

Podcast transcript

Career conversations: Rachel Stonall

Hannah Spencer:

Hi everyone and welcome to this podcast recorded and produced by the Royal College of Occupational Therapists.

This is one of a series of podcasts which really focus on hearing and sharing the career narratives of our diverse workforce and highlight a whole range of possibilities in occupational therapy.

My name is Hannah Spencer and I'm an occupational therapist that's had the absolute pleasure and privilege of facilitating and capturing these conversations with members of our occupational therapy community.

Rachel Stonall:

My name is Rachel Stonall and I'm an occupational therapy lecturer at the University of Liverpool. Part of my role at the university is I'm also the co-chair of the BAME Staff Network.

Hannah:

So let's rewind right back to the beginning. What drew you to occupational therapy?

Rachel:

Well, I was reflecting on this actually, so I didn't really know what I wanted to do when I was at school doing my A levels. I had an interest in psychology, I was doing psychology A level and wanted to work with people in some capacity, but still didn't really know what I wanted to do. But perhaps I was very fortunate that my dad was a careers advisor so did point me in the direction of 'occupational therapy might be a good fit for you?'. There was a computer programme that you did when you put down your skills and your interests and what qualifications you were doing and it matched me to an occupational therapist. I had opportunity to spend some time occupational therapist and thought that it was a good fit for me and then went on to do my OT degree.

I was just 18 when I started at university that qualified at 21 and went straight into work as an occupational therapist and have stayed in the occupational therapy profession. However, I worked first of all clinically and then moved into the academic world.

Hannah:

Can you tell us a bit more about that journey, kind of what's contributed to the flow?

Rachel:

So when I started as an occupational therapist, I was on a rotational post and I was really, really fortunate that there was both mental health and physical as well. So I had quite a good opportunity

to work in different settings and then had opportunity to focus in hand therapy, which is where my skills developed really. I really enjoyed working in hand therapy, rheumatology, plastics, because there was a great opportunity of working with people from paediatrics to elderly and I felt had opportunity to work with both mental health and physical health as well.

And then I would say the organisation that I worked for, the team I worked in, was very nurturing and they really saw the value in continued professional development and networking, both at a regional and national level as well so it did give me opportunity to then develop my continued professional development in completing some master's modules in hand therapy and with that then develop some links with the university. And also becoming a specialist in hand therapy meant that I would go to do guest lecturing at different universities. And then that really developed my interest in working in academia.

And then actually, I suppose that bend in... that curve in the river was that I actually had my first child. I was on maternity leave and it perhaps gives you time to think a little bit, she says, in between looking...looking after a baby. But I think just perhaps pausing from being full time in a work environment meant that could have a look at different opportunities and perhaps what fitted with my next steps on my journey perhaps gave chance then to think about what my skills were, perhaps what my values were. What were the next challenges, what were the next, perhaps, opportunities? And that's when I moved into working at the university.

Hannah:

Can we talk a little bit about those challenges? Is that okay? Has there been any boulders along the way?

Rachel:

Yeah, sure.

And again, probably reflecting a little about my own journey coming from being a non-white person in a profession which is predominantly white, I think at university perhaps on practice placement there were some occasions when there were some boulders, some patients reaction to and interaction with me and how my supervisor supported me in those situations, really developing different strategies themselves and thinking about those challenges, really. So I definitely think that was perhaps the boulder and working with developing my own understanding of interactions with people and how there may be some challenges really.

I probably say another boulder is working part time. And I think that that perhaps can be a challenge to others as well. In that if you're in an organisation and most people work full time, then sometimes that can be challenging. If you work in a different way to others, I perhaps have to understand that, that is okay if I have a different work pattern to other people and perhaps just understanding that, it doesn't mean I'm not working as hard as everybody else. Having to be a really effective communicator is a real skill when you're part time as well and understanding how to delegate as well because you may not be available for meetings, et cetera, and having to delegate some of that feedback that you give to the team.

Hannah:

So you mentioned about kind of your support and your supervision along the way. I guess that links then with the environment around you. How has your environment enabled or restricted that career journey for you?

