The conflicted practice; municipal occupational therapists' experiences with assessment of clients with cognitive impairments

Abstract

Background

The practice of Norwegian occupational therapists (OTs) in municipal practice is a little explored area and with the Coordination Reform Act from 2012, Norwegian OTs in municipal practice have received responsibilities concerning clients with cognitive impairments. The aim of this study was to explore municipal OTs experiences with assessment of clients with cognitive impairments.

Method

Fourteen individual interviews with OTs who worked with clients with cognitive impairments, were conducted. An inductive thematic analysis, using text condensation and coding, was performed.

Results

The results revealed three themes; power of occupation, advantages and disadvantages of assessments used and the need for competencies within municipal services. The participants emphasized using observation in the assessment process and reflected on pros and cons of the standardized assessment tools they used. They expressed a need for competence development, although it was difficult to prioritize to do so.

Conclusion

This study illustrated a conflicted practice related to choices OTs make in their practices. They valued the importance of working occupation based, however, they chose to use impairment based standardized assessments. They expressed a need to engage in professional development, but due to heavy workloads, the limited power they experienced and lack of knowledge, this was difficult.

Key-words: cognition, community practice, occupational therapy, dilemmas

Introduction

Through assessments, occupational therapists (OTs) measure cognitive function as well as get an understanding of how cognitive abilities contribute to and influence occupational performance (1). OTs use assessment results to indicate the need for service, design interventions and evaluate results of interventions (2). OTs use a variety of methods during the assessment process, such as interviews, cognitive screening tools, performance-based assessments and specific cognitive measures (3). Several research studies have investigated OTs' pattern of practice related to assessment of clients with cognitive impairments (4-16). Although top--down assessments are often non--standardized, such as informal interviews and unstructured observation (1, 4, 7-12, 14, 15), they are considered as more important for OTs than standardized, bottom--up assessments (1, 4, 10). Being quick and easy to administer is valued as an important factor when choosing what assessments to use (1, 4, 6, 8, 11, 13), as is knowledge of, familiarity with and accessibility of assessments (1, 4, 5, 8, 14). Reasons for not using standardized assessments are reported to be that tools are not specific enough (8), that the results are difficult to link to occupational performance (1, 8), time constraints and heavy workloads, in addition to limited knowledge on how to use and interpret results from standardized assessments (1, 4, 5, 8, 11, 13, 14). When using standardized assessments, the challenge of distinguishing capacity from performance has been highlighted (17, 18). Simply because persons have the capacity to perform certain occupations, does not necessarily mean that he or she performs these occupations in their everyday lives (17, 18). The impact of the context in which the occupations take place is recognized as important, not only when doing assessments (17) but also related to rehabilitation (19-22). Although there is a need for OTs to implement occupation--based practice (23-25), workplace expectations and limited power to influence practice, are known to hinder OTs from addressing occupation in practice (26, 27).

OT assessment practice in Norway

Norwegian OTs work with multiple client groups (15), within different fields and areas (28), and municipal care OT is a central and growing profession as in other parts of the world (29-31). Within municipal care, the group of young service recipients with long-term and complex somatic disorders, such as multiple sclerosis (MS), Parkinson's disease, epilepsy, stroke, brain injuries and brain tumors has doubled in the past 10 years (32, 33). Demographic projections in the Care Plan 2015 (34) indicate that there are approximately 66,000 people with dementia in Norway and the number is expected to double by 2040 (34). Under the Coordination Reform Act, the municipalities have been given new responsibilities, such as early assessment of needs for health services and follow up services closer to peoples' homes (30). Due to the new responsibilities and the demographic changes, it has been suggested that development of competence as well as research on municipal services is needed (29), and it is estimated that the number of OTs working in municipal care should be tripled to meet the health care challenges of the future (33). Despite its prevalence and significance, the practice of Norwegian OTs working in the context of municipal care is a little explored area. Gramstad and Nilsen (35) studied municipal OTs working with clients and other health care personnel and the results indicated that OTs face challenges related to communication of their competence and that others' expectations did not match the OTs' understanding (35). A recent study investigated the practice of Norwegian OTs related to clients with cognitive impairments in the context of municipal service, and the results indicated challenges in regards to the preferred methods and standardized assessment tools used by OTs. One of the most frequently used methods was observation of occupational performance, however, the occupation based standardized assessment tools were not generally used, indicating that most of the observations done were unstructured (15). A prerequisite for development of any profession is said to be the critical evaluation of the

