DEVELOPING SOCIALLY TRANSFORMATIVE PRACTICE IN OCCUPATIONAL THERAPY

Insights from South African practice

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RATIONALE

- Growing concern in the university community that the current curriculum not addressing social determinants of health affecting South Africans

- Current approaches to practice not reaching the majority

- Students ill-equipped and prepared to address the social determinants of health affecting their clients' during practice learning

OVERVIEW OF LITERATURE

- Addressing the social determinants of health is a national priority in South Africa (Mayosi & Benetar, 2014)

- South African Health Review (1999)– individual vs population focus

Percentage of OTs in public sector = 19.5%	Percentage of OTs in private sector = 80.5%
34 million service users	7 million service users

- Critical occupational therapy (Hammel & Iwama, 2012; Sakelleriou & Pollard, 2012)

- Community Development Practice (Galvaan & Peters, 2013)

RESEARCH QUESTION

What insights could be learned from the way that occupational therapy addresses the social determinants of health through the lens of Occupation-based Community Development practice?

METHOD

- Autobiographical self study (Bullough & Pinnegar, 2001)

- Data collection: Journal, comments in student logs and voice recorded reflections

- Thematic analysis

- No ethics approval required

- Autobiographical narrative especially promotes self-development and better understanding of one's practice (Clandinin & Connelly, 2000)

FINDINGS

- One theme: 'Towards Socially Responsive Practice'

- Two categories: - 'Seeing and feeling the invisible'
                              - 'Equals working for change'

CATEGORY 1: 'SEEING AND FEELING THE INVISIBLE'

- **The social determinants of health and burden of non-communicable disease became more apparent in practice**

  "My patients didn't need a shoulder-elbow sling (which I had to sew myself); they didn't need a splint or even a wheelchair. They needed to live a dignified life."

- **Students and therapists critically reflecting on the effectiveness of their practice and feelings of futility against overwhelming harshness and injustice of contexts**

  "When you say it is hard to ignore the life that people live and how uncomfortable it makes you; its ok to acknowledge that discomfort and emotion."

CATEGORY 2: 'EQUALS WORKING FOR CHANGE'

- Navigating an authentic partnership approach required that students not only relate to clients as professionals but to connect with them as people

"In adopting this approach, students struggle to cross over that 'professional boundary' and are still re-defining their personal boundaries. The students found it challenging to switch from a clinical understanding of their relationships to a relationship where power was shared more equally."

- The students recognised that people have the capacity to be agents of change and that being authentic with stakeholders gave students the permission to not perform as the distant professional and expert with all the solutions

"You need to recognise that development and change is always happening and that you, as well as many other stakeholders are contributing to that change. You are not the only one trying to bring about change"

THEME: 'TOWARDS SOCIALLY RESPONSIVE PRACTICE'

- Forming collaborative partnerships with clients where power was shared differed from the therapeutic relationships where therapists are not required to bring their intersectional identities into their engagement with clients

- Socially transformative practice provides a way to apply critical perspectives to practice which recognises that the focus could shift towards addressing the invisible factors impacting on participation and the occupational well-being of clients.

"These people don't want change" and "you can't make the horse drink" or "they don't appreciate what we do for them"

- Professionals often hold a narrow perspective of the changes that they wanted to see or approaches that could be implemented.

- Not only the context and critical perspectives, but also the quality of relationships with clients shapes the possibilities for socially transformative practice.

WHAT DOES THIS MEAN FOR PRACTICE?

- Creating spaces in practice in which to critically reflect on how the socio-political influences in patients' contexts shape their occupational engagement will foster a higher consciousness of these influences

- Awareness of one's intersectional identity as a professional is key to such reflection where a narrative-based professionalism which involves self-awareness of one's own beliefs, feelings, attitudes and not to suppress or rationalize them is essential

- Shifts towards participatory approaches in practice provides opportunities to collaborate with clients in identifying actions that could promote change.

- Therapists need to be intentional about researching and remaining up to date with current happenings in communities from which their patients come from

- Therapists-client relationship should allow for the patient to become the expert of their community and power is shared more equally between therapist and patient.

- Therapeutic goals should not only be designed with the patient but with full consideration of the socio-political contexts into which they are being discharged

- If as health professionals our primary concern is the health of individuals and communities, then poverty reduction, economic and social development should be included in our agenda

- Therapists should intentionally and strategically foster relationships with a broad range of relevant stakeholders, including the patient, in the community also committed to addressing the social determinants of health

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