Rachel:

Yeah, I think I've been very fortunate. I think I mentioned before that in my early career the team was really innovative and actually my supervisor, but the rest of the team members were part of regional RCOT groups; they were part of at a national level as well and they saw the value. So I think that they were very supportive, so actually guided me in understanding opportunities, continued professional development opportunities and seeing that that was valuable to the team as well, so they would grant me time away from clinical practice to enable that. Also, they were really good role models as well because they really promoted networking and engaging with the professional body and seeing that as a positive for the team because you brought back information, but also you fed in. And also promoting that for the junior members of the team so it wasn't something that you had to become a leader or a clinical specialist in your area to be able to feed in. So it would be called a band five now, as a band five, it was something that was promoted to me to be part of the meeting and indeed to feed into it if I had any thoughts or questions or ideas.

Hannah:

That's really important as well, isn't it? It kind of acknowledges the value that you bring and of you as an individual and your skills and experiences that you bring to your role.

Rachel:

Yeah, absolutely. And I think there is definite value about those transferable skills. I think I mentioned I've worked in mental health as well as a physical setting. So seeing the value in transferring those skills, we mentioned in a way that I come straight from school, but within the team there were some people that had trained as a mature student and so they had past work and life experience to bring to the table, and that was really valuable as well. So definitely I think it has empowered me as an occupational therapist and I hope that it enabled me to empower others as well, to really acknowledge what their skills are and how they can be part of something to make change.

Hannah:

Is there any way in that your environment has restricted your career journey?

Rachel:

So part of my journey was during Agenda for Change and there was a lot of some people felt quite disgruntled by that process and how they were valued, not within the occupational therapy team, but as a part of that as an occupational therapist within Agenda for Change. And so I think that environment was quite challenging because people felt undervalued and didn't feel that they were being listened to by the senior leadership team. So again, not the occupational therapy leadership team, but the senior leadership team within the Trust. So I think that environment was challenging because there was definitely a feeling of frustration. When people are feeling frustrated, it then means that perhaps the opportunities to nurture each other have become more challenging because you haven't got the energy, because you're going through this process. So I can definitely see if people are going through a period of change within their organisation, I think that environment could definitely be very challenging for people.

Hannah:

It's been more kind of broader systems and processes?

Rachel:

Yeah, absolutely. And I think that's probably one of the reasons why thinking about my own development has gone from thinking about the micro or the individuals to moving on to the meso the community and then I suppose looking at the macro, looking it nationally as well. So I think my experience of the challenges when you're working in the environment which is changing has led me to understand about structures and frameworks and being part of something. So how can we develop to ensure that there aren't barriers for people? And that's probably led to my well, has led to being part of the BAME community both as an occupational therapist but also as a member of the university as well.

Hannah:

And I guess that links into I was going to ask, do you feel that you've been able or you are able to bring your authentic and best self to occupational therapy? And I guess that links into that.

Rachel:

I think I've been fortunate in that I suppose looking at my lens is giving me opportunity to create and have an opportunity to be my authentic self. So be that perhaps is within the organisation. So within the OT teams I've worked in perhaps to have discussions with people about some of the authentic self for me being somebody who's from an Afro Caribbean mixed culture, that might not be within my actual team but it's something that perhaps you're looking wider... So with that it might be the organisation that you're working within; so you may be working in a hospital trust that has a staff networking group, or you may be looking at your professional group to support you in your authentic self. So I definitely think that the change for me is understanding that within my community, within the workplace, I may not have the opportunity to have those shared discussions so it's seeing where I can get those opportunities. And I think that I was fortunate in that when I started off in my career, that my team saw that it was valuable to seek support within different groups. So be that... it was more to do with your clinical speciality actually that the team was working with but they saw the value in it.

Probably the change in my lens has been to move away from thinking about it from a clinical speciality to more thinking about it from my particular interest really. So looking at EDI that has then seen me look at networking available within occupational therapy but also within my institution that I work for as well.

Hannah:

Is there anything that's helped you along the way or would have helped you along the way?

