

**Topic: The Power of Occupation**

**Organised by: SPOTeurope**

**Hosted by: Ton Satink**

53 people from several different countries including, the UK, Ireland, Netherlands, Austria, Belgium and Greece

**Introduction**

Ton Satink is a lecturer at HAN University of Applied Sciences in Niemegen and also teaches in the OT European Masters programme. His presentation was based on ‘The Power of Occupation’. Occupational Science contains studies around occupation, which is the core of our profession meaning that OT students and professionals should have some prior knowledge around this!

The presentation was in recognition of European Public Health Week and was broken down into two different sections:

* Public health; the relationship between occupation, health and well-being
* Further understanding of power of doing

**Definition of public health**

Public health concerns the protection of health for the entire population as a collective, rather than individually. OT’s are active in this field, working with people individually and with groups covering a broad field of health promotion.

There are 17 sustainable development goals (SDG) as a part of agenda 2030, adopted and defined by the UN. The third SDG is good health and wellbeing, ensuring a healthy life and to promote health and wellbeing for all ages. OTs play an important role in this as they understand the relationship between occupation, health and wellbeing while promoting equality and justice, holding the belief that everybody should have access to meaningful occupations.

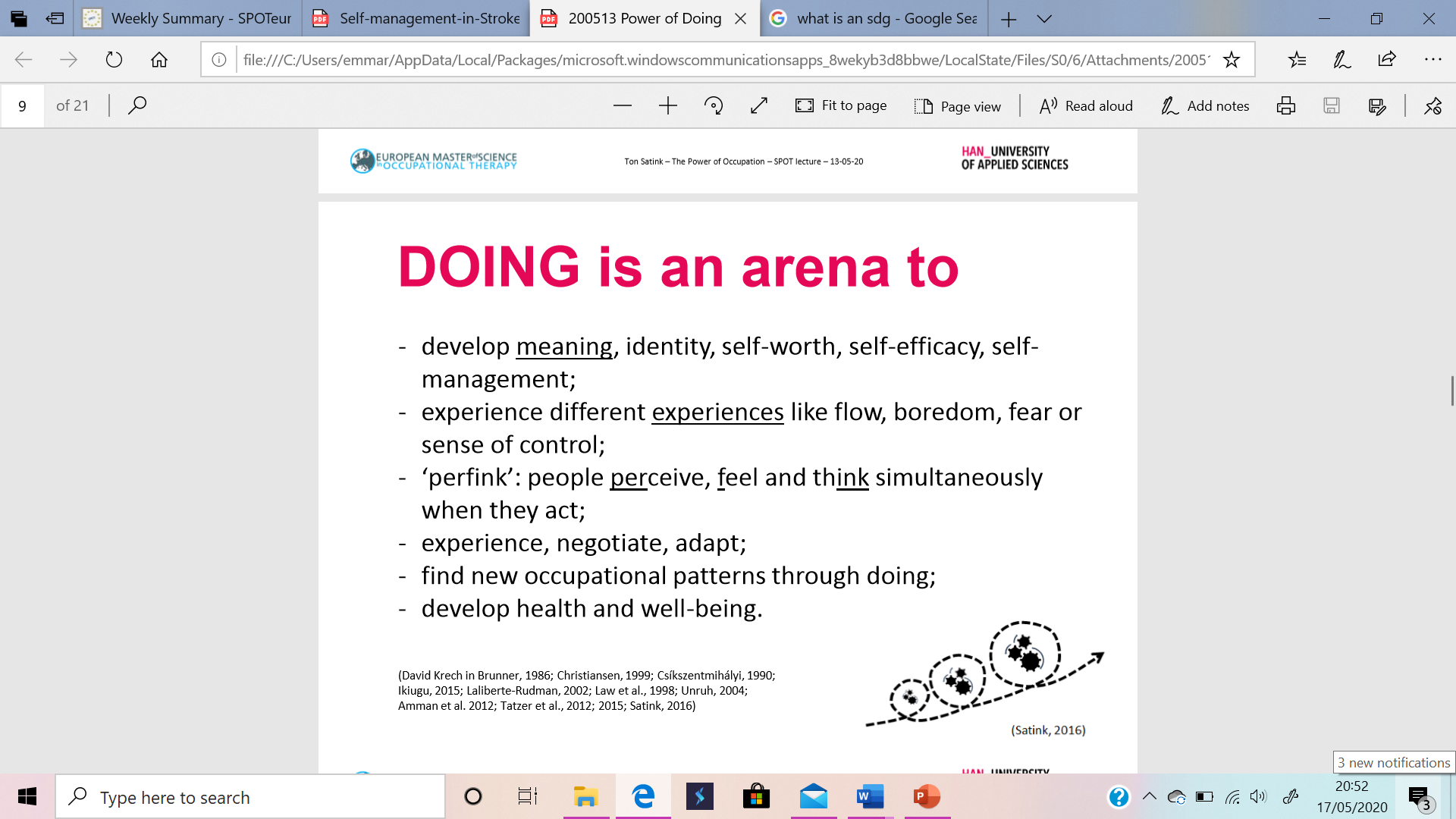
There is a lot of literature published around how OTs have an important role in promoting public health. In 1998, there was a publication of Occupation, health and wellbeing which was expanded in further literature, providing moderate to strong evidence that occupation has an important influence on health and well-being.