current practice (36) and the OT profession has been critiqued for not having done that extensively (37, 38). As the practice of Norwegian OTs in municipal service has mainly been investigated through quantitative methods, the main aim of this study was to explore in more depth the OTs experiences of assessment of clients with cognitive impairments.

Method

A qualitative descriptive design, as described by Sandelowski (39),was employed in this study to provide in depth description of the OTs experiences working with clients with cognitive impairments in the municipalities. The authors of this study were striving to understand OTs in their practices and their everyday experiences related to clients with cognitive impairments.

Recruitment and participants

Fourteen OTs who recently had participated in a larger quantitative study using an online questionnaire, were recruited to participate in interviews to investigate their experiences working with assessment and intervention related to clients with cognitive impairments. The Norwegian Occupational Therapy Organization distributed the invitation to 497 OTs that participated in the quantitative study, to ensure the anonymity of the participants. The Norwegian Centre for Research Data (NSD) approved the study in regards to ethics prior to data collection. The authors followed the ethical principles for medical research in the Helsinki Declaration, throughout the work with this study. Figure 1 illustrates a flowchart of the participants. This article presents data from the 14 individual interviews. The participants' descriptive data is presented in table 1.

All participants had in common that they worked with clients with cognitive impairments. In regards to work setting, all participants worked in municipal practice; however, they had different responsibilities in their daily work. Six participants worked with

clients living in their own homes, performing, as they said themselves, 'traditional' OT services focusing on home modification and assistive technological solutions. Five participants worked in teams' specifically targeting people with dementia, emphasizing diagnosing dementia and initiating appropriate interventions, such as day care services. Three participants worked with municipal rehabilitation; one in homebased rehabilitation and two in municipal institutions, where people either live for a short time, or they live at home and come to the institution several days a week for rehabilitation.

The process of data collection and analysis

Semi-structured interviews were conducted using an interview guide (40). As this was the first study investigating the practice of municipal OTs, the interview guide was based on broad and open questions to facilitate in depth descriptions of the participants' experiences working with clients with cognitive impairments. All interviews were conducted in Norwegian, by the first author who is an OT experienced in working with rehabilitation of people with cognitive impairments as well as with municipal health services. In accordance with the qualitative framework, the researchers' positioning was of great importance in the process of gathering and analysing the material (41). The researchers' activity was influenced by having two roles; the researcher and the interviewer. During the interviews, there were ongoing dialogues between the researcher and the participants, which opened up interpretative and communicative processes, comprising both acting upon and reflecting in action (36). The researcher (first author) strove to understand how the OTs talked about their practice in the municipalities, which required her to talk and act in an open-minded way. The participants were asked to describe their experiences by answering questions on topics such as their clients' diagnosis, their experiences with assessment of clients with cognitive impairments, specific assessment tools, collaboration with other professionals related to assessment, and experienced challenges, limitations and benefits in their practices assessing

clients with cognitive impairments. Probing questions for clarification, showing understanding, extending the narrative and accuracy (40) were used throughout the interviews to ensure understanding of the statements. The interviews lasted 46-90 minutes and all except two, took place in a closed room in each participant's working facility. The last two took place in a library and at a train station, by the choice of the participants. All interviews were audio--taped and transcribed verbatim by the first author.

