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Letter from the Editor: Let's Talk about Function

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Letter from the Editor: Let's Talk about Function

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In recent months, I have attended the funerals of friends and family members. During the eulogies of these loved ones, I was struck by the importance of occupations. A person's life seems to be defined by two factors: relationships and occupations. How well the person is able to function in those occupations, however, defines the quality of his or her life. A person may be an avid tennis player and live a life that is identified by that occupation, but if he or she is unable to function in that occupation, then he or she is unable to live life to the fullest.

The use of the terms occupation, occupational performance, and function have been defined, redefined, and debated, often fiercely, throughout the history of the profession of occupational therapy (OT). Despite these efforts to clarify the terms, debate continues about their use, and the general public seems to prefer the term function to the term occupational performance.

Historically, our profession has used the term function in varying degrees. A sample of early publications in *The American Journal of Occupational Therapy* reveals an extensive use of the term function (Ayers, 1954; Ayers, 1958; Coralt, Yamshon, & Nowick, 1949; Doescher & Umwersowetz, 1955; Reilly, 1956; Ritter, 1951; Steitz, 1957). Early authors in the profession seemed to put forth an effort to ensure that descriptions of what we, as occupational therapists, offer our clients included the term function. Periodically, the debate over assessment of function as a core concept in OT has reemerged in the profession. In the early and mid-1990s, many authors were advocating for function to be the

central, defining focus of our assessment in OT (Dunn, 1993; Phillips & Renton, 1995; Trombly, 1993). Recently, authors have once again begun to call for function to be a central focus of our assessment process (Doucet & Gutman, 2013; Majnemer, 2009). Others, however, have argued that the term occupation should be our exclusive core conceptual term (Brown & Bourke-Taylor, 2012; Nelson, 1997; Pierce, 2001; Whiteford, Townsend, & Hocking, 2000; Yerxa, 1998). Proponents of the term occupation have been successful in that occupational therapists often insert the term into every aspect of our professional language (e.g., occupational analysis, occupational synthesis, and occupational adaptation). Even though occupation has a significant presence in our OT language, the term is not clearly or specifically defined (Brown & Bourke-Taylor, 2012; Whiteford, Townsend, & Hocking, 2000), or it is defined in varied ways. For example, Nelson (1997) defines occupation as “the relationship between an *occupational form* and an *occupational performance*” (pg. 12), Yerxa (1998) defines occupation as “the units of organized activity within the ongoing stream of human behavior that are named and classified by a society” (pg. 366), and Pierce (2001) defines occupation as “a subjective event in perceived temporal, spatial, and sociocultural conditions that are unique to that one-time occurrence” (pg. 139).

Not only have the definitions and uses of these terms varied but also the relationship between these terms has been unclear. The American Occupational Therapy Association (AOTA) defines occupation as an activity that people engage in

throughout their daily lives (AOTA, 1997).

Function is the capacity for performing occupations in a manner to fulfill one's purpose. Purpose can be any performance area or role. Occupational performance is also the ability to function in a role. The OT profession uses occupational performance and function interchangeably (AOTA, 1995).

While members of the OT profession have not uniformly accepted the term function, other health professions have embraced it. The term can be found extensively in the literature of other professions such as nursing, speech and language pathology, physical therapy, and neuropsychology. Although these professions sometimes use the term function to describe bodily functions (e.g., lingual function, swallowing function, upper extremity function, cognitive function), they also describe their practices in terms of function in activities of daily living (Gutman, 1998). By using the term function, other professions have provided the public with an understanding of the importance of their services to their everyday lives while also ensuring reimbursement from third party payers. A shift in our medical care system to managed care allows these organizations to withhold payment for services that are not deemed useful for enhancing functional independence (Gutman, 1998).

In the research literature, other professions continue to use the term function more often than OT. An ArticleFirst search for the keyword "function" for the year 2012 results in 3,105 articles. Only seven of those articles are from OT sources, and those seven are from the *British Journal of Occupational Therapy*. An ArticleFirst

search for the keyword "occupation" for the year
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2012 results in only 88 articles. Of those, only one article uses the term occupation as we define it in our profession. The other 87 articles use the term to mean work or the taking over of land or space. Although there have been efforts in our profession to promote the use of the term occupation, the general public and the research community do not use or define the term occupation in the same way that the OT profession does (AOTA, 1997). The general public still associates the term occupation with work or control of land.

As a profession, we have put forth the idea that if we use the term repeatedly and insert it into our language frequently, then the general public will adopt our meaning of the term into their language (Brown & Bourke-Taylor, 2012). Despite our best efforts, however, this has not occurred. There is no evidence to support the idea that the general public or even other professions have embraced our use of the term occupation.

