Exploring the Role for Occupational Therapy in Women's Health

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Exploring the Role for Occupational Therapy in Women's Health

Abstract
Objectives: The purpose of this capstone paper is to gain a broader understanding of the current needs surrounding women’s health and to explore if there is a stronger role for occupational therapy in women’s healthcare delivery. Method: For this needs assessment, clinical observations of women’s healthcare services, particularly those pertaining to pelvic health, were conducted using a detailed observation checklist. In-depth interviews were also conducted with eleven women’s health service providers – eight physical therapists and three occupational therapists – in order to gain insight into their opinions and experiences regarding women’s health services. Information gathered was analyzed for themes and key points to assist with promoting future research in this realm of healthcare. Results: The current needs presented by women receiving women’s healthcare services are complex and varied, with trends surfacing around the topics of education on self-care, access to services, and the need for improved physical and emotional support. Services provider interviews revealed themes associated with current needs of female clients in the areas of physical, mental and emotional support barriers to services such as insurance coverage, lack of patient education and lack of community awareness as well as ideas to expand healthcare services, to meet the needs of women. Conclusions: The findings suggest further research, innovations and expanded services are appropriate responses to improve women’s healthcare services. This assessment provides preliminary information suggesting occupational therapy is well-suited to meet many needs within women’s healthcare and that its potential roles should be further researched.

Degree Type
Capstone (Entry-Level OTD)

Degree Name
Doctorate of Occupational Therapy (OTD)

Keywords
women's health, women's healthcare services, occupational therapy

Subject Categories
Occupational Therapy
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**Introduction**

In March 2015 the United Nations (UN) and its world partners came together at the UN Commission on Status of Women in order to develop global strategy for women’s, children’s and adolescents’ health. At this global gathering strategic targets and indicators were set to ensure that the future will bring health to all women and girls whoever they are, wherever they live (Bustreo, 2015).

The World Health Organization (WHO) provides an ongoing summary of the health concerns affecting women across the globe, highlighting areas that directly influence mortality rates, show differences of need across the lifespan, and focus on improving quality of life. The following are the top ten concerns affecting women’s health globally: cancer, reproductive health, maternal health, human immunodeficiency virus (HIV), sexually transmitted infections, violence against women, mental health, noncommunicable diseases, being young and getting older as reported by Dr. Flavia Bustreo (2015) WHO Assistant Director General for Family, Women’s and Children’s Health. With this global initiative in mind a local health care system partnered with an OTD student to conduct a needs assessment for occupational therapy (OT) services that would focus on supporting women.

The exploration of the role of occupational therapy in women’s healthcare delivery is also in alignment with the American Occupational Therapy Association (AOTA) 2017 centennial vision to identify known trends in population demographics, science, technology, and health care and to anticipate conditions that will provide opportunities and challenges for occupational therapy in the years ahead (AOTA, 2006).

The majority of those paying attention to and taking interest in women’s health services seem to be in agreeance that positive change and evolution is needed on both a community and
global level. Yano, Haskell, and Hayes (2014) stated: “Careful attention must be paid to the differences in how women access and use primary care (PC), the mix of their healthcare needs, and the proficiencies that PC teams must acquire and sustain” (p. S703). In 2014, AOTA published a position paper on the role of OT in primary care thereby making focus on women’s healthcare delivery even more congruent with the development of this role in primary care.

Therefore, this needs assessment began with an exploration of the literature and observation of services already offered by therapy providers within the local healthcare system. Over the course of sixteen weeks, clinical observations and professional interviews were conducted in outpatient settings with both physical and occupational therapists. The American Physical Therapy Association (APTA) has a well-defined professional practice section focusing on physical therapy approaches to healthcare for women and therefore physical therapists offered significant insights as interviewees for this assessment. The following findings from this needs assessment are shared and identify a role for occupational therapy in the delivery of services to women.

The providers interviewed for this needs assessment, primarily focused on services to women in the area of pelvic health, issues of incontinence, support around antepartum and postpartum care, and women experiencing persistent pain, survivors of cancer and lymphedema, and some preventative care. The majority of these providers described the services they offer as falling under the category of pelvic health, with fewer therapists describing specialties in lymphedema or persistent pain.

