

Narrative Reflections on Occupational Transitions

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1. Words from the column editor

The following narrative was written by Nancy MacRae, an occupational therapy professor at the University of New England. Her experience from the other side of the health care relationship reminds us all how very different the client/patient view is and what an invaluable learning opportunity this perspective can afford. We can all be humbled by the real life client role, yet the learning and dissemination of that learning through reflection contributes to our ability to assist other clients and help the rehabilitation process. I believe the lessons from the following story will also provide direction for those who focus on health promotion, prevention and assessment as well.

2. Personal SNAP by Nancy MacRae

My personal and professional lives were irrevocably changed on June 8, 2009. On that day my right femur unexpectedly fractured, leading to a 911 call, an ambulance ride, surgery 24 hours later for the placement of a rod in the femur, and rehabilitation. The pain was excruciating until the bone was set. After that the physical recovery and the psychological/emotional reckoning with the failure of a body part began. Having been a health and exercise conscious person, I mourned not being able to take walks or participate in yoga, both stress-reducing mechanisms for me. Fortunately, these

same releases contributed to my good overall health which have greatly aided in my recovery.

An unbelievable irony has been that I was working on a committee whose goal was to design and implement an interdisciplinary program for elders dealing with decreasing fear of falling. The committee's name, created by me, was SNAP, standing for Strategies to Nurture Aging Persons. The fact that my femur snapped and that now my fear of falling has been magnified, is more that serendipitous. My personal experience will help the team and me to make this program more resonant for elders. My ability to work the last two weeks of June, with a social work colleague on completing a special project I had already committed to, provided me with an occupational focus. I was able to be productive, collaborative, and complete the promised task.

As an occupational therapist (OT) for more than 40 years and an OT educator at the University of New England (UNE) for 20, my belief in the power of occupation is unswerving. Its ability to provide meaning, focus, and value in one's life is clear to me. Its worth has been underscored by my recent experience. Precisely those activities that undergird our daily routines are affected by an accident such as mine. The inability to weight bear on one leg interferes with many Activities of Daily Living (ADLs), such as walking, dressing, and bathing. New strategies and the use of adaptive equipment become necessary to accomplish them. What was once done without thinking now requires focus, energy, and often several attempts to be successful.

Being hospitalized provided me with an excess of time, which prompted much self-reflection and thinking. I realized how very busy I had been during the spring semester and how the coordination of our graduate May term had not only engaged me but also stressed me. I began to be thankful that my femur did not fracture until nearly all of my tasks were completed; I also was thankful that I was on a stable surface when I fell and that I was able to pull myself to a nearby phone to call for help.

I was able to personally experience care and treatment from UNE graduates from the Westbrook College of Health Professions. The care and treatment provided was exceptional and ironically delivered by many UNE graduates, from physician assistants to doctors of osteopathy to therapists. Two of my former students were my occupational therapists. To see them in action and to know they are skillfully treating clients with respect and competence was rewarding, and reinforcing of my work over the last twenty years.

Being on the receiving end of medical treatment and then rehabilitation provided me with a unique perspective, one I only thought I understood. Living through the regimen of nursing care, post-surgical, medication delivery, and a rehabilitation schedule left me feeling cared for but exhausted. Being unable to get the restorative sleep (third shifts are so noisy) necessary for recovery made me tired and cranky. Actually needing to use the adaptive equipment to dress, bathe and toilet required a kind of vigilance not necessary while playing the part of a client when teaching students. A realization of the genuine benefits of such equipment was reinforced when I could independently don stockings and sneakers, take a shower, and reach for an item on the floor. Unexpected outcomes often do occur: for me, they were associated with the weight bearing when using the rolling walker – calluses on the palms of both hands and a very sore left upper extremity.

Lessons learned were multiple and will inform my teaching, as well as how I choose to live the rest of my life. First, the importance of meaningful occupation was reinforced and provided a goal towards which to work. Despite the critical nature of occupation in our lives, the recovery period and resulting exhaustion could easily overshadow the desire to do anything. At times just “*being*” was most important to my personal recovery and this notion needs to be understood by health care professionals. The kindnesses of those in my life were highlighted both initially and later on in my recovery. Friends and family, colleagues and students rallied around me with various kinds of support,

from flowers and chocolate to visits and cards, meal delivery and help with the laundry. Colleagues from work insured my home was safe for my return and had the necessary adaptive equipment for me.

