Rehabilitation?
The influence of Power & Hope

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What is Rehabilitation?
‘Restoration of an individual to optimal physical, cognitive, psychological and social function following injury’ (p.12)

The Department of Health (2007)
‘Through rehabilitation, involving engagement in physical, psychological and social processes, people can learn how to live a life that is not dominated by their disability’ (p.155)

Ellis-Hill et al. (2008)
What is Disability?

‘Physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities’

The Equality Act (2010)

‘It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives’

World Health Organisation (2014)
Disability is based on the ideology of ‘normality’ imposed by a medical model, with the pressure to conform to ‘normality’ leading to oppression and alienation rather than the impairment itself.

Oliver and Barnes (2012)
Bio-Psychosocial Model

‘Considers disability not only from a physical, but also from an individual and societal perspective, and importantly includes the environmental and personal context of the individual’ (p.12)

International Classification of Functioning, Disability and Health (Dean et al., 2012)
1.14 ‘The physiotherapist, as part of the MDT, should be involved in making the decision to refer the patient for a prosthetic limb’ (p.18) (Broomhead *et al.*, 2006)
Why?

- Justify health provision
  (French and Swain, 2001)

- Professional altruism
  (Whalley Hammell, 2006)

- Juxtaposition: efficiency, specialist knowledge and improved services Vs relinquishing the idea that knowledge gives them power to ‘define problems and solutions for others’
  (Finlay, 2000, p.92)
Why?...

- Rationing or gatekeeping of resources and services
  (Allen et al., 2004, Lipsky, 2010)

- Concept of ‘imposed powerlessness’ for patients, due to a lack of ‘condition’ education, mistrust in professionals following failure of treatment options and a lack of empathy of professionals who fail to recognise this state
  (Livingstone et al., 2011)
Where’s the ‘Hope’ in that?

4.2.2 ‘Patients/carers should be made aware that they will experience lower levels of function than bipedal subjects’ (p.25) (Broomhead et al., 2006)
Hope

- Importance of developing a new sense of self
  

- Progression from defiance, a process of active resistance to a situation fortified by external hope, acceptance and hopelessness, and to the re-establishment of a sense of purpose and hope
  
  (Soundy *et al.*, 2012)

- Maintaining normality, adjustment and coping strategies, reconstruction of selfhood and remaining engaged with a social network which reduces feelings of hopelessness
  
  (Cotter, 2009)
Why Hope?

Several studies have documented feelings of hopelessness post amputation, especially in diabetes populations

(Livingstone et al., 2011, Murray and Forshaw, 2013, Spiess et al., 2014)
Kortte et al., 2012

- A cohort study of 174 patients undergoing inpatient rehabilitation for a number of conditions including amputation (n=22) by measured Hope (Hope Scale), positive affect and functional ability and participation at the start of the programme and 3 months post discharge.

- They found that the level of hope at the acute phase was predictive of the level of functional skill, role participation and engagement in occupational activities, including social integration at follow-up, and that, while positive affect does not contribute to participation levels, it is shown to significantly improve physical independence and mobility.
Bright *et al.* (2011)

- Association between persistent hopelessness, lower survival rates and depression
- Health professionals may also be responsible for both building and destroying hope
- Three interrelated attributes of hope: hope as an internal state of being, being outcome orientated and also an active process
A final thought...

Are all your hopes ‘realistic’?

So do you stop hoping?


Thank You