Perceptions of Individuals Regarding

Occupational Therapy Self-Care Interventions after a Stroke

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Abstract

The completion of self-care tasks is an essential part of engaging in everyday activities. A gap in the occupational therapy literature was discovered when searching for information regarding the perceptions of individuals receiving treatment to re-engage in self-care activities. The purpose of this qualitative study was to understand the perceptions of occupational therapy from individuals following a stroke who participated in therapy sessions focused on self-care. Data was collected through a semi-structured interview and emotional card sort with six individuals who took part in rehabilitation following a stroke. The emotional card sort was used to gain further understanding of the emotions experienced during self-care tasks. Emerging themes included: (a) occupational therapy challenges clients to achieve highest potential, (b) stroke recovery is an emotional roller coaster, and (c) stroke recovery involves lifestyle changes. These findings indicate that perceptions of the client should be considered throughout the therapy process. The outcomes of this study can be used to promote value of client-centered occupation-based therapy.
Perceptions of Individuals Regarding Occupational Therapy Self-Care Interventions after a Stroke

Occupational therapists play a significant role in the rehabilitation process for individuals who have sustained a stroke. In the beginning stages of rehabilitation, occupational therapy addresses mostly activities of daily living (ADL) tasks to improve functioning (Hoffman, McKenna, Cooke, & Tooth, 2003). ADL tasks are generally addressed first because ADL tasks are often building block activities that must be completed before concentration can be given to other areas of occupation. Addressing ADL tasks first in the rehabilitation process demonstrates the importance of ADL functioning and independence as well as the hierarchy of priorities addressed by occupational therapy. One component of ADL tasks is self-care which is a fundamental component of ADL’s and is defined as dressing, bathing, toileting, personal hygiene and grooming (American Occupational Therapy Association, 2008).

During self-care occupational therapy, the emotional and physical obstacles that are overcome in therapy by clients who have sustained a stroke are personal and unique. While many studies focus on ADL retraining there was little research found focusing on self-care tasks alone and the clients personal views associated with occupational therapy interventions. This study examined participants’ perceptions and emotions felt in regard to occupational therapy focused on self-care after a stroke. This study was completed to gain an understanding of the impact of occupational therapy and the participants’ resumption of independence with self-care tasks. Understanding clients’ perceptions, emotions, and feedback about received occupational therapy may enhance the clients’ overall success when rehabilitating ADL tasks.
Literature Review

Psychosocial Effects of Stroke

After sustaining a stroke, day-to-day tasks that were once easy to complete are now perceived as a challenge for many clients. According to Ovitt and Rao (2010), 25-30% of clients have clinical depression following a stroke. Experiencing clinical depression after a stroke is quite common and can hinder the rehabilitation process. According to Gillen (2006) clients who have had a stroke and are diagnosed with clinical depression have a more difficult time completing day-to-day tasks such as bathing, grooming, dressing, and toileting. To provide effective care, the occupational therapist should be aware of depressive symptoms due to the occurrence that depressive symptoms can affect performance.

Depressive symptoms and decreased motivation of the client may contribute to an overall decrease in social participation. For those who have had a stroke, social interaction and communication may change. The means of communication can be altered in the way that one expresses oneself verbally or otherwise as well as how communication is received and comprehended. Due to communication changes, feelings of a negative change in social status and decreased overall social participation are often experienced by individuals who have experienced a stroke (Gillen, 2006). Decreased social participation and a change in social status can negatively affect the way one is able to interact within the environment and complete everyday tasks such as communicating with loved ones, caregivers, and/or rehabilitation staff.

Physical Capabilities Following a Stroke
The physical consequences of a stroke can create a disruption in occupational functioning, especially with ADL’s. It is important for occupational therapy to address these deficits because the physical impact of stroke can play a major role in one’s ability to complete meaningful occupations (Hoffman et al., 2003; Hofgren, Björkdahl, Esbjörnsson, & Stibrant-Sunnerhagen, 2007). If an individual is unable to complete a self-care task due to a change in physical functioning, ADL competency is impacted. ADL competency is often the deciding measure that determines the discharge status for individuals who have experienced a stroke (Hoffman et al., 2003). Additionally, the competence of ADL time management and functioning dictates efforts spent on other occupations and can serve as an indicator of the potential of regaining independence (Carod-Artal, González-Gutiérrez, Herrero, Horan, & Varela de Seijas, 2002; Hoffman et al., 2003; Hofgren et al., 2007).

