

EIGHTH NATHALIE BARR LECTURE



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Caring for the Patient

What do we mean by caring for the patient? Caring is described as being concerned or interested. It is the function of watching over, guarding, or overseeing another person or thing. Treatment, on the other hand, is described as "the medical application of remedies so as to effect a cure."¹ To me, it feels so much better to say we are caring for the patient than to say we are "treating" the patient. When we place greater emphasis on the "caring," the actual amount of "treatment" needed is always significantly reduced in rehabilitation.

To prepare this material for the Nathalie Barr Lectureship, I reviewed the medical literature on caring and the patient-therapist relationship. In the medical literature the largest number of articles have been written by occupational therapists. A number of those articles were published subsequent to the 1980 American Occupational Therapy Association (AOTA) annual conference, of which the theme that year was "Caring Is Key." What a great idea to have a single theme at an annual conference, and what a professional commitment to dedicate a conference to the subject of caring!

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Interestingly, there are a surprising number of articles in the literature on caring for the patient in one manner or another. The following articles have some interesting and valuable thoughts to share.

Lorna Jean King, in her article "Creative Caring," said, "Caring is a balancing act—walking a tightrope between too much help and too little; between tried and true and the innovative; between what we hope and what we know. Effective, creative caring is demanding and exhausting and at times it hurts."² But, as Mayeroff tells us, "Only through caring can we live the meaning of our lives."³

Elizabeth Devereaux wrote an article entitled "Occupational Therapy's Challenge: The Caring Relationship,"⁴ in which she outlines "The Elements of the Therapeutic Relationship." She states: "It is self-evident that caring alone is not enough to establish an effective therapeutic relationship. Caring is the base; its presence enriches all other aspects of the relationship. Other essential elements for developing such a relationship include:

- "Competence—we must have the knowledge and skills and ability to provide the needed treatment.
- Belief in the dignity and worth of the individual.
- Belief that each individual has the potential for change and growth.
- That we possess strong communication skills (which include listening and actually hearing the feelings behind the words spoken).
- Having strong values which are our standards for

- living.
- Having a caring touch.
- And finally, having a sense of humor for it promotes health."

Devereaux went on to say, "The process of helping others helps one's self: it is satisfying, therapeutic and curative. There is an exhilaration in helping others that is the result of something deeper than the power involved or the satisfaction of professional pride and a job well done." One additional point that I drew from her article and that is of value for us to reflect on is this: "To discuss a patient as 'the kidney in room 319' or 'the hand in the second treatment room' represents the height of dualism. Where and who are the people to whom these anatomical parts are vital? What right does anyone have to depersonalize them so?" Certainly something for each of us to think about.

Others have written about caring. Related to hand therapy we are fortunate to have a recent article published in the July–September issue of the *Journal of Hand Therapy* by Cynthia Cooper. The article is titled "Maximizing Therapist Effectiveness with Geriatric Hand Patients."⁵ Cooper discusses the frustrations and concerns of the elderly and offers valuable suggestions for each of us to better care for these patients:

- Do not rush the older patient. By doing so he or she may slow down.
- Do not shout. This just distorts speech perception and may embarrass the patient.
- Use visual aids where possible.
- Focus on activities of daily living.
- Express a sincere interest.
- Acknowledge the value of the individual.
- Be patient, or give the patient to another caregiver.
- And . . . reinforce the dignity and value of the geriatric patient.

Cooper goes on to encourage us to try to give elderly patients tasks they can accomplish. They tire of experiences on a daily basis that they can no longer do. This article is enjoyable to review.

In 1989 I attended the American Society for Surgery of the Hand (ASSH) annual meeting in Seattle. Of all the lectures that year I was the most impressed with David Green's presidential address. It was entitled "Care with Care." I listened attentively as he shared his feelings on caring for the patient. It was so refreshing to hear a physician, and, more specially, a prominent hand surgeon, share his personal side. One of the questions he asked in his lecture was this: Have you ever had a patient who made you feel better every time you saw him or her? Those patients who have upbeat, optimistic outlooks on life should serve as role models for us as physicians. We see how their positive attitudes affect us, and we should realize how critically important such an attitude is with our patients.

