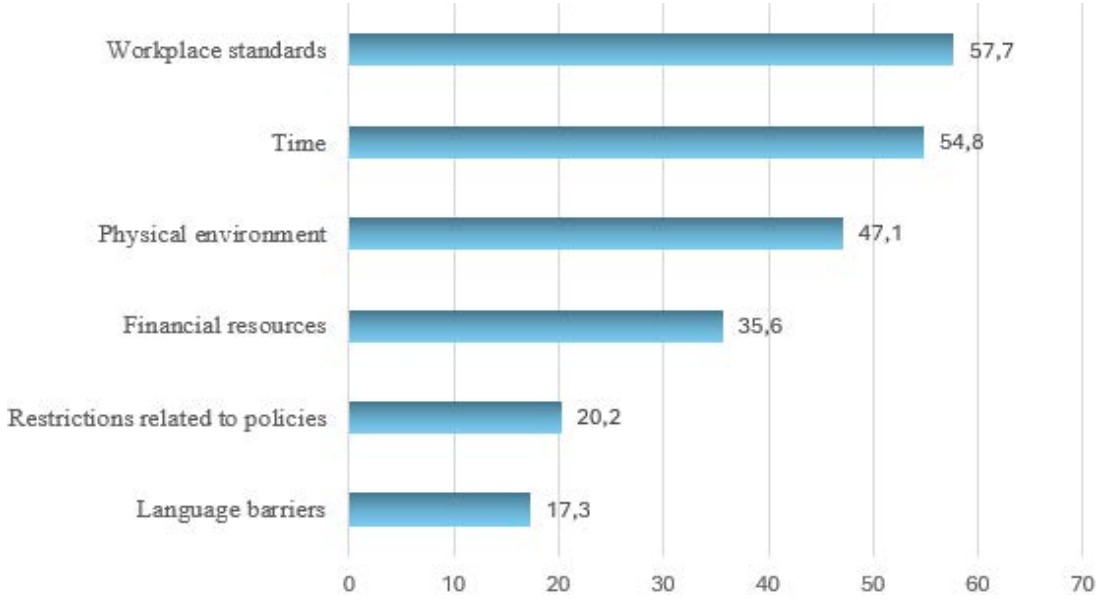

Figure 4. The biggest barriers when applying the client-centered approach.

Values indicate the percentage of participants reporting each action. Participants were allowed to select more than one option.

A survey of participants revealed that 47.1% of respondents encountered various challenges during the implementation of a client-centered approach. The frequency of encountering barriers was notable (Median=4; Min–Max=1–5). The most prevalent challenges reported were a lack of client awareness (65.4%) and client motivation (58.7%) (Fig. 3).

Participants identified the greatest barriers to the implementation of client-centered practices as workplace issues (57.7%), time constraints (54.8%), and the physical environment (47.1%) (Fig. 4).

Participants typically evaluated the effectiveness of client-centered approaches using qualitative and quantitative methods (69.2%). Furthermore, pre- and post-evaluations

(54.8%), the client's subjective feedback (16.3%), and assessments of occupational performance and satisfaction (10.6%) were identified as the most common evaluation tools for client-centered approaches. The responses to the open-ended question posed at the conclusion of the survey, which invited respondents to articulate their aspirations, were not sufficiently comprehensive to identify a common theme (5.76%).

Discussion

The majority of the participating occupational therapists reported that each client had a fixed session length and a certain amount of time per session. However, approximately one quarter of the respondents reported a lack of time for each client, the absence of fixed numbers of clients throughout the day, and the revelation of the number of clients only on the day of the service. Participants reported that client-centered approaches were beneficial and that these approaches enabled the child to become a more active partner in the intervention. Furthermore, the facilitative actions employed by occupational therapists, which were aimed at assessing clients' priorities and desires regarding their occupation, were emphasized. It was also highlighted that experience gained through practice was frequently used as a facilitative tool when implementing client-centered approaches. Despite encountering challenges such as limited client awareness, occupational therapists identified workplace standards as the primary barrier to the implementation of client-centered approaches.

The participants of the study were primarily occupational therapists working in the field of pediatric rehabilitation. The results obtained from this study indicated that one-quarter of occupational therapists reported a lack of necessary time for clients and that the profile of clients who would attend therapy sessions could only be determined on the day of the session. Literature indicates the value of allowing parents of children receiving therapy to ask questions to help them understand the approaches and procedures followed during therapy.[15] It has been emphasized that time should be allocated to understand the needs and expectations of parents, discuss the child's development, and ensure adequate follow-up duration.[16,17] Among the barriers to listening to the voices of children and adolescents are the limited time available to therapists and the fact that occupational therapists only sometimes utilize a formal goal-setting process.[18] The time constraints faced by the occupational therapists in the study sample and the uncertainty regarding the client profiles for therapy on that day may have limited the mutual communication among therapists, parents, and children. Accordingly, insufficient time allocation, coupled with families' lack of knowledge about interventions and unmet expectations, were seen as factors that could hinder the development of pediatric occupational therapy in Türkiye, according to the participants' perceptions.

