THE LIVED EXPERIENCES OF OCCUPATIONAL THERAPISTS IN BUILDING TRUST WITH THEIR PATIENTS

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ABSTRACT

The professionalism of Occupational Therapists (OTs) illustrates a solid dedication to the provision of health services. This research aims to thoroughly understand the daily experiences of OTs in their work and how they build trust with their patients through consistent communication, empathy, and transparency. Methodology: This study is qualitative and employs phenomenological research design. It seeks to describe the lived experiences of OTs in building trust with their patients. Results: From the responses of the participants, Embracing Therapy Challenges, Establishing Confidence, and Feedbacking emerged. Discussion: OTs are experiencing and Embracing Therapy Challenges, including Communication, Emotion, and Opposition. Establishing Confidence within OTs and their patients became clear, where satisfaction and empathy caused by complex interactions in their profession were felt all because of Active Listening, Mutual Understanding, and Rapport Building. In response to the challenges and emotional needs, OTs employ Feedbacking such as Self-Assessment, Patients' Engagement and Improvement. The support and appreciation of OTs are crucial for maintaining the quality of care, building trust and medical treatment they provide to their patients. Conclusion: The study delves into how occupational therapists foster and build trust with patients through empathy and active listening, crucial for patient engagement and therapeutic progress. Recommendations include prioritizing ongoing professional development and supportive work environments to enhance therapists' capacity in building trust and delivering effective care.

Keywords: *Occupational Therapists, Phenomenology, Trust*

INTRODUCTION

Establishing and maintaining trust is an essential component of any therapeutic engagement, and occupational therapists are vital in helping patients develop and sustain this trust. Collaboration and communication are two of the most important aspects of the therapeutic process, and they both depend on trust. Asking questions can help therapists build trust with patients, but as the patient's care advances, the therapist needs to show a dedication to preserving the patient's psychological, and emotional well-being.

Establishing a solid foundation of trust is crucial in the interaction between healthcare providers and patients. Trust fosters open communication, encouraging patients to participate actively in conversations regarding their well-being and to follow medical advice diligently. Conversely, a loss of trust may result in decreased utilization of healthcare resources and limited access to vital treatments and preventive measures, ultimately jeopardizing overall health (Watson, 2020).

Reduced confidence in the medical system can lead to detrimental outcomes as people may choose not to seek medical help or follow prescribed treatments. This lack of trust in healthcare services can lead to underutilization, causing individuals to neglect essential treatments and preventive measures necessary for maintaining good health.

Occupational therapists (OTs) are key players in building trust with their patients. They help with barriers that affect a person's emotional, social, and physical needs (Finlan, 2020). By doing so, both the lives of the patients and the healthcare industry are positively affected. In the lives of patients, the impact of OTs building trust with them is undeniable. Through their services, it becomes easier for patients to share their experiences, feelings, and emotions which results in successful and meaningful sessions. Trust building can be achieved in multiple ways. Active listening can help build trust, as can improving verbal and nonverbal communication skills (Shanahan & Cunningham, 2021). Without trust, it is very challenging to establish a therapeutic relationship and for patients to take the necessary actions to better their own, their families', or even the entire community's health.

This study underscores the lived experiences of overseas Occupational Therapists. The daily interactions of occupational therapists with their patients are rooted in the trust they build through empathy, reliability, and genuine care, shaping the essence of their profession. This study aims to answer the central question: "How can the experiences of the Occupational Therapists in dealing with patients be described?", with the specific question: "How do occupational therapists effectively build trust with their patients?".
The research questions are formulated to narrow down the main inquiry to extract more specific responses. The questions revolved around the occupational therapists' job environment.

This study could be a great source of information to the body of knowledge through the analysis of their personal challenges, triumphs, and obstacles that OTs have faced in

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their own lives can serve as the foundation for the development of methods and strategies for building trust between OTs and their patients that can foster empathy and relatability with patients. This shared understanding can deepen the therapeutic relationship, as patients feel understood and supported by someone who can empathize with their struggles. The findings and results of the study can be the foundational basis for the development of new training and regulatory programs in the field of occupational therapy, which aims at improving the quality of healthcare and ultimately can improve clinical outcomes.

Research Questions
Central Question:
How can the experiences of the Occupational Therapists in dealing with patients be described?

Specific Question:
How do occupational therapists effectively build trust with their patients?

Developmental Questions:
1.1. How do you engage in interaction with the patient?
 1.1.1. How do you start communication with the patient?
 1.1.2. How do you manage your composure before interacting with the patient?
 1.1.3. What specific verbal and nonverbal communication strategies do you use to build rapport with patients?
 1.1.4. How do you balance the need for efficient patient care with the need to establish meaningful connections with patients during interactions?
 1.1.5. What are some common challenges that arise during patient interactions, and how do you address these challenges?

1.2. How do you communicate with your patient?
 1.2.1. How do you project your tone when communicating with the patient?
 1.2.2. What techniques do you apply for a smooth communication between you and your patient? If yes, do you think that good communication is a big factor when dealing with patients?
 1.2.3. How important is being a good listener in situations where the patient opens up to you?
 1.2.4. Was there a time where you had a patient who doubted you at first? If yes, what was the reason behind it? If not, what would you regard as an important factor in building trust with your patient?
 1.2.5. Is there a difference with how you communicate between adults and children? If yes, in what aspects do they differ? If not, what aspects are they similar in?

1.3. What strategies do you employ to build trust with your patients?
 1.3.1. How do occupational therapists assess their patient's history to identify   current health issues?

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1.3.2. How do occupational therapists manage patient requests that exceed their capacity to assist?

1.3.3. How should occupational therapists adjust their communication style when dealing with young patients? How about with young adults?

1.3.4. How do you handle a patient who is not open to discussing his or her experiences?

1.3.5. How do you project yourself in communicating with your patient? Is it an important aspect in the performance of your duty?

1.4. What is your approach to demonstrating compassion for your patients?

1.4.1. What methods do you use to make your patients appear calm?

1.4.2. How does your body language influence how you interact with your patient?

1.4.3. How do you evaluate the performance of your patients when interacting with them?

1.4.4. What words do you typically use when interacting with your patient?

1.4.5. What techniques do you use to effectively build rapport with your patient?

1.5. How does the process of building trust with patients affect the lived experiences of occupational therapists?

1.5.1. How does the process of building trust with patients affect the physical interactions of occupational therapists?

1.5.2. How does the process of building trust with patients affect the work-life balance of occupational therapists?

1.5.3. How does the process of building trust with patients affect the emotions of occupational therapists?

1.5.4. How does the process of building trust with patients affect the view of occupational therapists?

1.5.5. How does the process of building trust with patients affect the decision-making skills of occupational therapists?