When asked to define women’s health, the therapists contributing to this needs assessment provided a variety of answers, although the root of their answers frequently referenced urogenital or gynecological conditions. A few therapists touched on the mental and
emotional factors contributing to women’s health, but in words that were much less concrete, perhaps pointing to the fact that defining women’s health parameters can be quite challenging. Inhorn (2006) noted this challenge when exploring this definition more thoroughly in a qualitative study and seeking the input of women directly. As she points out entities such as the National Institutes of Health (NIH) have worked to determine the scope of women’s health, but do so primarily in relation to physiological processes considered from a Western professional standpoint. A more well-rounded definition may be provided through expanded studies that include sociocultural factors, behavioral research and other significant contributors to women’s health around the world (Inhorn, 2006).

**Method**

Interviews were conducted in outpatient settings with eleven healthcare providers who specialize in various areas of women’s health. Some providers have focused their careers on women’s health over the past few years, whereas others have practiced in this area for twenty-five years or more. Providers were informed of the explorative nature of the project and its aim to contribute to women’s health studies and services.

**Service Delivery**

In order to identify potential gaps in service for occupational therapy interventions, a checklist was created using the Occupational Therapy Practice Framework (OTPF) (2014). The OTPF is a guiding document that describes the occupational therapy scope of practice. It identifies the domains of occupational therapy practice and includes supporting clients in all areas of occupation; activities of daily living, sleep, work, leisure, education and social participation. The checklist provided a structured format for observing service delivery and the attention paid to the areas of preventive care, shared decision-making, advocacy, verifying
patient understanding, and providing support through the form of empathy, validation or relatability. Particular attention was also paid to the articulation of roles, routines and responsibilities as they related to the different areas of occupation.

**Interviewing Women’s Health Service Providers**

The checklist guided structured observations of service delivery but more significant information was also gathered from contributing occupational therapists and physical therapists who responded to open-ended interview questions that queried why service providers have focused on women’s health, what is required to become an expert on women’s health, patient demographics and patient experiences, perceived barriers to services, and the possibilities for women’s healthcare expansion.

**Results**

**Appreciating the Significant Roles of Women**

Based on this student’s explorations, women who come to therapy brought with them a complex list of challenges or concerns to discuss with their provider; although typically stemming from a physiological need, these discussions often evolved to include psychosocial needs. Most often, these were directly connected to a specific role or responsibility of each individual such as those related to motherhood, being a partner, caregiving, or engagement in work and social participation. The roles of motherhood and caregiver came up most frequently, and an apparent trend emerged in that women are often consumed by their care taking of others. Finnegan and Ferron (2015) highlight the needs of this sandwich generation as being of great significance, as middle-aged adults commonly caring for both adult children and their aging parents often experience higher stress levels, financial insecurity, and much greater tendency toward depression.
Providers noted that women also expressed desire, sometimes with tearful emotion, to remain a good partner and be able to engage in intimacy without pain, fear, or feelings of insecurity. For many, the responsibility of being their family’s primary financial provider was common and layered in unique stressors related to job requirements. Regardless of the complexities tied to their roles and responsibilities, women spoke of these as anchoring and being an important part of their identity; providers who expressed appreciation for this often facilitated sessions that included processing and problem-solving around these personal concerns.

**Self-care Can Be a Tall Order**

According to multiple providers, women appear to be too busy to commit to or follow-through with a consistent plan of self-care; many are accustomed to putting their own needs aside, and addressing issues only once they have become a major concern. Schieber et al., (2014) indicate that there are many reasons for this trend and they are split between internal and external factors; examining stereotype and stigma, women express often feeling their physical or emotional needs are less important than those of men, or are simply not taken seriously, particularly if their primary care physician is a male. Interestingly, a few providers pointed out that women of child-bearing age appeared to exhibit higher motivation for self-care related to their awareness of their need to be healthy during pregnancy; however, this motivation appeared to wane as women age and mistake certain pain or issues as being a normal part of the aging process.

**Relationships and Emotional Support**

Women who experienced successful progress in therapy were reported to maintain a strong connection to their family or support system and expressed gratitude to the therapist
providing their women’s health services. Therapists were commonly referred to as a friend and confidant. Several therapists interviewed pointed out that women with whom they worked appeared to require more emotional support than their male patients, so weaving this support into their practice was often standard and considered a natural part of the process. In a similar vein, therapists also pointed out that women who struggled most with their health concerns almost always lacked in the area of emotional support.

