Occupational Engagement in MSW

The aim of Occupational Therapy (OT) is to enable and empower people to be capable and confident in their daily lives in order to improve their well-being and reduce the effects of dysfunction or environmental barriers (Duncan, 2006).

Introduction:

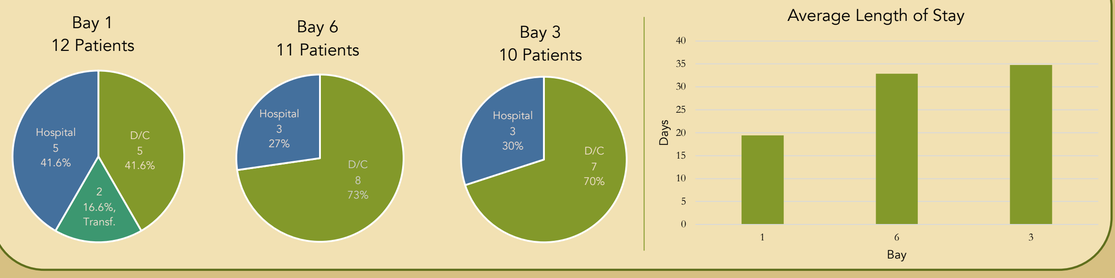
- Evidence Based and Task Oriented practice have led to decreased client centred practice***
- The project commenced with the notion of creating a more suitable environment for patients on the ward to lead to positive interactions with the MDT, ultimately leading to a quicker yet safer discharge, as environment is a subtle yet vital influence on impeding or enhancing success in the therapy process (MacAllister, Zimring, and Ryherd, 2016).
- People in rehabilitation units remain inactive and isolated, which contributes to occupational deprivation (Singer, 2018). Occupational deprivation leads to lack of meaning and affects rehabilitation potential and overall quality of life (Whiteford, 2000).

Aims and Methods:

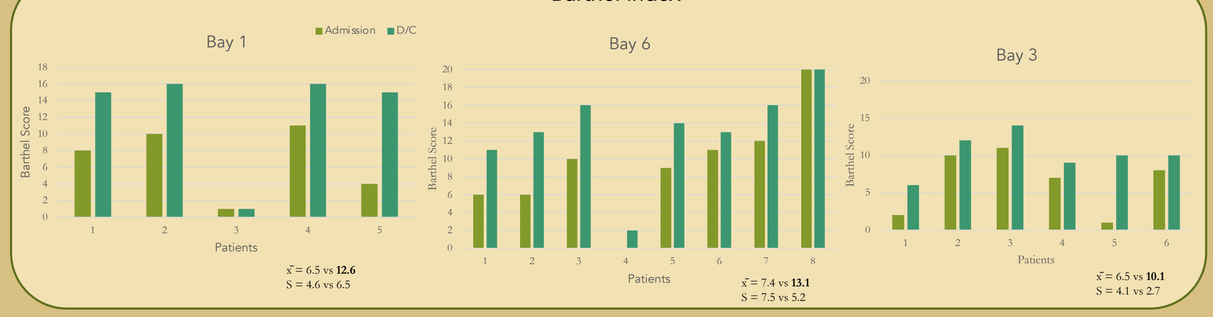
Goal: Enrich environment to reverse occ. deprivation, based on programs such as *Eat-Drink-Move* and *Eat-Walk-Engage* (Wade-Smith, 2021; Australian Commission, 2021). **Aims:** to increase occupational engagement to provide patients with more practice, independence, confidence performing ADLs, reduce muscle deterioration, maintain/improve mobility, and preserve/improve skin integrity. **Methods:** providing structure to the day, encouraging engagement in personal ADLs and sitting out of bed for breakfast and lunch with other patients at central table. Also, prompting patients to wear own clothes and increasing access to appropriate nutrition and hydration.