METHODOLOGY

To understand the lived experiences of occupational therapists in developing trust with their patients, this study uses a phenomenological research approach and is qualitative in general. The qualitative method is used to gain an understanding of people's attitudes, interactions, behaviors, and beliefs. It generates non-numerical data (Pathak, 2013). A phenomenological approach was performed to address the need to understand the challenges experienced by Occupational Therapists (OTs). The use of phenomenological research best fits this study for it focuses on the individual's lived experiences within the world (Neubauer et al., 2019).

The primary goal of the study was to describe the occupational therapists' (OTs') lived experiences, which are part of the intricate process of building trust with their patients.

With a focus on the central question, "How can the experiences of the Occupational Therapists in dealing with patients be described?", with the specific question: "How do occupational therapists effectively build trust with their patients?".

Various methods were used to facilitate the collection, analysis, and interpretation of data from the participants. In-depth face-to-face interviews and Zoom video conferencing were conducted as agreed by the participants. Data triangulation was also utilized in this study in a way that it uses multiple data sources, such as interviews, observations, and documents, to comprehensively understand the lived experiences of the participants (Delve & Limpaecher, 2023).

The research questions are formulated to narrow down the main inquiry to extract more specific responses which are validated by experts through member checking and facilitated through semi-structured interviews. The data obtained was analyzed to develop the themes that emerged in the simulacrum. The questions that were used in the interviews revolved around the common experiences the OTs had regarding their trust-building, interactions, and strategies they used with their patients.

Research Locus and Sample

This study was conducted in Philippine School Doha, (PSD) located in Mesaimeer Doha, Qatar. A total of nine (9) occupational therapists, four (4) males, and five (5) females (OTs) were selected as the participants of this study. There are only a total of nine participants instead of ten due to the inability to find another participant within the allotted time frame. The researchers made use of a purposeful sampling strategy to choose the participants. This is defined as the strategic selection of information-rich cases that will give insight into the inquiry question being investigated by its nature and substance (Patton, 2014). The participants for this research were chosen following the criteria set: (1) an international Occupational Therapist of any specialty; (2) with two or more years of work experience.

Data Collection and Ethical Consideration

The creation of the interview questions based on the central question and specific questions were the first step in the data-gathering procedure. The selected teachers with appropriate professional backgrounds validated them. Following validation, participants received emails with consent forms inviting them to freely partake in the study. The time and location of the interviews were determined by the availability of the participants. The Zoom video-conference and face-to-face interviews were primarily used.

Interviews with the participants were conducted using the robotfoto and interview guide. The participants also received orientation to give them a run-through of the interview process. The researchers used Zoom's recording feature to capture the interviews that the participants gave their permission to be recorded.

For the purpose of transcription of the participants' shared experiences, recordings will be required. The qualitative research process made extensive use of data interpretation and analysis in addition to transcripts of the oral responses. In the transcription, the confidentiality of the participants were observed, therefore, their names were not manifested, instead, they were referred to as P1, P2, P3, and so on. They were also referred to as R1, R2, R3, and so on.

Data Analysis

This study used data collected directly from the participants' perspectives and feelings. From their responses gathered through the designed interview, the research flow is then observed by using the following steps in data analysis: (1) Emic data transcription; (2) Emic to Etic transcription; (3) Cool to Warm Analysis; (4) identifying and analyzing themes through the dendrogram tool; (5) and the integration of these themes to the simulacrum of this research. This study will gain a thorough and deep understanding of the topic through this systematic procedure, analyzing the experiences of the occupational therapists through thematizing.

The first level of data analysis made sense of the set of information incurred, initially done by direct transcriptions then proceeded by data cleaning. The data treatment follows after, with the cool-warm analysis clustered and reflected to form the dendrogram, which then extracts the themes and the sub-themes created. The study's conceptual framework is embodied in the research's simulacrum which shows how the parts are interconnected. Then, the second level of data analysis reinforces the themes and sub-themes via the lenses of related literature and studies.

RESULTS

The phenomenological study delves into Occupational Therapists' (OTs) experiences in building trust with their patients. It aims to articulate the intricate process through which OTs build trust with their patients. Central to this exploration is the central question, "How can the experiences of the Occupational Therapists in dealing with patients be described? Additionally, this study is also focused on the specific question, "How do occupational therapists effectively build trust with their patients?". OTs primordial goal is to help improve a person's ability to perform daily tasks, expand independence, and address challenges, whether it relates to the physical, cognitive, and emotional aspects of their patients. While OTs play a crucial role in facilitating optimal performance and independence, challenges in trust-building can arise.

Through participant responses, three key themes emerged, namely: (1) Embracing Therapy Challenges - the range of issues OTs face in their practice, demanding considerable mental and physical effort to navigate effectively, thereby testing their abilities; (2) Establishing Confidence - the focus shifts to fostering confidence between OTs and their patients which denotes the impact, outcomes, or changes resulting from interactions and communication between the OT and the patient; (3) Feedbacking - The

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techniques utilized by OTs to address clients' challenges and enhance their independence. These themes and sub-themes provide insight into the multifaceted nature of the OT-patient relationship. They underscore the complexity and importance of trust-building in occupational therapy practice, ultimately contributing to enhanced patient outcomes and quality of care.

Figure 1 shows the simulacrum presenting the three major themes that emerged: Embracing Therapy Challenges. Establishing Confidence and Feedbacking. In the simulacrum, there are three main colors: yellow, red, and blue. The color yellow exhibits OTs Embracing Therapy Challenges as they try to build trust with their patients which highlights the importance of Communication, addressing Emotion, and overcoming Opposition. The color red portrays the importance of Establishing Confidence in each therapist-patient session. It is associated with Mutual Understanding, Active Listening, and Rapport Building. Lastly, the color blue represents the Feedbacking techniques OTs make use of in order to create an easy-going and trusting relationship with their patients. Under this theme are Self-Assessment, Patients' Engagement, and Improvement. All in all, the themes are connected to each other visible through a black solid color. Located in the middle is an icon of an occupation therapist, which ties the simulacrum all together.

