

The Experiences of Being a Rural Occupational Therapist

Angie Johnson, Sara Johnson, Nicole Zurawski, Anna Siegel

Faculty Sponsor: Deborah Dougherty-Harris, Occupational Therapy Program

ABSTRACT

Presently, there is the assumption that being a rural occupational therapist is equated with being a “generalist” (Wills & Case-Smith, 1996). However, exactly what “rural” means and what “generalist” means in relation to occupational therapy is not clear. There is little clarity in what duties and/or occupations a rural occupational therapist participates. This study examined the experiences and roles of 6 rural occupational therapists that practice in areas served by the La Crosse, Wisconsin Health Science Consortium. The data was obtained through naturalistic observation with accompanying interviews. The constant comparative method was used to analyze the data with three key themes emerging: (1) characteristics of the rural occupational therapists, (2) characteristics of the rural context, (3) interaction of the occupational therapist and the rural context. Categories and subcategories were then developed to further elaborate the key themes. Results revealed an ongoing interactive relationship between therapist and context. The findings provide implications for educators and for students who plan to practice in rural settings.

INTRODUCTION

“Many Americans are experiencing profound changes in health care delivery, while those living in rural areas are essentially being left behind” (OT Week, 1999, p. 5). This implies that individuals residing in rural communities are not receiving the proper medical attention that is needed to maintain a high quality of life. “It is estimated that more than 60 million individuals, or one-quarter of the U.S. population of 251 million, live in areas designated as rural” (Roberts et al., 1999, p. 29). “Overall, rural areas are often harder hit by shortages of occupational therapy personnel than more urban areas” (Collins, 1996, p. 40).

The literature review for this study focused on rural health care in general. This enabled the collection of information on the status of rural health care in order to draw inferences to occupational therapy. According to Millsteed (2001), “Failure to retain health professionals in rural areas contributes to the poor health status of these communities through an inability to deliver reliable and consistent services.” “Rural communities face their health care needs with a system that has long been underfunded compared to urban and sub-urban communities” (Size, 2002, p. 10). Therefore, this makes recruitment of qualified professionals to rural communities difficult.

The literature yields little information regarding rural occupational therapists, let alone the roles and experiences they have, along with the contexts they practice in. The only study found concerning the experiences of rural occupational therapists was in reference to a rural school setting. This study found five themes that identified “the unique experiences of occupational therapists that practice in rural schools . . .,” (Wills & Case-Smith, 1996, p. 370). The five themes discovered were: (1) jack of all trades, (2) bridging the spans between services, (3) the world can get lonely out there, (4) trust and teaming, (5) I can not do it but I wish I could (Wills & Case-Smith, 1996). This study rendered valuable information regarding the experiences of rural occupational therapists; however, it was only applicable to school settings.

The purpose of this study is to gain an understanding of the experiences and perceptions of rural occupational therapists that practice in rural settings, in addition to rural school settings. This is of particular importance to the researchers who are a part of the occupational therapy program at the University of Wisconsin- La Crosse, a program that participates in the La Crosse Medical Health Science Consortium, Inc. This consortium is a collaboration between several rural healthcare organizations and higher educational programs that help to “expand local access to healthcare today and in the future by training much-needed professionals in Western Wisconsin” (Health Science Website). This has in turn, geared the occupational therapy program at the university towards rural practice. According to the occupational therapy program mission statement, “emphasis will be on the analysis and use of occupations theory in rural and under-served regions local to the Upper Midwest” (UWL Occupational Therapy pamphlet).

METHODS

Design

A qualitative approach for a descriptive study was used to explore the experiences and perceptions of the rural occupational therapists. “Descriptive research attempts to describe a group of individuals to document their characteristics allowing for classification and understanding the scope of clinical phenomena” (Portney, 2000, p. 14). Since the researchers were attempting to describe a group of occupational therapists in order to document their characteristics, it was felt that this approach was applicable.

The design chosen for this study was qualitative. “Qualitative research is more concerned with subjective, narrative information, which typically is obtained under less structured conditions. In qualitative methodology, “measurement” is based on open-ended questions, interviews, and observations, as the researcher attempts to capture the context of the data, to better understand how phenomenon are experienced by individuals” (Portney, 2000, p. 15). Using this design allowed for a more accurate description of the roles, experiences, and activities of the rural occupational therapists.