**Therapeutic Collaboration and Outcomes**

When deciding what rehabilitation goals to strive for, the occupational therapist should involve the client and care-givers to meet the needs of the client as best as possible (Northen, Rust, Nelson, & Watts, 1995). Identifying the perceptions of self-care treatment is the first priority the client and therapist should collaboratively work on together in order to establish goals that are meaningful to the client. Collaborative goals will increase the overall participation during everyday occupations. Additionally, occupational therapists seek to enhance client independence through meaningful occupations and facilitation of return to meaningful occupations the client engaged in prior to the stroke (Chang & Hasselkus, 1998). Client-centered therapy creates more incentive for the client to achieve rehabilitation goals because the client works on occupations that are personally important (Northen et al., 1995). Understanding ADLs,
specifically self-care tasks, will help to address particular self-care goals as well as increasing function in other areas of occupation beyond self-care tasks.

**Self-Care**

Self-care tasks are a part of everyday routines and for most people not being able to participate in those tasks can be discouraging. Clients who have sustained a stroke often have reduced performance in self-care tasks and overall deterioration in the ability to complete these tasks. Occupational therapists provide education and implement appropriate therapy techniques to aid in self-care tasks that the client has identified as a challenge (Guidetti, Andersson, Andersson, Tham, & von Koch, 2010). Adaptive devices such as a long-handled shoe horn, sock aid, reacher, toilet seat riser, shower chair, grab bars, tub transfer bench, and button hooks are several examples of the assistive devices that occupational therapy has to offer in order to aid in self-care tasks. Devices such as these have been proven to be useful in a study by Gitlin, Luborsky, and Schemm (1998). The study showed that clients post-stroke gained a sense of well-being and independence from the use of such adaptive devices. Additionally, the study emphasized that the use of adaptive devices was a way to accomplish familiar activities and valued tasks in order to remain independent (Gitlin, Luborsky, & Schemm, 1998). These devices can help decrease the energy put forth by the client if range of motion (ROM) is lacking or other limiting factors are preventing the client from performing at prior level of function.

Guidetti, Andersson, Andersson, Tham, and von Koch (2010) states that because reduced ADL functioning has been shown to be associated with depression and poor life satisfaction, client’s perceptions of occupational therapy self-care need to be further researched. Other researchers such as Guidetti, Asaba, and Tham (2007), Guidetti et al. (2010), and Sveen, Thommessen, Bautz-Holter, Wyller, and Laake (2004) have reported therapists’ views on
occupational therapy sessions but there are few studies that look at the client’s perception of what works best when completing self-care tasks. The findings of Guidetti and Tham (2002) indicate that the clients may have different values from the therapists regarding self-care activities. These studies (Guidetti et al., 2007; Guidetti et al, 2010; Sveen et al., 2004; Guidetti & Tham, 2002) focus on multiple aspects of occupational therapy such as ADL functionality and quality of life after sustaining a stroke but does not address the multi-faceted examination of client perceptions during occupational therapy specifically focused on the self-care aspect of ADL therapy. The authors of this study initiated a small investigation of literature and created an interview that focused on client experiences, feelings, and perceptions of the self-care training completed with occupational therapy after sustaining a stroke. The next sections will discuss the research conducted to explore such experiences.

**Method**

A phenomenological qualitative approach was chosen to examine the perceptions of clients who sustained a stroke on occupational therapy sessions focused on self-care tasks. The purpose of utilizing a phenomenological qualitative study is to gather descriptions of lived experiences of the participants (Merriam, 2009). This is reflective of the Model of Human Occupation (MOHO) frame of reference commonly used in occupational therapy which specifically emphasizes client-centered care that considers the clients’ priorities, motivation, and participation in life (Kielhofner, 2009). By utilizing a phenomenological approach, the researchers have a better possibility of understanding the client’s emotions and lived experience of self-care occupational therapy following their stroke.

The qualitative method helped the researchers to interpret and better understand the meaning of complex feelings and situations experienced during therapy (Jacobsen, 2012).
Subject selection was based upon rare qualities or occurrences of the phenomenon of interest because the researchers were allowed to gain access to and understand a community of unique individuals (Jacobsen, 2012). The rationale behind using this type of study design was that the researchers would be able to understand the participants’ personal thoughts and perceptions about individual experiences with occupational therapy self-care following a stroke.

Participants

Inclusion criteria for participants were the following: (a) 21 years of age and older, (b) 2 months or more post-stroke, (c) received occupational therapy after stroke, (d) English speaking, and (e) mild to no aphasia per self-report. Six individuals who have had a stroke participated in the study. Participants were recruited through convenience sampling. This was a student study and resources for recruiting participants were limited. Therefore, participants were recruited based on restraining factors such as time, money, location, and/or availability of participants (Creswell, 2011; Jacobsen, 2012; Merriam, 2009). Participants were recruited from a local stroke support group and nursing home. The study participants consisted of two females and four males. The ages of the participants were diverse and ranged from 29-92 years of age. Table 1 depicts a complete compilation of demographic data of study participants.