**Why Participate in Women’s Health?**

All the providers interviewed expressed a passion for providing their services, whether they were focused on pelvic health, cancer survivors, antepartum and postpartum care, or simply the overall fulfillment of addressing the unique needs of women. More than one provider expressed it’s a highly personal and sensitive area of practice that deserves highly invested practitioners. Interestingly, engaging women’s health service providers in informal interviews revealed a particular lack of conversation around the topic of women’s health reform; nearly every provider stated they had never been asked questions regarding their experiences, ideals or hopes for women’s health services.

Beyond feeling passionate about their work, each provider offered up unique reasoning for where this passion came from and how it continues to carry them through their practice. One physical therapist noted specifically her feminist background and strong desire to level the playing field for healthcare between men and women; although she has observed change over her nearly twenty-five years of practice in this area, she expresses that there is still need for women’s healthcare to improve. Both an occupational therapist and physical therapist spoke of their specializing in treating incontinence due to the heart-breaking realization that an older adult not having control over their bowel or bladder can sometimes lead to them not being able to return
home from the hospital. Another provider endured pelvic issues and challenges postpartum herself, followed by a “brush-off” response from her healthcare provider; devoting her work to women’s health services is her personal fight against this poor treatment. Mentioned more than once was the tremendous gratification often resulting from this kind of work; not only because of the women’s improvements, but also because the providers are involved in a women’s health initiative that helped bring female-specific challenges into the open.

**Understanding the Barriers Affecting Women’s Health Services**

Nearly half of all therapists interviewed stressed that navigating insurance coverage, or the lack thereof, was the greatest barrier their patients face. Many patients already faced financial burdens and lack of insurance coverage increased stressors that could impede the healing process. Although efforts are being made to improve healthcare coverage, such as those outlined in the Affordable Care Act (ACA) (Armstrong, 2015), current studies indicate that a significant number of women remain unaware of benefits available to them, (Hall, Fendrick, Zochowski, & Dalston, 2014). Providers discussed social stigma and embarrassment as barriers that have somehow managed to creep forward through the decades, unfortunately still leaving patients and/or their physicians feeling uncomfortable talking about women’s health related topics or using anatomical terms, such as “vagina.” This social stigma and responses of this nature highlight a greater need to continue to promote education to promote a preventative approach to healthcare.

**Prevention vs Rehabilitation**

Nearly every therapist answered with a tone of disappointment when asked if their services tended more toward to prevention or rehabilitation. “Almost everything right now is rehabilitation; that’s just how it works in our healthcare system” (L. Bryan, personal
communication, June 1, 2016). Many attempt to shift their services into a combination of both preventative and rehabilitative, with education being at the center of this junction. Therapists shared their limited time and resources available to support efforts at prevention when providing community outreach or group classes. One therapist expressed desire for preventative measures to be in place much earlier in life for women and suggested the opportunity for young children to be educated more on their anatomy, and taught to take care their pelvic region much in the same way that oral hygiene is taught. Introducing gender specific healthcare education and understanding at a younger age is just one way that we can begin to address unique needs of women within the greater healthcare system and within greater society.

**Recognizing the Unique Needs of Women in Healthcare**

Women’s healthcare providers unanimously agreed that women have unique needs to be considered when providing healthcare delivery. Many expressed the need for gender specific research and treatments. Therapists spoke of women’s unique emotional and psychosocial needs as being of significant importance; having female providers who are sensitive to and educated on these needs can provide a positive relationship and support (Bertakis, 2009). The unique physiological experiences of women, such as childbirth and hormonal changes, also helps emphasize that women’s bodies simply require different care and consideration than men’s.

