

Quality in Occupational Therapy

Position statement of the Swedish Association of Occupational Therapists on Quality in Occupational Therapy, adopted by the General Council 2021



SWEDISH ASSOCIATION OF
OCCUPATIONAL THERAPISTS

Quality in Occupational Therapy

Position statement of the Swedish Association of Occupational Therapists on Quality in Occupational Therapy, adopted by the General Council 2021

© Sveriges Arbetsterapeuter, 2026

English translation of the Swedish original "Kvalitet i Arbetsterapi", published by Sveriges Arbetsterapeuter in 2021

Photo: Katja Alexandersson

arbetsterapeuterna.se

Introduction

This document aims to clarify the views of the Swedish Association of Occupational Therapists on quality in occupational therapy, occupational therapists' professional responsibilities and the operational responsibilities in this field. The position paper covers all fields in which occupational therapists are active (e.g. healthcare, social services, student health or vocational rehabilitation), regardless of the size of or principal for operations. This paper is an update of the Association's previous quality policy, first adopted in 1996.

The position paper covers quality in occupational therapy based on seven quality dimensions¹:

- knowledge-based occupational therapy
- person-centered occupational therapy
- safe occupational therapy
- effective occupational therapy
- equal occupational therapy
- accessible occupational therapy
- sustainable occupational therapy.

These dimensions can be seen as starting points for achieving quality, but are not completely separate from each other, there being constant interaction between them.

¹ Socialstyrelsens kvalitetsdimensioner för god vård, [The quality dimensions are based on the quality criteria of The Swedish National Board of Health and Welfare] 2014, and the Quality Evaluation Strategy Tool, (QUEST), WFOT 2025.

Knowledge-based Occupational Therapy

Occupational therapy is based on science and proven experience. Working methods are based on documented and reliable knowledge, ensuring that persons in need of occupational therapy receive interventions that are adequately performed regarding assessment, interventions and evaluation of interventions. To ensure this, the latest research and evidence available in occupational therapy and related areas must be applied. In case there is a lack of studies and scientific evidence regarding the effectiveness of an intervention, proven experience is used, i.e. professional, pooled knowledge which has been developed, tested and documented over time and by several professionals.

In recent decades, there has been a substantial increase in knowledge in the fields of occupational therapy. However, the need for systematic research where proven experience is evaluated and studied systematically remains great. Another challenge is that existing research findings are not implemented to a sufficient extent. There is a great need for development in occupational therapy in many organizations, as there are relatively few services that maintain close links to occupational therapy research. A special challenge concerns municipal health care. The fact that occupational therapy in Sweden is covered by national governance of knowledge management is central to quality in occupational therapy.

The occupational therapist's professional responsibility is to

- work in a structured and evidence-based manner
- maintain and develop competence by searching for, evaluating and acquiring new knowledge in relation duties
- participate in professional networks and forums.

The organization's responsibility is to

- manage the operations based on the best available knowledge including occupational therapy
- implement national knowledge management in the organization and ensure that occupational therapy is included
- ensure access to the tools occupational therapists need to search for and update their own knowledge
- ensure access to professional networks and forums and provide opportunities to participate in them.

Person-centered Occupational Therapy

Person-centered occupational therapy means that interventions are designed and implemented in partnership between an occupational therapist and the person in need of occupational therapy. This partnership may also include consultations with other parties concerned. The occupational therapist's interventions must always be related to the person's unique life circumstances, i.e. his/her everyday life and the unique experiences that everyday activities provide².

The occupational therapist can contribute to person-centering by ensuring that focus on activities that the person perceives as meaningful is included in the operations.

Both the occupational perspective and the use of evidence-based instruments and methods that occupational therapists have access to can be utilized to a greater extent than today, thus contributing to increased person centering in areas in occupational therapy services³.

The occupational therapist's professional responsibility is to

- work together with the person in need of occupational therapy and start with what is important to the person in his/her circumstances.
- in dialogue with the person, select and apply evidence-based methods and instruments.

The organization's responsibility is to

- develop and apply a systematic approach that embraces a person-centered approach
- create ways for the person in need of occupational therapy to be a co-creator
- make use of both the person's history and the occupational therapist's professional knowledge, so that the person's own experiences of his/her everyday life and circumstances are documented, and that relevant occupational therapy interventions are included.
- create ways for occupational therapists to conduct dialogues on ethical issues.

² Etisk kod för arbetsterapeuter, Sveriges Arbetsterapeuter [Code of Ethics for Occupational Therapists, The Swedish Association of Occupational Therapists], 2024.

³ Personcentrerad inom arbetsterapi, Sveriges Arbetsterapeuter, [Person-centering in occupational therapy, The Swedish Association of Occupational Therapists], 2025.