Rachel:

I would say I've been very fortunate because I had really effective supervision so definitely I felt supported and nurtured and enabled me to look at that next step on the journey really and what I wanted to do next. I think also seeing that the networking may not be within your immediate department as something that I think is really valuable and actually the difference is now that it's easier to connect with people. So look at us today in different locations, whereas when I started off, if you were going to these regional meetings, it was after work, you weren't given time to go in the work setting and so within work time and you may be having to travel 45 minutes an hour. There are barriers, of course, to people about transport, about other commitments.

So I definitely would say to people networking, if there are opportunities that are available and really

try to participate and don't think that you need to feel that you're an expert in whatever you're networking because everybody's experiences are really valuable.

Hannah:

I think that's a beautiful thing about the occupational therapy community as well, isn't it? We're all kind of inherently nurturers.

Have there been points where your river, your kind of career journey have turned or changed course in a way that you haven't anticipated?

Rachel:

So, definitely moving into academia wasn't something that I thought if I asked my 21 year old self when I qualified, would I have been working in the university? I don't think it was something that was even considered, really. So definitely I think because of my role, I worked in rheumatology, as I said, and that they're perhaps you're doing a lot of education to the service users. So I think I have developed my teaching learning skills and supervising students and other staff members meant that I could see that path a little bit clearer as I move through.

And I think also working in EDI as well, that that wasn't something necessarily I thought was going to be part of. And I think also the culture has changed. I don't imagine when I got qualified there was as many opportunities for looking about staff networking groups, et cetera, so definitely that's been something that's been a great opportunity and something I've really been pleased to be part of.

Hannah:

So you're working kind of in EDI as part of your current role? Was that something that you started in clinical practice and then kind of evolved into your current role?

Rachel:

No, actually trying to think now from a clinical point of view, I think you're always looking at what barriers people are experiencing, how you can enable people, and I think I've just transferred that into looking at it from an EDI perspective. But again, looking at change and thinking about the level of change you can influence, really. So I suppose I've gone from supporting, supervising, peer support from an EDI perspective as well, to then looking at the structural changes we can make and so thinking about being influencing the wider community. So, yeah, I suppose there's been steps, but it wasn't something, again, that I wasn't a representative when I was clinical at all. But again, I wonder whether thinking whether there was as many opportunities at that point as well, really. So it's been good that there are more opportunities available to people now.

Hannah:

What's been most important or helpful for you in terms of your development and progression as an occupational therapist throughout your career?

Rachel:

I think definitely I would say that support and that is being in different aspects, I suppose. So I've been really fortunate to have that really valuable supervision by colleagues who saw the value of supervision, supervision in that way, peer supervision, so peer support, different levels of that. So when I was band five in the peer support group, and then as I developed becoming a more senior

member of the team, so facilitating those groups, people, and then first running my career, peer support for clinical specialists. Definitely looking at those elements from a clinical point of view, but also, I think, support through networking as well. So the network opportunities, whether they are from a clinical lens or whether they're from a characteristic that is important to yourself, that's something I would recommend to others.

Hannah:

Communities and connections theme coming through again, isn't it?

Rachel:

Absolutely, and I think there's something that being part of the community then... and see if you are frustrated... So we talked a little bit, didn't we, about the institutions and if they're going through change, and if you're frustrated, if you're part of a wider community, then you can get support and advice. And so that then means you may feel that you can engage in that change and hopefully help to steer it. But also if you're unable to change that environment and it's having a negative effect for you, then networking could give you opportunities to see what other environments are available. So I definitely think it stops you from being in a very narrow lens. And actually that's the gain, isn't it? because you can see why which opportunities then available, but also you perhaps value sometimes the environment you're in as well, because you can benchmark it against other environments and think, actually it's quite nice.

Hannah:

I was going to say as well, that kind of reciprocal approach to being part of a community as well. You know, that wherever community has helped you or supported you, you know, you also contribute to that community as well. And that in itself feels good.