The analysis was conducted according to Stanley's (42) description of thematic analysis. The analysis was inductive in nature emphasizing the statements from the participants when analyzing the data. Three researchers read the transcribed texts several times independently, to get familiar with the data and to get an overall view of topics of which the participants were concerned. Text condensation and line by line coding was thereafter performed to build codes inductively, where after the codes were grouped together by reaching consensus among the researchers. The next step entailed lifting the analysis to a conceptual level and trustworthiness was strengthened by engaging in a reflective process and by discussing themes as they arose among the authors. During this process, the authors sat together once a month for four months, in addition to having email contact, to discuss the development of the analysis. When the interpretations differed, the authors reflected and discussed until consensus was reached. Every meeting ended with a summary of the discussions and a plan for the next step was made. During the process of analysis, the transcribed interviews were kept in Norwegian. In order to keep a sense of coherence with the participants' statements, the authors chose to stay close to the participants' own words when determining the final stage of the analysis, naming the themes. After the themes were determined, both themes and the respective quotations were translated into English by a professional translation bureau. As the bureau did not have the full context of the interviews, some of the translated quotations went through refinement by the authors in order to correctly

be represented. Table 2 illustrates an example of the analytical process going from the statements, condensed statements, codes, grouping of codes in order to finally reach the themes.

Results

Three main themes arose from the analysis. These were; the power of occupation, advantages and disadvantages of assessments used and the need for competencies within municipal service. The citations used in the following section were chosen to illustrate the three main themes, and were gathered from all the 14 interviews.

The power of occupation

The participants highlighted occupation as the core of OT and stressed the importance of enabling people to participate in occupations as it influences peoples' health and wellbeing. They emphasized that *'what is meaningful for you'* is one of the first questions they asked their clients. They said that *'occupational therapists are accustomed to using practical activities; we're accustomed to using them as our tool'*. Including the occupational perspective was very important to them, as there is not always a connection between results on desktop tests and performance of everyday occupations. As one participant put it; *'this kind of desktop work, it can be helpful, but it doesn't play that big a role in people's daily lives'*.

The participants were mainly using informal or unstructured observations of occupational performance; however, some were also using standardized observational assessments. When they assessed occupational performance, several said that they did not use a standard form; rather they used their tacit knowledge and kept the *'activity analysis in the backbone'* instead of explicitly on a piece of paper in front of them. The informal observational assessments were not always planned for; *' it's more when the occasion arises*

that we do it'. They used any everyday situation such as sitting by the breakfast table, on the way to the therapy room or during the initial conversation or situations as they appear during the sessions. The most common occupations used in the assessment process were kitchen activities and primary ADL, such as personal hygiene, grooming and dressing. Some participants reported that for many clients, everyday occupations are highly valued and that they therefore are motivated to perform them. The participants underlined the importance of using the home environment during the assessment process as they had experienced that performance could vary greatly from an unknown to a well--known environment. As the results of the assessments in some cases could have serious consequences for the clients, such as determining where their clients' will reside, they emphasized that they wanted the results to be as accurate as possible, thus performing the occupations in the relevant contexts was important.

Advantages and disadvantages of assessments used

The participants addressed advantages and disadvantages of the assessments they used in different ways. The MMSE (43), the Clock Drawing test (44) and the Trail Making test A+B (45) were described as desk--top assessments that were well--known tools, which were easy and efficient to use, in addition to being effective in administration time. As one participant stated; *'depending on how much time you spend, they can show you quite a bit'*. However, as the MMSE (43) is not profession specific, it was used in different ways by multiple professions, leading to problems with validity of the results. As one participant stated '*that`s kind of the drawback, that once it turns into public ownership,…, it loses a bit of its' value because it's used anywhere and everywhere'*. Most participants explicitly said that they were reluctant to use the MMSE (43) results uncritically. Although the screening tests were easy to administer in a short time frame, some participants reflected upon why they used them, as the results did not always say a lot about how the person functioned in everyday life. Some have

had clients with a low score on the MMSE (43) but who managed quite well in their environment. They questioned ‘w*hy am I doing the assessment? What do I actually get out of it?’* They also questioned why the ordering authority was so concerned with receiving the MMSE (43) score, what would they use it for? It was also important to evaluate in what context the tests were done, as several aspects, such as the presence of family members or an unknown environment, might influence the results. They also talked about the factors that could influence the results, such as motor skills, vision, hearing, and how the fact that the MMSE (43) often was referred to as a test could lead to stress for the clients and thus the validity of the results could be influenced. *‘Many people have very bad associations when they hear the word test, and what concept we use should not define how stressed a person becomes’.*