Table 1

Participant Demographics

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Age</th>
<th>Sex</th>
<th>Side Affected by Stroke</th>
<th>Body Parts Affected by Stroke</th>
<th>Vision Affected</th>
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### Participant Information

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Age</th>
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<th>Body Parts Affected by Stroke</th>
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<tbody>
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</tr>
</tbody>
</table>

### Materials/Instrumentation

Data was collected using a semi-structured interview and an emotional card sort. The interview consisted of eleven questions that were informal and open ended which allowed the participants to describe personal perceptions of occupational therapy and the techniques or changes experienced during rehabilitation. A complete list of the interview questions is found in Appendix A. Additionally, the interviews were audio-taped and transcribed verbatim.

The second component of the data collection was an emotional card sort. The emotional card sort was used to provide a more in depth prospective in cohesion with the interviews. By using the interview and emotional card sort the depth and support of the research was enhanced. Dr. Ehrlich is a College of Saint Mary research advisor who implemented the emotional card sort through a dissertation and instructed researchers on the use of the emotional card sort. The card sort used was adapted from the card sort used in the dissertation of Dr. Ehrlich (Ehrlich, 2008). Researchers of this study adapted and developed a different version of the emotional card sort tool by enlarging font, eliminating pictures, and providing black font on a white background in...
order to provide clarity and ease of use. This version of the emotional card sort was geared toward the cohort group who participated in this research study. The card sort sought to address participant feelings and a more personal perspective of occupational therapy focused on self-care, as well as to better understand the participant’s thoughts and perceptions about the received occupational therapy during stroke rehabilitation.

The researchers of this study found that the emotional card sort provided further insight into the lived experience by providing additional emotions felt that were not discussed through interview alone. The emotional card sort was used to gather a better understanding of the emotions experienced while receiving therapy. The cards were laid out on a table for the participant and the participant chose all of the cards in order to describe the feelings that pertained to the question. The participant could choose as many cards needed answer the question. A complete list of words used in the emotional card sort is found in Appendix B. The card sort consisted of two questions participants were able to answer by choosing from a variety of emotions printed on individual cards provided by the researchers. The first question asked participants which emotions were experienced while working with an occupational therapist on self-care tasks during stroke rehabilitation. The second question asked participants thoughts and emotions felt about self-care tasks once occupational therapy was completed. Each question was asked separately once all cards were arranged in front of the participant, in order to easily view the cards selected. Each question had a separate set of words that were placed in front of the participant and each set of words differed. There was no time limit given for the participant to choose the words appropriate to the questions asked.

**Procedure/Data Collection**
Upon meeting, groups of two researchers began with an introduction of the persons conducting the research project and then followed with an explanation of the study. The participants were given time to ask questions and were provided a consent form to sign if the participant agreed to proceed with the study. Once the consent form was signed a demographic form (Appendix C) was completed regarding background information about the participant and the physical complications resulting from the stroke. The demographic form provided information to the researchers regarding client eligibility, modifications necessary to complete the interview, and the extent of the effects of the stroke on each participant. After gathering demographic information, the interview process began.

It was determined to be beneficial that two researchers conducted each interview in order to ensure quality of data collection. Having two researchers present at each interview allowed the process to be effective by having one researcher ask the interview questions while the other took field notes. The interviews took place at a mutually determined location, such as a hospital conference room, at a time that was suitable to each participant and lasted for an average of 45 minutes. After the semi-structured interview was finished, the participants completed the emotional card sort. The emotional card sort took 5 minutes per person. When the participants finished the emotional card sort, the interview process was completed. The authors will discuss the findings from the interviews and card sort activity in the data analysis section.

Data Analysis

All interviews, field notes, and emotional card sort results were coded by each research member individually following an open coding procedure (Merriam, 2009). Initial codes were individually determined by the researchers, and then recoded a second time. In retrospect the researchers could have had another professional outside of the research group code the data in
order to better triangulate data. Data was coded by categorizing key terms found in all
participant interviews. These codes could be classified by being either positive emotions,
negative emotions, relating to questions corresponding to the participant’s occupational therapy
experience, or functional deficits as a result of the stroke. After individual codes were
determined, researchers collaborated to collapse codes to form central themes. Breaking down
codes helped to establish themes later on in the research process. As data analysis progressed,
no outlying data was obtained. According to Merriam (2009), redundancy, or saturation, had
been reached because no new information was being produced. The research process was
stopped when repetition was being produced.

