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Evolution of Occupational Therapy Practice: Life History of Joyce Wicklund

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Abstract

The purpose of this qualitative life history study was to explore the evolution of occupational therapy (OT) practice through the life history of Joyce Wicklund, a retired occupational therapist who practiced in multiple settings in North Dakota and other states from 1970-2010. The researchers conducted one 1-hour semi-structured interview with Joyce Wicklund. Themes regarding her involvement in continuing education and her perspectives on the profession were synthesized from the interview data and compared with literature about continuing education and specialization in the field of OT. The predominant categories representing the major elements of her career were Maintaining Competence, Changing Demands of OT, and Ethical and Personal Challenges. The findings indicate that Joyce Wicklund experienced increasing demands and challenges over the course of her practice and she valued the pursuit of competence in her role as a practitioner. Joyce Wicklund was a gentle, caring, accomplished occupational therapist who contributed greatly to the profession of OT by practicing with integrity and passion. Her practice had a significant impact not only on the patients she worked with, but also on her colleagues and other health professionals with whom she interacted. Joyce’s legacy of masterful and skilled practice provides an example of how to face challenges, deal with changes in the healthcare system, and maintain competence through continued education.
Introduction:

The purpose of this study was to explore the evolution of OT through the life history of selected participants. Joyce was one of 29 participants for this life history study which is part of the larger project, Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy in North Dakota and Wyoming. The Kawa Model (Cole & Tufano, 2008) helped guide the interview process as we explored Joyce’s life history because this model examines the turning points of one’s life. The Kawa Model provided a framework for identifying Joyce’s context, barriers she faced while practicing, her supports, and the overall “flow” of her life’s work and contribution to the profession of OT in North Dakota and other states in which she practiced. Joyce’s life history interview was held at the University of North Dakota (UND) School of Medical and Health Sciences in October of 2017.

By examining Joyce’s involvement in her career as an occupational therapist, her personal perspectives were captured about the ever-growing and changing profession of OT. Joyce’s promotion of competence and lifelong learning as a practitioner was depicted through her discussions about specialization and continuing education. Joyce’s substantiation of interprofessional collaboration is evidenced in her discourse about her experiences working with professionals from various health care disciplines. Her client-centeredness is clear in her discussion about holistic care. Joyce’s experiences with ethical and personal challenges sheds light on the need for occupational therapists to be resilient and demonstrate integrity. Joyce Wicklund’s life history provides occupational therapists with the opportunity to make connections to their own practice to identify ways to adjust their approach to therapy in a constantly shifting health care system, to build new knowledge as the research foundation of OT grows, and to view clients holistically to improve the provision of therapy.
Literature Review:

Throughout the interview, Joyce strongly emphasized the importance of continuing education and specialization in one’s practice area to maintain competence and stay informed about current practice. Literature supports the importance of continuing education for occupational therapists in remaining competent and using evidence to guide client care (Vachon, Durand, & LeBlanc, 2009). Additionally, Alsop and Lloyd (2002) asserted that continuing education should be a part of the wider vision of the profession so that OT practitioners may provide the highest quality health care. This notion was also supported by Roberts (2002), who posited that practitioners should be pursuing continuing education and specialization to expand the profession and quality of therapy. Alsop and Lloyd (2002) addressed issues that often deter professionals from engaging in continued education endeavors. Limited funding, time, access, and the stresses of academic studies are the main factors that impact an individual’s decision to evade continued education (Alsop & Lloyd, 2002). It is important to find educational courses that provide the right challenge for the individual’s needs and that support critical skill building that can be applied in practice (Alsop & Lloyd, 2002). Those who are motivated to engage in continuing education courses after graduation are likely to experience both extrinsic and intrinsic rewards as a result (Alsop & Lloyd, 2002).

Another concept that Joyce emphasized was the collaboration of an interdisciplinary team to enhance the quality of care for her patients. Joyce noticed through the course of her career that interdisciplinary collaboration became increasingly more common and necessary. According to Moyers and Metzler (2014), collaboration among an interdisciplinary team is critical in providing the best quality of care to not only the patients, but to their family and caregivers as well. In addition, Moyers and Metzler (2014) discussed the importance of interprofessional
communication through technological means (phone, email, video call) to collaborate with other healthcare professionals to ensure that clients are receiving efficient and comprehensive care. Joyce’s practice as an occupational therapist was driven by holistic care. She spoke about the importance of recognizing and treating individuals as three constituent parts - the mind, the body, and the soul. Literature supports that holistic care is a foundational principle of occupational therapy which improves therapists’ abilities to examine the complex interactions between the physical, emotional, spiritual, and cultural aspects of a person (Weinstein, 2013). By viewing clients as integrated beings with unique strengths, desires, and values, occupational therapists provide clients with the opportunity to determine their own treatment path thereby increasing the quality of care and treatment outcomes (Weinstein, 2013).