Being in a client role was an exacting experience. Not only did I gain intimate insight into how the medical model works, but also into the amount of effort required to recover. A vigilance is needed when relearning how to move and walk, one that requires attentiveness and much energy. A short period of treatment can leave the client exhausted. When learning how to correctly maneuver a rolling walker and then the Canadian crutch, my attention needed to be on just the maneuvers, not talk with or from the therapist. Explanations needed to be given before movement was initiated. Practice with climbing stairs worked well in the clinic but fell apart with the concrete and uneven steps in my home’s entry way, necessitating a new combined approach. Such flexibility and creativity needs to be emphasized when a client is being discharged.

Therapists need to realize they do not know how the client feels, unless they have also experienced a like situation. If they have not, they need to be attentive to the client and her level of energy and motivation that particular day, as well as asking for feedback after the session and the next day to determine if the plan was functional. Remembering that therapy is a reciprocal learning experience remains key. Therapists have special skills and knowledge but the patient is the expert on her body and her home and what she needs to achieve the level of independence or interdependence she desires to achieve.

This was a surprise experience, one that gave me insight into living life where choice is limited and interdependence, mostly dependency to begin with, are givens. Having to depend on others to grocery shop and do my laundry was a hard thing for me to accept, as was hoping for a visit to help me get through a day alone. Control issues can become even more important and frustrating for an individual in this type of situation. The variability of importance of certain daily activities was an interesting outcome. Depending on the day and period of recovery, certain ones became more critical than others: bathing and dressing at the beginning; walking and stair climbing as recovery progressed.

An enhanced appreciation of the ‘here and now’ occurred, interspersed with impatience at the slowness of recovery, particularly with my limited endurance. My pace was slowed down considerably, like it or not. This was a lesson I need to continue to be guided by, for so much of my life has been in planning for the future: courses, publications, committees, etc.

Healthy habits in my past life have helped me to recover and will help me in the future as I adapt them and/or choose differently to accommodate to my new physical self. I will continue with yoga and try to establish a walking routine, and perhaps try swimming to keep myself limber and to stave off stress.

How will this newly gained knowledge affect my future? It will inform my teaching in ways only personal experience can. I will speak with confidence about being a client, the recovery and rehabilitation phases, the fear of falling, and the many kindnesses of people I know. I will strive to appreciate the 'here and now' on a more regular basis, not wasting the beauty of the moment in my usual effort to better plan for the future. I will acknowledge the need for interdependency in my life and in this society. This means slowing down more and enjoying the flow. I will more confidently express pride in the abilities and caring of our UNE graduates. Their concern and care for me, my choices, and my recovery were exceptional and aided in my recuperation. Spiritually I have realized the strength of my belief in something greater and that positive thinking and connection to others who care is vitally important in living a worthwhile, meaningful life.

Finally, this surprise experience has educated me about the emotional, physical and spiritual recovery of a person. Being able to realize the positive attributes

of the situation have helped me to regain a sense of equilibrium and an immense appreciation of all that my life gives to me. I have a profession about which I am passionate, friends and students who care about me, and a body which has shown its resilience and an ability to snap back to functionality. My recovery is not yet complete, but I look forward to a future filled with more self-knowledge, a better appreciation of the present, and an abiding faith in the connection of others.

3. Readers to reflect on

- Recall that the client is the real expert. Consider the possibility of creating opportunities to put yourselves in the shoes of the clients.
- Nancy's pre-accident physical, mental and social health all positively impacted her recovery. Can those who work in prevention of disability use this narrative to promote a healthy lifestyle even for those who might get injured or ill despite our efforts?
- Could there be a rehabilitation benefit to asking all clients to consider how their own injury or illness can be viewed in a positive light, whether as a learning experience or otherwise?