Occupational therapists perceptions of gender - A focus group study

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Background/Aim: Women and men are shaped over the courses of their lives by culture, society and human interaction according to the gender system. Cultural influences on individuals' social roles and environment are described in occupational therapy literature, but not specifically from a gender perspective. The purpose of this qualitative study was to explore how a sample of occupational therapists perceives the 'gender' concept.

Method: Four focus group interviews with 17 occupational therapists were conducted. The opening question was "How do you reflect on the encounter with a client depending on whether it is a man or a woman". The transcribed interviews were analysed and two main themes emerged: 'the concept of gender is tacit in occupational therapy' and 'client encounters'.

Results: The occupational therapists expressed limited theoretical knowledge of 'gender'. Furthermore, the occupational therapists seemed to be 'doing gender' in their encounters with the clients. For example, in their assessment of the client, they focussed their questions on different spheres: with female clients, on the household and family; with male clients, on their paid work.

Conclusions: This study demonstrated that occupational therapists were unaware of the possibility that they were 'doing gender' in their encounters with clients. There is a need to increase occupational therapists' awareness of their own behaviour of 'doing gender'. Furthermore, there is a need to investigate whether gendered perceptions will shorten or lengthen a rehabilitation period and affect the chosen interventions, and in the end, the outcome for the clients.

Introduction

'Doing gender' in encounters with clients and their relatives has been investigated previously in social science literature (Kullberg, 2006; West, 1993), but has not been explicitly researched from an occupational therapy perspective. According to Courtenay (2000), gender is not inborn, but shaped/constructed through notions, meetings, negotiations and behaviour in social life. Men and women are actors/doers in these socially constructed relationships, and are in that way 'doing gender'. The concept of 'doing gender' is based on an understanding of gender as a social construction, and not only as biological sex defined by nature and determined to a specific behaviour as a consequence of biology (Acker, 1992). Women and men are born different, but over the course of their lives, they are shaped by culture, society and human interaction according to the gender system of their historical time and geographical place. Biological sex and cultural gender are interrelated in several intricate ways (Berger & Luckman, 1966), and it is beyond the purpose of this study to try to disentangle this. Of importance to the study is our position in understanding gender as variable, influenced by culture and constructed by daily human interaction. The limits of gender for men and women in specific cultures are negotiated at individual, organisational and societal levels. Consequently, encounters in health care are also situations in which gender is constructed (Acker, 1992; West, 1993).

The construction of gender is not trivial, because in all human societies, gender is associated with a gender order that is present at individual, organisational, and cultural levels (Berger & Luckman, 1966). In most societies, women, as a group, have been less successful in negotiating their place in the gender order (Connell 2002). Generally, women have less income and less wealth than do men. Furthermore, women have a greater total workload as a consequence of greater responsibility for taking care of children and performing unpaid work

and women are more often exposed to stressful psychosocial work environments (Bildt & Michélsen, 2002; Lundberg, Mårdberg & Frankenhauser, 1994). Family demands, for instance, domestic duties, have been shown in several studies to be associated with married women's self-perceived health status, with psychosomatic symptoms and with a higher probability of medical visits (Artazcoz, Artieda, Borell, Benach & Garcia, 2004; Artazcoz, Borell & Benach, 2001; Krantz & Ostergren, 2001). Therefore, it is important also for occupational therapists to consider gender inequalities in the distribution of family responsibilities, as this may influence women's health. Gender relationships are also influenced by other circumstances, such as age, social class and ethnicity. Women and men, as a consequence of the gender order, live under different conditions, have different experiences and use different strategies because of social, cultural, ethnic, and political circumstances, as well as biology (Acker, 1992).

Bracegirdle (1991) performed a case vignette study to investigate how occupational therapy students chose and prescribed therapeutic activities for men and women. The hypothesis was that occupational therapists unconsciously introduce expectations of men's and women's differentiation into social roles in the treatment of clients. The results showed that the students chose traditional female occupations, such as cooking, hairdressing and grooming, for women, and traditional male occupations, such as current affairs discussions, for men. Although the results must be treated with caution because of the small number of participants, the author concludes that these findings are based on the assumption of traditional roles. Furthermore, the author emphasises that it must be the responsibility of an occupational therapist to be aware of clients' possible wishes to oppose traditional roles. Thus, occupational therapists must be aware of their own behaviour as part of 'doing gender', and that such 'gender doing' can contribute to the development of illness and to difficulties in

recovery. The aim of this study was to describe how occupational therapists perceive gender and its importance for occupational therapy and their own daily work.