Theory:

The Kawa Model (Cole & Tufano, 2008) was utilized to guide the interview process. The Kawa Model was developed as a therapeutic method of examining cultural and social meanings of a person and how they contribute to a person’s occupational involvement. The Kawa Model is uniquely equipped to examine the journey and turning points of an individual’s life with consideration to the past, present, and future. For this qualitative life history study, the Kawa Model explored the turning points throughout Joyce’s career as an occupational therapist. “Kawa” is a Japanese word that literally translates to “river” in English. The river represents a person’s overall flow of life and their participation in meaningful occupations. Other components of Kawa include river banks, rocks, and driftwood. River banks represent the person’s social and physical environments, rocks are the life circumstances that impede on one’s ability to engage in
their desired occupations, and driftwood symbolizes personal assets and liabilities that either contribute to or detract from one’s ability to engage in occupation (Cole & Tufano, 2008).

The Kawa Model’s elements (river, river bank, rocks, and driftwood) can be identified through the life history of Joyce Wicklund. Joyce’s life flow and occupational participation (river) can be seen through her involvement in her meaningful occupations, including: her past role as an occupational therapist who was involved in continuing education, her current volunteer work, her role as a wife, her involvement at the United Methodist church in Grand Forks, and her preferred leisure occupations such as riding bike, cooking, and traveling. Joyce’s life flow is shaped by her social and physical environments (river bank). Her social environment includes her relationship with her husband, friends, colleagues, and members from her church. As for the physical environment, Joyce currently lives in her home in Grand Forks where she is in close proximity to Y Family Center (where she volunteers) and the UND campus (where she enjoys walking). The life circumstances that have affected/affect Joyce’s ability to engage in occupations (rocks) include: facility productivity standards, the standards of care she had as a practitioner, and her current status as a retired occupational therapist. Joyce’s personal assets that contribute to her occupational performance (driftwood) include: her positive attitude towards life, her enduring motivation to help people, her passion for disseminating knowledge related to OT, her spirituality, and her resilience when facing challenges.

**Description of the Participant:**

According to information from the interview and her personal story, Joyce Wicklund has accomplished much throughout her experiences as an occupational therapist and the knowledge she has contributed is invaluable to the clients she served and the profession as a whole. Joyce
was originally interested in practicing psychology but then she saw an advertisement on
television called “Careers in Mental Health” where she requested a booklet about OT. Since
then, she has been passionate about the profession of OT. In 1970, Joyce graduated with her
Bachelor's degree of OT from the University of Kansas and began working in a physical
disability setting. Joyce had the intention of switching to the psychosocial setting as the years
went on, however, she ended up staying in the physical disabilities setting because she felt like
she was using her knowledge and her training. Throughout her career, Joyce worked in nearly
every setting of OT, including physical disabilities, psychosocial, pediatrics, and as a traveling
OT. From 1995-1996, she taught first and second year occupational therapy assistant students at
Montana State University College of Technology. Joyce retired in 2010 and has since gotten
married and started volunteering at the Y Family Center in Grand Forks, ND with a group of
individuals who have Parkinson’s Disease where she helps with an exercise program and
occasionally provides brief in-services to educate people. In Joyce’s free time, she enjoys riding
bike, going for walks on the UND campus, and cooking from her recipe books. Joyce also has a
love for travel and she has been all over the world. Joyce is well-known by members of her
community for her gentle spirit, her holistic view of people, her altruism, and her knowledge of
the profession of OT.

Methodology:

The qualitative research study conducted was a semi-structured, life history that
examined the perspective of the participant and their involvement and contribution to the
profession of OT. The participant was one of 29 individuals that were selected for this life
history study. The participant was selected via purposive sampling by the project directors and
participants were randomly assigned to be interviewed by a set of student researchers. No gatekeeper issues were present because initial contact was made by the project directors. Data collection was completed in 1 one-hour long, face-to-face interview by two research students, which was audio recorded on an iPad. The interview was transcribed verbatim and coded by the researchers. The participant provided artifacts during the interview which included a book, newspaper article, resume, and picture book. Informed written consent was obtained from the participant. The interview was semi-structured and questions were developed by the instructors of the course which were designed to be used with all of the participants who were being interviewed as part of the larger project. The researchers modified some questions and added their own questions to personalize the interview for their participant. Many steps were taken to ensure the trustworthiness of this research, including that coding and data analysis was completed by two researchers and that the interviewee provided personal pictures and artifacts to contribute to the research. The study was approved by the UND Institutional Review Board. Throughout the research process, the researchers also completed reflexive journals to examine personal viewpoints to eliminate any bias.

