Experience of Participating in Activities of Daily Living (ADL) Group Therapy among Stroke Patients at Centre for the Rehabilitation of the Paralysed.

By

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Statement of Authorship

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Dedication

Dedicated to my honorable & beloved parents, my respected all teachers of Bangladesh Health Professions Institute (BHPI).

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List of Abbreviations

ADL- Activities of daily living

CRP- Centre for the Rehabilitation of the Paralysed

CADL-Client-centered Activities of daily living

BHPI- Bangladesh Health Professions Institute

MOHO- Model of Human Occupation

NGOs- non-government organization

OT- Occupational Therapy

QOL- Quality of life

UL- Upper Limb

WHO- World Health Organization

WMA-World Medical Association

Abstract

Background: Stroke is currently one of the greatest causes of disability and death in Bangladesh. A stroke can have consequences on the person's activities of daily living (ADL) that were previously taken for granted in everyday life. Interventions enabling ADL and facilitating the person's participation in activities with purpose and meaningful in everyday life so that patient's involvement in the rehabilitation process is recommended. Occupational Therapist has an important role to engage Stroke patients in ADL group therapy as well as improving their physical and mental well - being by doing daily living activities independently.

Aim: To explore the Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients.

Methods: This study was conducted with the phenomenological approach of qualitative research design. Nine persons who were able to communicate their experience of participating in ADL group therapy among Stroke patients at CRP, Bangladesh. Both male and female participants were in this study who were participate in ADL group therapy. A face-to-face semi-structured interview guide was used to collect data from the participants. Data were analyzed by thematic analysis following Braun and Clarke's six steps.

Results: Five main themes have emerged from the data analysis including manners of participation in ADL group therapy, Elements that encourage to participate in ADL group therapy, Challenges regarding group therapy, learning by doing ADL group therapy, participants opinion about group therapy. The overall characteristic of the meaning of participation in ADL group therapy was beneficial which was expressed in the participants' experiences of being able to see and follow their own rehabilitation process. The major finding was that participating in ADL group therapy was

meaningful activities when the participants were saw and understand their improvement by doing ADL activities in the group.

Conclusions: After stroke, peoples were experiencing some restriction or hazard of participation in daily living activities. Participating in ADL group therapy that the person understands the importance of ADL group therapy and also encourage the person to increased participation and satisfaction by doing daily living activities. They had positive experiences about the group therapy, and felt that it was beneficial for their physical and psychosocial recovery after a stroke.

Keyword: Stroke, ADL performance, ADL group therapy

CHAPTER I: INTRODUCTION

1.1 Background

Bangladesh officially the People's Republic of Bangladesh is a country in South Asia. Bangladesh is one of least developed countries in the world situated in the South Asia which is measured in terms of average income, calories consumed per person, high infant mortality(Monawar Hosain et al., 2002). Disability is a universal element in the human condition to which no one is protected(Hussain, 2023). Disability is a part of human state. Almost everyone will be temporarily or permanently impaired at some point in life (World Health Organization, 2011). According to WHO (2011), Worldwide there are 15.3% people are living with different kind of disability. Globally, in developing countries 85% of children live with disabilities, but less than 5 % receive rehabilitation services(Cobley et al., 2013).

Approximately 15% people with disability are accounted for worldwide population. i.e. more than one billion people. In developing countries there are 80% of people with disabilities (Handicap International,2012). According to WHO 10% of total population in Bangladesh are disabled. According to World Health Organization (2018) stated that,110 million people (2.2-3.8% of the global population) have very severe functional difficulties. Furthermore, the rates of disability are increasing in part due to ageing populations and an increase in chronic health conditions. At present no empirical comprehensive study has been conducted to determine the prevalence and incidence of disabilities in Bangladesh. (WHO,2018).

In few studies states that have been conducted reflect a medical rather than a social model of disability, and they are also limited in geographical coverage. They suggested the disability prevalence rate of between 5 to 12 per cent (Asia- Pacific Human Rights

Information center,2009). Disability is a major concern in Bangladesh as well as all over the world(Sano et al., 2002). Disability does not just affect an individual but the whole family and community around the individual. It is estimated that the lives and livelihoods of about 800 million people or about 25% of the population in the Asia-Pacific region are affected by disability in the family(Islam & Juhara, 2021).

Stroke is defined as a clinical syndrome characterized by rapidly developing focal or global disturbance in cerebral function lasting more than 24 h or leading to death due to a presumed vascular cause(Puthenpurakal & Crussell, 2017). Globally, approximately 16 million people have a stroke each year and, in the UK, first-ever stroke affects about 230 people per 100,000 population each year. Stroke is a major health problem in the whole world both in developed and developing countries. In addition to be the third most common cause of deaths, stroke is the most important cause of physical disability of people over 60 years old. It is projected that by 2030 stroke will be the 4th leading cause of burden of disease accounting 4.3% of total DALYs(Sacco et al., 2013). The majority of stroke survivors continue to live at home, but based on population studies. 20-50 per cent of stroke survivors need help in at least one aspect of daily living activities. It is understandable that stroke might have effects on survivors' and their carers' quality of life and mood(Mohammad et al., 2019).

Stroke is the third leading cause of death in Bangladesh. The World Health Organization ranks Bangladesh's mortality rate due to stroke as number 84 in the world. The reported prevalence of stroke in Bangladesh is 0.3%, although no data on stroke incidence have been recorded(Barbotte et al., 2001). Hospital-based studies conducted in past decades have indicated that hypertension is the main cause of ischemic and hemorrhagic stroke in Bangladesh. The high number of disability-adjusted life-years lost due to stroke (485 per 10,000 people) show that stroke severely impacts

Bangladesh's economy(Almhdawi et al., 2016). Although two non-governmental organizations, BRAC and the Centre for the Rehabilitation of the Paralysed, are actively involved in primary stroke prevention strategies, the Bangladeshi government needs to emphasize healthcare development to cope with the increasing population density and to reduce stroke occurrence(Liu et al., 2014). Additionally, stroke adversely affects sensations, motor function, perception, cognition, and language, depending on the location, etiology, and infarct volume. A study reported that 85% of stroke patients had hemiparesis, and more than 69% showed upper-limb dysfunction(Choi, 2022).

Stroke that affects activities of daily living after stroke and Patients should receive long-term and continuous rehabilitation therapy to reduce disability and dysfunction to recover activities of daily living(K. H. Kong & Yang, 2006). Studies have shown that the greatest difficulty for stroke patients is facing changes in activities of daily living, and early rehabilitation therapy has been shown to significantly improve activities of daily living among acute stroke patients with limb hemiplegia(Chen et al., 2020).

Activities of daily living (ADLs) are defined in healthcare as actions that are performed routinely by individuals in their everyday lives and that are necessary for living independent from family or outside help. They include activities performed both in the place of residence and in outdoor environments.

The concept of ADLs was developed in the 1950s but was first mentioned by Marjorie Sheldon (1935, 30), who terms these actions “everyday activities which are necessary for ordinary living.” The term “activities of daily living” was first used in 1949, by Edith Buchwald, as a part of an assessment checklist. In the 1950s, routine clinical assessments were broadened to include the evaluation of which activities a patient was able to perform. Measurement of what were termed “basic activities of daily living” (BADLs) was developed mainly to assess fitness for military duty in World War

II and to determine levels of care for institutionalized elderly. In 1963 Sidney Katz and colleagues published an index with topics that represent primary biological functions(Klimczuk, 2016).

Activities of Daily Living (ADL) is one of the core distinguishing areas of our profession which needs to be researched and documented. ADL is being widely used in the evaluations and interventions in the clinical practice by Occupational Therapists(Swaminathan, 2020).

The activities of daily living are the basics of self-care: tasks oriented towards taking care of one's own body and enabling basic survival and well-being. They include nine activities: eating/swallowing, feeding (setting up and bringing the food to your mouth), bathing, dressing, grooming, toileting, personal device care (using/maintaining personal care items), functional mobility, and sexual activity.

A stroke can have consequences on the person's activities of daily living (ADL) that were previously taken for granted in everyday life. Interventions enabling ADL and facilitating the person's participation in activities with purpose and meaning are endorsed.

Furthermore, patient involvement in the rehabilitation process is recommended, and in client-centered practice the clients should be involved as active partners where their perceived needs and desires should be the basis for the interventions(Shinohara et al., 2012).

In Bangladesh, there are many non-government organizations (NGOs) & Government organization. Centre for the Rehabilitation of the Paralysed (CRP) is one them & is a non- government organization which provide inpatient & outpatient therapy services of stroke with different neurological conditions. Meanwhile, CRP offers Physiotherapy, Occupational therapy & Speech and Language therapy programs for

stroke patients according to their needs & requirements. Each treatment session run about 45 minutes. There have also different types of group therapy such as ADL group therapy, neurologic hand group therapy etc. After stroke, patients cannot perform their activities of daily living due to their major hand skills problem. After completing their rehabilitation program, they have chance to attend ADL group therapy. These group-session run about 1 hour.

The ADL intervention is developed based on the principles of client-cantered Occupational Therapy. The rationale and content of the ADL is mainly based on a series of qualitative research studies, aiming to better understand the lived experience of daily activities in everyday life after Stroke. An occupational and phenomenological perspective is applied by using the client's lived experiences as the starting point for the ADL and throughout intervention process. The therapist guided the client's discovery process by enabling experiences from doing and the incorporation of conscious strategies in daily activities in order to support the client in becoming their own problem-solver.

The aim of this study was to identify what from the clients' perspective characterizes the lived experience and meaning of participating in an ADL after Stroke.

1.2 Justification of the study

The aim of the study to explore the Experience of participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed (CRP).

