

## **Ethical Issues in Therapeutic Recreation**

Table of Contents

Abstract ..... 1

Ethical Issues in Therapeutic Recreation ..... 3

Introduction ..... 3

Research Problem ..... 3

Research Question. .... 3

Research Hypotheses ..... 3

Scope ..... 3

Literature Review. .... 3

Code of ethics ..... 4

Therapeutic recreation as a factor in patient focused care ..... 4

Sample Case history in therapeutic recreation ..... 4

Therapeutic Recreation models ..... 5

Results ..... 5

Table 1 ..... 6

Table 2 ..... 7

Discussion and Conclusion ..... 7

Reference: ..... 8

## **Abstract**

A number of researches in therapeutic recreation have laid emphasis on the level of professionalism and ethical concerns in Canada. Of importance among these concerns is the ethical practices related to this subject. Various researchers have established what may be termed as the right standards applicable to his important field. Recreation and leisure is such an important aspect to many families and thus the need for professionalism when handling related matters. This paper seeks to explore a number of ethical based practices experienced in Canada, and to do an analysis of the general trends in therapeutic recreation. Professional ethics are essential in providing integrity in recreation. In as much as the ethical expectations have been developed, questions still linger on their validity and full comprehension remains an area that needs more research. This research will explore various resources in an attempt to discuss some ethics based issues in recreation and leisure therapy. Additionally, various statistics from different Canadian sources will be reviewed to provide a platform to analyze and justify the findings from various peer reviewed sources. The research seeks to explore an explanatory approach to meet its objectives and goals. Citizens faced with various cognitive, emotional, or social challenges deserve the best services thus the need to ensure adherence to moral and ethical standards.

**Keywords:** *Therapeutic Recreation, Professional ethics.*

## Ethical Issues in Therapeutic Recreation

### **Introduction**

The process of recreational therapy will always call for some ethical-decision making processes due to the nature of the tasks involved. Therapeutic recreation can be viewed as the process of providing various treatment services to clients with various ailments, be they physical illnesses or disabling conditions. The therapy normally aims at rehabilitation, providing remedies, or restoring function to the affected parts of the body. In severe situations, the therapy normally is aimed at reducing the effects of the disabilities or illnesses involved. It is expected that therapeutic practices are carried out by professionals who are well-trained and certified to conduct the tasks. The focus of this paper is to explore some aspects of ethical standards expected in the process. Unique situations may always arise in the course of duty, calling for therapists to explore other options, some of which need to be examined on their ethnicity and degree of professionalism.

Just like other medical professionals, therapists therefore stand a chance to account for all activities under their umbrella in a therapy process. This implies that a lot of education and training on therapy processes need to be conducted to help develop and improve the existing professionals. Thus, this research seeks to explore the degree of exposure that therapy students in clinical medicine have in order to determine their suitability in practicing therapies. Additionally, this will provide a platform to make assumptions and do an analysis of the therapists who went through similar systems.

The study will make close references to over 20 published resources to source the opinion of various researchers on this topic. In addition, studies will be conducted from various Canadian based sources to weigh the magnitude of the problem under study.

### **Research Problem**

Degree of adherence to ethical codes of conduct remains an issue in many medical fields. Recreational therapies are not an exception to this. As a result, there exists a problem on the level of adherence to ethical practices in the course of duty. This research will therefore try to solve the mystery about theoretical practices in recreation activities. The level of involvement of learners in clinical schools will be studied to determine the level of exposure to ethical based lessons.

### **Research Question.**

To meet the objectives of this study, the research will revolve around two research questions, trying to find answers to the following research questions:

1. To what extent do recreational therapeutic learning students recognize ethical codes and conduct?
2. Does introduction of ethical based related programs and training add value to clinical experts prior to their practice in the fields?

### **Research Hypotheses**

My hypothesis is that recreation therapy students in clinical settings will be familiar with common ethical issues expected to be encountered in their training and future practice. I expect this hypothesis to be correct because recreation therapy studies involve a coverage of ethical issues that are relevant to the profession. A critical prediction of the hypothesis is that the common ethical issues shared by research participants will fall under the four ethical principles outlined by the Canadian Therapeutic Recreation Association (2013).