Several participants referred to the Dementia Assessment Tool for Primary Health developed by Ageing and Health (46), and stated that there are advantages of using such tools as it is a compilation of various assessments and questionnaires. However, they underlined, at the same time, the importance of being aware that there might be important aspects that the tool does not assess, thus leading to limited results. One said that *‘the main drawback is perhaps that it becomes the safety in your work, you have to dare to do more’*. She reflected on the fact that when only using that tool she might miss something in the assessment process. She continued, however, by saying that it was important to have some routines in her work, and consequently, she saw both strengths and limitations in using that tool. Several participants highlighted that there were major limitations in many of the desk--top assessments, leading to the need to add information in the margins of the assessments. Often they wrote more at the side of the assessments than in the actual assessment forms; as one participant stated *‘there is a lot of cluttering on the side’*. The assessments she used did not

give her all the information she felt she needed in the assessment process and therefore she needed to add something to the results.

Some participants had experience using standardized observational assessments, such as the Assessment of Motor and Processing Skills (AMPS) (47) and The Perceive, Recall, Plan and Perform System assessment (PRPP) (48). One said that by using the PRPP (48), the results became more structured, clear and trustworthy and that she felt she had something more concrete to work with. Other participants, who were AMPS (47) trained, had chosen not to use it in the municipality practice as they said that it was difficult to use in a hectic workday. *'You have to be very particular about which tasks you choose, they're very rigid, and it's hard to find tasks that are familiar and that can be adapted to the service user's daily life'.*

Although several participants talked about the advantage it was using observation based assessments, an issue that emerged was acknowledging the distinction between capacity and performance. The participants stressed the importance of being aware that clients might have the capacity to perform certain occupations, however, in their daily life they might not actually perform them, which could be due to reduced initiative or motivation. They stressed the importance of emphasizing the role of initiative, specifically related to the process of diagnosing dementia and the need for assistance in everyday occupations. As one participant put it, *'there is very limited focus on initiative for people with dementia. What will it take for Mrs. Hansen to be able to get herself a slice of bread from a bread box with a lid? Sure, it's much easier to look at the physical functions, but they really, they mean nothing when you don't have initiative, when you're not taking action'.*

The need for competencies within municipal service

The participants said that there was room for development of competence on how to work with clients with cognitive impairments in the municipal health services. They referred to the demographic changes within the Norwegian population, with people living longer, more people developing dementia, in addition to the recipients of municipal service becoming younger and younger. As one participant stated *'I firmly believe that we will need this (competence) due to the Coordination Reform and also because people are getting older and need to live at home for as long as possible. More and more rehabilitation will take place in peoples' homes'.* They explained that one result of the Coordination reform (49) was that municipalities had received new responsibilities that were previously the responsibility of the hospitals and they highlighted the need for new and appropriate assessment tools. The participants expressed concerns in regards to one of the aims in the reform, namely the development of competence in municipality services. Several questioned how and when the competence would be developed. As one participant stated *'I have to say that I still wonder what's going to happen with all the big words, when the competence is going to be developed. I don't really think we've benefited from the development at least'.* Other participants, however, described that there had been some development of the services in regards to those new needs. They mentioned that initiatives such as establishment of dementia teams, effective treatment chains, inpatient rehabilitation units and reablement services had been a response to the Coordination reform (49). They continued saying that it was challenging to engage in professional development related to these areas, as they were only one of many areas in which they had to provide services. Working with clients with cognitive impairments is time consuming and as time restrictions were an issue to several participants, they did not have the opportunity to provide the quality services that they would've like to. In addition, the participants who were working alone in their municipalities said they missed someone to