**Trustworthiness of Study**

The research study was approved by an institutional review board (IRB) prior to
participant recruitment and data collection in order to meet ethical guidelines. Research
participants received written and verbal information about the study through email and phone
contact. Informed consent was obtained from all participants prior to beginning the interview
process. Participants received a printed copy of participant rights after the consent form was
signed. All participants were informed that it was possible to withdraw from this study at any
time. Confidentiality was ensured throughout documentation of data by withholding participant
names before, during, and after data collection. Additionally, the raw data was collected and
stored by the researchers in a password protected file on a personal computer. To ensure
trustworthiness, data was triangulated by looking at all areas of data collection as well as the
contribution of all researchers’ cross-checking data and interpretation (Krefting, 1991). By
completing all of these steps, trustworthiness was established as well as meeting ethical
guidelines.
Results

The purpose of this phenomenological qualitative study was to understand the perceptions of participants regarding occupational therapy sessions focused on self-care at a local support group and nursing home. Data was collected through a semi-structured interview and emotional card sort with six individuals who have undergone stroke rehabilitation. Four researchers completed the coding process to develop themes in accordance with the interviews and emotional card sort. Based on these measures, three overarching themes were discovered among the participants’ responses: occupational therapy challenges clients to achieve highest potential, stroke recovery is an emotional roller coaster, and stroke recovery involves lifestyle changes. Of the 24 words to choose from, nine common words were selected by participants to support the themes discovered. These words included: overwhelmed, hopeful, frustrated, encouraged, unsure, confident, happy, encouraged, and excited. Three themes will now be discussed regarding data results.

Occupational Therapy Challenges Clients to Achieve Highest Potential

This study focused on participants’ personal views about occupational therapy services and the experiences of being challenged to re-learn self-care tasks. When participants were asked to recall emotions felt toward the occupational therapist, defining phases such as, “made me feel better”, “explained everything”, and “challenged me” often summarized many of the participants’ overarching views. Every participant stated at least one positive memory regarding a particular occupational therapy session with the occupational therapist. Some descriptor words used in the interview to describe the participant’s occupational therapist included “problem solver”, “phenomenal”, “understanding” and “thorough”. One particular participant stated, “I attribute 90% of the progress I have made to my occupational therapist”. Participants also spoke
about perceptions focused directly on the teaching methods that the occupational therapist employed while assisting the participant with personal self-care needs. One participant emphasized the appreciation felt toward the occupational therapist and how personal learning needs were met by utilizing both visual and oral explanations to help better understand how to complete self-care tasks. Overall, the participants felt the occupational therapist proved to be a positive agent when re-learning how to appropriately complete self-care tasks post-stroke.

A sub-theme identified participants’ personal advice to occupational therapists when working with other clients who have sustained a stroke. Many of the comments were associated with letting the client complete tasks as independently as possible and the occupational therapist helping to guide the individual rather than completing the entire task or providing suggestions instead of physical assistance. One participant emphasized the importance of self-reliance when completing functional tasks by reporting, “Don’t do it for them”. This particular participant emphasized the fact that the therapist will not be with the client at home after discharge. Therefore, it is essential that the occupational therapist allow the client to be as independent as possible.

Another participant stated that at times it was difficult to remember all of the instructions given by the occupational therapist. It is important to recognize that the therapist “has to go slow” and thoroughly explain what is going to happen and how it will be done, thus allowing the client enough time to comprehend what will happen during the therapy session. Another piece of advice stated by a participant specified that it is a good idea to use a “trial and error” method when completing self-care tasks. This way the client will attempt to do as much as possible independently, but if support is needed, the therapist is there to demonstrate a different strategy that may assist to complete the task more efficiently. Overall, the occupational therapist was a
positive influence for participants during the stroke recovery process by being “thorough” in explanation, “challenging” participants to perform to the highest potential, and “explaining everything” to individuals in ways that are easy to understand.

**Stroke Recovery is an Emotional Roller Coaster**

The participants in this study discussed feelings such as frustration, being overwhelmed, and feeling hopeful when working with the occupational therapist on self-care tasks during rehabilitation. The emotions identified during occupational therapy focusing on self-care were more negative than the emotions felt once the rehabilitation was completed. A majority of participants described feelings of being overwhelmed during the occupational therapy process. In addition to feeling overwhelmed, participants also had general feelings of frustration, confusion, embarrassment, and feeling unsure. Participants were unsure if returning to pre-stroke lifestyles was a realistic goal. For example, one participant stated, “I felt a little overwhelmed by everything”. Frustration was a common theme when relearning aspects of different occupations. Frustration was evident when a participant reflected on the experience of re-learning self-care tasks “…because I had to learn things a whole new way”.