## Scope

The need to determine adherence to ethical issuers is important, especially in decision making and setting up programs used by therapists (Park, 2009). Consequently, measures to establish formidable ethical codes of conduct, and expected practice parameters need to be studied regarding the current situation of ethical practices. This work therefore aims at determining the level of awareness of ethical practices and the expected code of conduct among professionals in this field. The current knowledge will be necessary in developing further legal requirements and plans in this field (Blucker & Pell, 1986).

## Literature Review.

This review of literature seeks to explore some important ethical practices than need to be observed while in the course of duty in recreational therapeutic activities. Moreover, the degree of applicability and use of these professional standards will be explored as brought out in various settings. In order to address the research questions and problems, this section will be developed from an analytical pointy of view, exploring ideas from various researches on this topic.

## Code of ethics

America and Canada are famous for their code of ethics that have been clearly defined to those practicing recreational services (Barlow, Hayes & Nelson, 1984). There are specialized associations and groups that have been developed to monitor performance and outcomes of various activities. Take for instance, In the United States of America, the American Therapeutic association formed by the law was to meet the following obligations:

- ❖ Foster the advancement in therapeutic practices, education, and assesse individual needs of the clients
- ❖ Create public awareness on the available therapeutic recreational services

- ❖ Develop and promote the professional ethics and standards required in this field
- ❖ Facilitate and perform studies in therapeutic recreational activities to help in improving this field
- ❖ Organize for shows, exhibitions, seminars and other exposure activities for professionals in therapeutic recreation field (Dieser, 2013).

To meet the above guidelines, all experts in the field are expected to meet certain core principles fundamental in implementing an ethically healthy therapeutic recreational setting. Schools and institutions that offer similar programs are expected to incorporate these principles into the curriculum, to help learners develop the required skills to practice at their professionally expected standards (Blucker & Pell, 1986). Discussed below are the key principles fundamental in implementing a therapeutic recreational setting:

**Non-Maleficence-** It is expected that all therapeutic persons treat their clients in accordance to their wishes. This principle advocates for a beneficence factor. The experts should channel most efforts to ensuring the well-being of their clients and protecting them from any harm.

**Autonomy-** the clients have to be respected. This principle ensures Therapeutic Recreation persons respect any decisions made by their clients. The Therapeutic Recreation person should explain available options to solving particular problems and let their clients choose what suites them best.

**Justice-** Therapeutic Recreation experts have to ensure equity and fairness in their services. The services should be rendered to everyone irrespective of their age, color, race, origin, sex, disability, social class or financial capabilities (Colston, 1991).

**Fidelity-** all experts need to be faithful to their clients. They need to ensure they meet all expected issues without breach of contract.

**Informed consent-** This is also referred to as the principle of veracity. It protects the clients in that they have to be informed of the nature and details of the services they are about to receive. The clients have a right to know the level of education, experience, expertise, and even training of the Therapeutic Recreation experts handling their situations. In addition, the clients should be informed of expected outcomes or results of any given process.

**Privacy-** this is a very vital ethical practice that all Therapeutic Recreation experts need to develop. Information regarding various clients need to be safeguarded and kept private. This is very essential in protecting the social status and welfare of an individual. In case a confidentiality principle is to be broken for good reasons, the client should be informed of this.

**Competence-** therapeutic recreation persons are expected to keep updating their skills every moment. They should ensure they attend various training activities, shows, exhibitions and seminars to help them keep updated. They need to register with recognized professional organizations to help them keep updated on vital issues pertaining to their field.

**Compliance with rules, laws and regulations-** the professionals in this field need to obey the laws set by their governing bodies and government.

#### Therapeutic recreation as a factor in patient focused care

Many health organizations are striving hard to attain a standard for patient's focused care. Various professionals in the field of medicine have therefore reevaluated their practices with this framework. According to Coker (1998), professionals such as nurses in their council have stepped up their pursuit to offer more professional services by conducting various researches. Therapeutic professionals have not relented either, Haasen, Hornibrook & Pedlar (1998) observed that these professionals are also striving to attain an accepted patient-to professionals relationship.