**Data Analysis:**

The interview was audio recorded on an iPad, transcribed, and initially coded with 26 codes that reflected the main points that were discussed throughout the interview. The OT student researchers further developed the codes into categories with themes and patterns by finding commonalities between the codes. The researchers included topics that were discussed by the participant and helped reach data saturation while superfluous comments unrelated to OT and the interview’s focus were excluded from the codes and themes. There were three significant
categories with corresponding themes that emerged (see appendix). The OT student researchers kept reflexive journals throughout the course of the data analysis process as a way to increase trustworthiness. Once the interview reached data saturation, the interview was discontinued. Triangulation included the use of follow up with the participant to clarify and confirm what was discussed during the interview. Additionally, Joyce provided pictures for the researchers. Two people engaged in the coding process and transcribing the interview verbatim. The researchers consulted with their project director/advisor to receive feedback regarding the data analysis.

**Findings/Results:**

The main categories that were developed from the analysis of the data included Maintaining Competence, Changing Demands of OT, and Ethical and Personal Challenges. The researchers used a process of triangulation to validate the findings and eliminate any biases.

*Maintaining Competence*

Throughout the interview, Joyce stated the value of participating in continuing education to build expertise. As the profession continues to build and grow, there is an ever-growing amount of knowledge to keep up with. Joyce added that it is the practitioner’s duty to participate in continuing education courses as often as possible to provide the best quality of care to clients. During the interview, Joyce completed a card sort activity where she ranked aspects of OT on their level of importance. She rated continuing education as being the most important aspect of OT practice.

“I think it’s really important...for instance, I started so long ago that I really needed the continuing education and to keep up and know what’s available. There is no way I could work now with the amount of knowledge that I had in 1970 and do a good job.”
For Joyce, becoming specialized in one’s area of practice is critical in maintaining competence as a healthcare provider. Since new knowledge and evidence is continually being revealed, it is important to specialize in one’s area of practice.

“Okay...specialization now...when I first started working at rehab, everybody worked adults, pediatrics, hand therapy. We all did everything and now there’s much more specialization because there’s so much more knowledge.”

“It’s totally changed...I was comfortable doing both...all the areas like pediatrics and adults because I’d just gotten out of school so we knew all the different areas. As I progressed on in therapy with years going by, there’s no way I would have been able to bounce back and forth. There’s just too much knowledge, much more knowledge in each area”

Not only did she participate in continuing educational courses and specialization courses, she also taught others. As previously mentioned, Joyce taught first and second year occupational therapy assistant students in Great Falls, Montana from 1995-1996. Joyce taught students and other colleagues to be competent on the use of certain techniques that she learned from her specializations. Her colleagues showed appreciation for Joyce’s desire to share the information she learned and patients also recognized the efficacy of the care they received.

“When I first went to the certification course for Neurodevelopmental Treatment (NDT) that was in California, in about 1985, I was able to come back and teach other OTs about the NDT methods and I also started to... a program came in at night to do bed positioning and I taught the nurses how to do bed positioning.”

“A patient said...wrote in his assessment of the stay...she can do more with pillows than other people can do with pills.”
**Changing Demands of OT**

The profession’s knowledge base is growing and OT practitioners are less dependent on the direction of physicians than they were in the past. Following her education, Joyce felt prepared entering the working field and that there was not as much knowledge as there is now.

“Yes I did, the um, but of course then everything, you know, there weren't many specializations. There wasn’t as much knowledge in each area. Like hand therapists, an orthopedic surgeon would just tell us what to do. Now the hand therapists have to know so much more knowledge in each area now than there was when I was a new OT.”

“When we post-hand surgery patients, the orthopedic surgeon would just tell the occupational therapist directly what to do rather than having the therapist have knowledge of what to do.”

In addition, Joyce added that when she first started working in an acute care rehabilitation center, she saw a rise in the number of patients who were admitted into acute rehabilitation immediately after surgery. She was shocked and excited to realize that OT could be more involved in acute care and other settings than it was in the past. In today’s acute care, individuals are going to rehabilitation earlier and returning home or to other facilities earlier.

“An emphasis...it’s way different...is occupational therapy in acute. When I came to Grand Forks there were no occupational therapists working in acute. Rehab was separate.”

“There's much more use of skilled nursing facilities for OTs now. Skilled nursing facilities, for instance used to be something a person was sent to, kind of an end-stage type of thing.”
Joyce believes that interprofessional collaboration is crucial to provide best-quality service to clients. While she was working in Fargo, she worked on a head injury team where she experienced the effectiveness of this collaboration firsthand. After Joyce completed her NDT certification, she explored a lot of new treatment ideas for individuals who had just experienced a stroke and head injury.

“I worked very closely with a team and one of the professionals was the neuropsychologist. We learned a lot about different levels of attention and dealing with the patient at this level of attention. This was an upgrade from what I was used to. So that was something new for me also.”