While in rehabilitation, uncertainty was demonstrated when trying new techniques to complete activities that were once part of an individual’s daily routine. For example, one participant stated, “I was unsure a lot of times- I did not think those plans were gonna work but they did”. Uncertainty even continued after discharge to a familiar environment. Another participant provided a similar concern by stating, “I was unsure about the fact of going home and how I was going to handle things at home”.

This particular theme gives insight into the emotional turmoil post-stroke participants experienced in early stages of stroke rehabilitation. Feeling unsure and overwhelmed was
associated with the ability to adapt to the impairments caused by stroke. Common impairments experienced by participants included paralysis that affected verbal communications, gait, fine and gross motor movements. One participant stated after the stroke, “I couldn’t walk, talk, nothing”. While the experience of a stroke is unique and personal, there are common bonds of struggle and emotional ups-and-downs.

The second part of the emotional card sort focused on participants’ feelings about completing self-care tasks after occupational therapy sessions were concluded. Participants indicated feeling confident, hopeful, inspired, and depressed based on emotional card selection. Once rehabilitation was completed, the participants were integrated back into previous lifestyles without the 24-hour support offered at a rehabilitation facility. With regard to confidence when completing self-care tasks, one participant reported feeling “confident because I was getting better and I was confident that I would still get better”. Another participant chose the word confident and explained the reasoning by stating, “confident that if I just kept on with therapy or whatever, that I could do it”. Confidence was an emotion felt by many of the participants while hope and inspiration were also motivational factors.

Feeling hopeful and inspired were motivating factors when completing self-care tasks after discharge for the participants. Self-care tasks are fundamental, everyday occupations necessary for independence. Completing self-care tasks are essential before moving on to more complex occupations, such as caring for children. One participant found hope in family and stated:

I was hopeful; because I was raising my children by myself so that is why I was hopeful to get home. Then I finally decided ya know this is life, this is what I have to deal with. Do it.
While this participant’s children were the leading source of hope, another participant was an inspiration to others (“I inspired myself and inspired my parents as well”). Hope and inspiration are key factors that are needed when properly completing self-care tasks upon returning home.

While many participants returned home with positive emotions such as hope and confidence, some participants began to have more negative feelings such as being unsure or feelings of depression. One participant reported feeling uncertain by stating, “I was unsure on how all of this was going to work”. Many of the participants did not truly realize the extent of the limitations resulting from the stroke during self-care tasks until returning home. One participant noted difficulty with self-care tasks along with other occupations stating, “After I got home and on the farm, then everything hit me- what I could not do now; then I got depressed. I saw all of these things that needed to be done and could not do anything about”. Another participant stated, “When I got home the second week by myself I went into depression and had to take medication”. The impact of stroke leads to a wide variety of emotions felt by individuals. There is no linear process of emotions felt by individuals who have sustained a stroke, and the positive and negative emotions can vary throughout rehabilitation.

**Stroke Recovery Involves Lifestyle Changes**

The variance in emotions experienced by clients is only one aspect of the stroke-recovery process. Client emotions play a significant role in the progress made during the recovery process and thereby influence lifestyle changes that may need to be completed. The recovery process requires lifestyle changes while living in a rehabilitation setting and when discharged home. Physical and emotional changes in individuals’ abilities post-stroke bring about new ways of completing tasks, a change in the routine or process in which an occupation is done, as well as
the amount of time it takes for the individual to complete the task. When discussing an everyday self-care routine, many participants stated that they had to modify or completely changed the way of completing the task. One participant stated, “having trouble putting on my hose when I got ready to go to church”. This participant modified this self-care task by using a sock aid to remain independent when dressing. When discussing the occupation of dressing one participant stated, “takes me twice as long to do half a job… I have to slow down, lay it out right…and put the paralyzed arm in first”. The participant went on to describe how dressing is completed in front of a mirror to aid in the task. For this participant, the greatest piece of advice regarding dressing after a stroke is to “go slow” in order to prevent mistakes from happening or becoming discouraged. For another participant dressing has become a task of dependency because of the need for assistance. This participant stated, “I don’t put on my socks or my britches”. Other common adaptations mentioned among the participants were elastic shoe laces, shoe buttons, elastic waistbands, grab bars, and shower chairs. These modified clothing or equipment pieces allow the individual to be as independent as possible.