## Sample Case history in therapeutic recreation

Reviews of various historical case studies reveal the real life situations experienced by experts in the field. Several authors have identified some of the ethical issues that have emerged since the commencement of practice of therapeutic activities. Cases of violation of the discussed principles have been experiences in different parts of the world. Take for instance, (Barlow, Hayes & Nelson, 1984).discusses the story of a middle-aged woman who was a victim of major depression. Here, the patient had to be made to socialize and build trust to help her recover. This is a situation where the therapeutic expert has to explore all options including breaching some principles to save the client's life.

The therapeutic expert had to play a lot of confidence building exercised to win the mind of his client and implement his treatment plan. This shows the strength being the client-patient relationship. Clinical care has always been concerned with the ethical and moral judgment of people providing clinical care (Robertson & Long, 2008). Those facing illness or injury entrust their care to the skill and knowledge of others. This trust places a responsibility for the clinical professional to understand ethical issues and to make clinical decisions based on this understanding of the balances benefit, expedience, cost-effectiveness, safety, and harm avoidance (Cerit & Dinc, 2012).

An awareness of ethical issues and making ethical decisions in recreation therapy settings are, thus, related. In related clinical roles, ethical decision-making has been studied among nurses and physicians. For instance, Cahana, Weibel, and Hurst (2008) examined nurses' ethical decision-making in comparison with other healthcare professional with home they work. The authors compared nurses' reaction to a fictitious scenario whereby a young Jehovah's Witness patient is in need of a life-saving blood transfusion following a bleeding accident. Jehovah's Witnesses embrace a provision in their faith that forbids the transfer of blood.

Cahana et al. (2008) gave the surgical nurses, nurse anesthetists, anesthesiologists, and surgeons a choice of four ethical principles from which they could choose. The first principle was *respect of autonomy* which reflects a respect of the Jehovah's Witness patient to not have a blood transfusion, even when indicated and life-saving. The second principle is that of *nonmaleficence* or the commitment to do no harm to the patient while the third principle is that of *justice* which ensures that the patient has an equitable treatment. The fourth ethical principle posited was *beneficence* which is the promotion of a patient's well-being. The participants were encouraged to share other ethical principles upon which they could make an ethical decision to provide (or not provide) blood to this particular patient.

The authors found that surgical nurses and nurse anesthetists were less likely than surgeons to give the patient a blood transfusion despite the patient's explicit demand not to be given one, even if it were required as life-saving (Cahana et al., 2008). Cahana et al. (2008) also found that nurses who would give a transfusion despite the patient's demand against it were mostly using beneficence to justify their ethical decision-making. In contrast, the surgeons and anesthesiologists overwhelmingly relied on both beneficence and nonmaleficence to make the ethical decision to give the transfusion. The implications of the Cahana et al. (2008) research conclusion is that nurses are likely to consider a patient's well-being as a main factor in making a difficult ethical decision.

### Therapeutic Recreation models

These are a set of predefined models essential in therapeutic practice. They assist the therapeutic specialists in the processing and interventions (Bullock & Mahon, 1997). This model ensures the professionals have a platform to clearly think and make sound decisions. Examples of these models include (Austin & Crawford, 1991):

- ❖ Therapeutic recreation practice model that helps professionals in making sound decisions
- ❖ The leisure ability model that encourages development of the leisure independent style of life
- ❖ A health promotion model to help clients develop self-efficacy and empowerment
- ❖ Ethnicity that encourages adherence to professionalism and the right codes of conduct.

This literature reviewed has explored some fundamental aspects essential in therapeutic recreational activities. The basic principles they should observe in the expected codes of ethics have also been discussed. Furthermore, this literature has reviewed the performance of various professionals and given some examples of some extreme cases. Also discussed were the models that are essential in attaining a complete therapeutic recreational exercise.