**Discussion**

**Possibilities for Women’s Healthcare Expansion**

Every provider interviewed agreed that women’s healthcare has room for expansion and shared specific recommendations for how this can occur. Education to increase women’s knowledge about their own bodies was considered to be a high priority with suggestions to establish this as part of school and healthcare curricula. Establishing better guidelines and health
related resources given to women as part of their routine exams with primary care physicians could provide continuity, reduce unease around the topic and allow for more preventive services to take place. Providers shared that more education needs to be available on a community level, through outreach, events, classes and finding creative opportunities to increase awareness. Collaboration within the healthcare system was also frequently discussed. Creating a team of competent providers of various disciplines to coordinate women’s health services together, was a professional ideal that many therapists shared and the opportunities for inclusion of occupational therapy in the area of women’s health services is wide open. Dall et al., 2013 the projected women’s health needs by the year 2020 support a need to increase the supply of providers for women’s health services and stated “the responsibility cannot fall solely to physicians, but that other qualified non-physician providers be recruited and trained to provide services.” (p. 647).

A Greater Role for Occupational Therapy

Currently, occupational therapy does not have an official position on women’s health services. The profession does ascribe to its unique capacity to address activities of daily living (ADLs) which includes personal hygiene, bowel and bladder management, sexual activity, use of personal devices as well as the necessary functions to support work leisure and social participation. Professionals interviewed pointed out that current women’s health services are more directly focused on ADLs and support the inclusion of occupational therapy as service providers for this population. The interviews revealed a need for providers to promote supporting clients in their current context of their life, particularly their roles, daily routines and interests (Schwartzberg, 2002). This focus of service delivery is supported by the Model of Human Occupation (MOHO) which provides a strong philosophical framework for occupational therapy intervention.
Several physical therapists stated they often wished an occupational therapist were present to assist their patients with behavioral concerns, psychosocial needs, cognition and memory issues, problem-solving environmental or adaptation needs, and the task analysis needed to help women continue with the activities important to them. OTPF (2014) states “occupational therapists are skilled in evaluating aspects of the domain, their relationships and the client within his or her contexts and environments… this knowledge sets occupational therapy apart as a distinct and valuable service” (p4). Currently the occupational therapists interviewed for this paper focus their services primarily on pelvic health and incontinence issues, however, they stated that the profession of OT needs to expand its role and effectiveness for women’s health within the professions scope of practice.

**Limitations**

The primary objective for this project explored the opportunities for OT within the women’s healthcare practice within a local system. Exploring the role and scope of practice within other organizations required more time than was possible within the four-month window established to complete this project. The exploration of services was limited to a needs assessment to explore the opportunities within a healthcare system and relied on provider and patient cooperation and scheduling flexibility. Provider interviews were limited to physical therapists or occupational therapists and efforts to reach out to other specialists were unsuccessful.

**Future Research**

The results from this needs assessment establish the foundations for future research and the following recommendations: Complete more interviews with a wider variety of specialists and service providers to reveal more about who ascribes to work within the women’s healthcare
arena and broaden the conversation. Interview women across the lifespan who receive services, who are interested in receiving services, or who have never heard of or sought out women’s health related services to more accurately gauge the current needs of women in healthcare. Finally, investigate successful models of practice around the world that address women’s healthcare needs with greater emphasis on preventative care, efficiency and accessibility.

**Conclusion**

In conclusion, the factors contributing to women’s healthcare and service delivery are complex and varied, and call for increased gender-specific care, research and education. Current women’s healthcare providers note opportunities for expansion in the scope of services and increased accessibility of services for women across the lifespan. There are gaps in current women’s healthcare service delivery that can be addressed by occupational therapy. Skilled occupational therapists can provide women with information that can effectively supplement other treatments. Occupational therapy can teach patients how to manage stress and other life demands through pacing and prioritizing, invest in self-care and daily practices that will support their roles and responsibilities of mothering, caretaking and being a partner, as well as offer greater knowledge about activities for individually fulfilling and healthful living. Occupational therapy can address the cognitive, psychosocial and emotional wellbeing needs that are currently unattended. This project began with exploration onto the opportunities for a role for occupational therapy in women’s’ health and wellbeing and the initial findings support the unique and valuable role that the profession can bring to the women’s healthcare team.

**Acknowledgements**

We express sincere gratitude to each woman who participated in this explorative project by allowing a student to be present for and learn from her women’s health related visit with a
therapist. Every therapist who was interviewed for this project provided invaluable input and information from which helpful themes and ideas were able to be established; tremendous thanks to each of them for sharing their time and thoughts.
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