Results: *disclaimer*

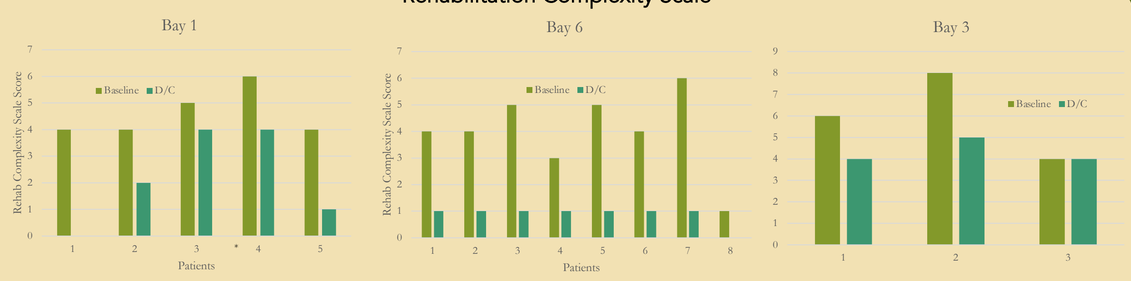
Bay Statistics



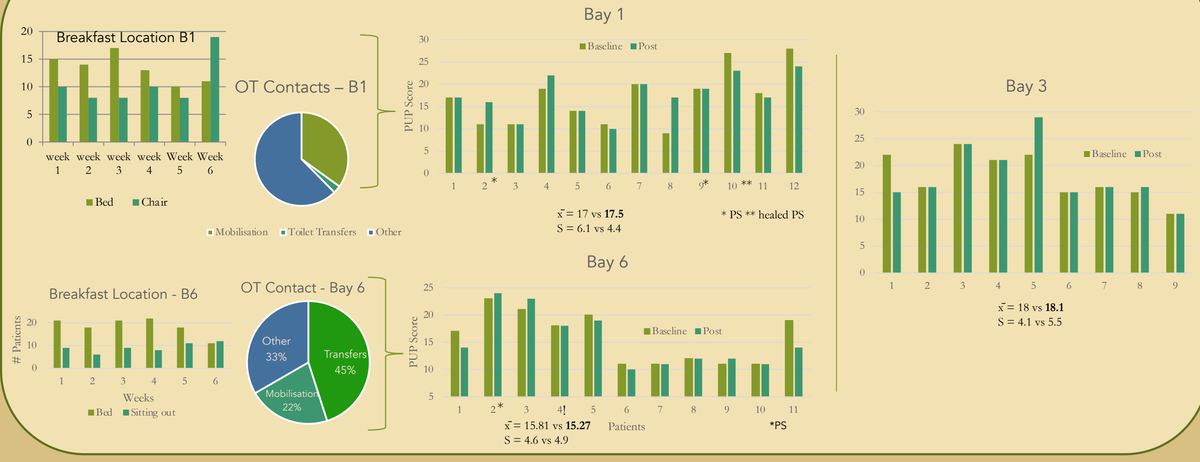
Barthel Index



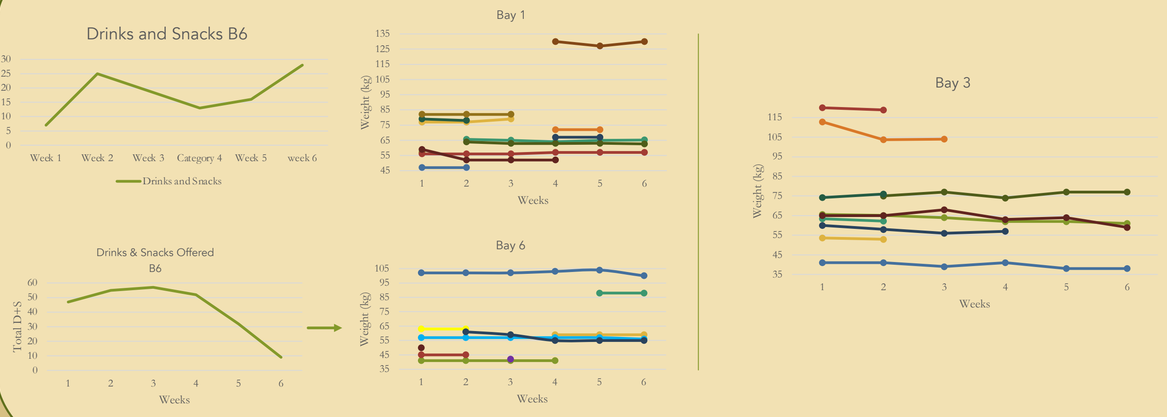
Rehabilitation Complexity Scale



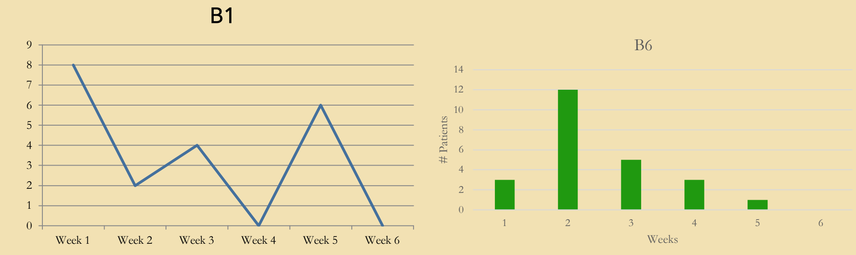
PUP Scores



Patients' Weight Over Time

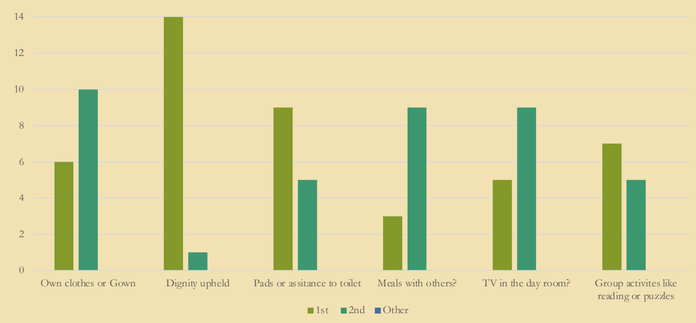


Lunch at central table



Incontinence Pads			
Bay	Baseline	wk. 3	Post
1	3	4,5,5	3,3,3,3
6	4,2 (20, 10)	4,2 (16, 10)	4,2
3	5	?	?

