

# Occupational Therapists' Use of Being Present in End-Of-Life Care

Rebekah Bhavani Crisp University of North Carolina at Chapel Hill Division of Occupational Science and Occupational Therapy

## Background

- Clients face end of life in many settings.
- Patients value and benefit from personal, caring relationships with their healthcare professionals <sup>1,2</sup>
- Being present is an important part of therapeutic relationship, especially with clients approaching death <sup>3,4,5</sup>

## Research Question

How do occupational therapists define being present and use it as an aspect of therapeutic use of self when working with a client at the end of life?

## Methods

- Narrative inquiry
- Recruited two experienced occupational therapists
- Two semi-structured interviews, OT each told story client facing the end of life.
- Narrative analysis repeated re-storying of verbatim transcripts

## Being Present

Bring whole self into room able both to meet what is happening in self, in client, in the room by noticing it without judging it and to give all attention to engagement in each moment.

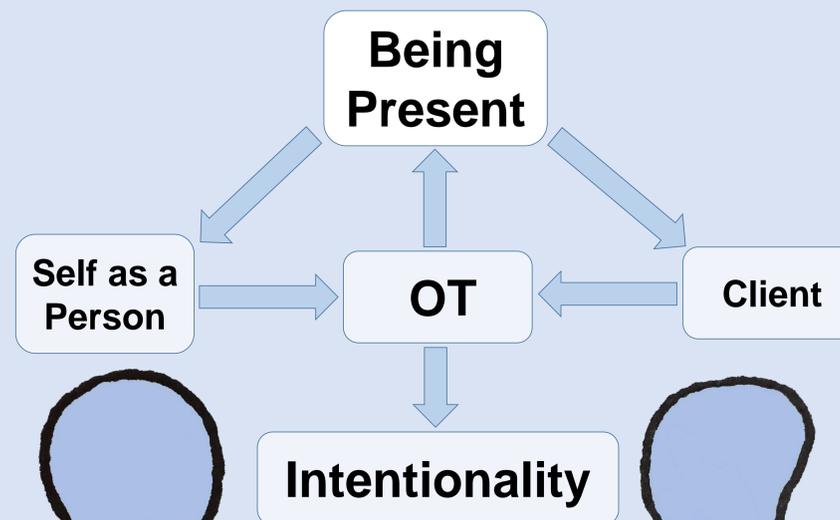
## Results and Discussion

“Being present is when you bring all of your energy into the room.”

“I’m opening up as a person, not just me as the therapist.”

“(End-of-life) Always brings up to me, or at least reinforces, how I want to be as a therapist.”

“Walking in... get that pit in my stomach.”



“You are not concerned with the experience you just had... lose track of everything else except what you’re doing”

“Being present is recognizing where they’re at for them.”

“Looking around... get glimpses of somebody’s personality”

“There was a lot of sadness in that room.”

“He was in so much pain.”

“The mom hoped that she would be able to come home and be a lot better.”

## Implications

- Being present is mechanism for intentional choice in relationships and in intervention
- Observations through being present inform OT’s clinical reasoning
- In end-of-life context may arouse reflection on many levels.
- Therapeutic use of self involves intentionality in both relationship and intervention

## Conclusions

- An OT being present to self and client supports client-centered therapy and allows for sensitivity to needs particular to client at end of life.
- Further research is needed investigating link between being present and intentionality

### Review Chart

#### Step into Room

### Meet What is Happening: Intentional Intervention

“I don’t have any expectations... you open the door and say I’m going to be open to whatever the heck happens, let things take its course.”

“If you go in with a preconceived idea of an outcome, you’re already not present.”

“If you’re going into end-of-life... you’ve got to be ready for everything.”

### Support Connection: Intentional Relationship

“Need to be present for authenticity and to get a connection with somebody, but each situation... puts you in a position to expect something different.”

“If your mind is somewhere else, you’re not looking for that connection.”

“Spending time with people, real, real time.”

### End/After Review/Closure

## References

1. Wenrich, M. D., Curtis, J. R., Ambrozy, D. A., Carline, J. D., Shannon, S. E., & Ramsey, P. G. (2003). Dying patients' need for emotional support and personalized care from physicians: Perspectives of patients with terminal illness, families, and health care providers. *Journal of Pain and Symptom Management*, 25(3), 236-246.
2. Zhang, B., Nilsson, M. E., & Prigerson, H. G. (2012). Factors important to patients' quality of life at the end of life. *Archives of Internal Medicine*, 172(15), 1133-1142.
3. Haymaker, G. (2010) The job teaches you, if you are open to it: The experiences of hospice occupational therapists (Unpublished master's thesis). University of Puget Sound, Washington.
4. Pizzi, M. A., & Briggs, R. (2004). Occupational and physical therapy in hospice: The facilitation of meaning, quality of life, and well-being. *Topics in Geriatric Rehabilitation*, 20(2), 119-129.
5. Rushton, C. H., Sellers, D. E., Heller, K. S., Spring, B., Dossey, B. M., & Halifax, J. (2009). Impact of a contemplative end-of-life training program: Being with dying. *Palliative & Supportive Care*, 7(4), 405-414.