MSc Occupational Therapy

OT6054 Occupational Therapy Project 4

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Abstract

**Title:** Exploring the professional experiences of Nuala Tierney, a pioneer occupational therapist who began working in Ireland in the year 1967.

**Background:** The study is part of a wider project researching the history of occupational therapy in Ireland at the University of Limerick, Clinical Therapies Department. As there is limited literature available on the history of occupational therapy in Ireland, it is envisaged that this study will contribute to a greater awareness of the experiences and the contributions that occupational therapists in Ireland brought to the profession.

**Purpose:** The purpose of this study is to explore the career of Nuala Tierney, a pioneer occupational therapist who began working in Ireland in 1967. The aim is to focus on the early years of her training and career to document her contributions to the occupational therapy profession.

**Methods:** A qualitative oral history methodology was carried out using a case study design. The method of data collection was semi structured interviews. Thematic analysis was used to examine the data.

**Results:** Results highlight the experiences and contributions made by Nuala Tierney, who began working in the National Rehabilitation Hospital (NRH), which was formerly known as the National Medical Rehabilitation Centre (NMRC) in the late 1960s when Nuala began working there. Themes that emerged from the data include early training; early treatment methods in the NMRC; and development of services within the NMRC.

**Conclusions:** By documenting the experiences and contribution of this pioneer, it is anticipated that this study will add to knowledge of the history of occupational therapy in Ireland and contribute to a greater understanding of the development of our professional identity.
Introduction

The history of how occupational therapy developed is essential to study as it connects back in time to the original principles and concepts that drove occupational therapy to the profession it is today. While occupational therapy has developed over the decades, the history guarantees that the core values and beliefs are not lost. Carrying out historical research is important to the occupational therapy profession as it facilitates people being aware of what has happened in the past so they can learn from past failures and successes (Stein et al 2013).

The purpose of this study is to contribute to the research of the history of occupational therapy in Ireland, by exploring the career of Nuala Tierney, a pioneer occupational therapist who began working in Ireland in 1967. The aim of this study is to focus on her early training on becoming an occupational therapist and capture her experiences while working in the National Rehabilitation Hospital (NRH), which was formerly known as the National Medical Rehabilitation Centre (NMRC). This study will refer to the NMRC primarily throughout the research project as that was its title in Nuala’s early working years. The study also aims to document Nuala’s contributions to the profession. The research question that was created was: What were the experiences and contributions of a pioneer occupational therapist who began working in Ireland in the late 1960s?

Literature Review

To understand the occupational therapy profession, it is essential to study the past and understand how the profession originated and was developed (O'Brien 2013). The rich heritage of the occupational therapy profession presents many opportunities for study. Our ability to engage in historical research will facilitate us to discover a body of historical knowledge about the occupational therapy profession (Schwartz & Colman 1988). Historical documentation of occupational therapy can develop the understanding of the profession’s contemporary ideas and movements, as well as highlighting early principles that have influenced occupational therapy’s development (Schwartz & Colman 1988). It can also provide awareness on how to deal with new clinical challenges and reform the profession itself by enhancing current practice, further emphasising the fundamental requirement for historical research (Hall 2013; O'Brien 2013).

How Occupational Therapy Developed?

Occupational therapy grew out of the rising social consciousness of the early twentieth
century and became a profession in March 1917 (O’Brien 2013). It evolved from the Moral Treatment Movement in the 19th century. Two men are credited with conceiving the Moral Treatment Movement: Philippe Pinel and William Tuke (O’Brien 2013). It was grounded in the philosophy that all people, even the most challenging deserve consideration and human compassion (O’Brien 2013). It was believed that by treating patients as reasonable individuals, they could be re-educated (McKay 2014). Re-education was hoped for by structuring the environment, physically, socially and temporally (McKay et al 2014). Engagement in activities related to work and play created a daily programme of organised occupations that reduced the disorganised behaviour of the mentally ill. “Occupation as therapy was created – the forerunner of occupational therapy” (McKay et al 2014 p.5; Prendiville & Pettigrew 2015).