Participation in Activities of Daily Living (ADL) are the biggest problem for all kinds of people who faces any kind of physical or mental illness. If we want to independence a person with stroke survivors, we must consider their ADLs. The person is not independent until participate in all the aspect of daily living activities.

ADL group therapy is a part of Occupation Therapy intervention to promote independency in his/her daily activities. Generally, hand skills develop sequentially in childhood & to perform any ADL hand skills develop is necessary. If the person with stroke can participate in each hand skills, then they can engage themselves in any kind of ADL activity. Because of their illness & present abnormal tone/ poor muscle strength in extremity they could not perform in ADL activity. They also have complication in their hand skills.

In CRP Stroke patients are admitted in outdoor program for their needs (depend on their severity) & they take treatment from Occupational Therapy along with other professions. Third week of every month Occupational Therapists run ADL group therapy to find out patient's problem for doing ADL activity so that they engage in ADL as much as possible. After providing any treatment or education, it is necessary to know the importance of the specific strategy for a particular group, as success of the treatment session will depend on the level of understanding of an individual.

That's why, Occupational therapists will also remain concentrate on patient's individual participation during ADL activity in the group & they also clarify the caregivers understanding about before & after taking & participating in ADL group therapy activity which can facilitate them to engage in their functional activity after completing Occupational Therapy program.

The target of an Occupational Therapist is to independence the person and reintegrate the person into his or her society and family as much as possible, without considering ADLs it is quite difficult and the rehabilitation process are incomplete.

If we know the participants challenges, factors and manner or how they manage their ADLs among Stroke patients we use data for implementing well organized intervention plan as an Occupational Therapist and the result will be used in further research.

Science limited data about ADLs so hopefully this research brings a positive challenge in Occupational therapist.

Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients is the first study of Occupational Therapy profession in Bangladesh. From the curiosity, the investigator inspired to study the Experiences of participating ADL group therapy after Stroke. With this study, we can get proper idea about ADL group therapy such as ADL group therapy is a well justified approach in Stroke rehabilitation due to its holistic nature, social support, functional focus etc. The study findings can be helpful for upgrading Occupational Therapy services in Bangladesh and promote the professional development. Overall, this study will be guided the outpatient unit, Department of Occupational Therapy at CRP practitioners to manage their individual patients.

With the permission of authority, the results of the study can be shared with the other Occupational Therapists, so that may help the therapists to promote their confidence about their intervention in those challenging health care professions. So other Occupational therapists who worked with another stroke rehabilitation center could be benefited by this study after sharing this information. This study may be helpful for service providers to continue good rapport with the caregivers by sharing and understanding their feelings. Additionally, caregivers of Stroke patients may become motivated to take occupational therapy treatment because they feel that occupational therapists are giving value to their opinions. After returning home, they may motivate other clients to take treatment from Occupational Therapists.

1.3 Operational Definition

Stroke: In 1970, the World Health Organization defined stroke as ‘rapidly developed clinical signs of focal (or global) disturbance of cerebral function, lasting more than 24

hours or leading to death, with no apparent cause other than of vascular origin' (Coupland et al., 2017).

Activities of daily living (ADL) performance: Activities of daily living (ADL) have been also defined as the right and responsibility to take care of physical, emotional and spiritual well-being. It is the things that we normally do in our everyday life such as feeding ourselves, bathing, dressing, grooming, work, home making and leisure. activities of daily living have described in three performance area like- Self -care, Productivity and Leisure's(Klimczuk, 2016).

Activities of daily living (ADL) group therapy: The activities of daily living (ADLs) are a term used to collectively describe fundamental skills that are required to independently care for oneself such as eating, bathing, and mobility(Edemekong et al., 2019). Centre for the Rehabilitation of the Paralysed (CRP) is one them & is a non-government organization which provide inpatient & outpatient therapy services of stroke with different neurological conditions. They are providing individual treatment & run different types of group activity. After completing their rehabilitation program, they have chance to attend ADL group therapy. These group-session is run about 1 hour in 3rd week of every month at outpatient unit, department of Occupational Therapy. These programs are based on individual treatment & group activity. In the ADL group, therapist provide education to the patients about the importance of ADL activities, modification of ADL equipment's, & how to perform ADL activities at home.

1.4 Aim of the study

To explore the Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients.

CHAPTER II: LITERATURE REVIEW

The evidence synthesis of Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients. This review chapter depicts the treatment process is client-centeredness, a sense of satisfaction at being involved in everyday life, learning by doing ADL activities, Seeing and understanding the improvements, Challenges in doing everyday activities, and Dependence as enabling or hindering participation. Google Scholar, PubMed, Embase, Scopus and Google have been searched for articles published in within the last 5-15 years. The search terms were reviewed very carefully considering the research question. Please see the figure 2.1 for overview of literature review findings. Note for headings in literature review: For the headings and sub-headings in literature review please follow the APA7 guideline as taught in the class.

2.1 Challenges in doing ADL activities after stroke:

(Whitiana et al., 2017) conducted 19 females and 12 males with the age group of 55–64-year-old (35.5%). Most subjects had first stroke attack (71.0%). The most common type and risk factor were ischemic stroke (83.9%) and hypertension (81%) respectively. Patients with a maximum score in the entire extremity muscle strength were in the range of 60-70%. Out of the 31 patients, 18 (58.1%) were classified as independent in ADL. The possible impairments caused by stroke on the upper extremities are muscle weakness, pain, loss of sensation, decreased agility, and decreased coordination. Muscle weakness has a stronger correlation to decreased ADL performance compared to increased muscle tone, paretic grip strength, and pain. Muscle weakness is the most common and the most readily identifiable impairment in stroke patients.

A cross-sectional study with a combination of qualitative and quantitative data

in a mixed method design. Forty-one OTs and 23 managers from three county councils in Sweden, responded to a questionnaire one year after the OTs participation in a workshop to prepare for implementation of a client-centered activity of daily living intervention for persons with stroke. The study reported that Over 70% of the OTs benefitted from reading and discussing articles in the workshop; 60% had faith in the intervention; 69% reported usability of the intervention. High level of support from managers was reported, but less from team members. The therapists' interaction, perceptions of own efforts and contextual influence affected the implementation process(Eriksson et al., 2020).Progressing in time (chronicity) during the first poststroke year might be negatively associated with paretic UE functional recovery (Kwakkel and Kollen, 2007). Spontaneous neural recovery can occur in the first few months after stroke (Carmichael, 2006).

It is documented that the motor recovery slows after the first 3 to 6 months following a stroke (Nakayama et al., 1994; Dobkin, 2004; Kreisel et al., 2007). These studies suggest that greater stroke chronicity would limit the recovery potentials. Muscle weakness was identified as one of the consequences following stroke (Landau, 1974). Muscle strength post-stroke is correlated with functional performance and can predict future impairment and functional improvements (Heller et al., 1987; Bohannon, 1989). Individuals with chronic stroke with greater AROM in paretic UE joints might obtain more functional benefits following rehabilitation (Fritz et al.,2005)(Almhdawi et al., 2016).

The participants experienced challenges in participation after stroke, such as having to stay at home, which is in line with another study conducted in Rwanda,22 describing that isolation in the home can mean less participation in everyday life and fewer social relationships. Our findings indicate a decrease in social interaction as the

friendship circles diminished. The participants were socially withdrawn due to their disabilities caused by stroke, which made taking part in everyday life even more difficult. Visible disabilities, e.g. a strange gait or unclear speech, could be daunting and difficult for other people to interpret. This probably also imposed restrictions in social participation, which relatives and friends did not know how to deal with. Eriksson and colleagues23 also found that reduced functioning and change in everyday life after a stroke affected social participation(Legg et al., 2006).

2.2 Overview of ADL group therapy among stroke patients:

(Hoff, 2021.) reported the findings from a qualitative study of people with stroke that there were three themes that emerged from the interviews: Social experiences of group therapy, viewpoints on the different types of group therapy and the type of preferred therapy. The majority of participants enjoyed participating in the group therapy and found it beneficial for their recovery after stroke. They found the groups to have significant benefits for their physical and psychosocial functioning. In particular, they enjoyed participating in a variety of groups, which were not limited to circuit group training. Most of the participants found it beneficial for their overall recovery after stroke to participate in both individual and group therapy.

Findings from a series of qualitative studies of people with stroke demonstrated the need to develop an ADL intervention based on the clients' lived experiences. The theoretical framework is based on empirical research, theories about human occupation and client-centredness. The ADL is applying an occupational and phenomenological perspective in order to enable agency in daily activities and participation in everyday life among persons with stroke.

(Guidetti et al., 2015) reported in multicentre study that 16 rehabilitation units were randomly assigned to deliver CADL or UADL. The occupational therapists who

provided the CADL were specifically trained. At three months, there was no difference in the outcomes between the CADL group (n = 129) and the UADL group (n = 151), or their significant others (n = 87/n = 93) except in the SIS domain "emotion" in favour of CADL (p = 0.04) The participants' outcomes regarding independence in ADL, perceived participation, life satisfaction, use of home-help service, and satisfaction with training at three months' follow-up are presented in Table III. No significant difference was found between the groups in the primary outcome, participation. There was a difference between the CADL and the UADL groups in the SIS domain "emotion", in favour of the CADL group, but there were no differences in other outcomes or in falls.