Fig. 1: Different Themes in Building Trust with Their Patients

Embracing Therapy Challenges

Challenges at work are tasks that require a lot of mental or physical energy to complete correctly, which puts a person's ability to the test. OTs deal with a range of issues in their line of work, such as fostering trusting relationships with patients, assessing their needs, and controlling expectations. OTs struggle with a lack of time as well as the need for improved communication and assistance with a range of rehabilitation-related issues.

A. *Communication*

Communication itself is a challenge that wraps around the importance of proper communication between the occupational therapist and the patient. In the analysis of the result, it is shown how aspects of communication can become an obstacle to effective therapy. It is not just simple speaking and listening, but the need to properly understand each message, emotion, and need of the patient. The following participants expressed:

"The challenges that arise include resistance to therapy and communication barriers. I solve this by adjusting the way of communication, using different means when necessary, and showing empathy to build trust." (P7)

"...So for my patients, because in pediatric settings, you also have to know that their level of communication varies as well. Like not every kid has the same level of speech or communication or level of communication. So from there, I have to adjust." (P3)

"Mainly, the most common challenges that occur are communication issues." (P8)

The statements showcased how having proper communication is one of the most important aspects of having a healthy therapist-client relationship and is also one of the biggest obstacles OTs face with their clients, which sometimes leads to sessions that are not that effective.

The participants also expressed that:

"To overcome this, I adjust my communication approach and utilize various methods tailored to the clients' requirements." (P1)

"I underscore the communication obstacles, acknowledging the communication levels among the patients that I encounter." (P5)

One participant concisely noted,

"Our clinic frequently encounters communication hurdles." (P9)

B. *Emotion*

Emotions shed light as one of the problems faced by the OTs which are related to the feelings and emotions of the patients. The results of the study show how difficult the

emotional aspect of the therapy is. The participants mentioned:

"Success in building trust can cause positive emotions such as pleasure and inspiration, but it can also entail emotional tests, especially if the patient has a serious condition." (P7)

"There are times wherein patients tend to get emotional and have difficulties expressing their needs and wants so being sensitive to their situation, focusing on their weaknesses, and adjusting my way of interacting are some of the ways in which I have dealt with these challenges." (P9)

Moreover, amidst these emotional fluctuations, it's essential to maintain a patient-centered approach to communication and care.

"...But sometimes during the course of conversation, patients can be emotional and dilating." (P4)

This is further expounded by two more responses,

"Navigating the emotional landscape with patients requires a delicate balance of empathy and professionalism. These moments serve as opportunities to foster trust and understanding, which are integral to the therapeutic process." (P6)

"Encountering emotional challenges with patients underscores the profound nature of occupational therapy. As practitioners, we must remain attuned to the emotional cues and needs of our clients." (P3)

Acknowledging and addressing these emotional moments between the OT and client not only enhances the quality of care but also strengthens the human connection at the heart of health care, promoting a cooperative and empathetic way that contributes to the overall well-being of clients.

C. Opposition

This is one of the main therapy challenges OTs go through. Opposition of patients describes instances where there may be resistance or reluctance by the patient to start therapy. In analyzing the result, it is important to understand the causes of this opposition. What are the things that can become obstacles to patient cooperation? How does this affect the progress of therapy? Focusing on these opportunities will help develop strategies for better patient training and development.

"The challenges that arise include resistance to therapy and communication barriers." (P7)

Among the challenges encountered, which include opposition to therapy and communication barriers, often lead to fear and opposition from the patients to proceed with their treatments. The following statements strengthen the idea of patients wanting to resist their therapy sessions.

"Patients tend to get scared of unheard-of words and terms and this results in them resisting in continuing therapy." (P5)

"There are times where we have actual patients resisting and this serves as an obstacle in trust building." (P2)

As mentioned by the Occupational Therapist, opposition really is considered a difficult situation. This happens when the patient lacks trust in the occupational therapist assigned to them. Thus, this is why building trust with the patient is important.

"I've encountered instances where patients exhibit resistance to therapy due to a fear of the unknown. It's crucial for us as occupational therapists to address these fears sensitively, providing clear explanations and fostering an environment of trust and collaboration." (P8)

This participant mentioned that it's important for OTs to address fears and cases like these with both care and proficiency. The next statement further proves that opposition can occur due to multiple instances which makes it a difficult situation.

"Patient resistance can manifest in various forms, often stemming from a lack of understanding or past negative experiences. As therapists, it's our responsibility to address these barriers with patience and empathy, working towards building a therapeutic alliance grounded in mutual trust and respect." (P4)

Navigating patient resistance and communication barriers is a significant challenge for occupational therapists. By acknowledging and addressing these obstacles with empathy and understanding, therapists can foster trust and collaboration, ultimately enhancing the effectiveness of therapy and promoting positive outcomes for patients.

Establishing Confidence
The second major theme, the focus shifts to establishing confidence between occupational therapists (OT)s and their patients. Specifically, in this study, establishing confidence is a term frequently utilized to depict the influence, outcomes, or changes that arise from the interactions and communication between the OT and the patient.
The participants mentioned:

A. Mutual Understanding

Having the same perception brings about a more thorough development of the relationship. Mutual understanding creates a space for feelings and thoughts to be open,

promotes harmony, and opens the path for more effectively addressing the patient's needs.

"Interacting takes time since here, we get to truly understand their concerns, fostering a mutual understanding that makes our sessions more effective." (P1)

This assertion was backed up by two more comments that clarify how mutual understanding further enhances the experiences of both OT and patient.

"In our discussions, we've built an understanding that goes beyond the exercises; I adapt the sessions based on my patients' feedback, creating a collaborative rehabilitation experience." (P2)

"I feel a strong sense of mutual understanding with my patient; open communication allows them to share their thoughts, making the rehabilitation process more personalized and beneficial." (P6)

The participants had similar experiences with each other, given that having mutual understanding allows them all to express their needs, feelings, and thoughts with one another freely. This reduces the chances of obstacles coming their way.

"I've found that mutual understanding forms the bedrock of effective therapy. By taking the time to truly listen and understand my patients' concerns, we establish a shared understanding that goes beyond mere exercises." (P3)

These sentiments echo the importance of mutual understanding in fostering a collaborative and personalized therapeutic experience for both the occupational therapist and the patient.

