The untapped potential of occupational therapy: Making a difference for women and their partners during early breast cancer survivorship

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Introduction & Background

- 90% of women will survive at least 5 years
- Focus on diagnosis and treatment period
- Many resultant issues following treatment cessation
- Care utilises a medical model
- Complex and unclear care pathways
Aims and method

In-depth Interviews
n = 26

Cross-Sectional Survey
n = 34

Focus Groups x2
n = 10

Delphi Survey
n = 40

www.ourbodiesourselves.org
Findings

- The competing expectations of survivorship
- Activity disengagement and role disruption for women and their partners
- Occupational disruption

“Occupational disruption is a temporary state, characterised by a significant disruption of identity associated with changes in the quantity and/or quality of one’s occupations subsequent to a significant life event, transition, illness or injury. It has the potential to affect multiple areas of functioning, including social and emotional functioning”

Nizzero, Cote and Cramm (2017, p. 125)
Findings

‘We just had a few friends. They were all there in the beginning but not now ... I became very reclusive, I was very cautious. I didn’t let people see me when I was having a bad day, I didn’t want to carry on friendships at that point so I just had probably two really close friends that know me very well and know what I need when I needed it’. (Danielle)

‘People are telling the positive story and obviously that’s good but I feel like there’s another story to be told ... yes I’m through it and I’m incredibly grateful but I’m now living with a different set of circumstances which are actually really difficult. I think that’s the general population’s view as well ... you should just get on with it ... but it’s like grief, it doesn’t go away’. (Glenda)

‘I used to say to say to Gary, he was in a club building a hot-rod at the time, and I knew when the hammer got louder he was taking his anger out and the guys would turn up and say ‘what do you want a hand with?’ I thought they’d be down the shed and they’d be saying ‘how’re you going?’ (Glenda)

Gary interjects: ‘blokes don’t talk to blokes like that... I mean you see these sheds they’ve got if your depressed, but blokes don’t talk To blokes like that...’

‘It’s like somebody’s just given you permission for delayed shock and grief and trauma ... that really took me by surprise and I don’t know what that means and I don’t know what resources are available and I was blown out of the water a year after, not at the time’. (Lester)
Findings

• Comprehensive and coordinated care is required, including rehabilitation and a formal plan

• Occupational therapy has the potential to play a significant role
Practice implications for occupational therapy

• Diversification of the framework of care: biopsychosocial model to ensure activity and role engagement

• Rehabilitation opportunities and access to multidisciplinary health care professionals, use of a survivorship care plan

• Partners must be included

• OCCUPATION FOCUSSED CARE
References