Method

Participants

To test the interview guide, six teachers employed at an occupational therapy programme in Sweden were asked to participate, and four female participants agreed. As no changes were made to the interview guide after this focus group interview, the participants were asked for their permission to include the interview in the study. Furthermore, the first author gave 16 occupational therapists, aged 25 - 62 years, verbal information over the telephone about the study and invited them to participate. These occupational therapists represented three work domains in occupational therapy: six women worked in specialist care in hospitals, four men in work-related rehabilitation (one declined before the interview) and six women (two declined before the interview) in community care. In all, the material was based on four focus group interviews that included 17 of 20 invited occupational therapists.

Convenience sampling (Morgan, 1997) in specific work domains was undertaken to facilitate communication in the groups, as recommended by Kitzinger (1994), as the occupational therapists had shared experience of practical performance in that specific work domain. All the participating occupational therapists worked as tutors to occupational therapy students and their workplaces were located close to the occupational therapy programme. After they had agreed by telephone to participate, written information was sent out detailing the aim of the study. The participants were told that participation was voluntary and that they could withdraw at any time. Confidential handling of the material and anonymity in the presentation of the results were guaranteed. This information was also given at the time of the interview.

Procedure

The interviews were conducted by two occupational therapy students, supervised by the first author, before and after the group sessions. Participants in a focus group discussed a specific theme that had been decided in advance; in this case, 'gender as a social construction'. Obtaining data and new insights is enabled by this methodology through the group's interaction (Kitzinger, 1994; Morgan, 1997). The discussion was led by a moderator, one of the students, working from an interview guide. This guaranteed that the same subject field was covered in all groups (Kitzinger, 1994; Morgan, 1997). The second student acted as an observer and made written comments (Morgan, 1997). The interviews were audio taped and varied in length between 45 and 60 minutes.

Interview guide

An interview guide with themes was outlined. The themes were 'reflections from occupational therapist encounters with male and female clients', 'perceptions of gender' and 'how a gender perspective may be used in occupational therapy, and its potential value'. The formulation of the themes as questions and at what point they were posed in the interviews varied depending on how the conversation developed. The first question was general: "How do you reflect on the encounter with a client depending on whether it is a man or a woman"? This opening question often covered or initiated the other themes. The two students used the interview guide as a checklist at the end of the session to guarantee that all themes had been discussed.

Data analysis

The students transcribed the interviews verbatim and each transcription was read through and checked against the tape by the first author. The first and second authors performed separate analyses of the material, as described by Krueger (1998), to increase its trustworthiness. First, each interview was read several times to form a general impression and to gain a sense of the whole. Then each interview was read and analysed line-by-line to identify all the topics that had been discussed within that specific focus group concerning gender. In this way, themes were identified. Then, the raw data from the themes, which could consist of a sentence, several sentences or a paragraph with similar meaning, were systematised into categories. The categories, which generated the themes, were compared and discussed with respect to similarities and differences in order to achieve an understanding of the material. When the material had been finally categorised, the complete interviews were re-read to verify the findings (Dahlin Ivanoff & Hultberg, 2006). Quotations were used in the text to enable the reader to evaluate the result. In the 'Results' section, the sign '[ ]' was used to make implied words explicit in a quote, and '/…/' was used to clarify when irrelevant parts of sentences were excluded.