### **Methodology**

This research was developed from an extensive review of literature sources from previous studies on similar or related topics. Various scientific published journals, as well as previous dissertations on this topic, were the main sources of literature. A total of 20 data sources were reviewed and the information collected and graded in a logical manner. The sources were selected in accordance to the topic of study, research problem and expected scope of the research paper. Findings from the sources will be discussed in the results section.

In addition to analysis of literature sources, students participating in the study will be interviewed to get primary data on this topic. Questionnaires will provide open ended questions and a semi structured interview will be used to sample views (Yin, 1989). This will be important in clinical decision making.

## Results

Preliminary analysis of the data clearly displayed that the introduction of TR programs in schools has had various results. Frequency data where n=15 showed the need to integrate TR ethics programs to the curriculum in places they were not offered. In as much as the interviews showed that courses differed in titles, some learners were able to identify topics on ethical education in their curriculums. This was a similar tone for 64% of the respondents. Most of the learners, however, noted that the number of allocated hours was not sufficient enough to cover all of the ethical issues as required in actual practice. 73% of learners noted that ethics was not offered as a special or separate unit due to insufficient time in the curriculum.

The table below displays the results from a literature review where frequency for including topics in Ethics education was incorporated into the curriculum (Rainwater, 1976).

**Table 1**

Frequency for data for topics within ethical education in therapeutic recreation

Subject/topic	frequency	percentage
Professional vs Personal convictions	14	93
Identification of ethical dilemmas	14	93

Cultural differences	13	87
Problem solving	13	87
Code of ethics	13	87
Decision making	13	87
Principles	12	27
Theories in ethics	4	20
others	3	20

Adapted from the therapeutic recreation Journal, 2002.

The data portrays the extent and variation in inclusion of core subjects related to therapeutic recreation. The principles were awarded very small time slots, as it was also discovered in the interview. Professional and personal skills, aspects of identification, and dealing with cultural differences were the aspects that got the giant's share of available time slots (Colston, 1991).

Table 2 indicates the main methods of instructions used in delivering ethics education in TR in institutions.

**Table 2**

Frequency data for methods of instruction for ethics education in TR programs

Method of instruction	frequency	Percentage
Lectures	14	93
Discussions	13	87
readings	13	87
Case studies	10	67
Class exercise	9	60
Clinical observation	8	53
Video	7	47
Playing roles	4	27

Simulations	3	20
Others	1	7
Computer tutorials	0	0

Adapted from the therapeutic recreation Journal, 2002.

According to the Therapeutic recreational journal, the above statistics display that instructors use most of their time in class sessions encouraging the learning of ethical skills. This is commendable since the percentages of case studies and observations are also high. It is necessary to encourage more situations for practical and computer simulated sessions to help improve the services further (Austin & Crawford 1991),

#### Discussion and Conclusion

This research was aimed at examining the impact of including ethical based programs in the level of experience gained by learning students and how this may impact on their practice of ethical issues in therapeutic recreation. Several articles were reviewed and they discussed aspects and core principles on this topic. An extensive review of literature and data analysis has also been done to explore the impact of including ethics related topics in TR.

Therapeutic recreational journal has demonstrated that indeed some learning institutions have incorporated ethical based topics in the school curriculums to help develop the clinical students. This means that a number of them are well exposed to these key ethical issues and practices.

According to Austin & Crawford (1991), the experience acquired in learning institutions will translate directly to what is offered by the learners. AS a result, the level of knowledge and skills obtained in schools remain key in dealing with ethical issues related to TR. As it was

hypothesized, clinical setting would be favorable in monitoring various aspects of TR, and this has been conformed from the data and results obtained.

Therapeutic recreation programs in different parts of Canada appear to approaching ethics education in acceptable rates. The integration of these education in curriculums is a move to improve the outcomes of experts in this field (Colston, 1991). This will be vital in their future practice and thus professional careers. The integration is in line with Sylvester's (1985) opinion that advocates for such teachings in the curriculum.

