Applying MOHO to OT practice in acute setting

August, 22, 2005

To MOHO listserv members

Several months ago, you were kind enough to support my ideas for relating MOHO to my phenomenological investigation into the practice of OTs working in the acute hospital setting. I am attempting to apply the concepts of occupational identity and competence to this clinical setting. As therapists practise in the acute setting, their occupational identity (e.g., that of a holistic, person centered therapist) may be either challenged or supported. For example, working in a reductionist "conveyor belt" manner in order to cope with workload may present a challenge to this identity. If therapists are unable to sustain a pattern of occupational participation which enacts their identity as a holistic therapist, then their sense of occupational competence will be lessened and they will experience problems in occupational adaptation. The therapist may then adapt other aspects of occupational performance - for example, by deliberately choosing to assess fewer patients in more depth, or delegating ongoing therapeutic intervention to the OT Assistants – in order to regain a successful state of occupational adaptation.

I have attempted to link aspects of OTs' practice in acute care to the concepts of occupational identity and competence as described by Kielhofner (2002 3rd ed), and I have summarized some of these below. I know that this is only a novice level of understanding, but would be very grateful for any comments that therapists more experienced with MOHO may be willing to provide.

Thank you again.

Cathy Robertson

OCCUPATIONAL IDENTITY

Sense of capacity and effectiveness for doing

Can change someone's life just with equipment or advice.

Learn to do the best you can with resources available.

Trying to see too many patients reduces effectiveness.
Wonder if anyone is aware of all the work you are doing.

Things one finds interesting and satisfying to do

Complex cases are challenging and rewarding.

Seeing the patient in their own environment.

Inappropriate for OTs to be delivering equipment, but has become unavoidable.

Who one is, defined by roles and relationships

Unique role within the MDT - focus on home and issues no-one else looks at.

Role understood by consultants as part of team led discharge.

Perceived simply as provider of equipment.

Made out to be bad guy who delays discharge.

What one feels obligated to do and holds as important

Must assess and provide equipment to patients after total hip replacement (THR).

Provide emotional and clinical support for junior staff.

Lack of time to see all patients who really need OT.

A sense of the familiar routines of life

Daily contact with physiotherapists and nursing staff to priorities workload.

OT input governed by informal care pathway.

Rush out on follow up visits with equipment following sudden discharge.

Perceptions of the environment and what it supports and expects

Things change very quickly - patients deteriorate or are discharged very rapidly.

Acute OT is naturally stressful and demanding, it is the nature of the job.

Focus on equipment provision - no time to rehabilitate patients beyond immediate need.

Nurses expect OTs to assess patients when discharge is booked.
OCCUPATIONAL COMPETENCE

Fulfilling expectations of one's own roles and one's own values and standards for performance

Try to step back from conveyor belt approach to ensure better quality assessments.

Senior I - being supportive of juniors and leading team in difficult situations.

Do not want to deliver equipment but has become an unavoidable part of OT role.

Difficult to meet individual needs of complex patients due to busy caseload.

Maintaining a routine that allows one to discharge responsibilities

Try to anticipate and prepare for unplanned events to occur daily.

Willing to bend the rules because of shared pressures.

Can be difficult to respond to urgent referrals - puts the whole team under pressure.

Rushing to assess patients and follow up with equipment when discharged suddenly.

Participating in a range of occupations that provide a sense of ability, control, satisfaction and fulfillment

Treating complex patients and playing key role in successful discharge.

Involvement in service planning and development.

Quick, equipment-focused assessments are not rewarding.

Pursuing one's values and taking action to achieve desired life outcomes

Can achieve change but it takes a long time.

Being proactive in talking to consultants to promote knowledge of OT.

Attend lots of meetings re improving OT service, but lack of understanding and support for change from managers.
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Dear Cathy,

I have been working in an acute setting for 7 years in a private hospital in Brazil. I was the first OT hired in this institution. My approach is personally holistic and inspired by MOHO. I did face all the problems with identity you have pointed out below (and you have done that in a very precise manner). Now, we are a group of 7OT plus myself as a coordinator. Through these 7 years, I have taken technical and political actions to guarantee room to practice our holistic approach. It is an ongoing fight. Looking back we found we have reached a lot, but it is still a lot to be done.

Congratulations for your work.

Júnia J. Rjeille Cordeiro