"Building a sense of mutual understanding with my patients has been transformative in our rehabilitation journey. This mutual understanding not only strengthens our therapeutic bond but also enhances the effectiveness of our sessions." (P5)

These reflections underscore the profound impact of mutual understanding on enhancing the therapeutic relationship and improving outcomes for both the occupational therapist and the patient.

The shared experiences and reflections of occupational therapists highlight the pivotal role of mutual understanding in promoting effective communication, collaboration, and personalized care in rehabilitation settings. By fostering a climate of mutual understanding, therapists and patients alike can navigate challenges more effectively and work towards achieving meaningful therapeutic outcomes.

B. *Active Listening*

Active listening is more than just receiving sound; it is a way of understanding and appreciating the feelings and attitudes of the interlocutor. Through meaningful listening, the therapist paves the way for deep connections, builds trust, and creates space for the patient to open up to themselves. It opens the door for meditation and gives way to a thorough examination of the patient's experience.

"I use techniques such as active listening, showing empathy, and focusing on their individual needs. I always try to strengthen the connection and trust between me and my patient." (P8)

"The techniques that I mostly use are actively listening and showing empathy." (P7)

"...Verbal strategies include active listening, using open-ended questions, and clear explanations." (P5)

As expressed in the responses, by utilizing verbal strategies, particularly, active listening, Occupational Therapists point to creating an environment of belief and understanding, fundamental for compelling restorative results. OTs utilize nonverbal strategies like body language in expansion to verbal procedures like active listening to make strides in helpful interaction. OTs can construct a careful communication procedure that fosters empathy, compatibility, and particularly the leading conceivable advance by combining both verbal and nonverbal techniques.

"Active listening serves as a cornerstone for building meaningful connections with my patients. By genuinely tuning in to their concerns and emotions, I create a space where they feel heard and valued, fostering a therapeutic alliance grounded in trust and empathy." (P2)

The following participant noted that active listening goes beyond just listening to what the patients are saying, it's about actually comprehending the underlying emotions and their needs, thereby fostering an environment of respect, support, and empowerment for patients to explore their own experiences.

"Active listening isn't just about hearing words; it's about understanding the underlying emotions and needs of the individual. By employing active listening techniques, I aim to create an environment where patients feel respected, supported, and empowered to explore their own experiences." (P9)

In essence, the use of active listening techniques, coupled with nonverbal strategies like empathetic body language, underscores the importance of fostering a holistic therapeutic environment. By combining both verbal and nonverbal approaches, occupational therapists can cultivate a communication process that nurtures empathy, rapport, and ultimately, facilitates the journey towards optimal therapeutic outcomes for their patients.

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C. Rapport Building

In the working environment, rapport building is not just a task but a process of creating trust and understanding between two individuals. Here, we saw the importance of caring and developing the connection between OTs and patients since it gives way to a deeper relationship.

"Rapport is very important because it is a very important component of the therapist-patient relationship." (P3)

OTs alike consider building rapport an important aspect because it leads to a blooming and trusting relationship between the therapist and patient.

"So from the time you see them first, it's very important to be able to develop that rapport. Sometimes rapport happens on the first visit, or when you see them. Sometimes when we are considering visits, you will slowly develop that rapport and trust." (P4)

This response proved that the first time an OT meets and sees their patients, they should try to build rapport as it helps in developing that trust slowly but surely.

"My body language describes respect and fluency in communication, which creates a thorough rapport and makes my patient feel comfortable." (P8)

This statement further proves the OTs point, as body language creates a rapport that makes patients feel both safe and relaxed. A more relaxed and open therapy atmosphere can be created by using body language to help the OT and patient develop rapport and trust. Furthermore, reading a patient's body language can give the therapist important information about how they are feeling, which can help them better personalize their therapies. The following responses include insights that are interconnected with the topic.

"In my professional observation, the cornerstone of successful therapy rests upon the rapport cultivated between the therapist and the individual seeking assistance. It transcends mere verbal communication, encompassing the nurturing of an environment imbued with mutual respect and empathy, facilitating a space wherein patients genuinely feel acknowledged and comprehended." (P6)

"Building rapport goes beyond mere communication; it's about creating a safe space where patients feel valued and supported. As therapists, our ability to establish rapport sets the tone for the entire therapeutic journey, paving the way for meaningful progress and healing." (P9)

This last statement proves that rapport building is what helps the OTs create a meaningful and more sincere relationship with their patients since it focuses on making the patients feel safe and comfortable.

The process of rapport building in occupational therapy is pivotal in fostering trust,

understanding, and collaboration between therapists and patients. It's the cornerstone of effective therapy, creating a supportive environment where patients feel empowered to embark on their journey towards healing and well-being.

Feedbacking

Feedbacking techniques are methods and approaches employed by occupational therapists to address clients' challenges and enhance their independence. This involves adapting to the environment, utilizing assistive equipment, modifying task execution, and fostering skill development. The goal of feedback is to promote autonomy and enhance individuals' overall quality of life despite obstacles they may face.

A. Self-Assessment

The self-assessment process is a method of evaluating one's own performance or progress, serving as a means to identify areas for improvement. It involves reflecting on received information and responding to it internally. Occupational therapists utilize self-assessment as a tool to enhance and reinforce various aspects of their sessions. By engaging in attentive self-reflection and sharing feedback internally, both the patient and therapist can open pathways to greater learning and development.

"I evaluate my performance by meticulous observation, communication, and listening to their reactions and feedback." (P7)

Actively listening to feedback enables OTs to gauge the compliance of their patients with directives, laying the groundwork for the targeted goal.

"I conduct continuous assessment by listening to their feedback, evaluating their compliance with directives, and evaluating their physical performance in activities, aiming to implement appropriate intervention." (P8)

"Providing clear information about the therapy plan and asking their feedback also shows care in their opinion and participation." (P9)

"But in the long run, it's always fulfilling when after a couple of weeks, you get to see those small improvements. And even the parents, they would also share their feedback." (P5)

"So I think communication is really key in balancing this and the feedback as well." (P5)

Thus acknowledging the responses, and asking for feedback from patients results in a more informed and collaborative therapeutic process, fostering a sense of mutual respect and trust between the Occupational Therapist and the patient.