discuss professional issues with; saying that development of competence and implementing new assessment tools were usually easier when they were not alone. As one participant said, '*it's also a question of competence as well, but as a municipal occupational therapist you're working with… you pretty much know a little bit about everything'.* However, even in municipalities where there was more than one OT, they experienced challenges implementing the newly acquired knowledge. *'It's hard, it's no use sending two people to take a class and then expect them to teach everyone else, and because they just end up saying something like 'oh, yeah, it was a lot of fun', and then nothing ever comes of it'.* Several said that they believed that OTs have more competence on cognition than other professions from their education. However, they underlined that it was easy to forget what you know if you had only focused on one thing for a long time. *´I think that if you've been an OT and a provider of assistive technology devices for long enough, then it's almost as if you can't remember what you can contribute with and you become unsure of yourself'.* She continued reflecting on the fact that when you were not confident on your own competence it was difficult verbalizing it to others. However, she continued saying that '*I think we could have contributed more if people knew what we actually can do'.*

In addition to general competence on cognition and cognitive impairments, the participants emphasized the need for assessment tools that could effectively measure the consequences of the cognitive impairments on everyday occupations. They said they lacked a standardized tool that could systematically illustrate the impact cognitive impairment had on their clients' lives, that could guide where and how to initiate the appropriate interventions and document the effect of their interventions. As one participant explained *'I think we should have something that could help us take a more detailed look at what the problem is, in which areas the shortcomings are'.* Some mentioned that OTs have a tradition of taking parts of different tools and making their own homemade tools, however, they reflected on the

limitations in assessment results when doing so and questioned how the results could be trusted if they put something together on their own. They also commented on the fact that learning and implementing a new tool might take time and that some clients might suffer as a result. As one participant put it, *'This could affect other service users who might have to wait even longer than they already do, but any change is painful, and this applies for both therapists and services. You have to put up with it if you're going to make a change, but you have to hope that it'll be better on the other side'.*

The participants were concerned with how limited resources influenced their practices. Several worked as the only OT in their municipality having responsibility for every required OT tasks. As one participant highlighted *'It's challenging when you're on your own in a municipality and you have to work with all kinds of service users and you have a huge number of partners'.* When struggling with limited resources they were torn between what they knew would benefit the profession in the end and surviving their caseloads on a daily basis. Some emphasized, however, that OTs have to learn to say no, and think about the future. They said they have to dare to go beyond their traditional roles in the municipalities and as one participant stated*; 'We're in our comfort zone, so of course it's uncomfortable to take a step outside of that comfort zone'.* Related to the current climate changes in the municipality services they envisioned possibilities for OTs and one stated that *'We have to sign up'.* Based on changes that had already taken place in some of their municipalities and related to implementation of reablement services, they were in general positive regarding the future. As one participant put it *'I believe in a future for occupational therapists, and it's starting to take shape'.*

Discussion

The results illustrated that the participants were experiencing their practice as somewhat challenging, and that they faced several conflicts in their daily practice assessing clients with cognitive impairments. This following section is structured to address three conflicts; I) the conflict of working on the level of impairments or occupation, II) the conflict of the standardized assessments not being good enough but still choosing to use them, and III) the conflict of living up to 'everybody's' expectation of what an OTs' responsibilities are, when it doesn't match their own.

The conflict of working on the level of impairments or occupation

The participants highlighted that enabling occupation is the core of OT and evaluating occupational performance is important when assessing the effect of cognitive impairments on everyday life. The participants tended to use informal observations of occupational performance in everyday spontaneous situations, such as when being welcomed in and shown around when doing a home visit, or on the way to the treatment room in municipal institutions. Informal observations of occupational performance, as well as informal interviews, have been reported to be important methods for OTs when assessing the impact of cognitive impairments on occupational performance (1, 4, 7, 9-12, 14-16, 31). However, that practice invites reflection on challenges when informal observations remain the basis of statements regarding clients' resources and limitations without adding results from standardized assessments of occupational performance. Can the results be trusted if there is no verification of whether the assessment results actually are valid and reliable (37)? In order to obtain "realistic" results, the participants preferred to use their clients` homes as the context of assessment. The impact of environment on occupational performance has been reported as important in previous research (16, 19-22). Due to the demographic changes in Norway, it is expected and necessary that people remain living in their own homes as long as

possible (49) so using the home as the context for assessment is essential (17) as that is where they perform the occupations on a daily basis.