Patient Feedback



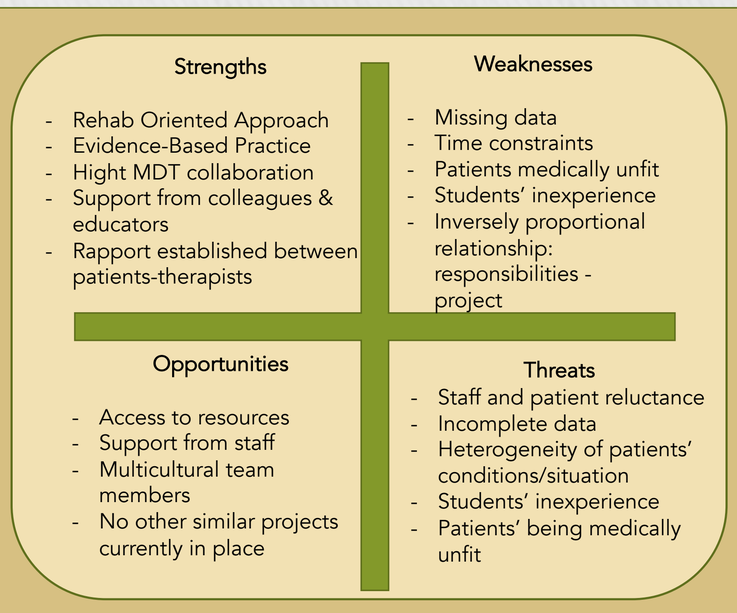
Staff Feedback

- Mixed reviews of feeling supported
- Feeling pressured due to workload
- Rated 7 for job satisfaction
- Suggested consistent coordination and communication
- Mixed reviews about student project

Discussion:

Differences in Bays
- Group activities
- Patients not medically fit
- Gender differences (Chapman et al., 2007)

Patient benefits
- Reduce the impact of prolonged hospitalization
  - Bed rest (reduced muscle strength, ability to perform daily activities, increased risk of infection) (Guedes Oliveira and Carvalho, 2018)
- Friendly atmosphere/sense of community in bays



Suggestions

- Establish (semi) strict project schedule (e.g., 4hrs/day). Set a goal to always have a member of the therapies team in bay (doesn't have to be the same person the whole time).

- Within those hours: Allocate weekly rotation of students to focus on project.

- Example: goal of 4hr therapy coverage in bay. Students can stay 2 hours in bay and the other 2 hours working on the data. Other staff members can cover the bay for the remaining time (2 staff, 1 hr e/a; 4 staff, 30min e/a, etc).

Conclusion:

1) Factors influencing environment before project: lack of entertainment; limited interaction with others; not enough rehab opportunities outside of therapy sessions.
2) Adopting a client-centred approach can motivate patients to become active participants in their rehabilitation
3) Impact of Results: Improvement in patient outcomes in involved bays suggests effectiveness of project, particularly once limitations are addressed.

Next Steps:

- Restart project taking into consideration suggestions
- Maintain rigorous data collection
- Collect more patient/staff feedback.
- Gradual rollout to the rest of the wards – with support of therapies team
- Allocate a designated space inward for patients to enjoy social interactions or change of scenery.
- Request families to bring personal objects from home and potentially participate in provision of care.

- **References:**

Boev, C., 2012. The Relationship Between Nurses' Perception of Work Environment and Patient Satisfaction in Adult Critical Care. Journal of Nursing Scholarship, 44(4), pp.368-375.

Chapman, B., Duberstein, P., Sorenson, S. and Lyness, J., 2007. Gender differences in Five Factor Model personality traits in an elderly cohort. Personality and Individual Differences, 43(6), pp.1594-1603.

Guedes, L., Oliveira, M. and Carvalho, G., 2018. Deleterious effects of prolonged bed rest on the body systems of the elderly - a review. Revista Brasileira de Geriatria e Gerontologia, 21(4), pp.499-506.

(Guedes, Oliveira, and Carvalho, 2018)

MacAllister, L., Zimring, C. and Ryherd, E., 2016. Environmental Variables That Influence Patient Satisfaction. HERD: Health Environments Research & Design Journal, 10(1), pp.155-169.

Wade-Smith, C., 2021. Eat, Drink, Move... Get Dressed. [online] NHS Salisbury. Available at: <https://www.salisbury.nhs.uk/wards-departments/charities/league-of-friends/league-of-friends-news/eat-drink-move-get-dressed/> [Accessed 30 June 2021].