2017

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Evolution of Occupational Therapy Practice: Life History of Kathy Bangsund

University of North Dakota

Jenna Nelson, MOTS and Rachel Trieff, MOTS
Abstract

The purpose of this qualitative study was to gain a better understanding of the changes in the occupational therapy profession through investigation of the life history of Kathy Bangsund, OTR/L. Semi-structured interviews were conducted with Kathy. From the interviews, categories and corresponding themes were derived and a literature review was conducted. The researchers found four prevailing categories with corresponding themes that guided Kathy’s practice: personal values, professional experience, changes over time, and service delivery. Kathy’s unique experiences, personal traits, and external shifts in the occupational therapy field have all influenced her growth as an occupational therapist who uses client-centered and occupation-based interventions to help her clients reach their full potential.

Introduction

The purpose of this qualitative research study was to investigate the life history of Kathy Bangsund, OTR/L. This life history is one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and evolution of occupational therapy (OT) practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of occupational therapists a view of the history and how occupational therapy practice has evolved from its inception to current practice in North Dakota and Wyoming. The research
design utilized for this qualitative study followed the format of a biography, specifically a life history. The researchers conducted this study as a capstone project.

The study was conducted by the researchers in two different locations. Both interviews were conducted over the phone. The researchers were in Grand Forks, ND and the participant was in Lincoln, NE at the time of the interviews. Kathy Bangsund, the participant, is a retired occupational therapist. She graduated with a bachelor’s degree in occupational therapy from the University of North Dakota and continued her practice in a variety of settings.

**Literature Review**

According to Reed (2006), the occupational therapy profession was created during the 19th and early 20th centuries. The development of the profession did not occur as a result of advancement in scientific knowledge, but rather it was created and based off of existing knowledge from various sources. These sources include, but are not limited to, craftsmen, spiritual leaders, educators, reformers, aides, and the patients themselves. It was at this time that the values and beliefs of the profession were shaped, due partially to the events that were occurring, such as the arts and crafts movement (Reed, 2006). Reed and Peters (2007) described that after the arts and crafts movement became deemphasized and the focus of the profession shifted into a more medical-based approach, occupational therapy experienced an identity crisis. The main issue was whether or not the medical-based approach was still upholding the original values and beliefs from which the profession was conceptualized (Reed & Peters, 2007).

The American Occupational Therapy Association (AOTA) has changed since its formal conception in 1917 (AOTA, 2017; S. C. Yakobina, S. R. Yakobina & Harrison-Weaver, 2017). This association is a foundation for occupational therapists in America and the changes the
association goes through impacts the entire practice. In 1923, AOTA established basic educational standards for occupational therapists (AOTA, 2017). In 1958, AOTA established occupational therapy assistant educational programs (AOTA, 2017). In 1964, it was made official that a baccalaureate degree was required to be an occupational therapist; however, it was also around this time that a master’s degree was suggested for occupational therapy (Colman, 1990). It was not until 2006 that AOTA formally changed the requirements to a master’s degree in occupational therapy (AOTA, 2017). In 2015, it was established that occupational therapists may obtain a master’s or doctoral degree and occupational therapy assistants may obtain either an associate’s or baccalaureate degree (AOTA, 2017).

World War II established many new jobs for occupational therapists and advanced hand surgery (Yakobina et al., 2008). During the Vietnam War, hand surgery and therapy continued to progress (Yakobina et al., 2008). It was at this point in time that occupational therapists and physical therapists found strength and success in interdisciplinary collaboration (Yakobina et al., 2008).

Theory

The Kawa Model guided this qualitative study. This model provides a framework for a life history because it looks at an individual’s life holistically. Using the Kawa Model, an individual’s life is seen as a product of elements that interact both positively and negatively to create a unique experience. The Kawa Model uses a metaphor to provide a better understanding of an individual’s life experiences. Specifically, the researchers used the Kawa Model to look at the contextual factors (riverbed), challenges (rocks), and driftwood (influencing factors) to
investigate how they shaped Kathy’s life (river flow) and impacted the occupational therapy profession. (Teoh & Iwana, 2011).

Participant: Kathy Bangsund

Based on the information from Kathy’s curriculum vitae, she is a retired occupational therapist. She graduated with a bachelor’s degree in 1972 from the University of North Dakota. With this degree, she served a variety of populations ranging from infants to geriatric adults. Her practice primarily took place in and around the area of Lincoln, Nebraska.

Kathy’s employment history includes providing direct occupational therapy services for Saint Elizabeth Community Health Center, Tabitha Inc., Rehabilitation Medicine Services, Veterans Administration Medical Center, Beatrice Community Hospital, Bethphage Mission, Milder Manor, Blue Valley Lutheran Homes, and Holmes Lake Manor. Kathy provided occupational therapy to several different school districts as well, which include: York Public Schools, Seward Public Schools, Henderson Public Schools, Pawnee City Public School, Syracuse Public Schools, Benedict Public Schools, and Crete Public Schools. She was also a part-time consultant and evaluator for two Mentally Retarded Facilities and Training Programs: Martin Luther Home and Beighley Care Home. Kathy was a Director of Occupational Therapy at Jennie Edmundson Memorial Hospital and served as a team member of a cerebral palsy clinic. Prior to obtaining her occupational therapy degree, Kathy worked as a surgical scrub nurse at Methodist Hospital.

Throughout the years, Kathy continued to advance her education and professional development through a variety of specialty certifications, research, organizational memberships, teaching opportunities, and publications. She has received several awards to commend her hard
work. Some of these awards include: Women of the Year and Business Associate of the Year for the American Business Women’s Association, Award of Merit for the Nebraska Occupational Therapy Association, and Nebraska Occupational Therapy Association Adaptive Equipment.

In her free time, Kathy values clowning. She volunteers at hospitals with a group of individuals and together they dress up as clowns as a means of cheering up children. She also volunteers for a hospital at the help desk. She stays involved with the community and up to date with AOTA and Nebraska occupational therapy organizations. Kathy values spending time with her family and friends. Kathy identified religion as having an important place in her life; she turns to prayer in times of stress.

Methodology

The researchers were assigned a participant from a participant list compiled through purposive sampling by the project directors and proceeded to interview her. The semi-structured interview was guided by an interview schedule prepared by the project directors; the questions on the interview schedule were designed to be used with all the individuals interviewed as part of the larger project. The researchers were allowed to modify or add interview questions as need for each specific interview. The interviews were transcribed verbatim and coded. The codes were analyzed and grouped into categories from which themes emerged. Finally, an assertion was developed to summarize the information obtained. The researchers kept reflective journals in order to identify bias throughout the process.

Study Design.

This was a qualitative study, using a life history approach. Life histories go beyond interviews and seek evidence to support what the participant says (Berg & Lune, 2012).
design allowed the focus to be on the participant’s involvement in the evolution of occupational therapy practice and a more comprehensive understanding of the participant’s life history.

**Participant Selection.**

The participant was assigned to the researchers from a list developed by the project directors through purposive sampling. There were no specific gatekeeper issues; initial contact was made by project directors. Informed consent was obtained through written and verbal consent.

**Data Collection.**

The researchers collected data through an informal internet search, one unstructured preliminary interview to gather demographic information, and two semi-structured interviews with the participant to gather the life history data. The search engine utilized during the internet search was Google. The researchers spent approximately 1 hour searching for information on the internet. The information the researchers found on the internet was later confirmed in the preliminary interview to gather demographic information. The first semi-structured interview was guided by the interview schedule prepared by the project directors. The researchers tailored the research questions based on the preliminary interview and utilized the Kawa Model to formulate the questions. The second semi-structured interview was conducted for the purpose of member checking. The researchers wanted to confirm the information they recorded was accurate.

Due to the researchers and the participant being in two separate locations, it was necessary for the interviews to be conducted via telephone. In order to review the information gathered, the researchers obtained informed consent to audio-record the interviews. The preliminary interview took place in the researcher’s home at the dining room table and it was
approximately 20 minutes in length. The first semi-structured interview took place in the researcher’s home at the dining room table, again, and was approximately 1 hour and 18 minutes long. The second semi-structured interview took place in a private study room on the fourth floor of the University of North Dakota School of Medicine and Health Sciences building and was approximately 25 minutes in length. The participant was volunteering at a help desk in a hospital in Lincoln, Nebraska at the time of the interviews. In addition to the data collected through the interviews, the researchers received via mail a copy of the participant’s Curriculum Vitae (CV), a self-portrait, and pictures taken while in practice.

**Trustworthiness.**

The researchers took several measures to establish trustworthiness. Throughout the process, the researchers kept a reflexive journal in order to log biases and preliminary information, took notes during the data collection process, and completed member checking. These steps increased the validity of the study. Data triangulation was used to increase the reliability of the research. The researchers collected data by conducting a Google search, reviewing the participant’s CV, and interviews.

**Data Analysis**

The researchers listened to the audio recordings of the interviews and proceeded to transcribe each one verbatim. A total of 24 codes were created through the coding process, and from those codes four main categories were generated. The themes derived from these categories depict Kathy’s thoughts, involvement, and experience as an occupational therapist throughout her years in the profession. Every code, category, theme, and final assertion can be found on the visual data display in the appendix.
In the beginning of the coding process, the researchers printed out the interview transcriptions. The transcriptions were reviewed by the researchers and statements directly made by the participant were cut out with scissors. The researchers proceeded to organize the cut outs by labeling them with a short phrase or code that summarized the meaning of the statement. This was done for each statement Kathy made throughout the interview. After every statement had been coded, the researchers discarded the codes that were not applicable to the research purpose. The rest of the codes were included to complete the data analysis process.

The Kawa Model influenced the data analysis and presentation of findings. The researchers looked for influencing factors, challenges, and contextual factors to build Kathy’s life history, specifically when identifying pertinent codes. All of these resemble important elements of the Kawa Model (Teoh & Iwana, 2011).

Findings and Results

The Kawa Model categories provide a representation of an individual’s life history (Teoh & Iwama, 2011). The time in which Kathy practiced as an occupational therapist, represents the flow of the river as seen in the Kawa Model. Throughout this time Kathy experienced many barriers and supports, which impacted the flow of her river, both positively and negatively. This analogy was used to guide the decisions the researchers made, concerning the codes, categories, themes, and assertion. Only those that were pertinent to the life history, or river flow, of Kathy were included in the data analysis.

After the initial phase of the coding process, in which 24 codes were identified, the researchers developed four different categories with six codes in each category. The categories are: Values, Professional Experience, Changes Over Time, and Service Delivery. Themes
emerged from each category. Finally, all of this information was compiled to form an overarching assertion. Each category and the associated themes are described more thoroughly below.

Values

The first theme associated with this category is: Kathy’s personal traits and background aided in her passion for occupational therapy. When Kathy was asked what she believed the meaning of occupational therapy to be, she stated, “It has meant that we could provide rehab for people to return them to their previous functioning level, or the best functioning level there is, no matter their disease or disability.” Kathy’s previous background in crafts is what she believes influenced her decision to enter the field of occupational therapy. While working as an occupational therapist, Kathy’s personal traits, such as being friendly, generous, creative, enjoying life, and being productive have all aided in her passion for helping others and the profession itself. The second theme associated with this category is: Kathy utilized a support system and resources to overcome challenges. Some values that Kathy expressed are religion, prayer, and family which she has utilized to overcome challenges and stressful times throughout her career.

Professional Experience

The themes associated with this category are: (1) Kathy took initiative to advance her education and development after college, and (2) Specialty certifications allowed for a variety of work experiences for Kathy. Throughout her career, Kathy has acquired rich experiences that have contributed to her professional development. She received continuing education credit and obtained several different certifications to enhance her practice as an occupational therapist. Kathy is certified in physical agent modalities, infant massage, and several types of hand
therapy. The continuing education and certifications have allowed Kathy to work alongside physical therapy, speech therapy, and nursing in a variety of different settings and with diverse clientele. She worked with the Neonatal Intensive Care Unit (NICU), acute therapy, rehab unit, nursing homes, alcoholic rehab, VA hospital, home health, school system, private practice, psychiatric unit, and pediatrics. From all of the professional experience that Kathy has gained over the years, she shared that “I guess I developed a lot of interest in people and doing different things,” aiding in her personal growth.

**Changes Over Time**

The first theme in this category is: Occupational therapy evolved from a crafts-based practice to a more client-centered practice. Over the time that Kathy has practiced as an occupational therapist, the occupational therapy education program and profession have gone through many changes. In the beginning, activities and craft were the main therapeutic method of rehabilitation. Kathy described this when she said, “You had to figure out what craft would be food for that patient.” Over the years, the focus shifted to a more medical/evidence-based practice. The rehabilitation process became more individualized and crafts were no longer used as the only therapeutic method. Kathy expressed, “It [practice] was a different ball game then.”

The second theme associated with this category is: The educational demands for the occupational therapy program have become increasingly more rigorous. When Kathy was in school, she said, “We could start at a job without a problem with a bachelor’s degree.” After the shift to a more medical-based practice, the original bachelor’s degree required for occupational therapists changed to a master’s degree. Likewise, the associate degree required for occupational therapy assistants may be changed to a bachelor degree requirement.
The third and final theme is: Historical events impacted the way occupational therapy was delivered. Legislation created more formal standards, including the requirement of state licensure. Shifts in national history include wars, such as the Vietnam War. These times required changes in practice because of the different populations needing therapy. For example many individuals returning from war had limb amputations or post-traumatic stress disorder. Kathy expressed, “It sort of evolves with whatever types of clients you’re dealing with.”

**Service Delivery**

The three themes associated with this category are: (1) A variety of populations were served in practice, (2) Kathy utilized client-centered and occupation-based activities to restore function, and (3) Returning to occupation is the goal. Kathy worked with infants in the NICU, patients who experienced severe trauma, a diverse selection of orthopedic patients, clients for hand therapy, clients struggling with addiction, geriatric clients, school children, pediatric clients, individuals with mental health concerns, and she performed home health visits. To help these clients reach their goals, Kathy used a variety of client-centered and occupation-based treatments such as ceramics, woodworking, hand knitting, crocheting, weaving, cooking, cleaning, gardening, macrame, hand strengthening, and floor looms, and wheelchair activities.

Kathy’s personal goal as a therapist was to return clients to their previous participation in meaningful occupations and “get them back to their productive life again.” Kathy’s most meaningful accomplishments are those directly related to seeing her client’s progress in function and achieve what was thought to be almost impossible. Kathy stated, “I’ve accomplished a lot of things and I guess there’s always more to accomplish.”
**Assertion**

The final assertion created from Kathy’s life history experiences is: Kathy’s unique experiences, personal traits, and external shifts in the occupational therapy field have all influenced her growth as an occupational therapist who uses client-centered and occupation-based interventions to help her clients reach their full potential.

**Discussion and Conclusion**

Consistent with the time period, Kathy was taught to use occupation based activities as interventions. She learned about arts and crafts in school and how to tailor them to each client’s individual needs. Kathy obtained a baccalaureate degree in occupational therapy and practiced in a variety of different settings. She utilized occupation and activity based interventions to help restore her clients’ function. The Vietnam War occurred during Kathy’s time of practice and she reported working with many veterans of the war who returned with amputations and post-traumatic stress disorder. Also during the Vietnam War, hand surgery and rehabilitation was revolutionized. Kathy is certified in hand therapy and worked with several clients who had crush injuries. Her knowledge in this area of practice was first warranted by Vietnam War veterans.

The Kawa Model guided the construction of the interview schedule and the researchers’ understanding of Kathy’s life history. The walls of the riverbed (contextual factors) that influenced Kathy’s river flow (life history) included her family as a support system and the variety of settings she practiced in. The rocks (challenges) in her river flow primarily consisted of developing meaningful, client-centered interventions. The driftwood (influencing factors) was her education, leadership experiences, specialty certifications, and professional recognitions. All of these factors combined optimized her river’s flow. (Teoh & Iwana, 2011).
The researchers expect Kathy’s life history to contribute to a richer understanding of occupational therapy history. Kathy’s experiences reinforced the importance of obtaining a variety of experiences, utilizing personal traits, and adapting to the external shifts in order to provide client-centered, meaningful occupational therapy services.
References


Appendix
Evolution Occupational Therapy Practice: Life History of Kathy Bangsund, OTR/L

Rachel Trieff, OTS and Jenna Nelson, OTS

<table>
<thead>
<tr>
<th>Values</th>
<th>Professional Experience</th>
<th>Changes Over Time</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important</td>
<td>Job</td>
<td>School</td>
<td>Physical Impairments</td>
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<tr>
<td>Work Ethic</td>
<td>OTA/OT Relationship</td>
<td>Shortage of OTs</td>
<td>Returning [to occupation]</td>
</tr>
<tr>
<td>Personal Traits</td>
<td>Medical</td>
<td>Finances/Resources</td>
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</tr>
<tr>
<td>Meaning of OT</td>
<td>Professional Experience</td>
<td>Professional Shifts</td>
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</tr>
<tr>
<td>Influence</td>
<td>Certifications</td>
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<td>Memories</td>
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<tr>
<td>Supports</td>
<td>Personal Growth</td>
<td>Activities</td>
<td>Initial Concerns</td>
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<table>
<thead>
<tr>
<th>Values</th>
<th>Personal Experience</th>
<th>Changes Over Time</th>
<th>Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal traits and background aided in occupational therapy passion</td>
<td>1. Took initiative to advance her education and development</td>
<td>1. OT evolved from a crafts based practice</td>
<td>1. Variety of populations were served</td>
</tr>
<tr>
<td>2. Utilized support system and resources to overcome challenges</td>
<td>2. Specialty certifications allowed for a variety of work experiences</td>
<td>2. Educational demands have become more rigorous</td>
<td>2. Client centered care and occupation based activities restore function</td>
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<td></td>
<td></td>
<td>3. Historical events impacted the way OT was delivered</td>
<td>3. Return to occupation is the primary goal</td>
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**Assertion**

Kathy's unique experiences, personal traits, and external shifts in the occupational therapy field have all influenced her growth as an occupational therapist who uses client centered and occupation based interventions to help her clients reach their full potential.