Although informal assessments of occupational performance are preferred, some of the participants reported having experience using standardized observational assessments such as the AMPS (47) and the PRPP system of task analysis (48). One participant reported that when using the PRPP (48), the results of the observations became more structured and clear, as well as giving her an indication of where and how to initiate intervention. On the other hand, several participants found the AMPS to be a difficult tool to use, as they perceived it as too rigid to be suitable to use in the context of their practices. A recent study investigating the practice of Norwegian OTs in municipal practice found that standardized observational assessment tools such as the AMPS (47), PRPP (48) and the A-ONE (50) were used, although to a limited extent (15). So why is it that the OTs are so reluctant to use the standardized observation based assessments in their practices? Is it only because they perceive the frames to be too rigid? Implementing new methods in practice takes time (51) and whether or not the standardized observation-based assessments actually are feasible in community practice should be investigated. On the other hand, it is emphasized in relation to EBP to use standardized assessments with solid psychometric properties (3), and since there are not many observation based standardized assessments with sufficient psychometric properties available, should they not be used to a higher degree? Maybe one strategy in order to achieve that could be to develop professional guidelines for OTs in municipal practice, assisting them in regards to which methods and specific tools could be applicable.

An aspect that appeared in relation to using occupation based assessments, was the distinction between capacity and performance which has been highlighted in previous studies (17, 18). The participants emphasized the importance of assessing not only whether their clients had the ability to execute the occupations and activities, but also whether they actually

did it in their societal contexts. If the participants overlooked this and did not distinguish capacity from performance, it would have crucial consequences. If the assessment results indicated that Mrs. Hansen had the capacity to make her own food, she might be left alone to do that task. In reality, she might not actually perform the task, due to initiative or motivation issues, hence leading to malnutrition issues or even worse, death. So the question is whether the standardized tools for measuring cognition currently applied within OT focus on capacity rather than performance and if so, how OTs might move towards a more performance--based practice? On the other hand, does implementing observation--based assessment necessarily fix this issue? Do not they also only display a small window into a clients' life, and how they performed the occupations at that specific time? The performance might very well differ once the clients are left alone in their context.

The conflict of the standardized assessments not being good enough but still choosing to use them

The standardized assessment tools preferred by the participants were tools perceived as time efficient, easy to manage and by request by their colleagues. They participants emphasized that they needed tools that were quick and easy to manage, as reported in previous studies (1, 4, 6, 8, 11, 13-16). The participants did however reflect upon the results of these assessments and for what they could be used. Some participants even went so far as to say that they could not be used for anything and that they had to assess other aspects anyway, that could not be placed within the tests or questionnaires. They had to *'clutter on the side'*. Do OTs feel they have to do so because the assessments will not give them the information they need? If so, why do they continue to use those assessments, when they have the perception that the results are not sufficient and that they have to add to the assessment results? The disjunction between what the OTs do and what they report they do has been labelled 'underground practice (8). In one way, the desktop assessments seem to be an alibi for the participants. 'Yes, we use standardized assessments, and they are…' and this could be

linked to the previous paradigm, emphasizing changes in impairment level (23-25, 52). However, could adding a standardized observational assessment in their practices contribute to the OTs perception of what is essential in the assessment process? Would they still feel the need to use desktop assessments to the same degree? Just like in previous studies (53), several participants commented on the fact that going through various desktop assessments could be quite stressful for their clients. To be 'exposed to' the assessments, as several participants call it, might lead to pressure to perform and the stress might negatively affect the results. It has been documented that the assessment process might be an emotional endeavor for clients (16, 53), and feelings such as shame, irritation, pride and relief have been described (53). In addition, OTs have experienced increased difficulty engaging clients in assessments that were not specific to occupational therapy, and greater success when using occupation--based assessments (16). As the participants in this study also highlighted experiences where clients were influenced negatively by feelings of stress in the assessment process, it might be interesting to evaluate whether greater use of assessments of occupational performance could relieve some of those feelings, lead to more engagement in the assessment process, and thus produce more reliable assessment results.