Participants

The study involved six rural occupational therapists employed by facilities belonging to the La Crosse Health Science Consortium. The University of Wisconsin- La Crosse Institutional Review Board for the protection of human subjects approved this study as minimal risk and gave permission for its implementation. The participants needed to meet two of the following three criteria (a) travel to more than one site, (b) serve two or more age groups, (c) practice in a community with a population smaller than 10,000 (See Table 1). This population was chosen because the majority of the communities that belong to the La Crosse Health Science Consortium have populations of 10,000 or less.

Table 1. Criteria met by each participant

Participant	Travel	Two or more age groups	Population under 10,000
Abbi	X	X	X
Susan*		X	X
Mary		X	X
Angie	X		X
Angela	X	X	X
Kristin	X	X	X

* Name has been changed for confidentiality purposes

The six participants were of female gender and Caucasian race. The participants’ years of experience as a rural occupational therapist ranged from two to fifteen years. All of the participants worked in more than one setting, such as: inpatient, outpatient, home health, schools, and nursing homes. Within these settings, the participants served patients across the life span. Travel was required between sites for four of the participants. Four of the six participants worked as full time therapist, while the other two participants were part time.

Data Collection

Each participant was observed in her natural work environment throughout an eight-hour workday. After the observations, predetermined interview questions were asked of each therapist. The interviews consisted of thirteen open-ended questions, which were reviewed by a rural occupational therapist prior to the start of data collection (See Appendix A). The same questions were asked to all six therapists to facilitate consistency across the interviews. All of the interviews were taped recorded and transcribed verbatim to add clarity and support validity during data analysis. In addition, field notes taken regarding the observations were used to support the developing key themes.

Data Analysis

The constant comparative method was used for data analysis. This method consists of analysis of results through labeling and comparing common categories (Bailey, 1997). The transcribed data from the interview questions were examined individually by question. This procedure was performed question by question for all six therapists. All four researchers were present throughout the entire data analysis. Through this analysis key themes emerged, each with their own resulting categories and sub-categories.

RESULTS

Three key themes were identified. These themes encompassed all of the data received throughout the study and gave explanations of the perceptions and experiences of the rural occupational therapists. The three themes were (1) the characteristics of the rural occupational therapists, (2) the characteristics of the rural context, (3) interaction of the rural occupational therapist and the rural context. Categories and sub-categories emerged under each theme and will be discussed later in this paper.

The Characteristics of the Rural Occupational Therapist

The first key theme is the characteristics of the rural occupational therapist. Under this theme three categories were developed (See Table 2). The first category is *Jack-of- all-Trades/Master- of-None*. The rural occupational therapists felt that they were generalists and felt that they had a broad knowledge base when it came to treatment (Wills & Case-Smith, 1996). The therapists did not see themselves as a specialist in any specific treatment area. The therapists had confidence treating various diagnoses.

Kristin: You can't be a specialist in a rural setting. You have to be skilled in a lot of areas. You need to have a broad knowledge of occupational therapy . . . a specialist wouldn't survive in a rural setting.

Susan*: My work varies throughout the whole day from anything from pediatrics to working in the nursing home to doing rehab with a sub-acute patient to seeing a critical in-patient down to seeing work injuries, going out into businesses, doing home evaluations, just seeing your basic orthopedic out-patients or neuro patients and it varies continually throughout the whole day.

Mary: I do most of the time feel that I am a jack-of-all-trades/master-of-none, but on the other hand I don't think that is a bad thing. I think it makes me more employable.

Angela: My experiences are that I do a little bit of everything, meaning that I see people of all ages and treat everything from developmental problems to work injuries, to problems of the aging. I also do splinting and adaptive equipment, and travel to do some therapy.

Table 2. Theme 1: The Characteristics of the Rural Occupational Therapists

Category	Subcategory
1. Jack of All Trades/ Master of None	a. Confidence across varying diagnoses/ age groups
2. Adaptability	a. Enjoys that no day is typical b. Adjust easily to immediate schedule changes c. Sensitive to rural population
3. Role Variations	a. Therapist b. Secretary c. Commuter d. Supervisor e. Networker f. Collaborator g. "Lone Ranger"

The second category is *adaptability*. This refers to the therapist's ability to be flexible in many areas and to meet the changing needs of the environment. The rural occupational therapists enjoy that no day is typical.

Angela: Every day is different, which for here different is typical.

Mary: I like the variety. That is what keeps me stimulated. . . . You really need to be flexible.

Susan*: Flexibility is the number one quality for obtaining success in a rural setting. I think that is all you can be is flexible. Things change.