Results

Gender as biological sex and gender-stereotyped occupations were recognised by the occupational therapists in the focus group interviews, yet they were unaware of 'doing gender' in the encounters with the clients (see Figure 1). Objective, neutral and individualised communication, interaction and interventions were presented as concepts in occupational therapy frames of reference in the occupational therapists' professional attitude, both as theoretical foundations and in practice in client encounters. These concepts were recognised by the occupational therapists as value-free and not considered to be situated in time, place or culture. In comparison, the concept of gender was seen as value-loaded and placed outside

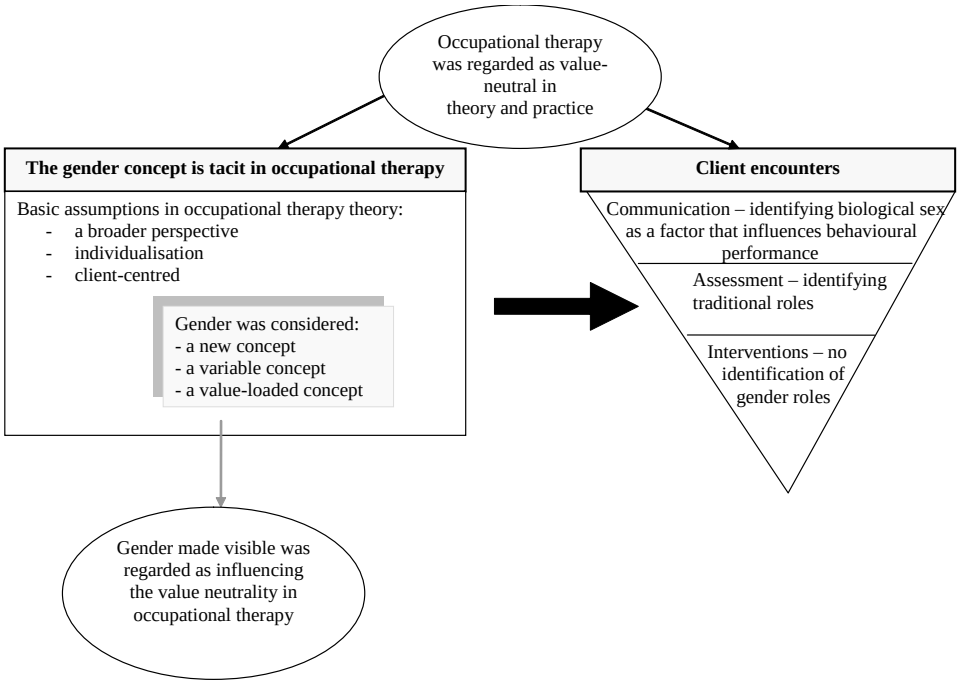

Figure 1. Illustration of themes and categories appearing from the data analysis

occupational therapy as part of general mainstream theory. To be value-free and not to allow one's own beliefs and values to be visible in the encounter with the client guaranteed a client-centred approach, according to the participants. In contrast, when the gender concept was made explicit, it was seen as value-laden and considered as a position with connotations to certain ideological and/or political values. As such, it came into conflict with the concepts in occupational therapy frames of reference. The occupational therapists were eager not to let their own values on femininity and masculinity and the societal positions of men and women influence their encounters with and treatment of clients. The analysis showed two emerging main themes: 'the concept of gender is tacit in occupational therapy' and 'client encounters', which were composed of categories. The theme 'the concept of gender is tacit in occupational therapy' was built up of 'broader perspective', 'individualisation', 'client-centred approach', 'a new concept', 'a variable concept' and 'values'. The 'client encounters' theme consisted of 'communication', 'assessment' and 'interventions' (see Figure 1). The results are presented by themes and verified by quotations from the participants.

Concept of gender is tacit in occupational therapy

Gender should be viewed as influencing the clients' life situations as strongly as age, culture and time perspectives, according to the participants. Furthermore, the participants emphasised that a *broader perspective* than merely gender was necessary in occupational therapy. "It is one factor among a lot of others that you have to think about when you are trying to understand a person". The need to *individualise* regardless of gender and culture was emphasised and explained as holism and a *client-centred approach*. It was considered a core concept in occupational therapy. The participants said that a client-centred approach in itself may lead to gender awareness. An occupational therapist considered the client unique, not specifically from a gender perspective, and the information received before an encounter with a client governed the occupational therapist's actions, according to the participants. Greater knowledge of social norms and values was mentioned as one requirement for occupational therapists and it was considered desirable to know more about social changes and their influence on the clients' living conditions.