#### **Reference:**

- Austin, D. R., & Crawford, M. E. (1991). *Therapeutic recreation: an introduction*. Englewood Cliffs, N.J.: Prentice Hall.
- Blucker, J. A., & Pell, S. W. (1986). Legal and Ethical Issues. *Journal of Physical Education, Recreation & Dance*, 57(1), 19-28.
- Barlow, D. H., Hayes, S. C., & Nelson, R. O. (1984). *The scientist practitioner*. New York: Pergamon.
- Bryman, A. (2001). *Social research methods*. Bath, Oxford; Oxford University Press.
- Bryman, A. & Bell, E. (2007). *Business research methods*, (2nd ed.). Bath, Oxford; Oxford University Press.

- Cahana, A., Weibel, & Hurst, S.A. (2008). Ethical Decision-Making: Do anesthesiologists, surgeons, nurse anesthetists, and surgical nurses reason similarly? *Pain Medicine*, 9(6), 728-736. doi:10.1111/j.1526-4637.2007.00346.x
- Cerit, B.I. & Dinc, L. (2012). Ethical decision-making and professional behaviour among nurses: A correlational study. *Nursing Ethics*, 20(2), 200–212.
- Cole, C.A. (2012). Implied consent and nursing practice: Ethical or convenient? *Nursing Ethics*, 19(4), 550-557.
- Colston, L. G. (1991). The Expanding Role of Assistive Technology in Therapeutic Recreation. *Journal of Physical Education, Recreation & Dance*, 62(4), 39-41.
- Coyle, C. P., & Bullock, C. C. (1995). Case histories in therapeutic recreation: Research implications for practitioners and educators. *Therapeutic Recreation Journal*, 29, 281-288.
- Creswell, JW 2009. *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.), SAGE Publications Inc, California.
- Deshpande, S.P. (2009). A Study of ethical decision making by physicians and nurses in hospitals. *Journal of Business Ethics*, 90, 387–397.
- Dieser, R. (2013). Special issues: Global therapeutic recreation: Should the United States therapeutic recreation profession and the United States National Council for Therapeutic Recreation Certification (NCTRC) be replicated in other nations. *World Leisure Journal*, 55(4), 307-319.
- Robertson, T., & Ellis, G. (1991). Editors' comments: Case histories. *Therapeutic Recreation Journal*, 25, 60.
- Health, P. E. (1990). *Annual in therapeutic recreation*. Reston, VA: American Alliance for Health, Physical Education, Recreation, and Dance.



- Indhraratana, A. & Kaemkate, W. (2012). Developing and validating a tool to assess ethical decision-making ability of nursing students, using rubrics. *Journal of International Education Research*, 8(4), 393-400.
- Kuntsler, R. & Daly, F.S. (2010). *Therapeutic Recreation Leadership and Programming*, Champaign, IL: Human Kinetics.
- Park, M. (2009). Ethical issues in nursing practice. *Journal of Nursing Law*, 13(3), 68-78.
- Rainwater, A. B. (1978). *Comparative analysis of competencies for therapeutic recreation technician II and therapeutic recreation leader practitioners in therapeutic recreation*. London: Oxford University Press.
- Robertson, T., & Long, T. (2008). *Foundations of therapeutic recreation*. Champaign, IL.: Human Kinetics.
- Silen, M., Tang, P.F., Wadensten, B., & Ahlström, G. (2008). Workplace distress and ethical dilemmas in neuroscience nursing. *Journal of Neuroscience Nursing*, 40(4):222-31.
- Stricker, G. (1982). Ethical issues in psychotherapy research. In M. Rosenbaum (Ed.), *Ethics and values in psychotherapy: A guidebook*. New York: Free Press, pp. 403-424.
- Susilo, A.P. et al. (2013). Nurses' roles in informed consent in a hierarchical and communal context. *Nursing Ethics*, 20(4), 413–425.
- The Canadian Therapeutic Recreation Association (2013). CTRA Code of Ethics. Retrieved from <http://www.canadian-tr.org/Code-of-Ethics>
- Yin, R. K. (1989). *Case study research: Design and methods* (Rev. ed.). Newbury Park, CA: Sage.