Angie: Being flexible is really important. You could have five people scheduled for the day and by the end of the day you have ten people to see. Sometimes your day is six hours long and sometimes it is ten hours long.

The therapists also needed to be able to adjust easily to schedule changes. They had to be able to make immediate adjustments to their schedules. This may have been due to patient cancellations, patient re-scheduling, a full caseload, meetings that arise, or staff shortages. In addition, it is important for rural occupational therapists to be sensitive to the needs and culture of the rural population. This allows the therapist to encompass the patient's background into the treatment sessions.

Abbi: . . . in a rural setting you need to be understanding of people's lifestyles and if you're not from a rural setting, you want to be sensitive to some of the lifestyles of a rural area.

The third and final category under this theme is *role variations*. This refers to the willingness of the occupational therapists to assume various roles within their environments. For example, rural occupational therapists take on the role of a secretary. They are responsible for setting up their own appointments, filing their own charts, making photocopies of evaluation forms, and planning their day's schedule. Another role of the rural occupational therapist is a collaborator. This means that the therapists need to work closely with other disciplines, such as physical therapy, as many rural facilities only have one or possibly two occupational therapists employed. Other roles include a commuter, supervisor, and net-worker. These role variations are necessary for rural occupational therapists because of the lack of supportive staff available to them.

Kristin: You have to do much more work chasing the paper work trails in a smaller clinic because there aren't those professionals to do those kinds of things for you.

Mary: Because I wear so many hats . . . I don't have someone to do the tasks that really an occupational therapist shouldn't have to do, like copying papers, filing, and all of that kind of stuff.

Kristin: You have to have good interdisciplinary skills. You need to work well with all disciplines involved, be it nursing, physical therapy, etc.

Characteristics of the Rural Context

The second key theme is characteristics of the rural context. This includes categories and subcategories that refer specifically to the rural environment (See Table 3). The first category is *limited resources*, which refers to the resources that support treatment. The rural occupational therapists talked about the limited amount of equipment, the small and varied treatment space, and fewer staff.

Kristin: Our clinic space is smaller, so you have to be much more creative with treatment. For equipment in general, I have fewer tools to use with a patient, so I have to be much more creative with my treatment planning.

Mary: Since I work in a rural hospital, I don't have a lot of resources available... we're trying to get more equipment... Most rural departments, for the most part, only have one therapist- you pretty much fly solo.

Angie: I guess rural to me means that the lack of access to the best, like the best equipment and things like that.

The second category is *community*, which describes the geographic area. Most of the areas were farming communities where everyone knew each other.

Susan*: Everybody knows everybody... I know everybody who works here. Everybody down to the housekeepers, down to who works in billing and who works up in lab... Also looking at community, they are a closer-knit group.

In addition, the population was small and spread out, which made travel necessary for the therapists and the patients. In addition, only primary care centers were located in the rural areas. Primary care centers are hospitals that only do minor care and preventative care. They give referrals for patients to see specialists (Bodenheimer & Grumbach, 2002).

Abbi: We have quite a bit of driving on the job once we get to work. Not to mention, a long commute to work.

The third category is *treatment-setting variations*. All six of the participants in the study saw patients in more than one setting. The settings the therapists worked in included: outpatient, inpatient, nursing home, schools, home health and birth-to-three programs.

Abbi: I currently see patients in the birth-to-three program, home health program, outpatient upper extremity rehab, hospice, acute inpatient, swing bed program, and long term care here in our hospital. I also have a contract with the school district where I see students in the school system.

Table 3. Theme 2: The Characteristics of the Rural Context

Category	Subcategory
1. Limited Resources	a. Limited amount of equipment b. Small and varied treatment space c. Fewer staff
2. Community	a. Farming community b. Everybody knows everybody c. Smaller, spread out population d. Primary care centers e. Travel necessary for therapist and patient
3. Treatment Setting Variation	a. Outpatient b. Inpatient c. Nursing Home d. Schools e. Home Health f. Birth to three programs

The Interaction of the Rural Occupational Therapist and the Rural Context

The characteristics of the rural occupational therapist and the characteristics of the rural context do not stand-alone. Instead, the two themes interact together to form the experiences of the rural occupational therapist, thus forming the third theme (See Figure 1). On one end the context presented challenges to the rural therapist, such as limited staff, resources, and treatment space. On the other end, the therapist was able to meet the unique demands of this rural environment, by being creative with treatment, taking on various roles, and being flexible. This interaction indicates that a precision-of-fit is necessary between the rural therapist and rural context to ensure job satisfaction.

