

Collectivist Cultures and Rehabilitation: Exploring Client-Centred Practice Among Female Palestinian Occupational Therapists

Presenter: Katrine Wølstad-Knudsen, Nes Municipality, Norway.

Co-authors: Marte Feiring, Oslo Metropolitan University, Norway.
Linda Stigen, Norwegian University of Science and Technology, Norway.



INTRODUCTION

In 2025, more than 123 million people worldwide were registered as fleeing from war, persecution and conflict, 5,9 of them

Palestinians.

Such conditions necessitate an urgent need for rehabilitation efforts. In

Middle Eastern cultures, in which collectivist values are favoured over individualist

ones,

different conceptions about independence arise, in which

can impede client-centred practice.



OBJECTIVE

This study sought to explore the clinical perspectives of Palestinian occupational therapists (OT's) concerning their collaborative interactions with clients, with the aim of providing insights into how sociocultural factors contextualise practice. This study also investigated Palestinian cultural values in occupations and independence in rehabilitation settings and OT's strategies for facilitating client participation in their practices.

METHOD

Eight individual interviews and clinical observations were conducted with Palestinian OTs in the West Bank. The data was analysed using Braun and Clarke's reflexive thematic analysis.

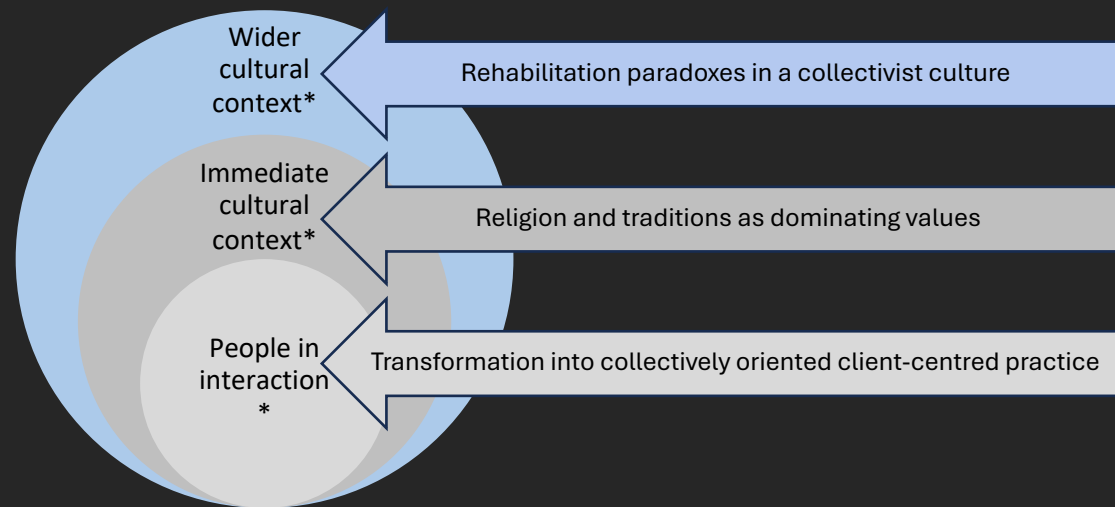


Participant demographics

Name	Age	Years of OT experience	Empirical source	Type of institution
Nadia	43	22	Interview and two observations	Special education
Yasmine	25	4	Interview	Special education
Sarah	23	2	Interview	Special education
Asha	20	1	Observation	Special education
Malika	30	10	Interview and three observations	Day institution
Jana	40	18	Interview	Consultative institution
Laila	32	10	Interview	Rehabilitation hospital
Nisa	22	1.5	Interview and observation	Rehabilitation hospital
Tara	23	1.5	Interview and observation	Rehabilitation hospital