2.3 Importance of ADL group therapy among stroke patients:

A qualitative research synthesis (QRS) of the findings from qualitative studies (n¼15) conducted the research group was performed. Most of these studies were based on interview data on the lived experiences in everyday life after acquired brain injury, mainly stroke. These studies applied a phenomenological approach – the Empirical Phenomenological Psychological (EPP) method although the psychological perspective was replaced by an occupational perspective and the phenomenology perspective of Merleau-Ponty was incorporated into the analyses. A few studies also applied a constant comparative Grounded Theory approach. The study reported that the persons' experiences from doing activities that were formerly taken for granted contributed to discovery after stroke. By engaging in familiar activities, the persons learned about their new body and about their abilities by comparing them with their old self. Learning about their new body was easier in activities that had previously been incorporated into the person's habit-body, i.e. habits and routines had been integrated into the body and were taken for granted in everyday life(Guidetti et al., 2015).

This study revealed what characterized the lived experience and meaning of

participating in a CADL intervention after stroke from the perspective of the clients themselves. The findings give support to previous experience-based studies concerning the importance of taking the point of departure in the client's if the world in order to establish a relationship with the therapist based on trust and to enable learning by doing(Ranner et al., 2019).Another main characteristic that was expressed by all participants was the meaning of learning by practicing daily activities that had previously been taken for granted, which seemed to support the feeling of owning and making decisions in the therapeutic process.

By doing familiar activities, the participants could see and understand (i.e., a meaning of transparency) and could learn how to perform the activity during the ADL and in other contexts, for example, at home. Learning by doing in the context of the ADL seemed to inspire the participants to integrate and connect their experiences, goals and strategies with new contexts(Choi, 2022).

2.4 Mental well-being and doing ADL performance after Stroke

(Eriksson et al., 2020)reported that the participants' experiences of learning by doing seemed to inspire the participants to see and understand their own improvements. The participants described how, after their stroke, they found it difficult to see their own progress as they performed activities.

(Ranner et al., 2019) Becoming more aware of their performance, progress and improvements was expressed as giving an increased sense of control over their situation. Moreover, the sense of control gave them a sense of security, enhanced self-esteem and hope for the future. All of the participants described how they could connect experiences from doing specific activities during the CADL to their home setting. It seemed as if they could connect the conscious strategies from the CADL situations to their real-life situations in their home environment, for example, when preparing

breakfast.

A qualitative study was reported that the majority of participants enjoyed participating in the group therapy and found it beneficial for their recovery after stroke. They found the groups to have significant benefits for their physical and psychosocial functioning. In particular, they enjoyed participating in a variety of groups, which were not limited to circuit group training(Hoff, 2021).

A qualitative interview study showed that the participants expressed how they slowly, and through repetition, became familiar with performing their daily activities again after they had a stroke. The experience of performing activities by themselves also increased their sense of participating in everyday life. One participant expressed that it was important to contribute to the family's everyday life, even if it was just to help cook rice for dinner. By participating in home chores, the participants who had had a stroke felt important and as being part, of and belonging to, the family(Guidetti et al., 2022). . Returning to the previous work that the participants had before stroke gave them great satisfaction. It was a good opportunity to participate in an activity that was valued by the participants. The adaptation of the work made it possible for these participants to experience their work as satisfactory. Several participants had found new ways of living where they felt involved and gained a sense of satisfaction; some had, for example, started their own businesses(García-Pérez et al., 2021).

2.5 ADL intervention and Occupational Therapy:

A systemic review reported that Thirty-two studies were included in this review, of which 18 were randomized controlled trials. Ten randomized controlled trials had a high methodological quality. For the comprehensive OT intervention, the pooled standardized mean difference for primary activities of daily living (ADL) (0.46; CI, 0.04 to 0.88), extended ADL (0.32; CI, 0.00 to 0.64), and social participation (0.33; CI,

0.03 to 0.62) favored treatment. For the training of skills intervention, some evidence for improvement in primary ADL was found. Insufficient evidence was found to indicate that the provision of splints is effective in decreasing muscle tone(Steultjens et al., 2003).

(Swaminathan, 2020) reported that nine randomized controlled trials including 1258 participants met the inclusion criteria. Occupational therapy delivered to patients after stroke and targeted towards personal activities of daily living increased performance scores (standardized mean difference 0.18, 95% confidence interval 0.04 to 0.32, P=0.01) and reduced the risk of poor outcome (death, deterioration or dependency in personal activities of daily living) (odds ratio 0.67, 95% confidence interval 0.51 to 0.87, P=0.003). For every 100 people who received occupational therapy focused on personal activities of daily living, 11 (95% confidence interval 7 to 30) would be spared a poor outcome**.**

(Shinohara et al., 2012) reported that the experimental group significantly improved in ADL and QOL scores following the MOHO-based OT intervention; in fact, these scores were higher ($p < .05$) than before the practice. The control group, however, only improved on ADL scores following OT intervention. In addition, when compared with the control group after the interventions, the experimental group had significantly improved ($p < .05$) scores in the following: ADL, all five domains of QOL-26, and physical functioning, role physical, bodily pain, general health perception, social functioning.

CHAPTER III: METHODS

3.1 Study Question, Aim, Objective

3.1.1 Study Question

What is the Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients?

3.1.2 Aim of the study

To explore the Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients.

3.1.3 Objective:

- To explore the manner of participation in Activities of Daily Living (ADL) group therapy among Stroke patients.
- To explore the factors that influence the participation in Activities of Daily Living (ADL) group therapy among Stroke patients.
- To know the challenges of the participation in Activities of Daily Living (ADL) group therapy among Stroke patients.
- To know the importance of participants about Activities of Daily Living (ADL) group therapy among Stroke patients.

3.2 Study Design

3.2.1 Method

In this study, researcher followed qualitative methodology. Qualitative research is defined as “the study of the nature of phenomena”, including “their quality, different manifestations, the context in which they appear or the perspectives from which they can be perceived”, but excluding “their range, frequency and place in an objectively

determined chain of cause and effect(Busetto et al., 2020).

A methodology called qualitative research is created to gather non-numerical data to produce insights(Ugwu, Chinyere. N. and Eze Val, 2017). Qualitative research is multimethod in focus, involving an interpretative, naturalistic approach to its subject matter(Aspers & Corte, 2019). In this study, the researcher set out to investigate human lived experiences, which is at the center of the qualitative method. Therefore, qualitative research was best fit for this study.

3.2.2 Approach

The phenomenological approach of qualitative research was chosen for this study. Phenomenology is a type of qualitative research as it requires an in-depth understanding of the audience's thoughts and perceptions of the phenomenon you're researching. The primary aim of phenomenological research is to gain insight into the experiences and feelings of a specific audience in relation to the phenomenon you're studying(Neubauer et al., 2019). This study was explored the Participating in Activities of Daily Living (ADL) group therapy among Stroke patients and their lived experiences. For in-depth insights, this approach was used to identify participants experiences about attending the ADL group therapy.

3.3 Study Setting and Period

3.3.1 Study Settings

The researcher was collected data from the outpatient unit, Department of Occupational Therapy at the Centre for the Rehabilitation of the Paralysed (CRP) in Savar and Mirpur 14 brunches those (Stroke patients) who have taken treatment (Occupational Therapy) from CRP and participating in ADL group therapy.

The Centre for the Rehabilitation of the Paralysed, popularly known as CRP, is a non-profit national organization founded in 1979 in response to the desperate need for

rehabilitation services for People with Disabilities. CRP is responding to the needs of Persons with Disabilities by delivering comprehensive rehabilitation services to the poor with free of cost or subsidized as much as possible with donor's support through treatment, training, education, employment, accessibility, advocacy and awareness rising in the community(Bangladesh, 2013).

An outpatient OT service is provided at CRP that includes evaluation, treatment and education after an accident, illness or injury and diseases. The goal of OT is to enable an individual to carry out their activities of daily living include performed at home, workplace, school and in the community with their maximum level of independent.

In Outpatient unit, Occupational therapists are arranged ADL group therapy program once day in every month at Centre for the Rehabilitation of the Paralysed (CRP) in Savar and Mirpur 14 branch.

3.3.2 Study Period

The period of the study was from May 2023 to February 2024.

3.4 Study Participant

3.4.1 Study Population

The researcher was selected 9 participants for this study. Both male and female Stroke patients were population of the study those who were participate in ADL group therapy program at Centre for the Rehabilitation of the Paralysed (CRP) in Savar and Mirpur 14 branch.

The study population was nine male and female Stroke patients who were participate in Activities of Daily Living (ADL) group therapy.

3.4.2 Sampling Techniques

The researcher had selected purposive sampling procedure to collect the data. Purposive sampling represents a group of different non-probability sampling techniques. Also

known as judgmental, selective or subjective sampling, purposive sampling relies on the judgement of the researcher when it comes to selecting the units (e.g., people, cases/organizations, events, pieces of data) that are to be studied. Usually, the sample being investigated is quite small, especially when compared with probability sampling techniques(Palinkas et al., 2015).

According to Adolph Jenson, "A purposive selection denotes the method of selecting a number of groups of units in such a way that selected groups together yield as nearly as possible the same average or proportion as the totality with respect of those characteristics which are already a matter of statistical knowledge." this study followed some inclusion and exclusion criteria. Purposive sampling was a good fit for this study. Inclusion and exclusion criteria are given below.

3.4.3 Inclusion Criteria

- Both male and female Stroke patients were selected for Activities of Daily Living (ADL)group therapy.
- Participants age above 40 years old.
- Participants who were participating Activities of Daily Living (ADL)group therapy at outpatient unit, Department of Occupational Therapy.