Safe Occupational Therapy

Safe occupational therapy means that an occupational therapist's efforts should not cause harm to the person who partakes in an intervention, and that there are risk prevention measures to prevent injuries during interventions. One basic prerequisite for safe occupational therapy is committed leadership and clear management. There is also a need for a sound safety culture and appropriate knowledge and competence about safe occupational therapy, and that the person partaking in occupational therapy can be a co-creator⁴. An important part of risk prevention is documenting interventions and, where applicable, making entries in a risk prevention quality register, for example Senior Alert⁵.

Some known risk areas in occupational therapists' work concern incidents in the use of assistive device and accidental falling. Defaulted or incomplete rehabilitation is another risk with serious consequences, such as increased dependency, pain and reduced quality of life. Investigations need to be carried out as to whether or not there are additional risk areas and, if so, work on risk prevention for these needs to be developed.

The occupational therapist's professional responsibility is to

- have knowledge of common injuries, risks and risk prevention measures
- actively implement risk prevention measures
- systematically document interventions and make entries in risk prevention quality registers.

The organization's responsibility is to

- develop / have systems for safety that include committed management and a sound safety culture
- actively utilize risk prevention quality registers
- create ways for the person in need of occupational therapy to be a co-creator at all levels in the organization.

⁴ Nationell handlingsplan för ökad patientsäkerhet 2025-2030, Socialstyrelsen, [Act for safer healthcare - National Action Plan for Increased patient Safety in Swedish Health Care 2025-2030, Swedish National Board of Health and Welfare], 2025.

⁵ Senior Alert, <https://www.senioralert.se/english/> 2026.

Effective Occupational Therapy

Effective occupational therapy means that the resources available in the organization are used in the best way to achieve the goals of occupational therapy interventions. The need for health economics data as a basis for decision-making processes is becoming increasingly important in all parts of our welfare systems. It is consequently necessary that more health economics evaluations are conducted from a societal perspective and that the results are used in the planning and prioritization of occupational therapy interventions. To ensure this, it is important that organizations have a system for documenting occupational therapy interventions in a uniform manner so that they can be followed up at both individual and group level. When evaluating the effects of occupational therapy, follow-up needs to be possible both locally, nationally and internationally, since the results of occupational therapy often have effects in other welfare areas than that in which the intervention is carried out.

One challenge is that organizations do not systematically analyze the effects of interventions and thereby fail to demonstrate the benefits of occupational therapy. When research studies have shown the effect of occupational therapy interventions, it is important that these interventions are made available. An additional challenge is that occupational therapy interventions to a greater extent need to be documented, for example by registering measures taken in The Swedish National Board of Health and Welfare's classification of healthcare measures (KVA) or by making entries in national quality registers.

The occupational therapist's professional responsibility is to

- document interventions in a uniform way in the organization's system (e.g. KVA) so that follow-up regarding effect can be made
- document in national quality registers
- take part of health economics evaluations in which occupational therapy is included.

The organization's responsibility is to

- continuously monitor results of services that include occupational therapy
- create conditions for occupational therapy interventions to be documented in a way that enables follow-up
- initiate, obtain and implement results of health economics studies from a societal perspective whenever occupational therapy is included.

Equal Occupational Therapy

Equal occupational therapy is based on the UN conventions on human rights and applies regardless of gender, transgender identity or expression, ethnicity, religion or other belief, disability, sexual orientation or age. Equal occupational therapy means that occupational therapy interventions are provided and distributed on equal terms and where applicable in accordance with the healthcare service's ethical platform for priorities⁶. Equal occupational therapy is based on intervention and treatment being adapted to and based on each person's circumstances and needs.

A basic prerequisite for equal occupational therapy is that there is equal access to occupational therapy and occupational therapy interventions. Currently, that is not the case. Availability varies greatly throughout the country, between urban and rural areas and between different groups in society. Decision-makers also lack knowledge regarding the benefits of occupational therapy, which means that occupational therapy is lacking in many of the organizations in which it can be of great benefit and should be offered.

The occupational therapist's professional responsibility is to

- comply with the Code of Ethics for occupational therapists
- document in the organization's system so that follow-up regarding equal occupational therapy can be undertaken
- document in national quality registers.

The organization's responsibility is to

- work actively and strategically with skills supply for occupational therapists
- provide a system for systematic follow-up and evaluation of interventions that allows for follow-up of equal occupational therapy
- create the conditions required for occupational therapists to be able to comply with the obligations set out in the profession's Code of Ethics.

⁶ Prioriteringar i hälso- och sjukvården, 1996 [Priorities in health care], 1996.