Quite a few participants questioned how the standardized screening assessment results were used, and what consequences they might have for clients. Currently, there is a lot of focus on the demographic changes within the Norwegian population and people with dementia are a rapidly growing group. Ageing and Health (46) have developed a compilation of tests used as part of diagnosing dementia within municipal health care; Assessment tool for primary care. The MMSE (43) and Clock Drawing test (44) are two of the tools in the compilations that is often performed by OTs. Due to the status Ageing and Health (46) have in the Norwegian health care system, many OTs might trust their judgement, without having to reflect upon the usability of the tools themselves, as Ageing and Health have for many

years focused on competence development of services for elderly people (46). Some participants commented that the standardized assessment tools and questionnaires that the compilation consists of, have a reductionist focus and thus reduce clients into body functions and structures rather than having the holistic occupational perspective of the individual, which the profession ascribes to (54, 55).

Another issue influencing what tools being preferred by the participants, could be the fact that OT practitioners in Norway report to the various OT schools the tools they expect the OT students to have knowledge about when they come for clinical placements. As a result, the schools have several of the assessments, such as the MMSE (43) and the Clock Drawing test (44) in their curricula. So, what responsibility should the OT schools take in this regard? By teaching students methods and tools that are not supported by sound OT theoretical foundations, nor demonstrate sufficient psychometric properties, are the schools giving the students confidence to later critically reflect on current practices?

The conflict of living up to 'everybody's' expectation of what OTs' responsibilities are when it doesn't match their own

Several participants stated that they performed various assessments due to the expectations from 'everybody', such as doctors, case managers, colleagues, clients or caretakers and this have also previously been reported as influencing OT practices (23, 26, 27, 52, 56). In addition, the participants had expectations of themselves, related to the wish of working in a more occupation--based manner. The referrals they received largely defined the nature of the responsibilities of the OTs, as well as what they would chose to do during their workdays. Specifically, the participants that worked as the only OT in the municipality stated this as a challenge, as they felt that they had to do 'everything' others expected. That OTs take the responsibility of doing the tasks that nobody else sees as their responsibility has been labelled as 'gap-filling' (56), but why is it that the OTs feel compelled to do that? Has the OT

profession traditionally not been good enough to market itself (57, 58) as there are still so many expectations of what the responsibilities of OT are? The participants reflected upon wanting to do their best for the clients but at the same time, they did not want to cause trouble for themselves with their colleagues by not doing what was expected of them. This has previously been described as the professional image dilemma (27). Mattingly and Fleming (27) described how OTs expressed concern about how a treatment activity might appear; whether the treatment would be seen as 'professional' enough in the eyes of their colleagues (27). Are OTs still facing the dilemma where everyday occupations are not considered 'scientific' enough and could that be a reason for not standing up to all the expectations and emphasizing an occupational performance perspective? Several participants commented that there was a misconception among their colleagues of OT competence, but whose responsibility is it to correct that misconception? Through emphasizing what lies within the frames of the education, the foundation of the profession and the power of occupation (59, 60), could OTs inform and educate their colleagues if they lack the proper understanding of OT? Could it be that the reason that other people still, to a certain degree, define what an OT should do is because the OTs themselves *do not*, as previously argued by Gooder (61)?

The participants did report that there was a need for development of competence on how to treat clients with cognitive impairments in the municipal health services, not only among OTs but also for the entire health service. They related the need to one of the aims in the Coordination reform, namely the development of competence in municipality services (49). Some participants questioned when the development would commence, when they would get the opportunity to obtain new competence. They felt that they had received new responsibilities but not the tools nor competence to deal with them, and this seemed to have led to some frustrations and stress. They perceived their daily chores as difficult and said that if they only had more time, resources and competence, they would be able to do a better job.