Furthermore, there is a disconnection between the published literature from the academic arenas and the language used in clinical practice. An examination of the titles of the presentations listed in AOTA's 93rd Annual Conference and Expo brochure reveals an extensive use of the term occupation. Of the 900 presentation titles, 33% (n = 295) include the term occupation and only 2% (n = 18) include the term function. Many of the terms used in the presentation titles might confuse the general public. For example, they may interpret engagement in occupations as working, occupational transitions as changing jobs, occupational justice as equal employment for all, occupational deprivation as a lack of a job,

occupations for children as child labor, occupational imbalance as too much or too little work, and music as occupation as a career in music.

As therapists interact with the general public, the need to use the term function for communication becomes apparent. A search of the top 30 rehabilitation hospitals, according to *U.S. News and World Report* (2013), reveals the opposite trend in the use of the terms occupation and function. We examined the descriptions of OT services on these hospital websites. Four of the hospitals did not specifically define OT. Of the 26 that did define OT, 62% (n = 16) use the term function to define their services. Fewer than one percent (n = 2) use the term occupation, and both of those hospitals also use the term function to clarify the meaning of the term occupation.

The health professions have a responsibility to provide information in a way that the public can use and understand. The use of the term function may be helpful for health literacy. According to Sorensen et al. (2012) health literacy is an individual's "skills to obtain, process and understand health information and services necessary to make appropriate health decisions" (pg. 3). Health literacy goes beyond the individual's skills, however, and is an interaction with the demands of the health system (Sorensen et al., 2012). Part of the demands of the health system is the written and oral information that is provided to the individuals (Baker, 2006).

Health literacy barriers include double-barreled phrasing, the use of medical terminology, and partial understanding of key concepts (Magasi, Durkin, Wolf, & Deutsch, 2009). Brief definitions

of key terms may help reduce these barriers (Magasi et al., 2009). Definitions, however, may not be enough. Stableford and Mettger (2007) call for the use of "plain language" to help solve the problem of poor health literacy. Plain language is the use of terms that are accessible to the intended audience. Plain language communication can reduce health disparities, increase safety and quality of care, improve the prevention and treatment of chronic diseases, and increase adherence to healthier lifestyle behaviors (Stableford & Mettger, 2007).

As occupational therapists, we must communicate with increased empathy for the person's level of understanding. The use of the term occupational performance may make us feel more connected to our profession, but for the person trying to make sense of our services, it may lead to confusion and widen the communication gap between OT professionals and the general public. If occupational performance and function have the same meaning, why would we choose to use the jargon that confuses the people with whom we work? For example, if a therapist is working with a child and is trying to explain the purpose of OT to the parents, the statement, "We want to work with your child on his occupational performance" might confuse the parents. The statement, "We want to help your child learn to function better" is clearer. The use of plain, non-jargon language promotes health literacy and an understanding of our services.

The general public needs to understand the purpose of OT in order to make informed healthcare decisions for themselves and their loved ones. It is acceptable for occupational therapists to use professional jargon amongst ourselves, but to be

more accessible to the general public we need to use terms that they understand. This is especially important for OT information that is accessible via the Internet. As many as 86% of people obtain health-related information on-line (McInnes & Haglund, 2011). Because *The Open Journal of Occupational Therapy* (OJOT) is an on-line, open-access journal that is accessible without a subscription barrier, it is especially important that our language help promote health literacy. We have made a conscious decision to include language that fosters the communication of our services to the general public for whom OJOT can become a resource for healthcare decisions.

Conclusion

As the general public becomes savvier with regard to medical information, we need to be aware of how they perceive our literature and use it to make healthcare decisions. If we want to attract clients to our services, we need to communicate effectively with them. Our literature uses the terms occupation, occupational performance, and function interchangeably and the definitions have sometimes been confusing. If they are confusing for us, as occupational therapists, they must be even more confusing to the general public for whom the term occupation still means work or the taking over of land or space. Our official documents state that the terms occupational performance and function have the same meaning. We, therefore, should use the

more simple, non-jargon term to communicate with the general public.

The use of the term function also helps us communicate our domain of concern to other professions and third party payers. When we stop using the term function, other professions embrace it and third party payers may deny reimbursement. We need to make it clear through our oral and written communication that we do address function as a core concept in OT. Not only should we publish articles that use the term function, but we should be publishing guidelines for practice that detail how we use function in treatment and how we produce functional outcomes. We should also publish research that supports the validity and effectiveness of the functional evaluations and treatments that are detailed in those guidelines for practice.

For publications in OJOT, we encourage the use of terms like function, which help the general public understand the value of our profession for ameliorating deficits that impact activities of daily living. Just as it was in the early dissemination of our literature, the term function should be apparent in our current publications. In the profession, we have developed a knack for using the term occupation for communicating with each other, but we may have forgotten to use our empathic selves to understand how to communicate with people not trained in OT.

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