Dr. Green concluded his talk with what he called "Blueprint for Compassion" on how to render more compassionate care to patients. His list included:

- Listen to your patients and their families—don't do all the talking yourself.
- Touch the patient—the gentle laying on of hands has a remarkably calming effect.
- Be a teacher—take time to help all patients understand as much about their problems as they are capable of comprehending.
- Don't be afraid to say "I don't know." Patients will respect your honesty.
- Do your very best to correct those physical problems that can be improved, and help the patient learn to live with those that cannot be made better.
- Enjoy what you are doing—live each day in itself and be thankful for the joys of our profession.

His article is in the March 1990 issue of the *Journal of Hand Surgery*.⁶ I encourage you to read his work.

Below is a discussion of what patients have told me is important to them in being treated by a therapist. I interviewed patients and I asked patients to complete a questionnaire.

From the questionnaire I learned that patients of all ages prefer to be called by their first names versus Mr., Mrs., or Miss, and they prefer for their therapist to introduce himself or herself by first name only. When asked what type of personality characteristics they prefer in their therapist, the number-one response was *caring* followed by being *friendly and cheerful* along with being *gentle*. When patients were asked what was more important to them with respect to patient care, the number-one response was *therapist knowledge and skills*. This was followed by *pushes me to do better* and *sets specific goals for me*. Perhaps what I learned most is that patients do enjoy providing feedback. I encourage each of us to have a mechanism in place, be it a suggestion box or another means, for patients and their families to provide valuable input and suggestions on our services.

In addition, I interviewed patients both in person and by telephone. One interview in particular stands out: This patient had a traumatic amputation of the right upper extremity at work. He underwent replantation in 1979 at a time when replantation was relatively new to our practice. I was amazed with this patient's dedication to recovery and his final outcome. I knew if I could locate him he would have valuable thoughts to share. He didn't disappoint me. Early in the interview he was telling me again about his injury and he went on to say: "Even with such an injury you can only be so cautious in life. You have to continue to try new things." When I asked what he would like to do that he cannot do now, he said, "a lot of things . . . but you have to get past that." When asked what about therapy had the greatest impact on him, he said that the therapists knew when to listen, they treated all their patients the same, they always put themselves in his place, they took a genuine interest in him as a person, they were honest, and they never took his injury too seriously. Today, besides being a toolmaker, this patient plays guitar in a rhythm and hard-rock band with his right hand. Attitude has so much to do with recovery . . . doesn't it?

Last year I came across two books, *Life's Little*

Instruction Book and, later in the summer, *Life's Little Instruction Book, Volume II*.⁷⁻⁸ There are many valuable lessons of life in these books and I recommend them to you. In reading them I thought how wonderful it would be if we had a *Life's Little Instruction Book* on "Caring for the Patient." So, I decided to create just that. I compiled a booklet titled "Caring for the Patient Instruction Book," which is co-authored by a number of well-recognized colleagues across the country.* It is a reflection of the many lessons we have learned through the years in caring for our patients.

Below are some of the many magnificent insights and valuable lessons, outlined in the booklet, that my colleagues have learned from caring for patients through the years.

From Karan Gettle, MBA, OTR, CHT: "Books have value but touching and knowing a hand is the most valuable learning tool."

From ASHT's 1993 president Heidi Hermann Wright, MBA, OTR, CHT: "The mind has the most powerful impact and influence on the healing process."

From Evelyn Mackin, LPT: "Appreciate the differences in people and their right to be different."

From Missy Donnell, OTR, CHT: "Patience, determination, persistence . . . seldom do we see these qualities . . . but I see them every day."

Mary Kasch, OTR, FAOTA, CHT, shares with us: "Recognize the power of setting goals . . . both little ones and big ones."

From Ros Evans, OTR, CHT: "Injury is a great equalizer. Whether you are rich or poor once you peel off a few layers we are all alike with the same needs and same fears."

From Sue Hale, OTR/L, CHT: "Never stop learning. No matter how many patients you treat there is always something you can learn."

Judy Colditz, OTR/L, CHT, writes: "The people with the most problems are often the ones with the most positive spirit; life is truly a matter of how you respond to problems . . . are they challenges and opportunities or are they destructive?"

From Lynnlee Fullenwider, OTR/L, CHT: "Some of us can have a little and do a lot, while some of us can have a lot and do little."