A recent study investigating the practice of Norwegian OTs found that reasons OTs do not use standardized assessments are lack of knowledge and materials (15). Looking at the new governmental guidelines, emphasizing new responsibilities in the municipalities, in addition to the fact that OT will be statutory in municipalities from 2020; the time might be right for OTs to try something new and dare to go beyond what they have traditionally done in the municipalities. In addition, more emphasis on marketing OT, as has been proposed for a long time (57, 58), might be long overdue, especially in the municipalities. As many participants reported, engaging in professional development was challenging, as they were the only OT in their municipalities, being responsible for everything, as well as having no one to discuss with or engage in development with. It is said, however, that great opportunities lie in times of change (58). So, with the changing demography and the new governmental propositions, it will be interesting to see how the profession, and the role of OTs in the municipalities, will develop in the years to come.

Strengths and limitations of the study

This article presented results from 14 individual interviews with OTs in Norwegian municipalities. All participants worked in municipal service and with clients with cognitive impairments, although they had somewhat differing work settings. Some worked specifically with clients with dementia, some with rehabilitation services and some in more traditional roles, emphasizing home modifications and assistive technology. Nevertheless, they had similar experiences and challenges related to their work, which have been emphasized in this study.

The fact that there were only female participants could have had an impact on the results, however, there is a majority of female OTs in Norway and as participation in this

study was voluntary, it was not possible to influence that as only female OTs responded and wanted to participate.

As this study had a qualitative design, the aim was not to generalize and state how the practice *is* in municipal service, rather it was to investigate and get a deeper understanding of the 14 OTs experiences of their practices. However, other OTs might be able to relate and recognize some of the experiences from their own practices. The authors have been striving for being transparent by describing the process of analysis in detail.

The topic of interest in this study was related to assessment of clients with cognitive impairment in Norwegian municipalities and the invitation for participation in the study emphasized that topic in the introductory text. The 14 OTs that participated were thus sufficiently interested to want to be interviewed on this topic and might be more engaged in it than other OTs. That was, however, also the aim; to reach those engaged in this topic and get an understanding of the challenges they deal with on a daily basis.

Implications for practice and future research

The results of this study illustrate that the participants worked with various conflicts every day. They reflected upon the utility of the assessment tools they used and that they needed something more, but they still continued to use them. They reported that they were not always conscious of their choices and that their practices were influenced by other peoples' perceptions of OTs' responsibilities. With the changes in the Norwegian population in the years to come and the implications that will have on health services, there is a need to evaluate the directions in which the profession should develop in the future.

Related to assessments, it is important to reflect upon the usability of the standardized assessment tools chosen by the OTs as they reported that the results were not sufficient and that they had to add more information in the margins. If OTs are to work evidence based,

there is a need to implement more standardized assessments that focus on the core of OT; the occupation based perspective. Working evidence based is not compatible with 'cluttering' in the margins of standardized assessments.

There is, in not only Norway but also internationally, a divergence of opinion about what the core of OT is and it might benefit the profession to unite and return to the core, namely the occupational perspective.

This study invites further questions such as;

- if OTs implement more frequent use of standardized observational assessment tools, would they still feel the need to use the impairment focused assessments to the extent they are used today?

-how OTs can market themselves in order for 'everybody'(the colleagues of the OTs) to get knowledge of OT competences?

Conclusion

The aim of this study was to investigate municipal OTs experiences working with assessment of clients with cognitive impairments. The overall conclusions of this study indicate that the OTs face several conflicts in their practices. They have to make choices on a daily basis that are influenced by not only what they view as beneficial for their clients but also what is feasible in their practice. They value being occupation based, but when it comes to the assessment process they choose to keep using the impairment based screening tools, although they are very critical about the usefulness of the results. They expressed the need to engage in professional development related to assessments; however, they found it difficult, as they perceived their daily workloads to be hindering them from doing so. This study suggests that the conflicts influenced the OTs choices of using occupation based standardized assessment

tools, which are needed in order for the OTs in municipal practice to work in line with evidence based practice.

Disclosure of interest

The authors report no conflicts of interest.

Indication of figures and tables

Figure 1: Flowchart of the participants

Table 1: Participants' descriptive data

Table 2: Example of analysis from statements to final themes

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