OCCUPATIONAL THERAPY – SKILLS FOR THE JOB OF LIVING

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For this edition of the Morecambe Bay Medical Journal devoted to allied health professionals (AHPs) I set myself the challenge of answering the question – what is an occupational therapist (OT)? We are often mistaken for nurses, social workers or, more often, physiotherapists and somehow our role seems less easily defined than the other AHPs. Most people seem to have a fairly good understanding of physiotherapy or speech and language therapy but when it comes to occupational therapy, we are either saddled with the ubiquitous basket-making label or, as in my particular field of elderly rehabilitation, referred to as the person ‘who takes you home for a visit’. OTs themselves are hard-pressed to give a pithy explanation that encompasses all that they do and we are guilty of glossing over our role in our initial meetings with patients, relatives and other health professionals. In my quest for the definitive answer I sourced books, journals and the worldwide web and found jokes, insights, rambling descriptions, incomprehensible jargon and inspiration. My aim is to share some of this, to look at the role of OTs in the Morecambe Bay Hospitals Trust and, with this understanding of occupational therapy, to make a plea for increased representation in all areas of healthcare in the bay.

There is a joke regarding the number of psychiatrists it takes to change a light bulb. The punch line concludes that it doesn't really matter how many, but the main thing is that the bulb has got to want to change. There is an occupational therapy equivalent and hopefully the answer will become evident by the end of this article.

Before that there is some teasing out of definitions to do. The World Federation of Occupational Therapists website⁽¹⁾ had, alarmingly, 31 pages of definitions from around the world. While I am now armed with a definition of occupational therapy for any foreign country I might visit (an improvement on telling people that I am Kate Walker and I work in computers – from ‘Teach Yourself Spanish’ week 1) what is interesting is how similar the definitions are worldwide. For the British Association of Occupational Therapists, occupational therapy is ‘the treatment of people with physical and psychiatric illness or disability through specific selected occupation for the purpose of enabling individuals to reach their maximum level of function and independence in all aspects of life’⁽²⁾. From Malta there is a similar definition of occupational therapy as ‘the assessment and treatment of physical and psychological conditions through selected techniques and purposeful activities aimed at improving the individual's level of functional independence and quality of life’⁽³⁾. Canada makes more specific reference to the profession's name: ‘Occupational therapy, as the name implies, uses occupation to promote and maintain health . . .’. It then goes on to define occupation as ‘any activity or task necessary to self care (eg eating, dressing), productivity (eg school, work, homemaking) or leisure pursuits (eg play, recreation activities)’ and ends with

‘Occupation is viewed as essential to health’⁽⁴⁾. The Australian definition⁽⁵⁾ goes into more depth looking at the therapeutic objectives, which are achieved through techniques and activities. These are to:

- diminish and control pathology
- restore and/or reinforce functional capacity
- facilitate learning

Denmark does not have an official definition but instead gets around all the different facets of occupational therapy with descriptions of the different practice areas within the profession.

OTs believe that occupations or activities describe who people are and how they feel about themselves and that if people are unable to do the things they want or need to do, that their general well-being is affected⁽⁶⁾. So what makes occupational therapy different from the other AHPs is specifically its emphasis on all aspects of occupation and the fact that OTs address the psychological, social and environmental factors that may impact on a person's occupation. Occupational therapy can improve rehabilitation for all sorts of people who may have some impairment due to⁽⁷⁾:

- arthritis, cancer or other debilitating illnesses
- head or spinal injuries
- orthopaedic, work or sports-related injuries
- amputation
- burns
- chronic pain
- stroke and other neurological conditions
- mental illness
- developmental disabilities

In a nutshell occupational therapy can be described as giving people ‘the “skills for the job of living” that are needed for independent and satisfying lives’⁽⁷⁾ or ‘helping others help themselves’⁽⁸⁾ or ‘converting disability into ability’⁽⁹⁾.

Occupational therapists identify the problems that people may be having in their ‘skills for living’ through thorough assessment of patients and their lifestyle, and then work with patients to address these. Practical examples include⁽⁸⁾:

- teaching new ways to do things eg to dress or cook using one arm
- helping people to remember things when their memory is poor

- helping people to manage their time more effectively to conserve energy
- encouraging participation in activities to maintain or improve abilities eg to increase strength, confidence and belief in oneself
- adapting materials and equipment eg prescribing wheelchairs, providing a special bath or toilet seat
- making changes to the environment eg changing the layout of home or office to make it more accessible or to prevent further injury
- helping people to develop new skills, abilities and interests in work and leisure time eg job readiness programmes

Occupational therapists work in many different departments throughout the Morecambe Bay Health Trust – in acute medicine, orthopaedics, rheumatology, cardiac rehabilitation, general and elderly rehabilitation to name but a few – and these different roles are described in more detail elsewhere in this journal. As OTs are concerned with ‘skills for the job of living’ and ‘helping others to help themselves’ there is an argument to suggest that they can usefully be employed in every aspect of healthcare in the trust and specifically in areas not currently covered such as pain management and A&E.

Just as I was finishing this article, the March edition of Occupational Therapy News landed on my doorstep and inside was heralded ‘the first single definition of occupational therapy in the UK’. Whilst trying to encompass all the various interventions covered by occupational therapy, it has apparently three definitions of different lengths, the shortest of which is three paragraphs long⁽¹⁰⁾. While I feel secure in the knowledge that this definition covers what I do, I don’t think I’ll use it to describe to patients what my role could be in their health care. My trip around the worldwide web has inspired me to prefer to use the phrases ‘skills for the job of living’ and ‘helping you to help yourself’.

So how many OTs does it take to change a light bulb? None – an occupational therapist will teach a light bulb to change itself.

REFERENCES

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