Going beyond the use of personal devices or changing the way an occupation is completed may be necessary to complete self-care tasks. Additional modifications to the environment may need to be made in order to ensure that the individual continues to be as successful as possible despite physical changes. Home modifications such as changing the functionality of rooms and altering the entrance to doorways or showers may be necessary. One participant found it necessary to hire a contractor to make changes to the family home to ensure safe entry, exit, and operation within the home. Additional changes to a vehicle were also made to allow the individual to travel safely with a wheelchair. Numerous modifications may be necessary for individuals to reintegrate back into previous living environments. For some
individuals changing the way of completing everyday tasks can cause emotional turbulence, emotions felt will be described in greater detail later in the study.

All participants acknowledged numerous changes and adaptations needed to take place to complete self-care tasks. Changes were often internal and personal which involved change in attitude or outlook on life. For example, one participant admitted to feeling “lucky” for being alive; however realized further changes in attitude and outlook needed to be made in order to adapt to a new way of life. Multiple participants noted the need to “stay with it” or to be “persistent” with the intention of being as independent as possible. Positive changes in attitude or persistence are key factors evident in the themes related to dealing with challenging lifestyle changes.

Discussion

Themes that emerged from this study include: how occupational therapy challenges clients to achieve highest potential, stroke recovery is an emotional roller coaster, and stroke recovery involves lifestyle changes. When considering the gap in literature, many resources acknowledged the occupational therapy self-care process but did not discuss patient perceptions during that process. The following research studies all focused on self-care tasks however patient perceptions were not a focal point of any of these studies (Guidetti, Asaba, & Tham, 2007; Guidetti et al., 2010; Beckley, 2006). This student-facilitated study varies from previous studies focusing on stroke by considering the clients’ perceptions of occupational therapy focused solely on self-care, while previous studies focus on comprehensive aspects of the occupational therapy process not concerning the perceptions of clients. Participants in this study reported feeling hopeful and encouraged when progressing through occupational therapy self-care interventions. This was validated by participants through the use of the emotional card sort. Therefore, it could
be presumed that perceptions of clients would be positive regarding self-care treatment. This 
study took the research a step further to consider the perceptions of the individuals who 
participated in self-care tasks after sustaining a stroke. The three themes provided insight on the 
feelings and emotions of clients who have sustained a stroke. Incorporating these themes into 
practice will better serve the needs of clients through occupational therapist acknowledgement 
their feelings and adjusting therapeutic interventions appropriately.

This student facilitated study found many participants experienced a multitude of 
emotions during the post-stroke recovery process such as depression, happiness, sadness, 
feelings of being unsure, dependence, and independence. Depression was a common emotion 
Beckley (2006) stated that support is available through various avenues (family, support groups, 
therapy teams, etc.). Support is an important factor when going through the stroke recovery 
success is gained. Support is an important factor when going through these resources personal 
process as there are many physical and emotional obstacles to overcome (Beckley, 2006; Gillen, 
2006; Guidetti et al., 2007).

Beckley (2006) reported participants experienced depressive symptoms 
individuals following a stroke which identified the importance of social support and validated the 
impact of depression on social interaction. Participants in this study indicated that support is 
essential and can be provided by family, friends, support groups, and/or the therapy team.

Findings were consistent with Beckley (2006) and Gillen (2006) that examined depression in 
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essential and can be provided by family, friends, support groups, and/or the therapy team.
Many of the participants in this study stated that increased support was essential from various sources and continuous support was required in order to overcome the physical effects following a stroke. This study found that all participants were affected in one or more physical aspects after a stroke such as: decreased hand functioning, decreased ability to walk, manipulation of objects, decreased cognition, altered visual perception, and/or speech deficits. Many participants reported adapted ways of completing daily activities. Adapted methods mentioned by participants included the use of adaptive equipment to complete showering, grooming, dressing, hygiene, feeding, and walking, as well as increased time to complete self-care tasks and the non-conventional use of walls, mirrors, and one-handed techniques. These findings are consistent with previous studies that examined the physical consequences of stroke that led to a disruption in occupational engagement with daily activities. Specifically, it was noted by Guidetti et al. (2007) that individuals who have been diagnosed with a stroke reported adaptive ways of completing self-care tasks and that it was important to allow increased time to complete tasks. Participants in this study also compared physical status before and after the stroke. It was found that for most participants the morning routine was drastically changed following a stroke. Emotionally, participants reported changes in morning routine made participants feel frustrated and overwhelmed. These morning routine changes were characterized by time management strategies, the use adaptive equipment, and personal outlook and attitude toward self-care task completion. This was supported by White, MacKenzie, Magin, and Pollack (2008), who found that changing routines were a common theme for clients who have sustained a stroke especially through the use of adaptive equipment and altered approaches to completing a specific task.
Occupational therapy treatment seeks to be client-centered. The themes of this study validated the importance of incorporating patient perceptions into the occupational therapy treatment sessions. Using client perceptions to guide therapy goals allows occupational therapists to collaborate with clients. This study’s findings are consistent with Northen, Rust, Nelson, and Watts’s (1995) which stated that therapy goals should be established by both the client and the therapist in order to ensure that the optimal therapy outcomes are reached. Collaboration with the client all through the therapy process and checking frequently on the perceptions and emotions of the client regarding therapy sessions will increase the overall participation in everyday tasks such as self-care (Northen et al., 1995). This study agreed that clients increase participation and therapeutic outcomes by problem solving with the therapist during self-care tasks. According to Chang and Haselkus (1998) occupational therapists seek to enhance client independence through meaningful tasks and facilitation of returning to meaningful occupations the client engaged in prior to the stroke. Perceptions of the client gathered in this study show that occupations such as self-care are valued by the client. By completing these tasks, the client will gain increased motivation to work to increase functional ability.