3.4.4 Exclusion Criteria

- Participants who had severe mental illness
- Patient who had cognitive impairment
- Participants who did not diagnosed as Stroke

3.4.5 Participant Overview

Nine participants responded to this study who were participating in ADL group therapy at Centre for the Rehabilitation of the Paralysed (CRP) in Savar and Mirpur 14 brunch. From nine participants, there were five female and four males with stroke patients. All

participants were participated in ADL group therapy and also experienced. To maintain confidentiality participants name were coded with a pseudonym. An overview of the identified participant is given in table 3.1

Table 3.1

Participants overview

Name	Age	Sex	Marital Status	Duration of illness	Affected side of paralysis (Stroke)	Session number of group therapy	Area of residence
Rabeya Haque	69 years	Female	Married	2020	Left side	01	Urban
Jahanara begum	43 years	Female	Married	2023	Right side	01	Urban
Parul akter	43 years	female	Married	2023	Right side	02	Urban
Shirin akter	45 years	female	Married	2020	Left side	02	Urban
Nilufa	47 years	female	Married	2023	Right side	03	Urban
Md faizullah khan	65 years	Male	married	2023	Left side	03	Urban
Abul kashem	51 years	Male	married	2022	Right side	03	Urban
Monon Rahman	48 years	Male	Unmarried	2022	Right side	04	Urban
Azizul Houque	69 years	Male	Married	2022	Right side	02	Urban

3.5 Ethical Consideration

As a statement of ethical principles for medical research, the World Medical Association (WMA) created the Declaration of Helsinki(H. Kong et al., 2008).

3.5.1 Ethical approval from IRB

The ethical clearance for the study has been sought from the Institutional Review Board (IRB) of BHPI by explaining the study purpose, through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). IRB clearance number CRP/BHPI/IRB10/2023/770(See the Appendix A for details). Permission from the different workplace of participants were taken before taking participants information.

3.5.2 Informed Consent

- Information sheet

Every participant received an information sheet from the student researcher that covered all the details about the study and made it obvious to them what its purpose and goals were (see appendix B).

- Consent form

After given explanation of the purpose of the study, participant chose to voluntarily participate in the study. The consent was taken by a written consent form (see appendix B).

- Withdrawal form

Participants have the right and can voluntarily withdraw to participate in the study before starting the data analysis. For this withdrawal form has been attached with information sheet and informed the participant about this (see appendix B)

3.5.3 Unequal Relationship

The researcher did not have any unequal relationship with the participants.

3.5.4 Risk and beneficence

The participants didn’t have any risk and they won’t get any beneficence from this study.

3.5.5 Power Relationship

The researcher did not have any power relationships with any participants.

3.5.6 Confidentiality

The participant's information was kept private. Their name and identity were not disclosed to anyone except for the supervisor and it was stated on the information sheet.

Additionally, the researcher obtained the volunteers signatures on transcription contract form asking them not to disclose the information (See Appendix C for details). The participants were informed that their identity remain confidential for any upcoming uses, including report writing, publication, conferences, or any other written materials and vocal discussion.

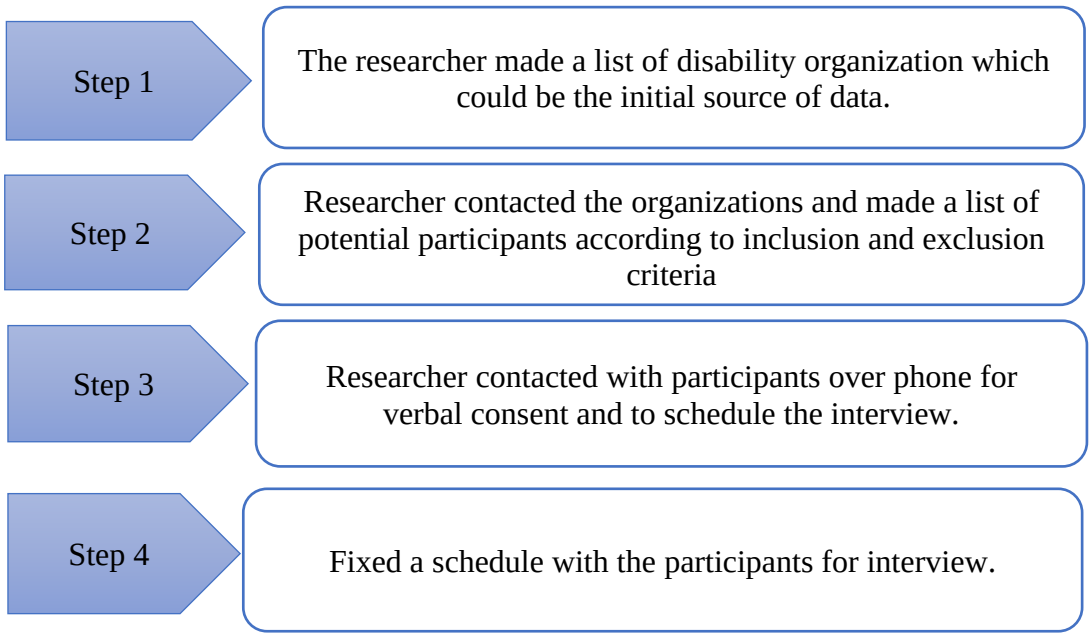
3.6 Data Collection Process

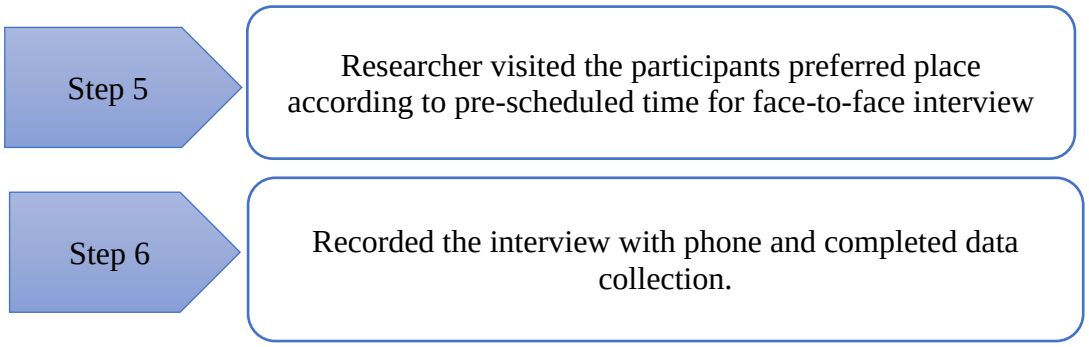
3.6.1 Participant Recruitment Process

Nine participants who were attend ADL group therapy among Stroke patients were recruited with different background. Participant recruitment diagram is given in Figure 3.1.

Figure 3.1

Overview of Participant Recruitment Process





In this research, the researcher had set some inclusion and exclusion criteria to meet the exact population for the study. Participants will be recruit from the outpatient unit, Department of Occupational Therapy, CRP, Savar and Mirpur14 branch, Dhaka. At first, researcher talked to get permission from outpatient unit, Department of Occupational Therapy, CRP at Savar and Mirpur for collecting data. Researcher also selected the name and location of the organization as well as find out the name and contact number of the potential participants from different sources. Researcher made the list of potential participants according to inclusion and exclusion criteria (see section 3.4.3 and 3.4.4 for details) and sociodemographic question (see appendix D).

Then researcher contacted with them over phone and explained clearly the details about the study (see appendix B). After explaining, researcher selected participants for the interview according to participants' consent (see appendix B). After mutually convenient made an interview scheduled and selected a place according to participant preference and collected data in the pre-scheduled time.

3.6.2 Data Collection Method

To conduct this study researcher collected the data through face-to-face in- depth semi-structured interview. Through face-to-face interview the researcher could ensure that the targeted participant was respondent, could develop rapport with the participant for taking in-depth information and could capture additional emotional and behavioral

clues during answering the question. From in-depth semi structured interview, the researcher could prepare question with some broad open-ended question will be included for the intention of eliciting in depth information. Researcher used this because it allows for researchers to acquire in-depth information and evidence from interviewees while considering the focus of the study. Second, it allows flexibility and adaptability for researchers to hold their track as compared to an unstructured interview, where its direction is not fully considered(Mashuri et al., 2022).

Data were collected by mobile phone recorder which was kept flight mode so that recording could not interrupted by any calls or messages. The interviews were lasted for 35-45 minutes.

3.6.3 Data Collection Instrument

A self-developed interview guide was used by the researcher to collect data from the participant.

A semi structured interview guide was developed by researcher (See appendix D). Because it encouraged a more in-depth response from research participants and help to keep the interview and the subject focused. The researcher developed an interview guide by reviewing literature related to this study and according to research aim and objectives with the supervisor. The researcher also developed a sociodemographic information sheet which also included in the semi structured interview guide.

3.6.4 Field Test

Before starting the collection of data, the researcher accomplished the field test with one participant. This test had been performed to find out the difficulties that are existing in the questioners to achieve the aim and objective of this study or not and there was no change after the field test in this study.

3.7 Data Management and Analysis

The researcher used thematic analysis according to Braun and Clarke's six steps of thematic analysis to analyses the data(Braun et al., 2017). The six steps are given below:

1. Familiarizing with data: At first the researcher transcribed data verbatim in Bengali as first language and translated them in English. She took help from volunteers in translating four interviews and refined the translation. She translated another five interviews by herself. After that the respected supervisor re-checked all the transcription and translation. Then the researcher read the data two times thoroughly to understand the meaning of data and noted down initial ideas.

2. Generating initial codes: In this step the researcher generated interesting features of the data by highlighting interesting sentences and generated some initial code from the interesting sentences and named them. The initial codes were checked by the supervisor.

3. Searching for themes: The researcher wrote down all the codes in paper and highlighted the similar codes through reading the translation and discussing with supervisor. Then the researcher collated codes into potential theme and wrote them in different sticky notes and hanged them in wall. Through this gathered all data relevant to each potential theme.

4. Reviewing themes: In this fourth step the researcher re checked if the themes worked in relation to the coded extracts and the entire data set, generated a thematic 'map' of the analysis and discussed with supervisor. Four themes were emerged from the study with the help of supervisor.

