

EDITORIAL COMMENT

It is with great sadness that we report the death of Ruth Watson on the 18th of July this year. Ruth contributed much to the new thinking and emphasis in occupational therapy. She will be sadly missed by the Journal's editorial team as an excellent reviewer of articles and an author of note. The editorial team wishes to convey their condolences to her son Hugh and to all those who worked very closely with her at the University of Cape Town and to those in the occupational therapy association who will miss her inspiring guidance.

This edition of the South African Journal of Occupational Therapy (SAJOT) contains articles which cover a wide variety of subjects, from visual recognition difficulties faced by children to the personal experience of an occupational therapist affected by Guilaïne Barré Syndrome.

In the first article Richmond and Taylor¹ found that the same letters and numbers were reversed by children in both reading (recognition) and writing. This research used the Richmond Reversal Rating Scale (RRR)¹ for assessment purposes. This scale was developed by the first author as part of her doctoral research. It is hoped that the RRR, its psychometric properties and norms will be published for use by occupational therapists trying to identify exactly which letters and numbers are reversed in both reading and writing.

The second article² introduces the reader to the exciting concept of Health Promoting Schools and describes the experiences of a group of learners at one of these schools who attended a camp, the purpose of which was to develop the leadership capacity of the selected learners. The authors found that the development of leadership skills was part of a process of empowerment which led to changes in the way the participants related to their families and the community. The concept of Health Promoting Schools and the individual programmes that arise within this environment offer much to children, particularly to those who come from disadvantaged backgrounds and seems to be an environment in which occupational therapists can play a leading role.

Adams et al³ compared the human and financial assets of youths with disabilities with those youths without disabilities living in two disadvantaged communities north of Johannesburg. They found that both groups had difficulties sustaining their livelihoods. Not unsurprisingly, the youths with a disability were financially more stable than those without a disability due to their ability to access a monthly disability grant. The authors also found that both groups were disadvantaged due to their poor educational and skills levels. This applied more particularly to the youths with a disability who accessed education opportunities less often than their able bodied counterparts. The authors make the point that practical skills development as well as better implementation of existing policies for both groups is important if they are to find remunerated work and maximise their "human and financial capital".

Firfirey and Hess April⁴ investigated the problem of long-term patients with multi-drug resistant tuberculosis (MDR-TB) and their occupational engagement. The diagnosis of MDR – TB and the need for long-term hospitalisation with the resulting isolation from family, friends, a normal lifestyle and loss of occupational choices is a big problem in South Africa due to the high incidence of MDR-TB. As one participant put it "...it is like.. putting me in and locking the door..."^{4:21}. The research carried out by these authors gives the reader a better understanding of the problems brought about by long term hospitalisation and they suggest the direction of occupational therapy intervention.

The following article⁵ examines the perceptions of final year occupational therapy students at the University of KZN regarding their preparedness to practise once qualified. Both the students and their supervisors felt that they were adequately prepared for practice indicating a successful education and training programme. It is however important to note that the students' level of confidence was influenced by their enjoyment of the particular practice which was related to positive experiences.

In the article⁶ describing the progression and growth of a "first-generation" occupational therapy student from an impoverished rural South African village, a student tells her story through semi-

structured interviews. This story is as enlightening as it is positive but brings up the need to adapt occupational therapy curricula to facilitate academic success early on in the occupational therapy programme for students from disadvantaged backgrounds especially as other students may not have the inner resources of resilience and perseverance of this particular student.

In the last of the scientific articles Thomas et al⁷ investigated the perceptions of a group of care-givers working in a residential care facility for elderly people with dementia. This was to inform the process of introducing person-centred care (PCC) at the facility. According to the model described in this article, the leadership style of staff in these facilities is of paramount importance in the successful introduction of PCC. They found that the existing leadership style of the management at the facility at which the study was carried out was authoritarian in nature and therefore not conducive to PCC which required the management to embrace a "servant" style of leadership. This research is important for any occupational therapists wishing to help "institutions" to adopt a more personalised approach to the residents and thereby to make the environment more like a home than a hospital.

The "Commentary" in this edition of SAJOT describes the effects of Guilaïne Barré Syndrome as seen from the perspective of an occupational therapist who herself suffered from the condition⁸. The treatment principles mentioned in this article are not new to occupational therapists but the author's personal insight enabled her to show where the emphasis of treatment should be. Occupational therapists treating patients with Guilaïne Barré should find this article a valuable reference.

Readers may be interested to know that SAJOT is involved in several issues which will improve the visibility of SAJOT. For example we are in the process of applying to be on the directory of Open Access Journals which is necessary due to our listing on the SciELO site. However for this to be finalised several issues have to be resolved first such as the need to have a registered deposit policy or digital archiving policy and digital object identifiers for each article.

The instructions to authors have been updated and they are advised to examine these prior to the submission of articles to SAJOT particularly the process to use when removing personal identifying features from the article.

SAJOT wishes all its readers, authors and reviewers the compliments of the season.

REFERENCES

1. Richmond JE and Taylor, M. Visual recognition difficulties: Identifying primary school learners' directional confusion in writing letters and numbers. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 2-6 (in this edition).
2. De Jongh, J, Wegner, L, Struthers, P. Developing Capacity amongst adolescents attending a leadership camp. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 6-10, (in this edition).
3. Adams F, de Witt P, Franszen D, Maseko P, Lorenzo T. Livelihoods of youth with and without disabilities in peri-urban South Africa. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 10 - 17 (in this edition).
4. Firfirey N, Hess-April L. A study to explore the occupational adaptation of adults with MDR-TB who undergo long-term hospitalisation. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 18 - 24 (in this edition).
5. Naidoo D, Are final year occupational therapy students adequately prepared for clinical practice? A case study. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 24-28 (in this edition).
6. Janse van Rensburg V, Kapp R. "So I have to be positive, no matter how difficult it is": a longitudinal case study of a first-generation occupational therapy student. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 29-33 (in this edition).
7. Thomas C, du Toit S H J, van Heerden S M. Leadership: The key to person-centred care. *The South African Journal of Occupational Therapy*, 2014; 44 (3): 34-40 (in this edition).
8. Brooks S A N. Commentary: Inside Guilaïne Barré Syndrome: An occupational therapist's perspective. *The South African Journal of Occupational Therapy*, 2014; 44(3): 40-43 (in this edition).

Marjorie Concha
Editor SAJOT