Thomas et al.[19] suggested that occupational therapists use a systematic approach based on client preferences as well as evidence and professional reasoning to improve client outcomes. Findings indicated that the occupational therapists participating in the study evaluated the child's priorities and preferences, and they perceived that the use of client-centered approaches led to the child becoming an active partner in the intervention. In addition, practical experience was identified as the most frequently used tool by the occupational therapists in this study sample when applying client-centered approaches. Various publications emphasize that in sensory integration interventions, an important area of occupational therapy, the child should be motivated and encouraged to participate in activity selection, with play preferred.[20] It has also been stated that occupational therapists working in pediatric occupational therapy should use clinical reasoning flexibly.[21] Haynes et al.[22] highlighted that clinical experience is one of the three essential components of evidence-based practice. In the field of pediatric occupational therapy, where the child's wishes and needs are of utmost importance, the fact that the occupational therapists in this study evaluated the priorities and preferences of the child and indicated the use of client-centered approaches to engage the child as an active partner is noteworthy. Field studies have shown that occupational therapists' client-centered behaviors have improved.[23] The finding that participants frequently reported using practical experience as a tool suggests that clinical experience is perceived as a necessary component, alongside theoretical knowledge, for evidence-based practice in client-centered interventions. Although the participating occupational therapists may not have extensive clinical experience, their internships starting from the 2nd year, according to the Turkish occupational therapy curriculum, may have laid the foundation for clinical experience among the therapists involved in the study.[10]

In this study, occupational therapists highlighted their concerns regarding clients' limited awareness. Curtis et al.[24] found very little evidence that the voices of children or adolescents receiving this service were heard when therapists set therapy goals and implemented interventions. This situation emerged as a significant issue, particularly among younger age groups with cognitive and

communication disabilities. The Canadian Occupational Performance Measure and Perceived Efficacy and Goal Setting were the most commonly used goal-setting tools for involving children and adolescents in the goal-setting process. These tools were essential for facilitating active participation. However, these methods required that children be of a certain age and/or possess a specific cognitive level, as well as have expressive language skills to participate in discussions. Children under the age of 8 often found it challenging to answer questions.[25,26] Furthermore, a systematic review examining the use of theoretical frameworks in goal-setting and the objectives of goal-setting in pediatric occupational therapy emphasized that older children might feel comfortable expressing their goals during family discussions with therapists, but many children would adhere to the goals set by their parents.[18] Among the challenges faced when applying client-centered approaches, the low or nonexistent awareness of clients could be associated with the limited applicability of appropriate goal-setting tools for this population, as well as the fact that the participating occupational therapists primarily worked with children who had not yet achieved sufficient cognitive competence.

In this study, occupational therapists indicated that the biggest barrier to client-centered approaches was workplace standards. One study found that occupational therapists working in adult intensive care identified the number of staff in the work environment as the greatest barrier. In addition, the lack of rehabilitation resources was also cited as a barrier.[27] The literature identifies the lack of health insurance care costs, and the location of healthcare services as obstacles.[28,29] In Türkiye, the costs of approaches for each diagnosis are not covered by insurance, which may lead to occupational therapy sessions being unpaid. The authority for occupational therapists to provide treatment for limited diagnoses has only recently been established.[30] Similarly, although the profession of occupational therapy has been in existence for over 10 years in Türkiye, it does not appear feasible for occupational therapists to reach all individuals in need. Therefore, necessary measures must be taken at the national level to overcome the barriers related to workplace standards.

Limitations and Future Research Directions

First, the representativeness of the sample was limited; due to the absence of a national registry, a convenience sample was recruited through association members. Second, the findings predominantly reflected the views of therapists working in pediatrics who did not yet have sufficient clinical experience; therefore, the results represent the perspectives of this specific group and should be interpreted with caution regarding generalizability. Finally, this study presented a cross-sectional survey design; therefore, the findings consisted of the participants' self-reports and perceptions at that moment, rather than objective observations or clinical outcomes. To increase the generalizability of the findings, future studies could use larger samples that provide national-level representation and include different specialty areas and a wide range of experience. Furthermore, to objectively evaluate the relationship between therapist perceptions and actual clinical outcomes, the use of longitudinal research designs, such as direct observation, standardized clinical assessment tools, and pre-test/post-test designs, is important.

Conclusion

The findings of this study offer important implications for occupational therapy practices in Türkiye. In clinical practice, the identification of facilitators, such as practice-based experience, as well as barriers, like limited client awareness, provides therapists with an evidence-based understanding of the current situation. The determination of workplace standards as the primary barrier strongly highlights that national authorities and health managers must develop systemic interventions to improve service quality and support client-centered approaches. Likewise, the emphasis on prioritizing client preferences and fieldwork experience reveals the importance of internships in occupational therapy education, suggesting that educators should strengthen these curriculum components to bridge the gap between theoretical ideals and clinical realities. Addressing these challenges is essential for the advancement of occupational therapy in Türkiye, and as similar challenges may arise in other contexts, the findings may also be relevant at a global level.

Contribution to the Literature

This study contributes to the literature by being the first survey to examine the current status, applicability, and perceived effectiveness of client-centered approaches in occupational therapy practice in Türkiye, particularly within the field of pediatrics. This research reveals the gap between theoretical ideals and clinical realities, such as time constraints and lack of knowledge, with concrete findings. Through the specific barriers and facilitators it identifies, it also provides an evidence-based foundation for occupational therapy educators and health managers to develop interventions aimed at improving service quality.

Ethics Committee Approval: The Lokman Hekim University Scientific Research Ethics Committee granted approval for this study (date: 28.03.2024, number: 2024095).

Informed Consent: Electronic informed consent was obtained from all participants prior to participation in the survey.

Conflict of Interest: The authors declare no conflicts of interest.

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