From Mary Dimick, OTR, CHT: "Never say never."

Georgiann Laseter, OTR, FAOTA, CHT, says: "Very few of the problems which bring the patients into our lives are life-threatening (thank goodness). All of the problems are quality of life. The effect that an injury or even recovery from an elective surgery has on the patient's independence absolutely cannot be underestimated."

And from Missy Donnell, OTR, CHT, and Karan Gettle, MBA, OTR, CHT, a thought that could probably be echoed by all hand therapists: "I have received more from my patients than I have given them."

Many more thoughts are shared with you in the booklet. I hope you will enjoy reading them. The most consistent messages or themes are these:

- *Truly care . . . patients will know the difference.*
- *Listen carefully to the patient's spoken word.*
- *Touch with a gentle and caring touch.*
- *Be honest.*
- *Smiles and laughs are contagious . . . use them.*
- *The value of perseverance.*
- *The power of a positive attitude.*
- *Care for all patients equally.*
- *Have patience.*
- *And, count your blessings each and every day.*

To this I would like to add a few additional lessons I have learned from my patients through the years. I believe I have learned:

- to separate "empathy" from "sympathy."
- to be more understanding.
- to be gentle.
- to show considerable respect for the patient.
- to develop a partnership or team effort with the patient.
- to turn negatives into positives.
- to instill "hope" but not "unrealistic hope," even when I want to express optimism beyond reach.
- to respect and honor the patient's opinion.
- to accept the patient's goals when at times they are not as high as mine.
- that I cannot do the therapy for the patient.
- that sometimes I do have to let go.
- to be very honest with the patient when at times other cannot be.
- when it is okay to advise the patient.
- to never take sides with a family member.
- to not let the patient become dependent on me when at times I want to.
- to never suggest to a patient how to live his or her life.
- to say "thank you" often to the patient.
- to enjoy the challenges of the difficult, the upset, or the bitter patient. The anger usually has little or nothing to do with our care.
- and, finally . . . patients have given us the appreciation for our lives and our families. I don't believe we take life as much for granted as so many do.

On a lighter side, many of us have learned many "how to do things" from our patients. Here is a sampling of some of the many great things we have learned. Kathy Fry, OTR, has learned baby wipes are wonderful for cleaning splints. Evelyn Mackin, LPT, has learned how to make the best Manhattan ever with a dash of Southern Comfort. Bonnie Olivett, OTR, CHT, was taught how to open a bottle of wine one-handedly. Pegge Carter, OTR, CHT, tells us all bikers have a knife or gun on their bodies somewhere . . . well, at least in Arizona and the Southwest! Ros Evans, OTR, CHT, knows of many homemade cures for arthritis and wounds (some of which she probably created herself)! And perhaps the best is this . . . if

*For a copy of the booklet "Caring for the Patient Instruction Book," contact Nancy M. Cannon, OTR, CHT, % The Hand Rehabilitation Center of Indiana, P.C., 8501 Harcourt Road, Indianapolis, IN 46280-0434.

your splint gets dirty you can't wash it in the dishwasher! A 7-year-old taught us this one.

The purpose of this article is certainly not to suggest to you how to care for your patients. I recognize and realize that as hand therapists and hand surgeons, each of us possesses the traits I have shared with you in this article and that it is a vital part of your patient care each and every day. These invaluable traits are greatly admired and are ones that, quite honestly, I feel set us apart from other health care providers.

Today, though, with the concerns of health care reform before us and the uncertainty of the future of rehabilitation, I want to elevate to an even higher level those values, beliefs, and traits that exemplify our profession. I believe there is great pressure on each of us to lose sight of our compassion and caring for the patient in order to meet business demands within our practices. I do stand firm though in my belief that as two highly regarded health care professions (occupational therapy and physical therapy, with our mutual specialty area being hand therapy), if we never permit our high convictions and high standards for quality patient care and genuine caring to have any less importance in the future, our professions will continue to prosper in the years to come. And, because of this, I truly believe there will always be an invaluable need for our services.

So I challenge each of you to create your own "Blueprint for Caring" and to display it proudly to your patients, your co-workers, and your fellow colleagues!

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SUGGESTED READINGS

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