History of Occupational Therapy in Ireland

With a few notable exceptions there is currently a lack of published material on how occupational therapy was developed in Ireland (Boland & Boyle 1997; Cremin 2004; Lynch & Pettigrew 2014; Patterson 1992; Prendiville & Pettigrew 2015). However the limited literature that is available proclaims that Ann Beckett was the first qualified occupational therapist to work in Ireland (O’Mahoney & Pettigrew 2015). She trained in Dorset House School of Occupational Therapy in Bromsgrove, Worcestershire. Ann returned to work in Ireland in the 1950s for the Red Cross, where she was involved in the rehabilitation of ex-servicemen in the aftermath of World War II (Pettigrew 2014). Ann formally established the profession of occupational therapy in Ireland (O’Mahoney & Pettigrew 2015).

Methodology

This research project documents the experiences of a pioneer occupational therapist who began working in Ireland in 1967. The literature review that was undertaken highlighted that there is limited research available on occupational therapy in Ireland during those early years of the profession. Therefore transcripts of four interviews carried out with an occupational therapist that began working in Ireland in the late 1960s were the primary data source for this research project.

The research project adopts a qualitative research design. Qualitative research has been used in historical research for its ability to examine information in a comprehensive and detailed way (Black 2009). Transcripts of semi-structured interviews that were carried out with Nuala in previous years were used to gather qualitative data. A semi-structured interview generally
refers to a context in which the interviewer has a set of questions in a typical form of an interview schedule but is able to vary the sequence of the questions (Bryman 2008).

As the study aimed to document the career and contributions of a pioneer occupational therapist working in Ireland, a case study research design with an oral history method was used as part of the research strategy. Oral history allows us to view the topic of interest in terms of an actual experience (Yow 2014). Oral history “presents such sophisticated and complex issues in the form of lived experience and living conversation” which enables these issues to be dealt with in more concrete terms (Yow 2014 p.10).

Data Analysis

The interviews were analysed using thematic analysis. The researcher followed the guidelines laid down by Braun and Clarke (2006) before analysing the data. According to Holloway and Todres (2003) thematic analysis should be seen as a foundational method for qualitative analysis. Braun and Clarke (2006) state that by identifying, analysing, and reporting themes within the data, this will help organise and describe the data in great detail (Braun & Clarke 2006). The researcher chose this method of analysis as according to Braun and Clarke (2006) themes capture something significant about the data or meaning within the data set.

The researcher analysed the data by carefully studying the interviews and identifying reoccurring codes that appeared throughout. Approximately 150 codes were created. These codes were then grouped under three different themes including early training, early treatment methods in the NMRC and the development of services within the NMRC. King and Horrocks (2010) states that the most common and efficient way of organising a report on the findings of thematic analysis is to describe each of the themes and refer to examples from the data. The researcher acknowledged King and Horrocks (2010) recommendations when writing up the findings for this study.

Trustworthiness and Credibility

Trustworthiness and credibility are key criteria for qualitative research (Flick 2009). When qualitative researchers speak of research validity, they are referring to qualitative research that is plausible, credible, trustworthy and defensible (Johnson & Christensen 2013). The combination of interviews and an extensive review of the literature to develop an understanding on the topic from various sources contributed to the credibility of the study.
Further techniques to enhance the trustworthiness of the study included a discussion of the themes and findings with the research supervisor.

**Ethical Considerations**

Ethical approval was obtained from the University of Limerick Clinical Therapies Research Ethics Committee. Nuala Tierney gave permission for her name to be used in this study to aid with her recognition and contribution to the history of occupational therapy in Ireland.