5. Defining and naming themes: Here the researcher refined the specifics of each theme, and the overall story the analysis tells, generated clear definitions and named for each theme. The respected supervisor re checked all the theme.

6. Producing the report: Finally, the researcher produced a scholarly report in the dissertation by writing the results chapter with verbatim quotes from participants.

3.8 Trustworthiness and Rigor

Trustworthiness was maintained by following methodological rigor and interpretive rigor(Fossey et al., 2002).

3.8.1 Methodological rigor

Congruence

Congruence was maintained by the following steps:

This study followed the phenomenological approach (see section 3.2 for details) of qualitative study design which perfectly fit to achieve the aim and objectives to explore the work-related experience of women with disabilities.

Responsiveness to Social Context

Responsiveness was maintained by the following steps:

- The research design was developed and adapted to respond to real-life situations within the social settings in which it was conducted.
- The student researcher engaged with participants and became familiar with the context by face-to-face verbal communication with participants.

Appropriateness

Appropriateness was maintained by the following steps:

- To include the best participant for the research problem this purposive sampling is most fitted (see section 3.4 for details).
- Nine participants were selected in this study based on some inclusion and exclusion criteria (see section 3.4.1 and 3.4.2 for details).

Adequacy

- Adequacy was maintained by the following steps:

- An interview guide used in face-to-face interview which was in Bangla.
- The interview recorded by mobile recorder.
- Participant's opinions and voice are presented in verbatim quotation which represented the originality of data.
- The description of the methods was detailed enough to enable the reader to understand the context of study.

Transparency

Transparency was maintained by the following steps:

- All the data transcribed verbatim in Bengali as first language and transcribed in English for academic view. within the social settings in which it was conducted.
- Data were analyzed by Braun and Clarke's six step (see section 3.8 for details).
- The respected supervisor rechecked all the transcription and data analysis which provided multiple views in the data.

3.8.2 Interpretive rigor

Authenticity

Authenticity was maintained by the following steps:

- Participants' views were presented in verbatim quotes in the study.
- After participants' statement student researcher rechecked the explanation verbally with the participants.
- Participants were not involved in documenting, checking or analysing data, or reviewing the analysis because of short study time period.

Coherence

Coherence was maintained by the following steps:

- The student researcher transcribed data verbatim listening to the audio in Bengali as first language and translated them in English.

- The respected supervisor listened to the audio record and rechecked all the transcription and refined data analysis which provided multiple views in the data.

Reciprocity

Reciprocity was maintained by the following steps:

- The student researcher wrote down different codes from similar data and the supervisor checked them for multiple involvement.
- After data analysis the student researcher collated all the similar codes and made potential themes discussing with supervisor.

Typicality

Typicality was maintained by the following steps:

- In South Asia those country has similar infrastructure will find relatable findings of this study.

Permeability of the Researcher's

Permeability of the researcher's was maintained by the following steps:

- The student researcher's intentions, preconceptions, values, or preferred theories were strictly maintained by following ethical guidelines.
- The student researcher and the supervisor reviewed all data and there was no chance of biasness in this study.

CHAPTER IV: RESULTS

In this study all participants are stroke. In the result section, four main themes that emerged from the data analysis included: manners of participation in ADL group therapy, elements that encourage to participate in ADL group therapy, challenges during ADL group therapy, learning by doing ADL group therapy, participants opinion about group therapy.

Table:4.1

Overview of results

Theme	**Sub-theme**
Overview of ADL group therapy	Brief Overview
	Group therapy rules
Participant opinion about group therapy	Increase the number of therapy session
	Increase the group activities
	Increase the duration
Facilitators for ADL group therapy	Mutual trust and responsibility about therapeutic process
	Gaining structure and clarity in an unfamiliar lifeworld
	Mental satisfaction
Challenges regarding ADL group therapy	Doing ADL activities in the group therapy
	Doing table top activities in the group
	Need support for doing ADL activities
Active Engagement at ADL group therapy Facilitates Independence	Modification
	Experience of doing together
	Seeing and understanding the improvements
	Connecting experience to home

4.1 Theme One: Overview of ADL group therapy

All of the participants shared their experience about Overview of ADL group therapy. It is an important aspect for all participant who were participate in ADL group therapy to ensure their better engagement in group therapy. Participant mentioned about the component of overview of ADL group therapy and that's are brief overview and group therapy rules.

4.1.1 Sub-theme: Brief overview

All of the participant shared their experience about overall activities of ADL group therapy that they came to the in front of therapy room at specific time. Then they started their table top activities. Therapist provided different types of table top activities and it depend on the patient's condition. After completing the table top activities, therapist engaged us in ADL activities like cooking, dressing activities by using one handed technique. Azizul Haque said,

> "In ADL group therapy at first, we introduced our self to each other. Then therapist provided two or three table top activities, and last 20 or 30 minutes we were engaged in ADL activities. Firstly, therapist told us how to doing dressing or cooking activities in the group then we were actively engaged in ADL activities that helped me perform ADL activities at my home environment."

4.1.2 Sub-theme: Group therapy rules

All of the participants mentioned that the group has specific rules to attend the group such as make sure took token and given money in the cash counter to book his or her slot for ADL group therapy. Parul said,

> "When I was taking therapy from CRP, Muktadir sir gave me a token to attend in the ADL group therapy. After giving token, he told me that I had to deposit money in the cash counter at first for book a slot to attend the group therapy and

I could that".

Some of the participants mentioned that they have to take some ingredients in the therapy room to participate ADL group therapy. Nilufa said,

> "After booking my slot then Saila madam told me that to bring noodles, eggs, pepper, onion, oil, salt and all the ingredients in the therapy. When I reached in front of the therapy room to attend the group, Saila madam checked all ingredients. Then she said I remembered all that things and bring all the ingredients in the therapy room."

4.2 Theme Two: Participant opinion about group therapy

Every participant shared their own opinion about ADL group therapy. One of participant do not share any opinion. After attending the group, most of the participants have some recommendation about the group. They shared their opinion for betterment ADL group therapy.

4.2.1 Sub-theme: Increase the number of therapy session

Three of the participants shared their opinion that to increase the number of therapy session. Md Faizullah said,

> "Since the group was run one day in a month, it would be better if it could be done one day in a week. I would like to share that if they have opportunity to increase ADL group therapy day, I hope they will. It will be more beneficial for person with disability".

4.2.2 Sub-theme: Increase the group activities

Two of the participants shared their opinion that to increase the group activities. Nilifa said,

> "When the group have more activities than participants can learn more and more. I learnt only cooking activities from the ADL group therapy. I wish they

> can increase the group activities like how to coming hair, how to wear shirt/pant etc. in this situation."

4.2.3 Sub-theme: Increase the duration

Four of participants shared that to increase the duration of the group therapy. Monon said,

> "If the group therapy duration was more than one hour, then every group member can give more time to complete their group activities. I hope if they have opportunity to increase the group therapy duration then they will increase. It will be benefited for person with disability because when they have more time to complete their task and it will be help for the people to increase their self-esteem."

4.3 Theme Three: Facilitators for ADL group therapy

All of the participants shared their experience about the factors that encourage them to participate in ADL group therapy. Participant mentioned about the component that are Mutual trust and responsibility about therapeutic process, Gaining structure and clarity in an unfamiliar lifeworld, Mental satisfaction.

4.3.1 Sub-theme: Mutual trust and responsibility about therapeutic process

The first main characteristic that was expressed by all participants was how, in the ADL, they felt a mutual trust and responsibility with the OTs with regard to the shared therapeutic process. The participants described how structure and continuity in the therapeutic process contributed to clearness, where they saw and could follow their own process in their rehabilitation and could better understand their situation after their stroke. Experiencing continuity in interactions with other people was something the participants described as essential for building mutual trust, and it gave them faith in the shared therapeutic process. The participants said that during the rehabilitation, the

OTs shared the content and structure of the intervention with them, i.e., the Ots explained what they were doing and why. The continuity of support and discussions helped the participants to better understand the importance of doing ADL in their present situation, and this made it easier for them to be involved in the rehabilitation process and to perform activities by themselves and/or with others. Shirin said,

> "During ADL group therapy, my communication with the therapist was very good, Saila madam told me everything describe. When I could not understand anything then I asked question without any hesitation and she answered me very smartly. If I could not do anything she encouraged me to do the work and also told me how much important ADL activity for every person. She was really a good person."

4.3.2 Sub-theme: Gaining structure and clarity in an unfamiliar lifeworld.

Some of participant shared they focused on achieving the goals during their intervention and on integrating these goals into their everyday lives, which also seemed to contribute to discovery and awareness of their ability to participate in everyday life. Most of the participants told how, in collaboration with the OTs, they used a strategy where they established a plan in which they could express and put words to their desires and the goals they wanted to accomplish during their ADL group therapy and their rehabilitation. Rabeya said,

> "I had a goal before participating in ADL group therapy. Before joining the group, I thought that I was sick that's why I could not do any work. When therapist told me about the ADL group then I was set my goal. My goal was that I could say everything that needs for cooking and I would try to cook very well."

Many participants said that at the beginning when therapist told them to join ADL group

therapy, they were experienced as something awkward, Rabeya said,

“When madam ask some question about cooking, at first, I felt that I could not remember. That time I felt very worried”.

4.3.3 Sub-theme: Mental satisfaction

The experience of performing activities by themselves also increased their sense of participating in everyday life. Returning to the previous work that the participants had before stroke gave them gradation. It was a good opportunity to participate in an activity that was valued by the participants. Md Faizullah said,

> “Before participating in the group, I could not think any work to do by myself. During the group therapy, wearing shirt by using one handed technique everyone encouraged me and that time I realized that I could work at my home with little bit support. If I didn't participate in the group, I would be mentally exhausted day by day because I did not know about one handed technique of wearing shirt or pant. ADL group therapy was very important for me that’s why now, I feel so comfortable by doing ADL activities”.