Maintaining the collaboration between client and therapist ensures that therapy sessions are meaningful, ethical, economical, and relevant which is important. Similar to Guidetti et al. (2010), this research study found that self-care treatment is a fundamental aspect in the recovery process. Self-care is essential in the recovery process as it involves completing daily tasks such as: dressing, bathing, toileting, personal hygiene and grooming-- areas in which clients displayed independence prior to having a stroke (American Occupational Therapy Association, 2008). Occupational therapists strive to assist clients to regain independence in self-care tasks. Some of
the participants in the study identified self-care tasks as an area of difficulty which correlates with the study by Guidetti et al. (2010) which found that self-care treatment is a great area of difficulty for those who have had a stroke. Additionally, Guidetti et al. (2010) found that occupational therapy services improved the participants’ abilities to complete self-care tasks post-stroke, which agreed with this study’s findings. This study also supports the findings of Gitlin et al. (1998), in which reports occupational therapy sessions focused on client education in adaptive equipment and modifications greatly aided in participant’s ability to complete self-care tasks.

Implications for Occupational Therapy

The researchers of this study recommend that occupational therapists should be aware of the needs of the client and the client’s feelings during the therapy process. Recognizing the client’s feelings and needs will increase client involvement and potentially increase motivation to complete therapy. Using client-centered care when working with clients following a stroke will enhance therapy for that individual, greatly impacting the individual’s overall success in therapy and future occupational functioning. Occupational therapists strive to include client-centeredness to enhance success with therapy sessions. Some ways that occupational therapists can use client-centered care are to: ask the client to prioritize the individual goals, rate the importance of skills to work on from most important to least important, create activities that match the interest or concern of the individual, and involve the client throughout the entire process through the use of communication, education, and treatment skills. By utilizing client-centered care and considering individual perceptions throughout the therapy process, the occupational therapist can modify treatment sessions as needed when considering self-care treatment sessions. Ultimately, this can potentially have a large impact on client success because
modifications are made that positively impact the client’s functional success and overall independence with self-care.

**Limitations**

When evaluating the significance and implications of this research, it is important to acknowledge its limitations. Due to limitations of the researchers being occupational therapy students, there were time and participant restraints on this study. There was limited racial/ethnical diversity among the participants due to all of the individuals being of the Caucasian race. Including participants of multiple races/ethnicities may lead to the potential of gaining increased or differing results regarding client perceptions of occupational therapy as well as emotions experienced during the post-stroke recovery process. All participants were from the Midwest region, further limiting the study. The participants were recruited from two organizations which may not be representative of all facilities and/or locations. The two locations utilized were a support group and nursing home which does not account for inpatient, outpatient, acute care, home health, and intensive care units. Occupational therapy students conducted the interviews and disclosed this fact to the participants, which may have caused participants to adhere to potential researcher expectations. Participants may have expressed more positive feelings toward occupational therapy since the researchers were occupational therapy students and were not the actual therapists providing occupational therapy focused on self-care. No outside sources were used to code the data therefore in future research utilizing a triangulation technique would be beneficial. By having outside sources code the data, validity and reliability of the study would be increased.

**Future Implications**
After reviewing participants’ responses regarding self-care occupational therapy interventions, findings indicate that participant responses and emotions have the potential to improve future therapy and the client-therapist relationship. Following a stroke, participants experienced a wide variety of emotions ranging from hopeful and excited to overwhelmed and unsure. Participants in this study reported a positive occupational therapy experience which impacted the stroke rehabilitation process by learning strategies and techniques to enhance self-care tasks. Understanding client perceptions and emotions enable the therapist to implement a plan of care that prioritizes the needs and concerns of the client. Perceptions and emotions can be understood by the therapist through non-verbal expressions, open communication, and re-evaluation of client goals throughout the therapeutic process.

