OCCUPATIONAL THERAPY FOR NURSES

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There are many reasons why nurses should be acquainted, during their training course, with the practice of occupational therapy. As the training schools have developed, new procedures in the treatment have always been included in the general curriculum, such as hydrotherapy, electrotherapy, etc., therefore, as occupational therapy has definitely shown its practical and material advantages in the treatment of those suffering from mental disease, it is quite apparent that such should be included in the nursing course. The results obtained from application of occupational therapy to those mentally diseased have been so beneficial that occupational therapy has come to stay in the hospitals where mental cases are treated and therefore it behooves every nurse to become acquainted with its possibilities. The realization that the nurse has a very definite place in the hospital scheme makes it necessary that she become thoroughly efficient and that she become acquainted with the practice of hospital activities, although they may not be directly in her own sphere. The fundamental object of the nurse in helping to promote the patient’s ultimate recovery requires that she be familiar with all forms of treatment leading to that end and occupational therapy is one of the greatest means to this end, the work of the occupational therapist, especially in the ward work and bed side work, should bring the therapist and nurse very closely in contact. The necessity of mutual interest in the plans of the medical staff in the treatment of individual patients, now largely based on the part that the occupational activities play in the hospital life of the patient, is apparent, and the nurse who

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1 Read at the round table on occupational therapy held at the meeting of the American Psychiatric Association, Atlantic City, N. J., June 5, 1924.
has experienced the great value to her patient of properly pre-
scribed and well administered curative work, needs no exhorta-
tion as to the necessity of the closest and most harmonious coöperation with the occupational therapist.

Within the past two years an occupational class developed on a
depressed and suicidal ward at the Hudson River State Hospital
where formerly patients were required to sit by themselves un-
occupied, in accordance with the old idea that they may be more
closely watched and thus prevented from injuring themselves,
has given remarkable results. Nine patients have been paroled
directly home from this ward, 3 others were transferred to an
open ward and later paroled, while 2 were transferred to another
ward to attend the occupational center. From another class
developed on a very disturbed ward within the last six months,
2 patients have been discharged, three transferred to an open
ward and paroled, while 3 others were transferred from this ward
in a much improved condition and are now attending the occu-
pational center. Further than this, a class developed in one
of the cottages as a habit training division and which, when
started, depended entirely upon patients from outside to do the
housekeeping work, has shown that 4 patients have been paroled
home in the last year, 15 have become good ward workers and are
now taking complete charge of the housekeeping of the cottage
and 9 have been so improved that they now attend the occupa-
tional center at the Cottage Department. Such results as these
plainly show that occupational therapy must, of necessity, find its
place in the training of the nurse, although some nurses who have
never had an opportunity of studying or observing this method of
treatment may perhaps think that this is but another thing im-
posed from without upon an already over-busy pupil. Not only
should the nurse be acquainted with occupational therapy from the
standpoint of the treatment and improvement of the patient but
then again every nurse aspiring to a position of responsibility in
the hospital, will find it imperative to understand something of
this method of treatment in order to direct others, just as she
finds it necessary to understand dietetics or many other things
that could be mentioned in relation to modern nursing. The
knowledge of occupational therapy is also useful as a part of the personal equipment of every nurse whether she be engaged in institutional work or engaged in private nursing with adults or children. The Regents of the State of New York have recommended that the nurse curriculum issued by them should contain sixteen hours of work covering:

1. History, principles and aims of occupational therapy
2. Equipment and material
3. Occupational therapy for children
4. Work for patients in restricted positions
5. Work for one-handed and handicapped patients
6. Work for feeble minded and mentally ill
7. Some possibilities of basketry and weaving
8. Some possibilities in wood work

This is the present course outlined by the State Department of Education. It seems quite proper however to add that upon the recommendation of the State Hospital Commission the regents have signified their willingness to substitute for this course in occupational therapy one which is being prepared by the Committee on Nursing. A complete syllabus has been compiled by our State Director of Occupational Therapy, Mrs. Slangle, and submitted to the nursing committee. We now know what it seems best to eliminate and what to substitute in the subjects presented, hours and other requirements, such as the practice period of the nurse.

We shall put more emphasis on the utilitarian and practical features of the work, and less on an effort to have the nurse produce a satisfactory (to her) piece of work such as weaving, basketry etc., and to those who show a larger interest in intelligently grading tasks, and also an interest in our whole plan of rehabilitation, the occupational therapy department will coöperate in offering opportunity in the self improvement classes, which are now an established part of the work for those assigned to the department.

It would seem as a beginning course for nurses that the following outline could be followed. During the junior year, a course
of three lectures should be given to the pupils by the chief therapist, consisting of an explanation of:

1. Occupational therapy treatment
2. Habit training
3. Cultivating habits of industry

The idea of giving these lectures being to arouse the interest of every nurse in a constructive effort to rehabilitate every patient with whom she comes in contact. During the intermediate year the course of lectures should be further developed and each pupil nurse should be required in both junior and intermediate years to have one month of practical occupational therapy work. These nurses might be assigned to ward duty from 6:30 to 9:00 a.m. and then report to the occupational therapy department until 4:00 p.m. and from 4:00 to 6:30 p.m. again be assigned to ward duty. The month of continuous occupational therapy work should be spent in the habit training cottage, weaving center, the class for disturbed cases and depressed cases and also in classes for epileptic, tubercular and continued treatment cases, and pre industrial center. In addition to this, they should also participate in the physical education and recreational activities for patients which, in our present plan, is administered by the occupational therapy department, as a part of our state wide plan. I feel that perhaps this is but a brief outline on the subject, but it may offer suggestions for discussion and at the same time provide an entering wedge for the introduction of instruction in occupational therapy in our schools of nursing.