4.4 Theme Four: Challenges regarding group therapy

All of the participants shared their experience about the challenges that they faced in the group therapy. Participant mentioned about the component that are doing ADL activities in the group therapy and doing table top activities in the group, need support for doing ADL activities.

4.4.1 Sub-theme: Doing ADL activities in the group therapy

After stroke, most of the participants started their daily living activities like cooking, wearing shirt etc. in the group therapy. Some of the participants account the problem that they faced some difficulties doing ADL activity in the group. Monon said,

> “Therapist told us how to wear shirt by using one handed technique. At first, we

learned that how to wear shirt by using one handed technique then we practiced. That time I faced some difficulties that I had to work with my weak hands. I could not work properly because of my illness"

4.4.2 Sub-theme: Doing table top activities in the group

Some of the participants account the problem that they faced some difficulties doing table top hand activities in the group. Abul Kashem said,

"Before ADL activities, we had to do some table top activities with my weak hand. Then therapist gave me an activity and told me to complete the task within 10 minutes by using my weak hand. But I could not complete the task (open nuts and bolts) within time because of my illness. That time I felt that I need someone help to complete my task."

4.4.3 Sub-theme: Need support for doing ADL activities.

The participants described different aspects of dependence that enabled or hindered their participation in everyday life. Some participants expressed how they were dependent on other people to perform ADL activities. They needed support to cope with toilet visits or when shopping. Other participants were dependent on others to finish activities. Abul Kashem said,

"Because I couldn't do any activities after stroke, that's why I needed someone help to do any work like dressing, bathing etc. My wife and my daughter helped me that time for doing any activities".

4.5 Theme Five: Active Engagement at ADL group therapy Facilitates Independence

Another main characteristic that was expressed by all participants was the meaning of learning by practicing daily activities that could learn how to perform the activity during the ADL group therapy and in other contexts, for example, at home. Learning by doing

in the context of the ADL group therapy seemed to inspire the participants to integrate and connect their experiences, goals and strategies with new contexts. Participants expressed some components and that's are modification, experience of doing together, seeing and understanding the improvements, connecting experience to home, understanding the importance of ownership.

4.5.1 Sub-theme: Modification

The participants described how by doing activities they began to discover and understand the new way of doing activity called modification. The participants described how they experienced their body and self as different after their stroke. Furthermore, to perform an activity in a new way and to try to understand and bring all the steps in an activity together was described by the participants as confusing and exhausting. Jahanara said,

> "When I reached the group, I saw that lentils were boiled. Then I tried to cut every ingredient for cooking chotpoti. How could I cut onion, green chilies or anything else in my current situations that showed me Shaila madam. Madam also showed me modified knife and chopping board. Since the problem comes with the right hand, therapist showed me how could use modified knife, chopping board with my right hand for cutting vegetables or cooking any items. Madam was not only telling me how to use the stove, where to put the stove up or down that was also told me in the group".

4.5.2 Sub-theme: Experience of doing together

The participants described how they were doing activities during the ADL group therapy with the Ots and other participants. Four participants said that there had no participant without myself in the ADL group therapy. Doing things with the OTs and performing activities when the OT was present were described by the participants as

interactions that inspired them to perform the activities. Parul said,

> "I was alone in the group and Rokeya was there to help me and also preset Occupational Therapist. There was no one else. When I was cutting for completing my cooking, but I could not cut properly. Then she showed me how can I cut and also encouraged me to doing the work independently".

Five participants said that there had present another participant in the group. Doing activity with other participants they inspired you to do the activity and also felt mental wellbeing to seeing other. Azizul said,

> "Everyone tried to helps each other. For example: If I don't do something, they said that if you will try that then you can do it. Also, while wearing the shirt, I could not wear then another person helped me. If I didn't participate in the group, I would be mentally exhausted day by day".

4.5.3 Sub-theme: Seeing and understanding the improvements

The participants' experiences of learning by doing seemed to inspire the participants to see and understand their own improvements. The participants described how, after their stroke, they found it difficult to see their own progress as they performed ADL group therapy. The participants described how they gradually discovered their limitations by practicing previously taken for granted activities and by receiving verbal feedback from the OTs and/or their significant others. Jahanara said,

> "Before joining the group, I felt like I won't be able to cook anymore. My sister-in-law helps me with everything, because I cannot walk alone. The biggest thing is that, after joining the group, I can walk alone with little bit support. And I realized that I can go home and cook by myself. After participating in this group, I got a lot of peace in my mind and now I think that "I can do everything."

4.5.4 Sub-theme: Connecting experience to home

All of the participants described how they could connect experiences from doing specific activities during the ADL group therapy to their home setting. It seemed as if they could connect the conscious strategies from the ADL group therapy situations to their real-life situations in their home environment, for example, when preparing breakfast. Nilufa said,

> "After joining the group, I tried to cook sometimes at my home. Without engaged the group I could not thought these because I could not learn how to cook in this situation. But at my home there have no modified knife or chopping board that's why I faced more difficulties at home".

CHAPTER V: DISCUSSION

The main aim of this study was to explore the Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients. The findings of the present study revealed experiences of participation in ADL group therapy who had a stroke, and described five categories of experiences as manners of participation in ADL group therapy, elements that encourage to participate in ADL group therapy, challenges regarding group therapy, learning by doing ADL group therapy, participants opinion about group therapy.

This study revealed what characterized the lived experience and meaning of participating in an ADL group therapy intervention after stroke from the perspective of the clients themselves. The findings showed how the participants, in the context of the ADL group therapy, seemed to "discover" their new ability and learned how to formulate and transfer activity goals and performances to new contexts, e.g., their home environment. The study shows how a transparent goal-setting process seems to contribute to experiences of agency in daily activities, and this could have clinical implications when planning and implementing rehabilitation interventions after stroke. Possible future longitudinal research should be performed to study whether the strategies used in the ADL group therapy have been integrated into the client's everyday life after stroke.

An ADL intervention is a standard part of the rehabilitation process after stroke and there is empirical evidence to support the beneficial effects of an ADL intervention. However, the theoretical rationale and strategies for how to apply ADL interventions after stroke were not clearly defined in research conducted before the development of the CADL intervention (i.e. before 2009). We therefore found it important to report on

how we developed the theoretical base and modelled the content of the new and complex ADL intervention, before the effectiveness the intervention was evaluated in an RCT(Guidetti et al., 2022). This finding also reflects our study that and shows importance of participation in ADL group therapy among stroke patients.

In this study, the approach appeared effective in improving occupational functioning of the individuals rather than just improving their UE functioning. In other words, our clients felt that they are doing better in their important ADL activities and they were more satisfied about their performance; however, these improvements were not necessarily linked to actual UE impairment remediation. One possible explanation is that TO offered intensive opportunities for participants to try various solutions for motor behavior problems, these opportunities were not available for participants on their own(Almhdawi et al., 2016). This study reported that improving occupational functioning or doing an activity participants felt grateful and satisfied for being involved in daily activities in different ways. They described that they had come to some acceptance of their present life situations and living with restrictions in participation after stroke.

Participating in group therapy assisted to curb and/ or control one's emotions after the stroke, and reduced the feelings of anger and depression. Several participants explained that group therapy was important after a stroke in terms of managing their emotions and psychological well-being. The groups were described as being fun and helped with uplifting their mood, with a subsequently elevated mood directly after a group session that could be maintained throughout the day(Hoff,2021.). Feelings of improved energy and motivation were further described after having had a group session. Improved feelings of motivation with group therapy are consistent with findings from other studies, where group therapy has been done for conditions other

than stroke, such as: traumatic brain injuries, breast cancer and the elderly population (Raymond et al. 2016; Bennett et al. 2016; Brandao et al. 2019; Dam and Rhind, 2020). These studies show similarities to the current study with ADL group therapy improving an individual's motivation to recover or doing activities, and giving an individual the energy to continue with daily rehabilitation. Regardless of the condition, group therapy allows for individual's emotions to be expressed, improves their social skills and levels of motivation.

In the present study, the participants expressed that by having good communication with the OTs and by using different strategies they became more aware of their everyday life situation. This is in line with how previous studies have described transparency as other persons giving a structure to the client's process as well as to the client's chaotic lifeworld and how techniques such as show modification can be used to increase awareness of disabilities(Guidetti et al., 2015). implications for occupational therapy and other health professional interventions by showing how clients' involvement in their "goal-setting process" (e.g., including goal-setting, integration of goals, and goal evaluation) seems to be necessary in order for them to follow their progress and help them to integrate and connect their goals to their everyday life.
Task-oriented training has been demonstrated to be an efficient therapeutic approach for stroke patients because it consists of tasks that help improve ADL performance and effectively provides patients with training for diverse functional skills. A previous study reported that task-oriented training based on ADLs improved upper-limb functions, ADL performance, and QoL in stroke patients(Choi, 2022).

The current study showed that ADL group therapy among stroke patents that helped participants to improve ADL performance and provide education about modification depends on disability (if needed) and ensure functional outcome as much

as possible.