B. Patients' Engagement

The process of patient engagement is the affirmation of one's efficiency and abilities. This allows occupational therapists to foster stronger connections with their patients, ensuring

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their needs are understood and addressed effectively. Through patient engagement, therapists can actively involve individuals in their own care plans, leading to more meaningful and impactful rehabilitation outcomes.

"..And we have so many assessment tools that I cannot even count. So basically, interview, assessment tools, and functional evaluation." (P3)

"Evaluating my patients' performance is conducted by evaluating their competence, understanding their goals, and focusing on their progress in therapy." (P9)

Both these statements are backed up by more comment that states:

"I evaluate their performance by meticulous observation and communication." (P6)

"We'll evaluate them in terms of their mental capacity or physical capacity, …" (P1)

"I try to make sure that I know a bit of the client that I'm going to handle. So in the clinic, of course, the parent would usually inquire for an evaluation." (P5)

"I evaluate also the performance of my patients when I interact with them using their body language also, because sometimes they are not really there like they're physically there, but their mind is…" (P5)

According to the participants, Occupational Therapists gauge patients' progress effectively by using various assessment techniques. This holistic approach, rooted in patient engagement, ensures interventions are tailored to individual needs and goals, fostering a very collaborative and goal-oriented therapy.

C. Improvement

Improvement is like a guide that takes us on a journey through a world full of growth and development. Especially with children and with the use of improvement-focused strategies, every step in the direction of a healthy patient-therapist relationship becomes more energetic and meaningful. Based on a statement that backs this up:

"There is a difference in the way of communicating with adults and children. In adults, more elaboration and detail are used, while in children, more often use simple language and visual aids to understand better." (P3)

This remark is further supported by more responses that showcase the differences in how OTs communicate with patients belonging to different age groups.

"For adults, we are more attached to specific details and actual experiences they go through, whereas in children, they are more delighted with visual help." (P8)

"In adults, more elaboration and detail are used, while in children, more often use simple language and visual aids to understand better." (P7)

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"When we deal with young patients, we use simpler and childish language, in conjunction with the use of visual aids." (P7)

"In communicating with young patients, the use of simple language, visual assistance, and having a thorough understanding of their needs are important." (P8)

Considering the responses of the participants, it is clear that most of them make use of improvement-focused strategies, including visual aids and visual supports, that make therapy with children easier and livelier. This emphasis on utilizing such tools underscores the dedication to fostering collaborative and engaging therapy experiences, ultimately enhancing the patient-therapist relationship.

DISCUSSION

Occupational Therapists (OTs) faced diverse challenges in their workplace that had a profound impact on both their professional and personal lives. The main objective of this study was to uncover the nuanced process through which occupational therapists (OTs) build trust with their patients. By examining the experiences of OTs in fostering trust, this research aimed to provide a comprehensive understanding of the strategies and interactions that contribute to the development of strong therapeutic relationships. Effective treatment is predicated on therapists and patients developing trust. The foundation of therapeutic relationships is trust, which creates a setting in which patients feel supported, understood and protected.

Embracing Therapy Challenges

Therapy challenges refer to various difficulties and obstacles that individuals may encounter during the process of therapy or counseling. These challenges can arise for both clients and therapists and may impact the effectiveness of the therapeutic relationship.

Highly attuned listening and communication skills are key components of occupational therapy practice as the basis for establishing a therapeutic rapport with patients and their families. Effective listening and communication have been shown to exert a positive influence on the development of healthcare providers–patient relationships and fostering improved patient understanding, adherence to treatment plans and increased patient satisfaction levels.

Proficiency in attentive listening and clear communication is intricately linked to the concept of professionalism, as it is considered an essential skill set for healthcare providers. It encompasses the display and utilization of professional conduct, principles, and mindsets (Brown et al., 2020).

The difficulties faced by mental health counselors are a frequently disregarded facet of the work that can have a serious negative effect on a person's physical and mental health. If left untreated, the most frequent difficulties can have an impact on your ability to perform your job duties. It can be beneficial to understand how to establish boundaries, take care of oneself for therapists, and use other techniques. The most common problems faced by therapists include; Finding work-life balance, client resistance and lack of engagement, Multicultural competence, Vicarious trauma and secondary traumatic stress, Professional development, Burnout, Confidentiality and ethical dilemmas, Crisis intervention, LImited resources, Emotional resilience, and Insurance limitations.

Occupational therapists (OTs) assist individuals of all ages facing physical, cognitive, emotional, or social obstacles in regaining and maintaining their daily life functioning. Their work encompasses assessment, treatment, and education, occurring across diverse settings like schools, hospitals, clinics, and private practices. Some OTs also operate as independent consultants. Emotional strain for OTs can arise not only from direct patient interaction but also from indirect sources such as patient families or medical team members. Given constraints on therapy time, executing a seamless treatment plan for a patient can prove exceedingly challenging. Like all therapeutic endeavors, crafting flawless plans from the outset is often unattainable, with obstacles emerging along the way. Negative feedback from patients, family members, or medical professionals regarding appointment scheduling can further compound this stress (TheraEx Staffing Services, 2024).

A. Communication
Finding a work-life balance is a common difficulty faced by most therapists in the mental health field. The therapist's job is exceedingly demanding, factors that contribute to this include long hours, heavy caseloads, and emotionally stressful sessions. Thus, one of the most important skills a therapist must acquire is maintaining a healthy work-life balance.

When it comes to patient contacts, therapeutic communication is a priceless strategy that can be used in many different fields. In addition to reviewing therapeutic communications and communication care's definition, history, and applications, this activity outlines the interprofessional therapy's role in enhancing patient care by the use of communication care. The objectives of this therapeutic communication is to describe the techniques and strategies used in the communication, to outline the common pitfalls in providing communication, to identify the anticipated barriers to effective communication and to review and examine interdisciplinary approaches that can exchange the communication in order to enhance patient results. The idea of communication first appeared in medicine and has since been proven to have many positive effects through studies. A theory named "Theory of Interpersonal Relations" was founded on integrating knowledge of interpersonal theory, as well as psychoanalysis, psychotherapy and nurse therapy. They describe multiple "phases" of the interaction and consider the relationship as a primary mediator for the healing process (Sharma & Gupta, 2023).