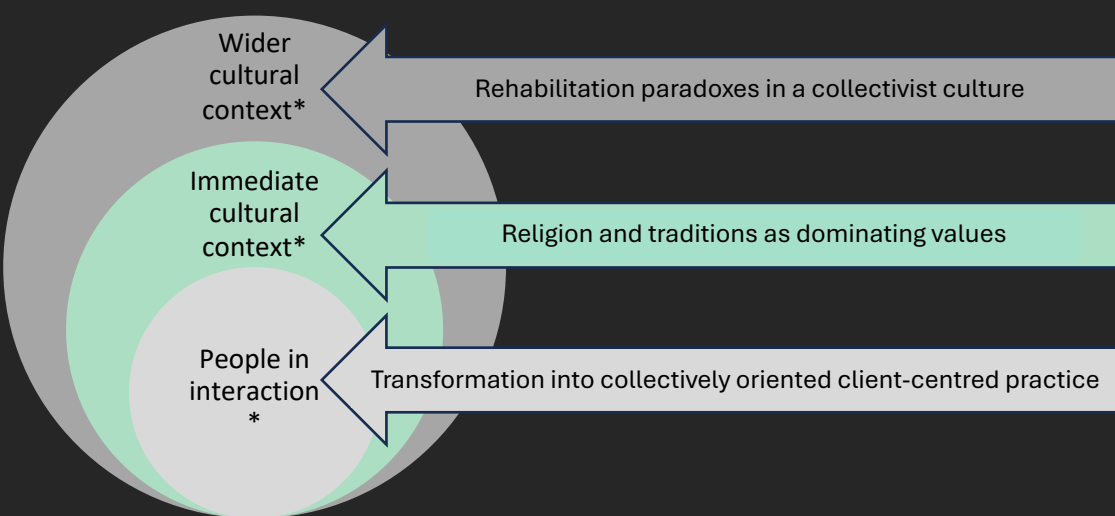
RESULTS

Results show that Arab/Palestinian culture is characterized by strong family interdependence, where caring for elderly and disabled relatives is a duty. Interdependence varies by gender, age, and living conditions, creating tension between cultural values and occupational therapists' professional emphasis on independence.



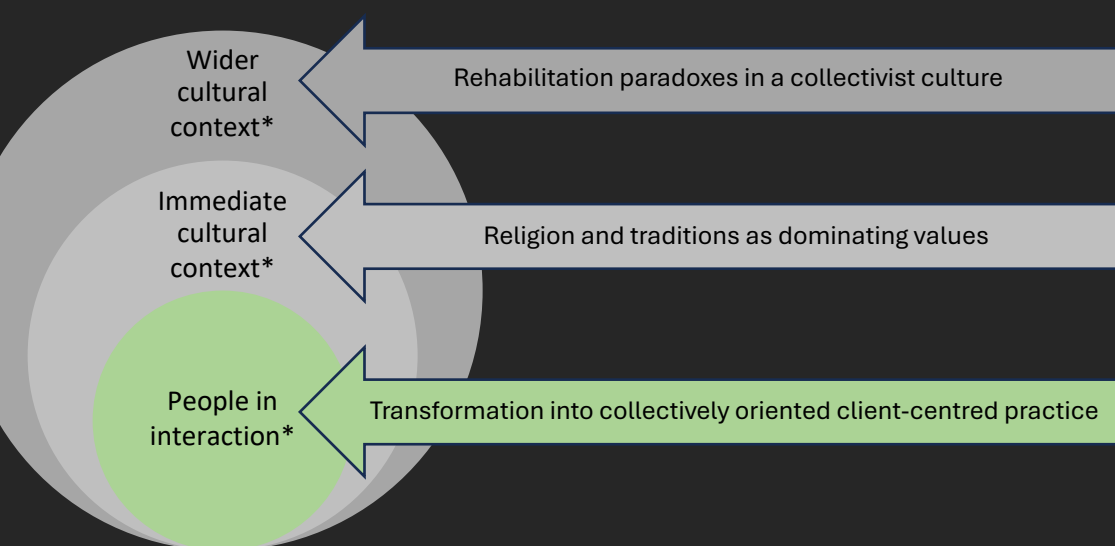
It was really hard for us to make the client's family understand that they should start relearning activities like washing their face or brushing their teeth, especially if they're elderly. They were like, 'No, I will do it. This is my father. I must help him. This is not ethical.' (Sarah, special education)

Cultural, religious, and gender norms strongly shape occupational therapy practice, influencing therapist roles, acceptable interventions, and family collaboration. Therapists primarily work with mothers or wives, while fathers often retain authority but remain absent.



In one case, the client had a complete cut of the spinal cord. The family still thought their son would be able to walk again. And they refused to train in wheelchair technique or ADL [activities of daily living] because he must walk. (Nisa, rehabilitation hospital)

Occupational therapy education and practice are largely grounded in Western individualistic models, which do not fully align with the collectivist context. Therapists therefore try adapting client-centred practice to a more collectively oriented approach, focusing on family education and culturally sensitive collaboration to support meaningful participation.



In our community, it's difficult to work client-centred in cases because of the patients' thoughts and beliefs ... They can't understand our role and they don't believe that I can make them any better. They believe in medications and operations, but they don't understand rehabilitation or OTs. (Tara, rehabilitation hospital)

(Moen and Middelthon, 2015)*

TAKE HOME NOTES

The results indicate that biomedical ideals of individual independence often conflict with collectivist cultural traditions that emphasise interdependence, creating tensions that can hinder rehabilitation. Western conceptions of client-centred practice and disability do not fully align with local cultural meanings, contributing to miscommunication and challenges in practice. A more holistic and culturally responsive approach may therefore support a collectively oriented client-centred practice that facilitates clients' progression toward what they can be in the community and family through rehabilitation.