> "We need knowledge about what society looks like...with a high amount of burnouts among younger women with younger children when they are working…as an occupational therapist I might meet these".

The participants said that an occupational therapist must be aware of gender. "A conscious gender perspective in the encounter with the client might enable the profession to develop and provide deeper knowledge about the client. The biological sex would be of no importance". Another perspective was also expressed, and exemplified as follows:

> "The question is how you can act from a gender perspective, because it is based on your own values/…/ that is, what you think suits this person based on your own values and a perceived gender perspective…it can really go wrong".

The discussions revealed that the participants experienced the concept of gender as rather *new* and fashionable, and all declared that they had insufficient theoretical knowledge of the concept. "I don't know anything about gender… I haven't thought about gender….actually". Diverse opinions were expressed in the discussions, from "the gender perspective has no importance in daily life" to "we need a gender perspective to get everything into context". In the groups, the discussion about gender was focused on culture. The participants stated that the culture and social contexts a person had grown up in shaped that person's gender, which was classified as socially constructed gender. "Gender is what you are socialised into….the social context….the culture, that is to say, and the roles you have".

Gender, according to the participants, was *a variable concept* that differed between cultures and depended on a particular time period. The participants said that traditional roles in Sweden have changed and that older women and men have different roles compared with younger people, for example in the household. "It is so seldom, except in the youngest generations, that duties and responsibilities are shared". However, the opposite opinions were expressed: "It's not certain that a twenty year-old has modern thoughts about gender roles…they [the youths] can be enormously traditional".

According to the participants, values lead to what is regarded as femininity and masculinity in different cultures, and they had definite values themselves regarding gender in non-Swedish

cultures. “There you are in a weak position as a woman as well”. The participants said that the cultural influence on a person’s gender made it difficult for them to understand individuals born outside Sweden. One participant said:

> “…it’s really hard, when it’s an immigrant, to understand their values/…/ you are not able to do that, so to speak…how they might view things, and then you can miss things that you just don’t think could be important for them, just because you don’t have the knowledge”.

Our *values* were considered to arise from our socialisation in society. The participants talked a lot about their prejudices, and how these might influence first impressions: “You ascribe characteristics to people”. They regarded their values as many preconceived notions that might be difficult, even devastating, for clients to experience when undergoing occupational therapy. The occupational therapists might act on the basis of their own values, leading to the clients’ wishes and needs not being met. The importance of an awareness of personal prejudice was emphasised in the groups, as exemplified here: “You sort of take things for granted and generalise when you shouldn’t”. The opposite opinion also emerged, that previous knowledge and opinions might facilitate the assessment of clients: “Sometimes you actually have a lot of knowledge beforehand and it shortens the amount of time I have to spend on assessment … I can focus more effectively”. This was verbalised in another group as: “You know that a person has a specific diagnosis…you know that in general it causes some problems”. The participants said that they needed time for discussions with workmates in order to increase their awareness of their own thinking and values. The importance of self-knowledge was also emphasised: “To be professional is to keep your values to yourself”.

Client encounters

The participants said that there were no differences in their behaviour towards male and female clients.

> "Spontaneously, I don't feel that I make a difference between a man and a woman when I meet them for the first time; it's more about the activity limitations they experience".

However, the participants expressed some differences in *communication* when meeting a female or a male client. The opinion was that women can more easily verbalise their problems: "It's easier to have a conversation with women because they express themselves more easily if it's about feelings or pain or whatever". Men were considered more categorical and verifying in their demands compared with women:

> "It's hard to question what a man says …men express themselves often more categorically and confidently…it's as if they don't intend to be questioned, whereas women more often ask: 'Is this not the case? What do you think?' "

The participants said that in the encounter with the client, occupational therapists regarded men as having a more controlled way of handling their problems, and they felt that this attitude in an occupational therapist can lead to immediate interventions for men, whereas women may have to wait.

Men were asked more about their work situation than were women at the *assessment*, as exemplified by one group: "There's more focus on work-related questions to men; with women it's more about organising the daily activities, the basics in life". This was confirmed

by another group: "Because men need to work you have to think about solving their work situation to avoid a loss of production". The participants said that questions to female clients had a different focus:

> "Concerning women, I will automatically ask about roles that do not include work or leisure…I mean taking care of family and so on/…/from experience I know this naturally belongs to the woman".