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Licensed long-term care facilities are constantly concerned about labor expenses and trying to figure out a lot of rules and regulations, methods and way of process in the communication. This is particularly true for therapeutic communication, which are the most regulated long-term care processes. A systematic review states that these communication issues include a lack of accurate standards for assessing attempts to address these objectives as well as organizational and systemic hurdles to conducting educational learning opportunities for both the client and the professional.

However, therapeutic communication has not been consistently defined. Van Servellen defines therapeutic communication and communication care as an: "interpersonal exchange, using verbal and non-verbal messages, that culminates in someone's being helped to overcome stress, anxiety, fear, or other emotional experiences that cause distress" Thus the purpose of this, is to build the concept of therapeutic communication will be operationalized as a variety of emotion-oriented approaches including: person-centered care, cultural competence, emotion-oriented care, and behavioral management skills. When one considers how the institutional culture prioritizes technical or protective services, therapeutic conceptions of communication are quite old-fashioned. Such an emphasis only serves to worsen the infrequent and poor staff resident communication, which may be a structural barrier (Eggenberger et al., 2013).

B. Emotion
Therapists often encounter experiences in therapy that elicit emotions, this could be in the form of self-of-the-therapist issues, compassion fatigue, or professional burnout. These issues recognize the need for accessing the supervisor's emotionality, strategies have not addressed the possibility that the clinical and professional system is a component of the cycle as well.

Occupational therapists may experience emotional challenges in a variety of ways, which may have an effect on their personal and professional lives. Due to the high job demands, long hours, and emotional labor involved in providing client-centered care, occupational therapists may experience burnout, which is characterized by emotional weariness, depersonalization, and decreasing personal accomplishment (Lloyd et al., 2018).

Furthermore, when dealing with people who have endured trauma or adversity, occupational therapists may experience vicarious trauma, internalizing and absorbing their clients; emotional distress.

Additionally, occupational therapists could find it difficult to control their own emotions and pressures, which could result in compassion fatigue and a decline in job satisfaction. (Craig & Kohlhoff, 2016) These emotions serve as a reminder of the value of self-care routines, monitoring, and supporting networks for occupational therapists in order to advance their own well-being and improve the standard of client care.

C. Opposition
Patients use opposition to delta acceptance until their concerns and treatment preferences are addressed. Resistance is associated with the order of the session.

In contrast to these early approaches, therapists view opposition or resistance simply as client noncompliance. Therapists believe that a client exhibits resistant behaviors because he/she (1) lacks the abilities or information required to complete behavioral tasks, (2) has negative expectations about the results of their counseling, and (30 is exposed to unfavorable contextual circumstances. Ultimately, a client's opposition is seen as an obstacle to successful sessions and therapeutic help (Shelton & Levy, 2018). Having these observatory sessions between a client and a therapist, saw the development of the existential and client-centered approaches with the subsequent view of resistance changes.

According to these humanistic perspectives, opposition is defined as the avoidance of uncomfortable or hazardous emotions that could permanently obstruct consciousness and hunger holistic performance. When it comes to any process that could negatively change their life scripts, clients are reluctant to participate. Negative emotions having a change to become conscious might lower a person's sense of self-worth and self-efficacy. Conceptualizing resistance behaviors and categorizing these kinds of opposition, include; Response quantity resistance, Response content resistance, Response style resistance, and Logistic management resistance.

Establishing Confidence

Occupational therapists experience a multitude of impacts from their interactions, affecting both the therapeutic journey and client outcomes.

The practice of therapeutic communication holds significant value in patient interactions across various fields. Recently, it has become particularly prominent in structuring communication within healthcare professions such as medicine, nursing, mental health, and social work. Utilizing therapeutic communication techniques has been proven beneficial across several areas. These benefits include enhancing diagnostic accuracy, recognizing and addressing patient emotions effectively, facilitating collaborative decision-making, and gaining deeper insights into patient perspectives and concerns regarding diagnosis and treatment options. Patients have emphasized the importance of communication skills in healthcare providers, often rating them as equal to, if not more critical than, technical expertise (Sharma & Gupta, 2023).

Characteristics of the therapist that were shown to have a negative impact on the patients included being stiff, unsure, judgmental, aloof, uptight, and busy. Speech patterns convey just as much information as words do, if not more. All aspects of interpersonal relatedness involve nonverbal indicators like posture, tone of voice, and facial expression. In addition to being used to convey emotion, nonverbal cues control behavior, emotions, and bodily physiology.

The initial interaction between patient and therapist is critical, it seems, because more patients prematurely terminate from therapy after the first session than at any other point.

Empathy is a multifaceted phenomenon where an individual can experience and understand the emotional state of another, analyze the causes behind that state, and relate to the other person by seeing things from their perspective. This ability is widely recognized as essential for fostering cooperation, sharing goals, and managing social interactions (Wampold, 2015).

A. Rapport Building

Rapport is a critical component in the formation of therapeutic connections between therapists and clients. It begins during the first encounter between a therapist and their client and continues to evolve throughout the therapeutic relationship. Furthermore, rapport between a therapist and a client is regarded as critical for effective intervention. Rapport means a sense of having connection with the person. The connection between the client and the therapist. The counselor's behavior and self-management of their feelings towards the client will both aid and foster rapport. A client won't be able to collaborate effectively with the counselor if they don't have a connection. There are a number of things a therapist can do to help build therapeutic rapport. This includes: being genuine, responsive, flexible, and collaborative.

This process of building rapport begins with the initial counseling sessions, where the therapist and the client become acquainted, learn more about the issues the client is facing, and work on developing a treatment plan. As therapy continues, a therapist will keep using techniques that encourage and maintain a successful therapeutic relationship. Among these strategies include: (1) Body language, this makes helpful nonverbal indicators like eye contact and agreement nods. This can help a client feel more at ease during ongoing sessions and not only demonstrates that they are paying attention but it can also transmit crucial information. Next (2) Client Feedback, a therapist will provide comments throughout the sessions rather than only after it has passed. A client's therapist will value their input and be more receptive to worries if willing to take feedback. It also indicates that therapists view their clients as a person in the healing process. Moreover (3) Collaboration, a therapist will enable their clients to take an active role in the treatment plan and to feel in control of it. Together, as partners in the treatment, both will experience collaboration. Additionally, (4) Flexibility and Responsiveness, studies have shown how crucial it is for a therapist to be adaptable and attentive in their clients' requirements. When a therapist tailors their treatment to their needs-the collaborativeness will develop a stronger therapeutic rapport. These are just the general idea of how therapists build rapport with clients, in order to keep the sessions progressive and successful.