**Key Findings**

**Early Training**

Nuala started in St Joseph’s College of Occupational Therapy, Dun Laoghaire to train as an occupational therapist in the year 1964, aged eighteen years of age. Nuala had applied for the first year of the programme in 1963. However, she failed to get a place that year as there was an age requirement that students must be aged twenty one before they could graduate. Therefore Nuala had to wait for the following year before she could begin her journey becoming an occupational therapist. Nuala stated that there was a huge interest in the course with over one thousand applicants, for just twenty five places available. Nuala had always an interest in the healthcare field particularly in the area of working with children. It was one of the nuns in Nuala’s school that introduced her to the idea of occupational therapy as a potential career and that is how Nuala became aware of the newly created profession at that time.

“OT college was starting here in Dublin in 1963, the year I was due to leave school and one of the nuns, I will always be grateful to her all my life she saw it and showed it to me and I thought it sounded wonderful”.

She described the course as “regimental” and very “structured”. It was a full time course which was three years in duration, and commenced between 9am to 5:30 pm each day. The people in charge of running the college were very quite strict as students were not permitted to leave the grounds during those hours. Nuala also describes St. Joseph’s as being quite “isolated” with a small number of students. In total there was a maximum of seventy five students, but Nuala recalls that for the majority of the time she spent there, there was always at least one course on clinical practice. Clinical practice was an important part of the programme as a total of fourteen hundred hours was dedicated to practice over the three year
duration. Nuala also recalls the significant amount of time dedicated to practical subjects in comparison to today’s occupational therapy programme. Practical subjects included pottery, woodwork, hard toy making, physical recreation and leather work. There was a huge emphasis on practical subjects both in college and while out on clinical practice. One of the important requirements for students while on clinical practice was completing written portfolios on the use of activity with patients.

“I think we did a lot more practical work, like quite a bit of craft than is done these days, with a lot of emphasis with the use of activity as a clinical medium, so we would have had to do about five practical subjects and do detailed analysis”.

Nuala discusses the high profile lecturers that delivered talks at St Joseph’s including an influential figure Ann Beckett, the first professionally qualified occupational therapist to work in Ireland. The whole curriculum was driven by the British Association of Occupational Therapists and it was a British qualification. Nuala declares that it was “very academic on one half and practical on the other”.

**Early Treatment Methods in the National Medical Rehabilitation Centre (NMRC)**

Nuala began her career in the NMRC in the summer of 1967, straight after finishing her exams. She started off working in the NMRC as an occupational therapy aide until she received her exam results, and was then offered a permanent position where she spent her entire career.

The main focus of treatment in the early years when Nuala qualified was working on patients Activities of Daily Living (ADL’s) and also the use of craft work as therapeutic activities. “Again a lot of ADL’s and a lot of the other activities were around craft activities”. Nuala states that for her treatments she would have used a lot of resources that were available to her. A lot of her treatment programmes were created using her own initiative and she was not afraid to try out new things. For example, Nuala talked about the concerns that she has nowadays as therapists are not trying out new ideas because of so many readymade solutions available.

“Nowadays, there are so many ready-made solutions and people- it’s one of my big concerns today about occupational therapy. People are more nervous I think sometimes of trying out things for themselves”.
Examples Nuala gave of when she used her own initiative when coming up with treatment ideas included using tree trunks with a cross cut saw as an upper limb strengthening and balance activity. She would use the activity of weaving rugs as an upper limb and trunk strengthening activity and cane work would have been used by Nuala to work on developing her patient’s pincer grasp. Nuala went on and explained that these activities would have been graded to suit each of her individual patients’ needs. Woodwork was also used as a therapeutic activity and patients were given the opportunity to make their own equipment.

“We had a work shop and we had a wood work instructor and the patient makes their own transfer boards, or else if they couldn’t make their own transfer boards another patient made them for them”.

Patient’s goals were the main focus for treatment, therefore patients played an important role in guiding their own therapy. Nuala states how she had a lot more time to dedicate to her patients and working on their goals as there was “less pressure on beds” compared to nowadays. Nuala believes this made working on the individual goals easier to achieve.