**Definitions of Occupation**

There are a variety of definitions of occupation. A basic definition is ‘ordinary and familiar thing people do every day’. A more extensive definition from AOTA is activities that are meaningful and individual to individuals, groups or a population. Wilcock expanded on this stating that occupation is ‘doing’ an activity that has intrinsic or extrinsic meaning. Pierce states that occupation can be defined as the experience that an individual gets from an activity rather than the activity itself. He states that to have a good therapeutic occupation, it should have meaning which gives the experience.

**We can learn by doing**

For example, if someone is drawing a picture, they are ‘doing’ but also using skills to help them learn. Through drawing, a person is using creative skills with motor and sensory skills to create something.



We all get ‘experience’ while feeling how something is going, negotiating with ourselves if we are enjoying it or not, and then possibility adapting the activity or situation. For example, stroke clients progress through trial and error of doing. They will be experiencing different meanings to things that they did before and will be negotiating with themselves as to if they are happy with their new way of living, do they want to give up, do they want to try other ways.

**Participants of the presentation gave examples of occupations and ‘doing’**

*- Feeling ill but does not want to go to therapy as does not feel like that is like them. Gained a perspective through studying helped by looking to a new world of occupation helped. This relates to Doing being becoming belonging (Wilcock). Doing gives you a way to become an ot; being with others/belonging within a group; to a new being 🡪 being an OT*