When therapeutic rapport is lacking, keep in mind that the definition of rapport is effort between two people, it is two-sided and requires effort on the part of both the client and therapist. That being said, getting along with a therapist can be greatly influenced by the client's personality. Sometimes personalities just don't mesh well, even when a client is highly driven to address their mental health concerns and the therapist is extremely empathetic. However, selecting the ideal therapist for a person is not always simple or efficient. If it doesn't seem like a good fit, discuss the matter with the therapist and inquire about a possible referral to a different provider (Fritscher, 2023).

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B. Active Listening
Active or empathic listening, a key social work skill, is a dynamic and participatory process that utilizes all of the senses. It consists of numerous touch skills such as attention, comprehension, and empathy. Academics and practitioners see active listening as a crucial ability that necessitates paraphrasing, asking questions, and maintaining nonverbal engagement. The International Listening Association defines listening as "the process of receiving, constructing meaning from and responding to spoken and/or nonverbal messages". This strategy is critical for enhancing professional and personal relationships, minimizing misunderstandings, and cultivating trust and understanding. Active listening is essential in clinical settings since it improves client-clinician connections and perceived empathy.

Active listening involves restating a paraphrased version of the speaker's message, asking questions when appropriate, and maintaining moderate to high nonverbal conversational involvement (Weger et al., 2018).

In active listening, the listener is genuinely interested in understanding what the other person is thinking, feeling, wanting or what the message means. The person is active in checking his understanding before he responds with his new message. The listener restates or paraphrases our understanding of the message and reflects it back to the sender for verification. This verification or feedback process is what distinguishes active listening and makes it effective.

Active listening is listening in a way that demonstrates interest and encourages continued speaking (Tyagi, 2021).

C. Mutual Understanding
Mutual understanding is the central notion of healing in the therapeutic relationship. It emphasizes the power of mutual empathy in fostering healing and connection between therapists and clients. Therapists and clients engage in incremental interactive processes to achieve mutual understanding. This process is not just a passive state of having or sharing understanding, but an active and collaborative activity that they do together. The sequence of mutual understanding begins with the speaker presenting new information. The addressee then responds in a way that implies or demonstrates their understanding of the information. The speaker follows up to confirm that the addressee's response was sufficient for the current purposes. In the context of healthcare, the ability of healthcare professionals to understand the lived experiences of their patients has become increasingly important. This understanding helps healthcare professionals provide better care and support for their patients.

Trust, empathy, acceptance, and honesty are among the many constituents of a TA. Alongside this, characteristics of healthcare professionals influence TA, with a warm, empathic, gentle, and accepting therapist enhancing positive TA and a rigid, critical, and less involved therapist posing a hindrance to the development of TA (Malhotra and Chauhan, 2020).

Therapeutic interpersonal relationships have the capacity to transform and enrich the patients' experiences (Kornhaber et al., 2016).

A therapeutic relationship is an effective way to promote positive change in people. It involves building trust in order to encourage openness and honesty. This leads to better understanding (Keene, 2019).

Empathy constitutes a crucial component of every therapeutic bond. It enables the therapist to grasp the client's viewpoint, fostering a deeper understanding that steers therapy towards optimal outcomes. When clients sense their therapist truly comprehends their needs, they're more inclined to engage with guidance, facilitating a more effective therapeutic process.

Feedbacking

Feedbacking techniques are shortcuts, methods, or techniques occupational therapists develop via their experiences with their clients over time.

Occupational therapists can modify their tactics and adapt themselves, like a chameleon, to fit the experiences and wants of clients during self-care training by understanding their unique citation. The therapists described how they employed a variety of tactics to tailor the training situation to the clients' specific needs. Therapists attempted to balance the difficulty of the training environment with the clients' ability to undertake self-care activities. It seems that the occupational therapists altered the activity to achieve a balance of task demand and client ability, allowing clients to locate and 'feel' the proper balance for themselves when undertaking self-care tasks. Therapists described how they changed the self-care training environment based on their interaction with the particular clients. With a stronger, more trustworthy relationship with their clients, the therapist was able to make higher expectations.

Adaptive resources refer to the inherent capabilities and ongoing educational experiences that individuals utilize to address everyday challenges. Adaptation entails exhibiting flexible behaviors in response to evolving environmental circumstances. With the healthcare landscape growing more intricate, professionals must cultivate novel adaptive abilities to excel in their practice. Introducing theatrical improvisation into healthcare is a recent concept. For instance, occupational therapy students participated in an academic seminar where they were instructed in improvisational techniques, including learning improvisation principles and applying them to resolve common professional dilemmas.

A. Self-Assessment
Self-Assessment is a practice between the occupational therapist and the patient to exchange information with one another to see improvements. Patients in this case need the use of feedback, as this is an opportunity to have an open-communication with the Occupational Therapist (OT) to know what to work on and enhance in the future to continually gain insight and knowledge of the patient's current health.

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Self-Assessment is a powerful process for learning, but learners need a specific set of capabilities to make the most out of feedback opportunities. These capabilities have recently been labeled feedback literacy, and they span cognitive, social and affective domains (Carless and Boud 2018).

Drawing on the parallel field of authentic assessment (Ashford-Rowe, Herrington, and Brown 2014; Villarroel et al. 2018), we develop a framework for authentic feedback, which can be used to analyze the authenticity of feedback practices.

Self-Assessment within a domain should therefore also incorporate purposeful activities congruent with that domain's professional feedback practices. Feedback literate graduates who have experienced 'authentic'feed-back practices of their discipline may be better prepared to participate effectively in feedback in their graduate workplace.Despite trends towards authentic assessment that represents disciplinary practices (Sambell, McDowell, and Montgomery 2013; Villarroel et al. 2018).

Authenticity of self-assessment does not imply better feedback –both more and less authentic feedback practices can carry value when they enable learners to develop feedback literacy (Carless, 2020).

Authentic self-assessment is not a binary; different self-assessment processes are authentic to greater and lesser extents across different dimensions. In developing a framework to represent that diversity we have drawn on the literature that identifies the dimensions of authentic assessment. Several Researchers have proposed approaches to conceptualize authentic assessment, including well-regarded frameworks by.