The Development of Services in the National Medical Rehabilitation Centre (NMRC)

Nuala contributed greatly to the development of services that are now available within the NMRC and making it the highly respected rehabilitation centre that it is today. After just one year of being qualified, she was given the opportunity to develop the children’s treatment area. She was in charge of looking up equipment that may be needed and she also got the opportunity to start reading up and learning about Spina Bifida which led Nuala to developing treatment plans for the children in that department.

Nuala saw the need to work on visual perception when some of the children she was working with had major difficulties with dressing tasks as a result of visual perceptual deficits. Nuala brought it to the attention of the medical staff; however she was challenged and told on several different occasions by consultants that this was not her role. Nevertheless Nuala persevered and so continued to present at national medical conferences about the children she was working with to highlight their difficulties. Nuala had the support of her manager Norah Ferris, as she too felt strongly about working on the whole area of cognition and visual perception. Both Norah and Nuala were successful in getting their views on the issue acknowledged as Nuala recalls an experience at a medical conference when the medical director gave her a lecture on visual perception.
“I can remember at a later stage after Norah and I had been preaching about visual perception and so on for ages at medical conferences and our medical director actually turning and giving me a little lecture about the subject. I went back to Norah afterwards and I said ‘Norah we have broken through, our words are being repeated back’.

Another development within the NMRC was the establishment of a discharge liaison service. When Nuala was the manager of the NMRC in the 1990s she got a post created for a discharge liaison occupational therapist for the eastern regional health authority covering Dublin, Wicklow and Kildare. The volume of work was so high that Nuala managed to get a second post, resulting in a senior and a basic grade post. This gave the NMRC a great advantage of having their own discharge liaison services as there were no community occupational therapists at that time.

One of the largest developments in the NMRC that Nuala saw during her forty year career was the development of services for people with brain injuries. Shortly after Nuala qualified the issue of brain rehabilitation and establishing a role within this area for occupational therapists began to arise. The role for occupational therapy within brain rehabilitation was brought forward and fought for by one of Nuala’s most influential figures - Norah Ferris. Norah was the manager of the occupational department for many years and she played a huge role in establishing occupational therapy services for brain injured patients within the NMRC and states how this was one of Norah’s greatest achievements.

“I think she was justly proud of the development of the clinical skills particularly around brain injury and particularly around the cognitive aspect of brain injury because it’s something she had to fight very hard for in the early stages because the doctors had no idea about it”

Norah used her experience from her previous work with patients with cerebral palsy to develop the brain injury services in the NMRC. She supported Nuala and the rest of her staff to go on training courses to develop their skills so that they could also work and support the occupational therapy role within brain rehabilitation.

**Discussion**

In 1963 Ireland’s first occupational therapy programme at St. Joseph’s College of Occupational Therapy, Dun Laoghaire accepted its first students. Nuala commenced her occupational therapy training in St Joseph’s in 1964. She noted that there was an extremely
high demand for places. The literature generally acknowledges that this time was a period of growth and professionalism for occupational therapy (Cockburn 2001).

Ann Beckett was a visiting lecturer during Nuala’s time in St Joseph’s and Nuala cited her as a high profile figure in the field of Occupational Therapy. In the 1950s there were a handful of occupational therapists practicing in Ireland, Ann Beckett being one of them. Ann Beckett is generally acknowledged as a pioneer of the profession in this country (Butler & Ryan 2004). She gave an interview to the Irish Journal of Occupational Therapy in 2004. She spoke of the challenges she faced and the strides she made in helping establish occupational therapy in Ireland in the 1950s and 1960s (Patterson 2004; Butler & Ryan 2004).