Future studies that encompass perceptions of post-stroke clients would benefit from more in-depth research. The majority of literature focuses on occupational therapy outcomes on clients following a stroke, cost of stroke and adaptive equipment utilized, functional recovery of ADL’s in clients after stroke, occupational therapists views of therapy, and quality of life following a stroke. While this research is pertinent, there is limited research that focuses on self-care specifically or the clients’ perceptions regarding therapy. Considering client perceptions regarding the rehabilitation process is important when creating individualized therapy sessions which enhance the overall outcome of the recovery process for clients who have sustained a stroke. This study was conducted in the Eastern Nebraska region and would benefit from more participants and expanding to other clients nationwide because not all clients post-stroke are the same. Six individuals from the same area is not an accurate representation of all individuals who have experienced a stroke. Expanding the study to more regions would allow for a better understanding of multiple cultural views, resources available depending on geographical
location, as well as a variety of demographic components such as socioeconomic status and race. Differing demographics, locations, and personal characteristics are all important aspects to consider when providing occupation-based, client-centered therapy sessions. Some questions future researchers might want to consider further are:

- What do the clients consider to be the best teaching strategies used by the occupational therapist during the rehabilitation process centering on self-care?
- How do different learning styles affect the perceptions the client has on the occupational therapy process?
- Does the setting affect the type of occupational therapy provided?

If these questions were considered throughout stroke rehabilitation, there is the potential to improve therapy and client outcomes.

**Conclusion**

As participants in this research study stated, the stroke recovery process is considered to be an emotional roller coaster that involves lifestyle changes. Participating in self-care tasks is an important part of the recovery process for all clients following a stroke, but having a stroke hinders the ability to complete day-to-day tasks independently. Occupational therapy challenges clients to achieve highest potential in order to regain participation in self-care skills that may have been decreased due to the stroke. Incorporating client perceptions into occupational therapy sessions focused on self-care has the potential to benefit clients. Current literature supports occupational therapy interventions for regaining self-care skills but there is a lack of literature that examines client perceptions. To improve future client care, the authors suggest that future studies should focus on the clients’ experiences and perceptions of the self-care training in order to consider clients’ views on self-care treatment sessions.
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Appendix A
Interview Questions

Self-care: Self-care is defined as dressing, toileting, and personal hygiene and grooming (AOTA, 2008).

Please explain what self-care tasks you feel were the most difficult to complete after the stroke and why? Examples: bathing, dressing, toileting, shaving, hair styling

Describe an occupational therapy session when you worked on a self-care activity.

- Do you feel your occupational therapist was thorough when explaining how to complete self-care tasks post-stroke?

Tell me what your morning routine is like.

Describe any adaptation or equipment you utilize to complete your self-cares.

- Describe how your occupational therapist taught you to use equipment to complete self-care tasks.

Describe to me an OT session you felt was beneficial when learning to complete your self-care tasks.

What would you recommend to occupational therapists when teaching stroke clients self-care tasks?

How has your self-care routine changed since your stroke?

- Do you have others assist you or are you independent? If so, please elaborate on what tasks you need assistance with.

Suppose a good friend has just started occupational therapy after having a stroke, how would you describe what the self-care therapy session will be like to them?

Overall Probe Questions:

- Can you relate that to dressing?
- Can you relate that to grooming and hygiene?
- Can you relate that to toileting?
The researcher will ask the participant, “How did you feel when working with the occupational therapist on self-care tasks during your stroke rehabilitation?”

Cards in deck:

Hopeless
Overwhelmed
Stressed
Depressed
Embarrassed
Vulnerable
Powerless
Confused
Safe
Comforted
Trapped
Unsure
Excited
Frustrated
Empowered
Discouraged
Encouraged
Hopeful
Empowered
Confident
The researcher will ask the participant, “Once occupational therapy was completed, how did you feel about your own self-care skills?”

Cards in the deck:

Happy
Free
Inspired
Fulfilled
Hopeless
Overwhelmed
Stressed
Depressed
Embarrassed
Vulnerable
Powerless
Confused
Safe
Comforted
Trapped
Unsure
Excited
Frustrated
Empowered
Discouraged
Encouraged
Hopeful
Empowered
Confident
Appendix C
Demographic Form

Age: ____

Male ___ Female ___

Which side of body was affected by stroke? Right ___ Left ___

Specifically check what parts of the body were affected by the stroke:

Right Hand ____ Right Arm____ Right Leg____

Left Hand ____ Left Arm ____ Left Leg____

Other___________________________

Was vision affected by the stroke? Yes __ No ___

Was speech affected by the stroke? Yes____ No _____