The participants highlighted the importance of using standardised assessment instruments to reduce the influence of prejudice from the individual occupational therapist. The participants discussed the way the instruments are tested concerning content validity: "It would be interesting to assess a group of men and a group of women, because perhaps the questions are misdirected...perhaps the gender aspect has not been taken into consideration".

The participants said that the activities used for *interventions* were primarily based on the client's interests and preferences, not gender.

> "If the individual really chooses the activity on her own, you respect the person's social role, and I think you must do this as an occupational therapist because you have to focus on the individual, so to speak".

Discussion

Methodological considerations

This study used an exploratory approach to the gender concept, as the focus group technique enabled a diversity of subjective opinions to appear. The opening question, "How do you

reflect on the encounter with a client depending on whether it is a man or woman?" was a non-directive question. According to Kidd and Parshall (2000), this is of significance for enabling participants to conduct an open discussion with spontaneous contributions in a focus group. The result showed a high consensus between groups concerning categories, which supports the belief that the number of groups was sufficient.

Many aspects of the same category appeared in the groups, which may suggest that the participants felt free in their discussion and that the subject discussed did not demand a fixed point of view. Instead, contradictory opinions appeared. During the discussion, an increased awareness of the concept emerged when participants articulated their views openly. This has been described by Dahlin Ivanoff and Hultberg (2006) as a common outcome of focus group interviews.

As it is considered that groups that are more homogeneous (Sim, 1998) will be more confident in the interview situation, the participants in the different focus groups were selected from similar work domains. The groups were also homogeneous with respect to the gender of the occupational therapists. One group had three men and that group did not show any differences in opinions compared with the other groups.

Discussion of results

Two main themes were identified: 'the concept of gender is tacit in occupational therapy' and 'client encounters', which reflect two different aspects of occupational therapy, namely concepts in occupational therapy frames of reference, as perceived and articulated by the participants, and their practice in daily interaction with clients.

The category ‘the concept of gender is tacit in occupational therapy’ referred to occupational therapy as specific knowledge and theory. The participants presented a professionally based rationale for avoiding gender and said that using a client-centred approach and viewing the clients holistically guaranteed that possible gender-specific needs among the clients were identified. In our study, this core of professional competence, including the aim of not being governed by prejudice and values but being value-free, was taken as security against the possible risk of treating men and women unequally. Law, Baptiste and Mills (1995) describe the basic assumption of a client-centred approach as ‘seeing all clients as unique and as experts on their own occupational function’. Nevertheless, the process in such an approach does not automatically lead to a gendered perception by the occupational therapists that results in equal treatment of women and men or, when necessary, different approaches to men and women. It may instead lead to a situation in which the occupational therapists reproduce a non-reflective approach, including stereotypical expectations, communication and treatment. Such an approach can sometimes even reinforce behaviour that might not strengthen health or healthy behaviour in the clients. Courtenay (2000) has suggested that some aspects of traditional masculinity are associated with a negative lifestyle. The occupational therapist’s own values, thoughts and previous experiences in the encounter can thus influence client outcomes if gendered perceptions are not identified. Furthermore, Kirsh, Trentham and Cole (2006) discuss, in a study of minorities and diversity, that there is a need for increased knowledge by occupational therapists about the complex and dynamic nature of a person’s cultural identity development to avoid stereotypical behaviour, which also includes a gender perspective from occupational therapists. The authors conclude that occupational therapists are not automatically focused on a client’s traditions, beliefs and values, despite occupational therapy’s espousal of a client-centred approach.