B. Patients' Engagement
Patients' engagement is a fundamental concept that Occupational Therapists (OTs) utilize to demonstrate their professionalism during interactions with patients. It is essential as it fosters a sense of proper conduct and empowers patients to fully participate in and access the information provided during sessions (Bright et al., 2015; D'Arrigo et al., 2017).

Engagement not only fosters optimal therapeutic outcomes but also enhances children's autonomy and self-reliance, as evidenced by scientific research (Bolster et al., 2021; Elbers et al., 2021). However, while strategies to promote engagement have been shown to increase adherence to interventions, such as open communication enhancing family engagement in speech and language pathology interventions, the specific methods used by professionals to develop these relationships and build skills in children throughout the intervention process have not been sufficiently described (Melvin et al., 2021b).

Peer feedback is essential for enhancing professional practice, especially in educational contexts. Encouraging students to participate in cumulative peer review activities can add cognitive complexity, akin to the experiences of professional researchers (Harland et al., 2017). This engagement promotes deeper learning and improves the efficacy of peer feedback mechanisms. Furthermore, integrating peer feedback into educational

strategies fosters collaboration and nurtures a supportive learning atmosphere, enabling students to glean insights from diverse perspectives and experiences.

By prioritizing patient autonomy and participation through engagement strategies, OTs can optimize therapeutic outcomes and empower patients in their treatment journey. Similarly, incorporating cumulative peer review activities into educational practices enhances learning experiences and fosters collaboration among students, ultimately contributing to their professional development.

C. Improvement
Improvement lies at the heart of patient care, as occupational therapists strive to continuously enhance their methods of assistance, prioritizing patient well-being. Utilizing tools like visual aids and clear communication fosters meaningful interactions between patients and Occupational Therapists (OTs), thereby nurturing trust and optimizing therapeutic outcomes (Communication at Different Levels, 2019). By embracing innovative approaches and refining communication strategies, OTs can better address the diverse needs of their patients, ultimately promoting a more effective and patient-centered practice.

Effective communication is crucial in both healthcare and education, requiring customized strategies tailored to various age groups. When engaging with children, it's imperative to employ active listening, provide clear instructions, and utilize language suitable for their age, fostering comprehension and participation. Conversely, communication with adults mandates a formal tone and respectful approach, prioritizing clarity and mutual respect. Adapting communication styles to cater to diverse individuals not only enhances engagement but also nurtures trust and rapport within healthcare and educational environments.

In educational settings, incorporating innovative teaching aids and materials plays a vital role in fostering learning and academic achievement (Mwila, 2018). Visual aids like images and interactive videos are known to enhance understanding and involvement among students, thereby contributing to better learning outcomes. Neglecting to utilize such resources can impede academic progress, emphasizing the significance of integrating innovative tools to facilitate effective teaching and learning methods (Kaswa, 2015).

Conclusions

Investigating the methods through which occupational therapists establish trust with their patients has revealed a wealth of intricate findings, emphasizing the pivotal role of trust within the therapeutic relationship. This study seeks to deeply investigate the lived experiences of occupational therapists in the process of building trust with their patients, offering valuable insights for their field of occupational therapy. By employing qualitative research methods such as interviews or focus group discussions, this study aims to

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uncover the subjective perspectives and strategies utilized by therapists in establishing and maintaining trust with their patients.

It became clear during the study that developing trust is a dynamic and complex process that extends beyond conventional clinical procedures. Establishing and maintaining trust with patients requires occupational therapists to manage a complex interplay of factors, such as competence, empathetic, and culturally sensitive communication. The insights garnered from this study offer valuable insights into the intricate interplay between healthcare professionals and their clients, with a specific focus on the realm of occupational therapy.

The importance of trust becomes evident as a foundation for patient engagement, collaboration, and general happiness with the therapeutic process, in addition to its role as a facilitator of therapeutic progress. A repeated motif that surfaced from occupational therapists' accounts was the significance of building a sincere rapport with their patients. Trust is built on this connection, which is based on empathy and understanding. Participants repeatedly underlined the importance of actively listening, identifying each patient's particular needs and goals, and adjusting interventions as necessary.

Furthermore, the study emphasized that trust-building is a reciprocal process, meaning that to obtain the best results, therapists also need patients to trust the therapy process. Occupational therapists acknowledged these difficulties and stated that to improve their capacity to establish and preserve trust with patients, they needed continual professional growth, mentorship, and encouraging work settings.

The impact of contextual factors was also obvious in occupational therapists' experiences, including time restrictions, organizational support, and the changing healthcare landscape. Therapists acknowledged these difficulties and stated that to improve their capacity to establish and preserve trust with patients, they needed continual professional growth, mentorship, and encouraging work settings.

In summary, this study highlights how complex trust-building is in the occupational therapy context and provides insight into the therapists' real-world experiences navigating these interactions. The findings from this research study will provide foundational knowledge that can inform clinical practice, education, and policy development within the field of occupational therapy. Moreover, the findings could be particularly relevant for occupational therapists working in diverse cultural contexts, offering considerations for culturally responsive care. Future research projects, organizational policies, and training initiatives aiming at enhancing the standard of care provided by occupational therapists and developing long-lasting and significant therapeutic relationships with their patients can benefit from the knowledge gathered from this study.

Recommendations

Establishing and nurturing trust in occupational therapy is essential for nurturing meaningful therapeutic bonds and enhancing patient results. This research delves into the nuanced dynamics of trust formation within occupational therapy, providing valuable perspectives for therapists, educators, policymakers, and healthcare institutions. By recognizing the intricacies and hurdles inherent in this endeavor, occupational therapists can enhance their ability to engage with patients and deliver top-tier, patient-focused services.

Compliance with Ethical Standards

In adherence to ethical standards, this study obtained informed consent from all participants, ensuring their voluntary participation and right to withdraw at any time. Anonymity was rigorously maintained to safeguard respondents' privacy, and measures were taken to protect their well-being throughout the research process. There is no conflict of interest, plagiarism was strictly avoided, and bias was eliminated in the interpretation of findings, ensuring the results are solely used for research purposes.

And namely, **the Almighty God** for giving the researchers strength and motivation all throughout the study.

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