Mary: My experience in a rural setting has been very positive. I have done it for 15 years and at this point, I don't think I could live without it.

Abbi: I really love working with people and helping people.... It is a real important part of my life doing what I do. I am just happy to be a rural occupational therapist.

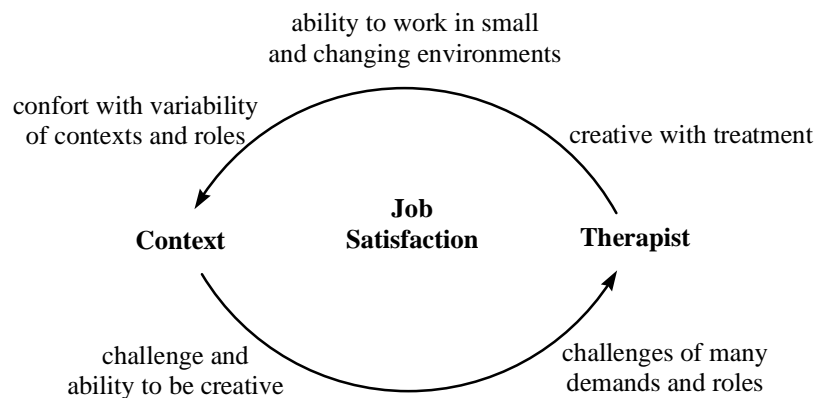


Figure 1. Theme 3: The Interaction of the Rural Occupational Therapist and the Rural Context

The results of this research study reinforced the core beliefs of the occupational therapy profession. Occupational therapy enables people to do the day-to-day activities that are important to them despite impairments. Occupational therapists' view human life as a process of continuous adaptation that promotes survival and self-actualization (Moyers, 1999). This adaptation comes from challenges within the environment.

DISCUSSION

This research revealed the experiences and roles of occupational therapists who work in rural settings. When examining the first key theme: **The Characteristics of the Rural Occupational Therapist**, *adaptability*, *jack-of-all-trades/master-of-none*, and *role variations* emerged as categories. The rural occupational therapists in this study needed to possess the qualities that allowed them to adjust to immediate schedule changes and variations throughout their day. A study conducted by Kohler and Mayberry (1993), found flexibility (adaptability) to be the third most important attribute needed for rural practice. The rural occupational therapists treat many individuals with a variety of diagnoses; they generally do not specialize in one particular area. Therefore it is beneficial for rural occupational therapists to have a broad knowledge base when it comes to treatment. This was evident in this study when four out of the six therapists identified *jack-of-all-trades/master-of-none* as a key quality for their success in a rural setting. A study by Wills & Case-Smith (1996), found jack-of-all-trades as a quality needed to practice in rural school settings. Success in rural settings required the occupational therapists to assume many roles that are not specific to occupational therapy.

When examining the second key theme: **The Characteristics of the Rural Context**, *limited resources*, *community*, and *treatment setting variations* emerged as categories. These three categories pertain specifically to the environment that the therapists practiced in. Kohler & Mayberry (1993), found that limited equipment and resources, along with travel time, were major problems encountered by rural occupational therapists. These obstacles that the rural occupational therapists needed to overcome to achieve success in the rural environments

were congruent between the studies. The researchers found that the rural occupational therapists worked in more than one setting, such as a nursing home and a school setting.

When examining the third key theme: **The Interaction of the Rural Occupational Therapist and the Rural Context**, the researchers discovered a constant interaction between the therapist and the context (environment), which revealed an ongoing adaptation by the therapist. This adaptation came from the challenges in the rural environment. The rural context presented challenges to the therapist, and the therapist took the challenges and was able to successfully adapt to the rural environment. This continual interaction created a high level of job satisfaction with the therapists. Interestingly, this process reflects core concepts of the occupational therapy profession namely, the interaction of the person, occupation, and the context (Christiansen, 1997). The interaction of an individual with their environment is essential to health and well-being and is seen in most of the theories that are the backbone of occupational therapy. An excerpt from an occupational therapy study looking at the person-occupation-environment interaction indicated that the physical, sociocultural, political, and economic environment impacts all aspects of daily occupations and that a persons occupational changes are stimulated by environmental changes (Schisler, 2002).