Rachel:

Yes, absolutely, definitely. You can feel good about yourself, you can feel like you're helping others, you can feel like you're developing the profession to support other people and all of those things really can enrich you and enrich your career. And I suppose that leads me a little bit on to the fact that we talked a little bit about steps but steps doesn't need to be a ladder, steps can be a longer journey. It might be that you're sitting as a band six and that's where you sit and you don't move up the ladder to the band seven because of your circumstances the opportunities you had, but your lens may change and then you're thinking about, what are the networking opportunities? Is that about from a clinical point of view or is that about something that you've got a special interest in? What are the networking opportunities within your institution? So it might be that you're becoming, as with myself, part of a network within your institution. So you can utilise your skills and develop your skills in a different aspect. So it still is part of your career, but it may not be the fact that you have got the next promotion, but you're bringing something else to enrich your career and also the team that you're in, because all of these networking opportunities, you bring something back to the team.

Hannah:

I definitely agree with you.

What do you wish you'd known as an early career OT or prior to joining the profession, kind of what would you say now to your early career self?

Rachel:

I think I'd probably say that there'll be periods of time perhaps, when you have rapid change and there'll be periods of time when it may be that it feels that you're static for a period of time, but actually you're not static. It's just a pause, isn't it? It's just that the flow of the river, if we go back to your thinking about the river, that the flow of the river sometimes will be very fast and other times it might be slower, but see that sometimes the slower speed of the river as an opportunity as well. But it might mean then that you can engage in other activities that will enrich you. So I think that's something definitely that I found myself that I didn't quite understand at the beginning of my career.

Hannah:

So you mentioned kind of maternity leave as your opportunity for your river to slow down your flow, to kind of pause a little. Can you give an example of when it's been the opposite? Kind of when you've gone through the white water?

Rachel:

Yeah, so I suppose the rapids happened when I first started working, that I changed Trust quite quickly. I changed into different job roles quite quickly, which then led to promotions. So that was quite rapid. And then it was quite a contrast then to have a pause from my career. Home life was very busy, actually...

Hannah:

I was going to say...

Rachel:

...but of course it did mean there was a pause career wise, because I was fortunate enough to be able to take some maternity leave. Since then, I would say there has been times when there's been again a slower flow of the river because having some caring responsibilities, understanding that that was okay. And it may be that you're having to understand that, and that can be a process again, if we're thinking about it being a river, but it's likely that the flow might become rapid again and actually having a moment when it's a little bit slower can give you opportunity to be part of different things as well.

Hannah:

Kind of pause in to admire the view and the scenery a little bit as well.

Rachel:

Yeah, absolutely. And I think perhaps it gives opportunities to invest in different aspects as well, which in turn we can enrich you, which then may mean that it gives yourself more opportunity for that career progression or opportunities. It doesn't have to be moving up a ladder, it could be moving into a different environment as well.

Hannah:

What's next for you?

Rachel:

Well, I think it's been really great to be part of working with the RCOT and being part of these networks as well and looking at from an EDI lens and it definitely has informed my teaching at the university, which has been really beneficial both ways. I think, again bringing something back to the team, but also bringing the skills from the team to these different networking opportunities. I think that's probably where my lens is at the moment. But let's see, there could be some other opportunities... moving through... consistently evolving.

Hannah:

That's it. Absolutely.

Is there anything that you would have wanted to add today that we haven't discussed or to anything that we've talked about?

Rachel:

I really like the idea of utilising the visual of thinking about the river and I probably would say as occupational therapists, a bit like you said before, that we're very nurturing, but I just wonder sometimes if we're nurturing to ourselves. I think that's what I would say to others is we're great at advocating for other people, but perhaps just reflect that on yourself. How would you nurture yourself? How would you become an advocate for yourself? If you're finding things challenging, what would you do to look at changing that environment or the way that you interact with the environment? So I think properly being kind to ourselves and understanding those great skills that we have when working with other people and reflecting among ourselves.

Hannah:

Quick fire sentence to kind of finish the sentence to finish. Being an occupational therapist is...

Rachel:

A collaborator of change.

Hannah:

Nice.

Thanks again for that Rachel, it's really good to talk to you today.

Rachel:

Thanks Hannah, for the opportunity.