During her training and early years working in the profession Nuala spoke about the strong emphasis that was placed on practical and craft based subjects, and recognised that the same emphasis is not the case today. This is supported by literature. Since the early days of the occupational therapy profession, creativity has been intrinsic to the beliefs and practice of occupational therapists (Friedland 2003). Craft activities were the primary tools for occupational therapy practice from the beginning of the profession until about the 1960s (Friedland 2003). Since the 1960s, the use of arts and crafts as therapeutic activities has diminished in practice and professional education (Eliason & Gohl-Giese 1979; Barris Cordero & Christiaansen 1986; Taylor & Manguno 1991; Thompson & Blair 1998). When Nuala commenced her work with the NMRC she again noted the focus on using craft based activities as treatment. Nuala also spoke about the importance of working on her own initiative and trying out new things. One of the essential elements of occupational therapy practice is experimentation (Bing 1981). Nuala stresses the importance of experimentation and would have always encouraged her staff to try out something new but is afraid that nowadays there are too many readymade solutions available to therapists.

The majority of Nuala’s treatment plans when she began working in the NMRC were based around working on patient’s ADL’s. From the 1950s onwards ADL’s was a major new focus for occupational therapy (Reed &Peters 2007). The concepts of independence and independent living were closely associated with activities of daily living (Reeds & Peters 2007). It is important to note that Nuala also spoke about how she and her fellow colleagues were guided by their patient’s goals. One of the fundamental concepts of occupational therapy is that we promote the freedom of choice for each person to pursue goals that have personal and social meaning (Kanny 1993). Patients’ beliefs and values are also key concepts
that underlie the core of the profession and the professional interactions of each practitioner (Kanny 1993). Nuala’s dedication to the core beliefs and values of occupational therapy are evident throughout her professional career.

Nuala was involved greatly with the setting up the services within the NMRC. She was involved with developing her own treatment plans for the children’s department. One of the developments she spoke a lot about is the development of knowledge in the area of visual perception, which occupational therapists now have a huge role in. Performance in areas of reading, handwriting, manipulation of tools and independence with self-care tasks are all dependent on gross motor and fine motor abilities as well as visual-motor integration, and visual-perceptual skills (Soloman & O’Brien 2016). This emphasises the essential requirement for occupational therapists to work on visual perception. Nuala started out developing treatment programs to work on her younger patient’s visual perception, however she then applied these treatment plans to her patients with brain injuries. Current literature states that occupational therapy assessment and treatment of visual perceptual impairments are essential to the rehabilitation of patients following stroke and other acquired brain injuries (Cooke et al 2005).

Nuala discusses her contribution in getting the NMRC’s discharge liaison services set up when she was the manager in the 1990s. She states that there were no community occupational therapists prior to this and that she would occasionally carry out home visits with her patients because they needed community services. As the volume of work became too high Nuala got two posts created for discharge liaison officers to assist with the work load. Literature suggests that occupational therapists’ role began to rapidly expand in the 1990s into the community. Community integration was seen to include home integration, social integration and participation in productive activities (Willer et al 1993). McLean & Potts (2004) state it was not enough to just place a patient into a community setting as this did not ensure the individual’s involvement in their community. It was during the 1990s that community integration services developed and occupational therapists learned that their role was not just assisting the patient to develop the skills to become involved in meaningful activities within their community (McLean & Potts 2004). Their role was now quickly expanded to assist the patient with strengthening existing social networks and supporting them to build new connections (McLean & Potts 2004).
One of the largest developments Nuala saw in the NMRC was the development in the rehabilitation of patients with brain injuries. Before the First and Second World Wars, brain injuries were usually seen as terminal (McLean & Potts 2004). Improvements made to infection control and neurosurgical techniques led to an increase in survivors, therefore a need for brain injury rehabilitation was established (McLean & Potts 2004). Nuala mentions the work of Norah Ferris and the challenges that she had establishing a role for occupational therapists in the area of brain injury rehabilitation in the NMRC. The medical staff and neurosurgeons had little understanding of what occupational therapists could offer patients with brain injuries. As a result Norah developed a role for occupational therapy within brain rehabilitation by using her own previous experiences working with patients with cerebral palsy. Literature suggests that the early role of the occupational therapist in brain rehabilitation was as activator, focusing on building patients’ confidence and preventing inactivity (McLean & Potts 2004). The occupational therapists started out involving patients in activities that were craft based within hospital-based workshops (Jones 1964). The occupational therapists role had developed and expanded by the 1970s in the areas of remedial activities, exercise, sensory integration, functional restoration and skill building. All of these were worked on with the patients with the main goal of supporting independence in their self-care tasks (Marmo 1974; Spencer 1978; Baum & Meeder 1981). There was a rapid growth in brain injury rehabilitation services by the 1980s that made community re-entry for patients a possibility (McLean & Potts 2004). Transitional living settings and sheltered workshops gradually began to come into widespread use (Giles 1994). The occupational therapy role continued to expand to include support in upper-extremity function, cognition/perception, oral-motor skills, prevocational skills, homemaking and driving (Weber 1983; Zoltan & Ryckman 1990). This literature highlights the huge growth and the development of occupational therapy services within brain rehabilitation since the beginning of the 1970s and stresses the significant role occupational therapy has in the rehabilitation of patients with brain injuries.