LIMITATIONS

The interview questions used in this study were validated by only one source. This individual was a practicing occupational therapist, who had a wide variety of rural experience. She provided feedback, which allowed the researchers to make changes to improve the interview questions. Less structured interview questions could have yielded additional information; however, very specific questions were used to increase validity and continuity of information throughout the study. In addition, it may have been helpful if the researchers had practiced interview skills prior to conducting interviews, as it may have increased the amount of useful information obtained.

CONCLUSION

From the findings of this study, useful information will be provided to both educators and students involved in occupational therapy. As the University of Wisconsin- La Crosse Occupational Therapy program's mission statement puts an emphasis on the use of occupational therapy in rural and under-served regions of the Upper Midwest, this information will be especially useful for this institution. The researchers hope the information will also be useful to practicing occupational therapists as it will aide in understanding the shortage of rural health care workers, including occupational therapists. The information from this study will also be added to the limited literature currently available regarding rural health care. To further investigate how a rural occupational therapist differs from an occupational therapist in metropolitan settings, it is suggested that a similar study be conducted.

ACKNOWLEDGMENTS

We would like to extend our gratitude to several individuals, whom without their help this project would have been impossible. First and foremost, our faculty mentor Deborah Dougherty-Harris, OTR, MS, who provided continuous guidance and support throughout this two-year process. The University of Wisconsin- La Crosse and Bill Gresens for awarding us a grant to fund our research project. Sally Huffman, OTR, for reviewing our interview questions and providing feedback. We would also like to thank the occupational therapists that generously participated in this study.

REFERENCES

- Bailey, D. (1997). *Research for the Health Professional: A Practical Guide, 2nd Ed.* Philadelphia, PA: Davis Company. 164-165.
- Bodenheimer, T., & Grumbach, K. (2002). *Understanding Health Policy: A Clinical Approach, 3rd Ed.* New York, NY: Lange Medical Books. 53-54.
- Christiansen, C., & Baum, C. (1997). *Enabling Function and Well-Being, 2nd Ed.* Thorofare, NJ: Slack Incorporated.
- Collins, L., (1996). Thriving in a Rural OT Setting. *OT Practice.* 1(2), 40-44.
- Kohler, E., & Mayberry, W. (1993). A Comparison of Practice Issues Among Occupational Therapists in the Rural Northwest and the Rocky Mountain Regions. *American Journal of Occupational Therapy.* 47(8), 731-737.

- Millsteed, J. (2001). Factors Affecting the Retention of Occupational Therapists in Rural Services. *Occupational Therapy in Health Care*. 14(3/4).
- University of Wisconsin La Crosse. Retrieved March 26, 2002, from: <http://perth.uwlax.edu/lmhsc/>
- OT Perspective: Rural Healthcare Getting Left Behind. *OT Week*. (1999). 13(31), 5.
- Portney, L., & Watkins, M. (2000). *Foundations of Clinical Research: Applications to Practice 2nd Ed.* Upper Saddle River, NJ: Prentice-Hall. 14-15.
- Roberts, L., Battaglia, J., Smithpeter, M., Epstein, R. (1999). An Office on Main Street: Health Care Delemmas in Small Communities. *Hastings Center Report*. 29(4), 28-37.
- Schisler, C. (2002). The Individual Mediator of the Person-Occupation-Environment Interaction: Learning from the Experiences of Refugees. *Journal of Occupational Science*. 9(2), 82-92.
- Size, T. (2002). Commentary: Rural Health Can Help Lead the Way. *Wisconsin Medical Journal*. 101(5), 10-11.
- University of Wisconsin La Crosse Occupational Therapy Program Pamphlet. [Brochure].
- Wills, K., & Case-Smith, J. (1996). Perceptions and Experiences of Occupational Therapists in Rural Schools. *American Journal of Occupational Therapy*. 50(5), 370-378.

APPENDIX

Interview Questions

1. What are your experiences of being a rural occupational therapist?
2. Was the day I observed a typical workday? If not, how was it different?
3. What job skills do you feel are needed to fulfill the role of a rural occupational therapist?
4. How do you feel your education has prepared you for your job in a rural setting?
5. How do you handle the wide variety of transitions that occur throughout your day? (i.e. switching from pediatrics to geriatrics)
6. What are some main qualities that you feel are essential for obtaining success in a rural setting?
7. How do you feel when transitioning to and from various age groups of patients?
8. How do you feel when transitioning to and from various diagnoses?
9. Do you have special driving circumstances? Does driving effect you treatment (fatigue, cost)?
10. What part of the day frustrates you?
11. What are you most/least competent in?
12. What part of your job surprises you?
13. How do you define rural?