By collaborating with other disciplines, the quality of care for all clients is enhanced as a result of a greater wealth of knowledge. Collaboration with other disciplines is a way to holistically address clients by seeing them as dynamic beings with various needs that cannot be met with just one treatment approach.

“Now occupational therapists work closely with physical therapists to get the patient up out of bed early, the emphasis on being in an upright position to prevent other conditions...”

“We call them workshops...they don’t have any more of them at the National Institute for the Clinical Application of Behavioral Medicine...but that was very into mind-body-spirit interactions for physicians. They had all kinds of people there: physicians, OTs, PTs, umm, nurses, respiratory therapists, massage therapists, and this was a way for all areas to address psychosocial components for patients in a physical disability setting.”

**Ethical and Personal Challenges**

There are ethical and personal challenges where one has to choose between meeting productivity standards or providing the level of quality care the patients deserve. Practitioners
must have a plan of action on how to deal with these challenges. Joyce discussed how she addressed her course of action when her workplace was not upholding ethical standards of care.

“*You have to be very careful with ethics. The AOTA has stated that too. Making sure that if you’re working for a company that’s...their main emphasis of making money... you have to be ethical in making sure that the patient is really benefiting from OT rather than just having the main emphasis be make money for your company.*”

“*But I think that in my own mind, I think that I’ve always enjoyed working because I can think of good things, I feel good about every job that I have had. And I have told myself that before and that’s because I, I know when to leave. I had this intuitive feeling of when to leave. And that’s helpful. You need to know, just trust your own instincts. Where can I serve better somewhere else?*”

The overall assertion that was made to summarize the interview data is this: For Joyce, interprofessional collaboration, continuing education, and specialization are growing increasingly important to maintain competence as a practitioner. In addition, the following sub-assertion was made support the assertion: Making difficult ethical and personal decisions was an inevitable aspect of Joyce’s career as an occupational therapist.

**Discussion/Conclusions:**

The Kawa Model (Cole & Tufano, 2008) guided the data collection, data analysis, and helped inform the results of the study. The three categories derived from the interview data fit in with the elements of Kawa (river, river bank, rocks, driftwood). For example, the category Ethical and Personal Challenges is related to rocks because the productivity standards of the facilities she worked in posed as challenges in providing ethical care. The category Maintaining
Competence positively impacted Joyce’s ability to perform her work occupations (river) because she was able to provide the best care to clients by gaining and applying new knowledge. The category Changing Demands of OT affected Joyce’s contexts (river bank). For instance, the decreasing dependence on physician orders and increasing professional collaboration shaped the environment Joyce practiced in; She had to define her work without the direction of doctors and she had to learn how to work with and around other healthcare professionals.

Joyce described other things of importance throughout the interview. She spoke of the importance of spirituality and viewing people as three constituents parts – the mind, the body, and the soul. Joyce is passionate about people and it is evident that she is driven to view clients holistically to provide the best possible care. Joyce used the interview as an opportunity to encourage the OT student researchers to capitalize on learning experiences and utilize new knowledge to expand the profession. Joyce’s gentle, altruistic spirit has indubitably left an invaluable impact on the clients she has treated and she has left a mark on the profession that cannot be erased. Joyce has been a leader in the field of occupational therapy by pouring her passion and care into all she has done. Joyce wants to inspire people to find their purpose. In summary, Joyce Wicklund’s spirit and vision can be embodied in a single sentence she spoke in the interview: “We’re here to make a difference in some way and every person has to find out: how am I here to make a difference?”
Appendix
**Data Analysis:** *Evolution of Occupational Therapy Practice: Life History of Joyce Wicklund*
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**Codes:**
- OT Education
- Continuing Education
- Teaching
- Student Affiliations
- Paradigm Shift
- Collaboration
- Skill Set
- Documentation
- Interdisciplinary
- Ethics
- Productivity
- Personal Meanings
- Practice Areas

**Categories (derived from codes):**
- Maintaining Competence
- Changing Demands of OT
- Ethical and Personal Challenges

**Themes (derived from categories):**

**Maintaining Competence:**
- Participating in continuing education builds expertise.
- Becoming specialized in one’s area of practice is critical.

**Changing Demands of OT:**
- The knowledge base of OT is growing and practitioners and practitioners are less dependent on the direction of physicians.
- Interprofessional collaboration is crucial to provide best-quality service to clients.

**Ethical and Personal Challenges:**
- Practitioners may face ethical challenges where they must choose between meeting productivity standards and providing the level of quality care patients deserve.
- Therapists must have a plan of action on how to deal with these challenges.

**Assertions (derived from themes):**

**Assertion:** For Joyce, interprofessional collaboration, continuing education, and specialization are growing increasingly important to maintain competence as a practitioner.

**Sub-assertion:** Making difficult ethical and personal decisions was an inevitable aspect of Joyce’s career as an occupational therapist.
References