Accessible Occupational Therapy

Accessible occupational therapy means that is easy to get in touch with occupational therapy operations and that interventions are provided within a reasonable time and where applicable in accordance with the Swedish health care guarantee and ethical platform for priorities⁷. Accessibility is also about geographical proximity, needs-adapted contact hours, fair treatment and possibilities to contact occupational therapists via digital practices⁸. Furthermore, accessible occupational therapy means that interventions are designed so as not to exclude people with special needs, such as people with various forms of disabilities or people who have another mother tongue than Swedish.

Overall, services exhibit deficiencies in knowledge and in the way they engage with individuals, and healthcare provision is not sufficiently adapted to meet the physical, cognitive, or communicative needs of the person⁹. Occupational therapists have skills that could be used to a greater extent than today, to contribute towards an inclusive society based on the principles of accessibility, participation and human rights.

The occupational therapist's professional responsibility is to

- offer occupational therapy interventions that are physically, cognitively and communicatively accessible and that follow current prioritization schemes
- propose and take steps towards increased accessibility and usability in physical, social and digital environments at both individual and societal level as well as in specific interventions.

The organization's responsibility is to

- provide a system for flow processes and waiting times so that people with the greatest need for occupational therapy are prioritized according to current prioritization schemes
- provide a system to ensure universally designed operations in terms of physical, cognitive and communicative accessibility
- ensure digital ways for contact / availability.

⁷ Prioriteringar i hälso- och sjukvården, 1996 [Priorities in health care], 1996.

⁸ Ökad tillgänglighet i hälso- och sjukvården. Kommittédirektiv 2020:81 [Increased accessibility in health care, committee directive 2020:81], 2020.

⁹ Rapporter från Myndigheten för delaktighet, bland annat; Uppföljning av regioners arbete för att göra verksamhet, lokaler och information tillgänglig för personer med funktionsnedsättning, [Reports from the Swedish Agency for Participation, e.g. Follow-up of regions' work to make activities, premises and information accessible to people with disabilities], 2026.

Sustainable Occupational Therapy

From a quality perspective, sustainable occupational therapy means focusing on development that maximizes improvement and quality in occupational therapy through efficient use of resources, satisfying current needs without jeopardizing the needs of future generations. Sustainable occupational therapy encompasses economic, social and ecological dimensions, reflecting the ideas, basic assumptions and tasks reflected in the profession's Code of Ethics.

Organizations conducting activities that include occupational therapy need to review their contribution to sustainable development in accordance with the UN's global goals¹⁰. One way is to ensure sound, health-promoting and sustainable working conditions. Another is to ensure that the products and materials used in the operations have been produced under fair conditions and with as low a climate impact as possible. This is also in line with The World Health Organization, WHO, which sees working towards sustainable development as an important health issue, and encourages both organizations and individual professionals to be proactive and set good examples. Occupational therapists have expertise in people's occupational patterns, the relationship between occupation, environment and health, as well as community planning initiatives, all of which can be important contributions towards sustainable development¹¹. This competence is often an unused resource that should be utilized to a greater extent in organizations' sustainability work.

The occupational therapist's professional responsibility is to

- use available resources in an economically, socially and ecologically sustainable way in accordance with the UN's global goals.

The organization's responsibility is to

- provide a sustainability system which includes occupational therapists' professional practice
- create conditions for health-promoting and sustainable working conditions.

¹⁰ Agenda 2030 och de globala målen för hållbar utveckling [UN Agenda 2030 and global goals for sustainable development], 2018.

¹¹ Wagman, P., Erlandsson, L.-K., & Persson, D. (2026). Aktivitet, hälsa och arbetsterapi ur ett hållbarhetsperspektiv. [Activity, health and occupational therapy from a sustainability perspective] I: P. Wagman (red.), Hälsa och aktivitet i vardagen – ur ett arbetsterapeutiskt perspektiv (4 uppl., kap. 3). Sveriges Arbetsterapeuter.

Conclusion

Common to all quality dimensions of occupational therapy is that quality needs to be constantly reviewed and developed in order to improve. To achieve this both occupational therapists' professional knowledge and improvement need to be included and implemented in organizations. Knowledge improvement includes, among other things, an understanding of systems and variations, knowledge of psychology of change and working with learning-driven change including an inter-professional approach with pooled learning¹². This approach forms a basis for the improvement of processes and systems in an organization. Improvement of knowledge in combination with occupational therapists' professional knowledge makes it possible to achieve improvements as well as increased quality in occupational therapy, and thus an increased value for those in need of occupational therapy.

¹² Batalden P, Davidoff F. What is "quality improvement" and how can it transform health care? *Qual.Saf.Health Care* 2007;16:2-3.