The possible impairments caused by stroke on the upper extremities are muscle weakness, pain, loss of sensation, decreased agility, and decreased coordination. Muscle weakness has a stronger correlation to decreased ADL performance compared to increased muscle tone, paretic grip strength, and pain. Muscle weakness is the most common and the most readily identifiable impairment in stroke patients. Research has shown that muscle weakness of the lower extremities is related to the walking speed, gait endurance, and balance. Muscle weakness in any extremity will affect the patient's ability to perform ADL(Whitiana et al., 2017). The current study reported that attending ADL group therapy improve his engagement of ADL performances. The aim of phenomenological studies is to contribute to a better understanding that can be transferred to new contexts and situations that are linked, for example, to goal-setting in rehabilitation after stroke.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength:

- The researcher got permission from Neuro out-patient unit, department of Occupational Therapy to collect data.
- It was qualitative research that's why the researcher got descriptive information.
- There has been few research on this phenomenon of ADL group therapy among Stroke patients in Bangladesh.
- This research followed the proper method to achieve the aim and objective.
- This study will help in further research on this phenomenon in future.

6.1.2 Limitation:

There are some limitations that the student researcher has considered during the time of the study.

- The major limitation was that there was not significant information about ADL group therapy in Neuro out-patient unit, department of Occupational Therapy.
- The major limitation of this study is sample size was limited. Only 9 samples were taken to conduct this study which was not enough to generalize the study findings. Due to the sample being restricted to a single geographic area in Dhaka city, the study exhibits limited generalizability.
- There was limited information because enough articles and literature were not available about ADL group therapy among Stroke patients in Bangladesh.
- There would be any mistakes due to little experience of student researcher.
- As it is center based study data were collected only those who have attend the

ADL group therapy among Stroke patients from Centre for the Rehabilitation of the Paralaysed (CRP) but this research does not reach the Stroke patients who treated in other institutions.

6.2 Practice Implication

Now a days Occupational therapist provided treatment to the person with stroke based on ADL activities. Our professionals can develop their profession by increasing knowledge about ADL intervention. ADL is an important component in Occupational Therapy. ADL activities should be provided in a more structured way.

6.2.1 Recommendation for current practice

- The patient should know the importance of ADL group therapy among Stroke patients that's why increase the participation in ADL group therapy.
- This study will help the health professionals to treat the patient by using client centered approach.
- Occupational therapists, social workers and other many professionals who are working with people with disabilities can promote increase the participation in ADL activities to ensure the rights of people with disabilities.
- Within the rehabilitation program, consideration should be placed upon ways of educating and preparing patients in relation to issues such as managing residual physical symptoms, identity change, managing stigma, and possible dilemmas around receiving support and adaptations in doing ADL activities.

6.2.2 Recommendation for Future Research

- In further research, the researcher should maintain the study is large samples where more respondents will be involved.
- It is further needed to study the comparison with other group therapy program like comparison with CRP neuro outpatient services.

- In collaboration initiative with government & non –government organization for further action for expanding the program for stroke patients

6.3 Conclusion

This study contributes to a better understanding of the meaning of participating in a ADL group therapy intervention in everyday life after stroke and might serve as a basis for the further development of client-centred interventions. The results of this study highlight Participating in ADL group therapy that the person understands the importance of ADL group therapy and also encourage the person to increased participation and satisfaction by doing daily living activities. The transparency also seems to support the participants' sense of ownership of their situation in rehabilitation after stroke. The study shows how goal-setting process seems to contribute to experiences of agency in daily activities, and this could have clinical implications when planning and implementing rehabilitation interventions after stroke. After stroke, people's experiences of participation in everyday life changed. Performing activities that the person found meaningful added a sense of increased participation and satisfaction. The experience of being dependent in everyday activities and finances appeared to reduce perceived participation. Participation in a group connected to a patient association with like-minded people contributed to a new role, and a sense of belonging Seeing resources instead of obstacles was expressed as increasing participation and experienced as enhancing opportunities of becoming independent. Belonging to patient association proved to be important for experiencing participation in several ways, e.g. providing new roles, sharing experiences, peer-support and recognition. Possible future longitudinal research should be performed to study whether the strategies used in the ADL group therapy have been integrated into the client's everyday life after stroke**.**

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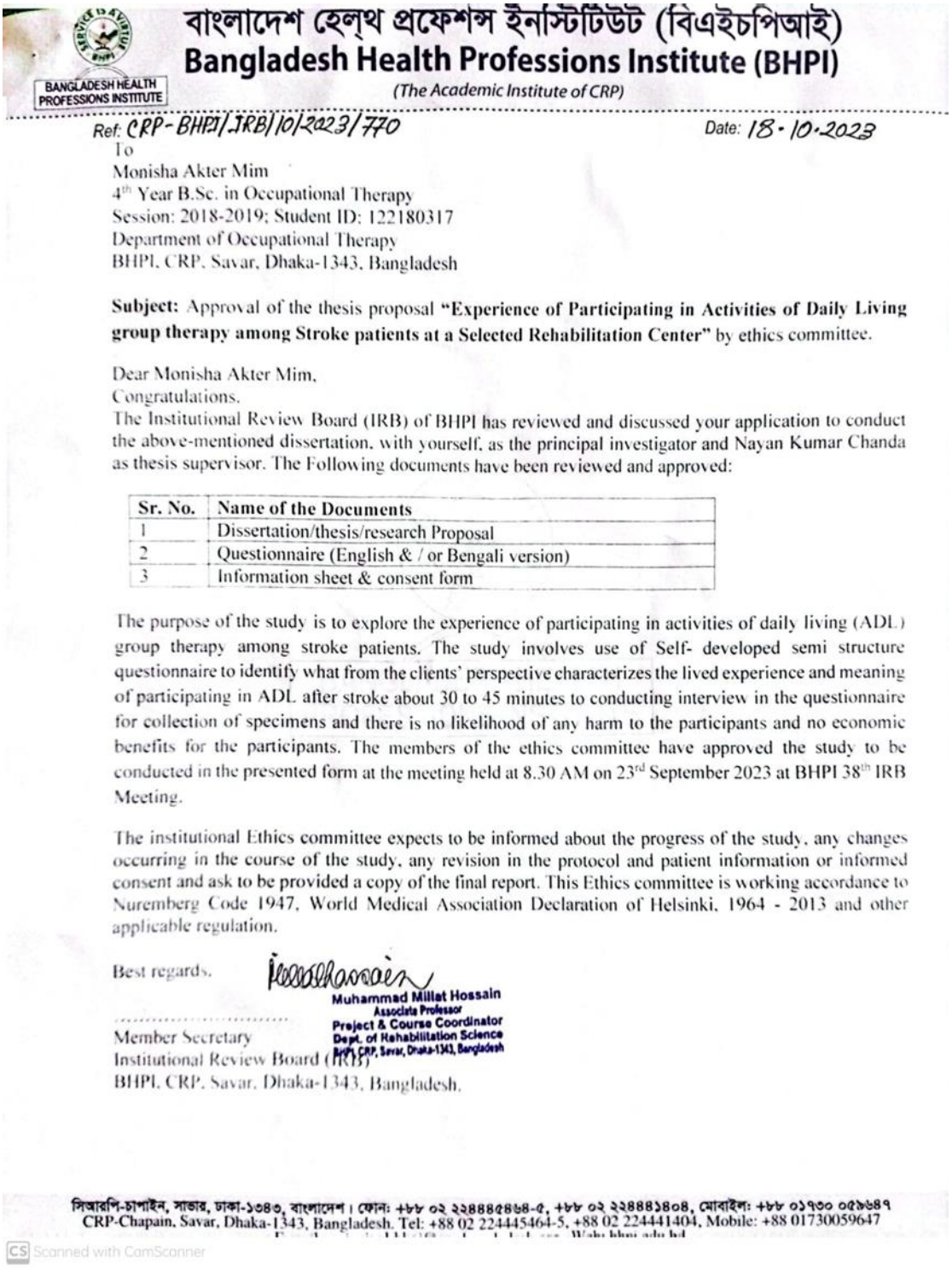
APPENDICES

Appendix A: Approval / Permission Letter

Ethical Approval Letter from IRB



বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/10/2023/770 Date: 18-10-2023

To
Monisha Akter Mim
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019; Student ID: 122180317
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Experience of Participating in Activities of Daily Living group therapy among Stroke patients at a Selected Rehabilitation Center"** by ethics committee.

Dear Monisha Akter Mim,
Congratulations.
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Nayan Kumar Chanda as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form

The purpose of the study is to explore the experience of participating in activities of daily living (ADL) group therapy among stroke patients. The study involves use of Self- developed semi structure questionnaire to identify what from the clients' perspective characterizes the lived experience and meaning of participating in ADL after stroke about 30 to 45 minutes to conducting interview in the questionnaire for collection of specimens and there is no likelihood of any harm to the participants and no economic benefits for the participants. The members of the ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 23rd September 2023 at BHPI 38th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor
Project & Course Coordinator
Dept. of Rehabilitation Science
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Member Secretary
Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647

Permission Letter for Data Collection

Date: 19.10.2023
To
The Head of the Occupational Therapy Department
Centre for the Rehabilitation of the Paralysed (CRP)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for permission to collect data for the research project.**

Sir,
With due respect, I would like to draw your kind attention that I am 4th year student of B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfilment of the degree of Bachelor of Science in Occupational Therapy. I would like to collect information about Stroke patients who were participating in ADL group from Neuro out-patient unit, Department of Occupational Therapy from January 2018 to September 2023.The research title is **"Experience of participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed (CRP)."** The Study design is Qualitative method with phenomenology approach. I would like to take face to face in depth interviews with male and female Stroke patients. I assure you that anything of my project will not be harmful for the participants, and any data collected will be kept confidential.

So, I look forward to having your permission to start data collection to conduct a successful study as a part of my course.