A gendered perception might be understood by occupational therapists and other professionals as being politically associated with certain values. Thus, a gender-neutral position might be preferred. However, a value-free and neutral position has often been found to give men privileges over women, as men have often been seen as the norm in medicine and health care (Hammarström, 2003). A well-known example is the difference in identification and treatment of women and men with myocardial infarction (Swahn, 2006). Another example is the possibility of limitations to the understanding of depression in men, who, according to some researchers, present with different symptoms from women (Moller-Leimkuhler, Bottlender, Strauss & Rutz, 2004). Furthermore, in work rehabilitation, it has been shown that men received different treatment and interventions compared with women (Ahlgren & Hammarström, 2000). This standpoint was also what the participants reported in this study, for example, when they said that they were more active in their interventions with men than in those involving women. They considered men more decisive and demanding and therefore treated them differently, for example by taking rehabilitation measures more quickly. It was not possible to draw any conclusion from this qualitative study about whether the participants really favoured the men. However, a therapist's unawareness of the influence of gender often results in an accumulation of advantages for men. According to Valian (1999), this accumulation is created by men's and women's implicit hypotheses about gender differences, which lead to gender differences in characteristics, behaviours, perception and evaluations of men and women. Contrary to the gender-neutral position, the gendered perception in client encounters entails an open positioning and understanding of the world. Men and women are regarded as individuals with individual needs and behaviour.

In the socialisation of an occupational therapist, neutrality and objectivity in relation to the client are valued and considered desirable. Developing and applying a gendered perception

might be experienced as a threat to this valued neutrality. The participants in this study also objected to a gendered perception, which they associated with a value-loaded attitude, in contrast to not identifying specific needs based on gender, an approach they considered value-free. The participants were against preconceived ideas based on group belonging, which in this case was gender, as they believed that each client should be treated as an individual. This is a classic humanistic and liberal position. It is the basis of Swedish health care (The National Board of Health and Welfare, 1982) and, as mentioned before, a cornerstone in health education. However, the participants discussed the issue of individuals born in other countries or raised in immigrant families. These individuals belonged to specific cultures that the occupational therapists took into consideration. Thus, it seems the participants had double standards, regarding ethnicity and culture as reasonable grounds for a specific reception, whereas gender was not considered such a ground.

The occupational therapists in this study said that they used previously gained knowledge in their encounters with clients. This was also shown in a previous study (Guidetti & Tham, 2000), in which one of the therapeutic strategies used by occupational therapists to understand clients was to apply the knowledge that the occupational therapists already had, known as the "knowledge bank" (p. 263). This knowledge, which included theoretical knowledge, was also based on previous work with former clients. In this approach, there is a danger of missing the unique perspective of a specific person. Watson (2006) emphasised that because personal culture differs, occupational therapists' practice becomes effective when matched to the individual's beliefs and values. Therefore, it is important to meet the clients without any preconceived opinions on the part of the therapist and this must also include gender.

Limitations

The results need to be interpreted in the light of the constructed situation that a focus group produces. Group dynamics may be influenced and those who agree to participate in these forms of interviews may be more articulate (Sim, 1998). Furthermore, it would have been valuable to observe the interaction in the groups, but the authors chose to not participate because this might have inhibited the communication in the groups, as the authors could have been regarded as experts in the area. This could have led to socially desired answers instead of a free and unbiased discussion (Dahlin Ivanoff & Hultberg, 2006). More participants would be needed to increase the generalisation of the results. The sample represented one geographical location in Sweden and may not be representative of all practising occupational therapists.

Conclusion

This study demonstrated that occupational therapists were unaware of the possibility that they were 'doing gender' in their encounters with clients. Double standards were applied in the understanding of gender compared with ethnicity. Women born in foreign countries were described as subordinated and living in unequal relationships, while Swedish-born women were described as equal.

Implications of these findings for occupational therapy education and practice should include the gender perspective and its consequences for our clients, which could increase the awareness of the concept and its relevance for health in both men and women. In practice, opportunities for collegial audit of how assessments are performed in client encounters may lead to an increased awareness of 'doing gender'.

In the future, research with larger populations is needed and this should also include occupational therapists from different cultures and with their own perceptions of the gender perspective. There is a need for extended research of core concepts in occupational therapy, such as holism, the client-centred approach and roles in understanding gender. Future research also needs to investigate how a gender perspective can be used as an analytic tool in understanding clients' daily life situations in a better way. Future studies could include the analysis of assessments in occupational therapy from a gender perspective. Furthermore, there is a need to investigate whether gendered perceptions will shorten or lengthen a rehabilitation period and affect the chosen interventions and subsequently the outcome for the clients.

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