**Limitations and Future Research**

A limitation of this study is that it cannot be generalised to represent other occupational therapists or pioneers due to the lack of written documentation available. Also this study is based on the perspectives of one person, therefore further research with other pioneers of the occupational therapy profession would provide a more comprehensive understanding of the professional experiences of therapists working in Ireland in the late 1960s. It is hoped that the
findings will reflect common trends and inform future research on the history of occupational therapy in Ireland. All four of the interviews that were used in the study were carried out with Nuala in the years following her retirement.

**Implications for Occupational Therapy Practice**

Capturing the experiences and documenting the contributions of occupational therapy pioneers can inspire current practitioners while also educating them on how occupational therapy was created and developed to be the concrete profession that it is today. It ensures that the profession’s core beliefs and values are not lost, while also assisting therapists to make recommendations for future development. Nuala was an advocate for the occupational therapy profession during her career working in the NMRC. This study highlights the importance and also the rewards that can be achieved by advocating for the occupational therapy role and by continuing to work towards developing the profession.

**Conclusion**

This study explores the professional experiences of Nuala Tierney, one of the first Irish trained occupational therapists to work in Ireland. There is a lack of written literature available on occupational therapy in Ireland, therefore it is vital to capture the experiences and contributions made by an Irish pioneer of the profession, to add to the knowledge of the history of occupational therapy in Ireland.

From Nuala’s account we get a detailed description of her training in St Joseph’s highlighting the importance and the emphasis that was placed on practical based subjects such as crafts which are known as the core roots of the profession (Friedland 2003). We also see the high influence of British practices in St Joseph’s as the curriculum was not only driven by the British Association of Occupational Therapists, but it was also a British qualification. The study gives us an insight into the early treatment methods that were used in the NMRC, from using woodcraft as a therapeutic activity to weaving rugs as an upper limb strengthening activity. Working on patients ADL’s was also the main area for treatment highlighting that the concepts of independent living remains a key avenue for occupational therapy today. We gain valuable knowledge from this study of the setting up of services in the NMRC that Nuala contributed greatly too. From getting the NMRC’s own discharge liaison services set up and developing her own treatment plans working on visual perception to assisting Norah Ferris in getting a role for occupational therapists in brain rehabilitation.
Nuala was instrumental in promoting occupational therapy and advancing the profession in the NRH which is what it is currently known as and her legacy is still evident in the occupational therapy practice today. While there is no written documentation available on the contributions made by Nuala Tierney in the history of occupational therapy in Ireland, this study highlights that she can be considered one of the profession's key Irish pioneers.
References:


