

# Occupational therapy

Business



Interviewee Pseudonym - Christina Age - 78 years Alertness and orientation - United States Affect and mood - Neutral Grooming and hygiene - incredibly clean and well groomed Marital status - widowed Employment status - retired nurse Transportation and movements are part of the bodily functions considered during occupational therapy. This falls under normal bodily functions, helps in detecting the physiological wellness of the body, and can be considered as instrumental activities of daily living. Christina mostly walks to her destination if it is close and sometimes her daughters give her a lift. She attributes her inability to walk long distances to osteoarthritis and back pain experienced after standing for a long time.

We can, therefore, conclude that the physiological functioning of her body is not 100% pure. She has few friends and attributes language barrier as a major cause of this. She would prefer to have a more socially active life and having more friends, she believes is one way of accomplishing this. This is further stressed by her response to the question " what would you like to be doing a year from now?" She said she would like to have more friends. Most of the time she got to interact with people was her working years which were spent in her home country in Russia. Later, she moved to United States and worked from the year 1999-2007, these are very few years to learn a new language and form new friendships.

She lives with her daughter's family in a one-storey house, is not employment and depends on social security income and help from her daughters. So basically, her environment is composed of the people closest to her and an occasional visit from friends. She engages in physical activities to keep fit by taking walks in the park every afternoon, playing bingo and

visiting great-grandchildren occasionally. This is, however, hampered by osteoarthritis and back pain experienced after standing for a long time (McRae, 2005). Sometimes, she engages in other hobbies like knitting, crocheting and making snacks for her grandchildren and an orphanage she visits from time to time. The interview was quite brief lasting for only one hour.

The house is a one storey simple building in a middle class estate; it has three bedrooms, a kitchen, two bathrooms, living and dining rooms. The neighborhood is fairly safe, inhabited mostly by English speaking American families. They share responsibilities where she helps in cooking dinner, breakfast, cleaning the house and she is quite content with this arrangement as she is fairly busy and gets time to engage in her hobbies while feeling comfortable. She has been living with her daughter's family for a couple of years after her husband died and she was diagnosed with hypertension. As stated before, self-esteem is one of the basic needs and the American Occupational Therapy Association places a person's ability to achieve comfort and self-esteem under IADL's. The client needs to boost her self-esteem; she has a few friends who she has traveled with, gone shopping with and even attended certain shows.

For physical comfort, she engages in activities like playing bingo, household activities and walks in the park. Christina does her own laundry at least every day and other basic hygiene procedures like personal grooming, from her appearance I would say she is doing quite well. She has performance pattern where she wakes up at about 8 (o'clock) in the morning, takes breakfast at about 9 (o'clock), does her chores and then takes an afternoon

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stroll in the park. According to her, this routine is almost strictly followed unless she has urgent business with a friend or her daughter. Her instrumental activities of daily living (IADL's) involve visiting her grandchildren and engaging in physical fitness routines.

She also engages in other activities on daily living (ADL's) including doing her own laundry, grooming, cooking, cleaning, feeding and dressing. The framework describes roles as behaviors set by culture, which a person is expected to do. As a great-grandmother, Christina is expected to ensure the emotional welfare of her two daughters, grandchildren and great-grandchildren. She also told me that her granddaughter takes her for rides occasionally. She visits her great-grandchildren as well as an orphanage close to where she lives.

In addition, she has a good relationship with her daughter. In this way, she fulfills her roles as expected by society (AOTA, 2008). The very first personal evident value held by Christina is the commitment to family. Despite her weak health and old age, she still gets to cook for her daughter's family and even visits her great-grandchildren. From the interview, her responses convinced me that honesty is another value that Christina holds since most of her responses are physically justifiable. At the very end of the interview, she also discloses that she would like to participate in pleasurable activities that include the community thus the disclosure of personal value of service to community (Cara & McRae, 2005).

When it comes to organizational values, tolerance with others is evident through her living in the United States for a long time even though it is not

her original home. Spiritual values are seen in her endeavors to live better by serving others, for instance she is a retired nurse who worked with disabled people and also offered homecare nursing services. Her ability to work with a disabled person and help them perform activities of daily life is a superb depiction of the value of patience. Nursing is not a career for the light hearted yet Christina enjoyed herself and in her own words she says “ I would do it again if I could”. Another evident value is that she upholds great standards of cleanliness. It is quite clear that Christina is not fully satisfied with her life (AOTA, 2008).

She feels she has to do more for herself and her community. She feels her motor and praxis skills are not up to standard and after activity analysis, the client seems to feel that she is not doing enough. I could say that she has grown up with satisfaction to service for others; She trained to be a nurse and enjoys servitude to the less advantaged. Even though she is a senior citizen, she still makes breakfast for her daughter's family not to mention taking part in other household chores. She takes time to visit the less advantaged in the community and Most of all, she agreed to take this interview with me so I could help in the betterment of future generations. Sometimes when she is unable to do one or another form of some activities above, she feels empty.

In terms of quality of life, Christina depends on social income and her daughters for financial support. She believed that if she would have stayed in her home country, she could have been able to invest in some income generating project instead of relying on her daughters. The quality of financial life is not very good (Turpin & Lwama, 2010), social life is also of

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poor quality, but in my view her physical life is quite standard. The fact that Christina would like to be more physically active is very surprising. Her other bodily functions are doing well, for instance: She can feed; she takes part in preparation of meals probably by suggesting what groceries to buy, she does not need any special diet and cooks.

Excretory functions are perfect; she has normal bowel functions and is capable of controlling the same. She has regular sleeping patterns. Usually, for a person her age, some of these activities would be a problem. She cooks breakfast and other meals implying that she can still comprehend the dangers of a fire and hold safety measures. Most elderly people especially those with mental health issues are advised to keep off dangerous things such as fires, but Christina is able to cook while observing all the safety measures.

I also thought that older people sleep early and wake up late, but this is not the case for Christina. I was dealing with a very senior citizen and all through the talk, I was able to maintain my patience, repeat and explain the questions severally. Open mindedness is another quality that I also realized I have. Being an elderly person and not a native of the United States, Christina was bound to tell me things, which would seem strange to me. For example, the fact that she still cooks for her daughter's family is quite strange. This means that she can still maintain all the safety measures, which is a rare case with elderly persons.

In fact, I was in disbelief when I heard this from her. The interview was quite beneficial to me since I got the opportunity to learn organizational skills from

this experience with Christina. Christina seems to be an exceptionally organized person especially at her age. Being a good listener is part of what I gained as a good interviewer. In some instances, the client said things, which could only be deciphered by being a good listener.