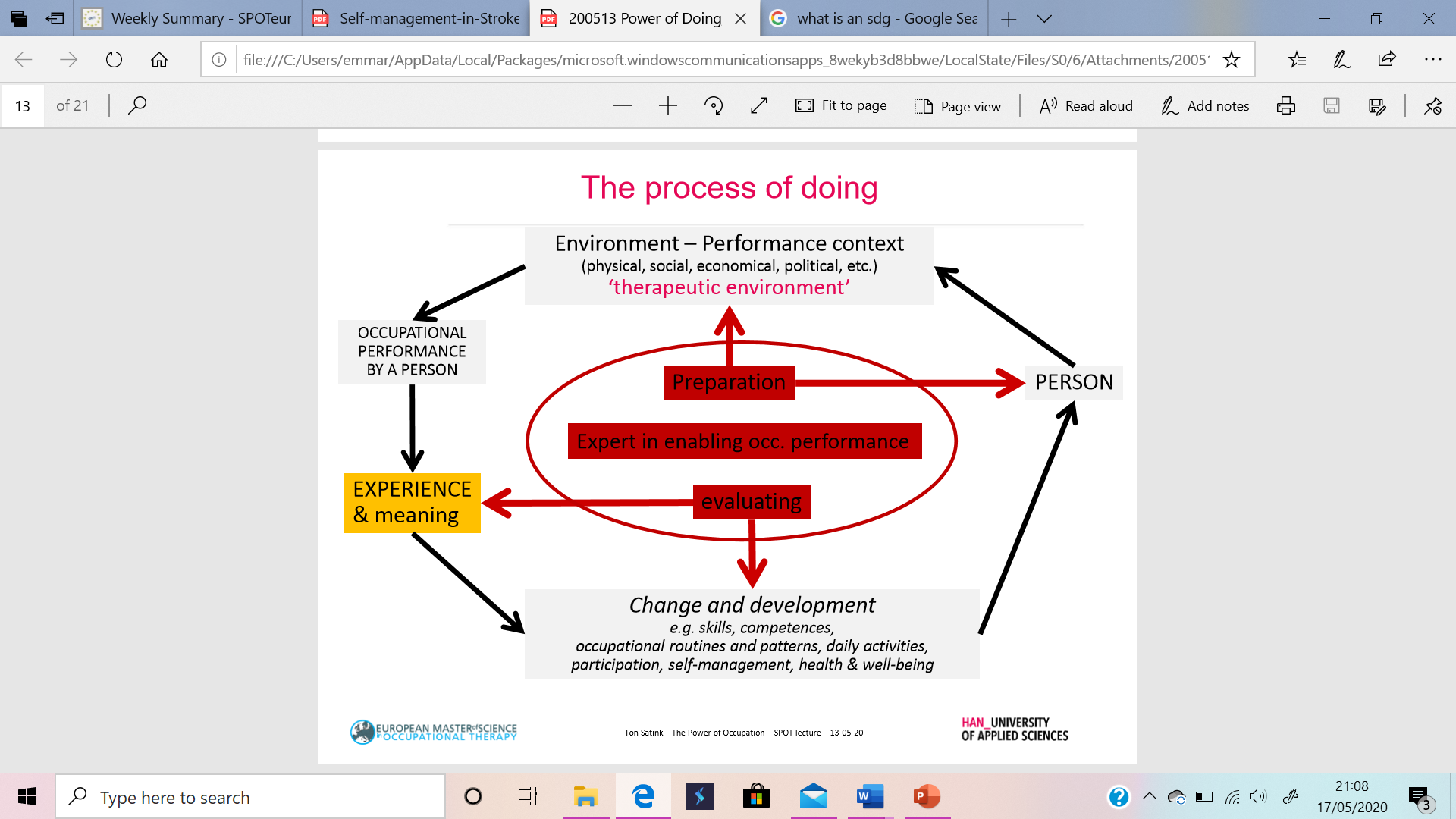
*- At my internship I let a client experience that they could do an activity that they liked which was making 3D cards. It enabled practice with fine motor skills and improved confidence. You could really see they were happy that they could do that again.*

*- I used a daily activity to make a client practise their arm and hand motor skills by moving the blanket while going to sleep or waking up. This made them feel more independent, because they could do this "small and simple" task.*

- *I think powerful occupations are those that reflect identity: for example, in my previous placement in neurological rehab (community) a patient engaging in cooking which reflected their culture was very motivating and incorporated many goals/performance areas that were needing rehab. It is really important to have a good understanding of the background of clients to reinforce their identity.*

**The process of doing**

This is what is happening when people are doing activities. It is important to create an environment where people are able to do what they want to do.



**Things to remember as an OT**

- Understand the wishes and goals of the individual

- Try to create the environment as best you can

- Ask for feedback for future development

- Ask the client how it made them feel (what is their experience)

**Example**

- An 82-year-old lady whose main role was to be a grandmother and cooking for the family. However, she suddenly experienced back problems which affected her ability to cook causing occupational disruption.   
Pain was managed and equipment was put in place to reduce pain and increase accessibility of cooking. For example, a perching stool (chair) was put in place, which reduced pain from standing, meaning she could cook safely without becoming exhausted, which then meant she could still enjoy the dinner after cooking with her family.

**Participants discussed - Is DOING always improving health and well-being?**

*- Occupations that are harmful to health such as smoking however, who decides whether it is good or not for the person? Everyone experiences it differently. This is similar to alcoholism, gaming and gang culture. (Twinley expands on this). For example, with a gang, stealing cars is meaningful as it gives them satisfaction and money. However, this is deemed as against the law.*

*- it is important to thing about who's the judge of whether it's "good" or "bad" for health if it's meaningful to that individual? Twinley's work is really worth reading for that critical perspective*

**Participants discussed how they have prepared environments.**

*- Take the client away from the hospital bedside if possible. However, this is not always possible as other staff on the ward do not see this as necessary and just want a quick discharge.*

*- Think about the ‘little’ things. For example, a certain type of soap might be meaningful, which then will encourage personal care.*

*- Think about who is around, for example patients may be less aggressive when not amongst other patients.*

*- Things to think about - Therapeutic environment: what are the objects? What are you as OT doing? Being aware when to help or not to help*