

It is time to time to raise our “occupational voice” and sing our praises loudly

It is over 35 years since I graduated as an occupational therapist. At that time, most family and friends asked, “What is occupational therapy?” Had I been asked to predict the future I would have said that by 2018, occupational therapy would be an established health-care profession with universal understanding of our role from both colleagues and the public. Unfortunately, this is not the case.

In a survey I conducted with occupational therapy students in an Australian university in 2009, I asked the question: “Did you fully understand the role of an occupational therapist when you applied for this course?”. Of the 92 (40 per cent) questionnaires returned, 34 per cent said no they did not understand the role and 51 per cent said they partially understood the role. Recently on a university open day here in Ireland, I asked a large lecture hall of prospective students and their families a similar question and only a few raised their hand to say they understood the profession. Similar findings were reported in a UK survey. [Turner \(2011, p. 314\)](#) reported that “to my delight” new students provided good description of the role of the profession, and she stated, final-year students had “thank goodness also got it”. Disappointingly practice educators in this study reported a lack of understanding of the role of occupational therapy by health professional colleagues, adding that they felt misunderstood and had a lack of ability to promote themselves. This was also a finding of an international survey that included Ireland, where students reported difficulty in explaining occupational therapy to others ([Ashby et al., 2016](#)).

I would argue that we have the expertise to make a difference in many people’s lives, but we do not appear to have the expertise to communicate our unique role. [Cox \(2017\)](#) argued that that we need to be able to express who we are and explain our complexities, in a short and concise way, comparing the word limit of Twitter as a good baseline. The Association of Occupational Therapists of Ireland is taking a lead in this area, with one of their strategic aims being to create a strong national identity through lobbying and working with government, stakeholders and worker agencies to promote the profession ([AOTI, 2017](#)). But each therapist also can contribute to this goal, by clearly defining their role in their everyday practice. We need to promote our brand, and that brand is “occupation”. I recommend that a good starting point is to reinforce our brand by using the full title, occupational therapist/therapy rather than the abbreviated version “OT” that renders no meaning regarding our role. Our second step is to talk about occupation with both clients and colleagues and to complete our documentation using occupational language, as we know that occupation-based practice improves professional identity ([Estes and Pierce, 2012](#)).

[Polatajko and Davis \(2012\)](#) reminded us that occupation-based practice is about enabling occupational performance or engagement, and they used the examples of provision of a wheelchair cushion or advocating for policy change as examples of occupation-based practice. As these authors stated:



Occupation-based practice is multifaceted, targeting impairment, reduction, adaptation, accommodation, skill acquisition, social reconstruction, or health and well-being, singly or in combination, to address an issue in occupational performance or engagement (p. 259).

The final step in finding our “occupational voice” is marketing our unique contribution to health and well-being. We need to evidence the effectiveness of our role by being research-informed practitioners. Such evidence can also be communicated to policymakers, service providers, managers, colleagues, and clients that occupational therapy has good intervention outcomes. Research evidence must therefore become part of everyday practice language. Cox (2017) advocated that there must be a commitment from every practitioner to “publish, publish, publish” so that the value of occupational therapy is internationally shared (Cox, 2017, p. 525).

In this issue, we have a range of articles, in pediatrics, physical rehabilitation, geriatrics and mental health. These authors are to be congratulated on their commitment toward sharing their research and practice projects, and I encourage others with unpublished research or practice projects to commit to the same goal. It is time to raise our “occupational voice” and sing our praises loudly. This is important for our professional identity, for marketing our effectiveness, to endorse our “occupational brand” but also to both survive and thrive as an internationally well-understood contributor to the twenty-first-century health-care practice.

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