Sincerely yours,

Monisha Akter Mim
Monisha Akter Mim
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019
Bangladesh Health Professions Institute (BHPI) CRP-Savar,
Dhaka-1343, Bangladesh

Signature and comments of the head of the department

Sk. Moniruzzaman
Associate Professor & Head of the Department
Department of Occupational Therapy
Centre for the Rehabilitation of the Paralysed (CRP)
CRP-Savar, Dhaka-1343, Bangladesh

Date: 30.10.2023

To

The Center Manager

Centre for the Rehabilitation of the Paralysed (CRP)

CRP-Mirpur, Dhaka-1206, Bangladesh

Subject: **Application for permission to collect data for the research project.**

Sir,

With due respect, I would like to draw your kind attention that I am 4th year student of B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfilment of the degree of Bachelor of Science in Occupational Therapy. I would like to collect information about Stroke patients who were participating in ADL group from Neuro out-patient unit, Department of Occupational Therapy from January 2018 to September 2023.The research title is "**Experience of participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed."** The Study design is Qualitative method with phenomenology approach. I would like to take face to face in depth interviews with male and female Stroke patients. I assure you that anything of my project will not be harmful for the participants, and any data collected will be kept confidential.

So, I look forward to having your permission to start data collection to conduct a successful study as a part of my course.

Sincerely yours,

Monisha Akter Mim

4th Year B.Sc. in Occupational Therapy

Session: 2018-2019

Bangladesh Health Professions Institute (BHPI) CRP-Savar, Dhaka-1343, Bangladesh

Appendix B: Information Sheet & Consent Form (English and Bangla)

বাংলাদেশ হেলথ্ প্রফেশনস ইন্সটিটিউট

(বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Telephone: 02-7745464-5. 7741404. Fax: 0774506

Code Number:

Research information

Research title: Experience of participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed (CRP).

Researcher: Monisha Akter Mim, B.Sc. in Occupational Therapy (4th Year), Session: 2018-2019, Bangladesh Health Profession Institute (BHPI), Savar, Dhaka- 1343

Supervisor: Nayan Kumer Chanda, Assistant professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Lecturer, Department of Occupational Therapy, Bangladesh Health Profession Institute.

Research place: The study will be conducted in Centre for the Rehabilitation of the Paralysed (CRP), Dhaka.

Information sheet (English)

Information Sheet Introduction:

I'm Monisha Akter Mim, B.Sc in occupational therapy student of Bangladesh health professions institute (BHPI), Have to conduct a thesis as a part of this bachelor course under thesis supervisor Nayan Kumer Chanda. You are going to have detailed information about the study purpose, data collection process, ethical issues.

You do not have to decide today whether you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand please ask me, I will take time to explain.

Background and purpose:

You are Bing invited to be a part of this research. The general purpose of the study is to explore the Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients.

Research related Information:

The research related information will be discussed with you in detail before you sign the consent form. If you want to participate in this study, you must sign the consent form. Participants will then be asked to complete a structured questionnaire. This questionnaire will contain questions on socio-demographic factors.

The information will be maintained confidentiality, and your identity will not be disclosed, only a number will identify you and no one expect Nayan Kumer Chandra, supervisor of the study.

Right to Withdraw:

If you think you shouldn’t give consent, you may withdraw your participation without providing any explanation to the researcher until the time before the data is approved.

Risks and Benefits:

During the research project, you may have to answer some personal and confidential questions due to which you may feel uncomfortable. If you don't want to answer any questions or take part in a discussion it also okay. On the other hand, you may not benefit directly from participating in this study, but your valuable participation will help you to know the occupational health hazards among ceramic workers. It is expected that there is no additional risk, hazard, or discomfort in participating in the relevant research here.

Confidentiality

By signing this consent letter, you have allowed the research staff studying in this research project to collect and use your personal information that will not be shared with anyone outside of the research team. The information about you will have been mentioned in a number. Only the researcher will have access to this information that we will lock with a lock and key. The information will not be shared with anyone except the supervisor Nayan Kumer Chanda of this research.

Sharing the results

It is expected that nothing will be shared with anybody outside of the research team and attributed to you by name but the results or knowledge that we get from this research project will be published and presented in various forums. A summary of the results will be received by the participant. There will be small presentation, and these will be published. People who are interested will learn from the research, so we published the results according to the presentation.

Who to contact?

If you have any questions about the research project, you can ask now or at any later time. If you wish to ask questions you may contact the following: Monisha Akter Mim,

Bachelor of Science in Occupational Therapy, Department of Occupational Therapy, and cell phone 01753147306. This proposal has been reviewed and approved by Institutional Review Board (IBR), Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh.

Information Sheet (Bangla)

বাংলাদেশ হেলথ্ প্রফেশনস ইন্সটিটিউট

(বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার ঢাকা-১৩৪৩, টেলিফোন: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪,

ফেক্স: ০৭৭৪৫০৬

কোড নাম্বার:

গবেষণা তথ্য

গবেষণার শিরোনাম: সিআরপিতে স্ট্রোক রোগিদের মধ্যে যারা এডিএল গ্রুপ থেরাপিতে অংশ গ্রহন করেছে তাদের অভিজ্ঞতা সম্পর্কে জানা।

গবেষক: মনিষা আক্তার মিম, ৪র্থ বর্ষ, বি.এসসি অকুপেশনাল থেরাপি বিভাগ, সেশন: ২০১৮-১৯, বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা-১৩৪৩

তত্ত্বাবধায়ক: নয়ন কুমার চন্দ, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট। প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)

গবেষণার স্থান: গবেষণাটি, সিআরপিতে পরিচালিত হবে

আমার স্নাতকের তথ্য পত্রের ভূমিকা

আমি মনিষা আক্তার মিম, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট বিএইচপিআই-এর

অকুপেশনাল থেরাপি (বিএসসি) শিক্ষার্থী, থিসিস সুপারভাইজার নয়ন কুমার চন্দের অধীনে, এই ব্যাচেলর কোর্সের অংশ হিসাবে একটি থিসিস পরিচালনা করতে হবে। আপনার কাছে অধ্যয়নের উদ্দেশ্য, ডেটা সংগ্রহ প্রক্রিয়া, নৈতিক সমস্যা সম্পর্কে বিস্তারিত তথ্য থাকবে।

আপনি গবেষণায় অংশগ্রহণ করবেন কিনা তা আজকে সিদ্ধান্ত নিতে হবে না। আপনি সিদ্ধান্ত নেওয়ার আগে, গবেষণা সম্পর্কে আপনি যার সাথে স্বাচ্ছন্দ্য বোধ করেন তার সাথে কথা বলতে পারেন। যদি এই সম্মতি ফর্মে এমন কিছু শব্দ থাকে যা আপনি বুঝতে না পারেন দয়া করে আমাকে জিজ্ঞাসা করুন, আমি ব্যাখ্যা করব।

পটভূমি এবং উদ্দেশ্য

আপনি এই গবেষণা একটি অংশ হতে আমন্ত্রিত. অধ্যয়নের সাধারণ উদ্দেশ্য হল সিআরপিতে স্ট্রোক রোগিদের মধ্যে যারা এডিএল গ্রুপ থেরাপিতে অংশ গ্রহন করেছে তাদের অভিজ্ঞতা সম্পর্কে জানা।

গবেষণা সম্পর্কিত তথ্য

আপনি সম্মতি ফর্মে স্বাক্ষর করার আগে গবেষণা সম্পর্কিত তথ্য আপনার সাথে বিশদভাবে আলোচনা করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান, তাহলে আপনাকে অবশ্যই সম্মতি ফর্মে স্বাক্ষর করতে হবে। অংশগ্রহণকারীদের তারপর একটি কাঠামোগত প্রশ্নাবলী সম্পূর্ণ করতে বলা হবে। এই প্রশ্নাবলীতে সামাজিক-জনসংখ্যা বিষয়ক প্রশ্ন থাকবে। তথ্য গোপনীয়তা বজায় রাখা হবে এবং আপনার পরিচয় নয়ন কুমার চন্দ্র, অধ্যয়নের তত্ত্বাবধায়ক ব্যতিত কারো কাছে প্রকাশ করা হবে না, শুধুমাত্র একটি সংখ্যা আপনাকে সনাক্ত করবে ।

প্রত্যাহারের অধিকার

আপনি যদি মনে করেন যে আপনার সম্মতি দেওয়া উচিত নয়, তাহলে ডেটা

অনুমোদনের আগে পর্যন্ত আপনি গবেষককে কোনো ব্যাখ্যা না দিয়েই আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন।

ঝুঁকি এবং সুবিধা

গবেষণা প্রকল্পের সময়, আপনাকে কিছু ব্যক্তিগত এবং গোপনীয় প্রশ্নের উত্তর দিতে হতে পারে যার কারণে আপনি অস্বস্তি বোধ করতে পারেন। আপনি যদি কোনো প্রশ্নের উত্তর দিতে না চান বা আলোচনায় অংশ নিতে না চান তাহলেও ঠিক আছে। অন্যদিকে, আপনি এই গবেষণায় সরাসরি অংশগ্রহণ করে উপকৃত নাও হতে পারেন, কিন্তু আপনার মূল্যবান অংশগ্রহণ আপনাকে সিরামিক কর্মীদের মধ্যে পেশাগত স্বাস্থ্যের ঝুঁকি জানতে সাহায্য করবে। এটি প্রত্যাশিত যে এখানে প্রাসঙ্গিক গবেষণায় অংশগ্রহণ করার জন্য কোন অতিরিক্ত ঝুঁকি, বিপত্তি বা অস্বস্তি নেই।

গোপনীয়তা

এই সম্মতি পত্রে স্বাক্ষর করার মাধ্যমে, আপনি এই গবেষণা প্রকল্পে অধ্যয়নরত গবেষণা কর্মীদের আপনার ব্যক্তিগত তথ্য সংগ্রহ এবং ব্যবহার করার অনুমতি দিয়েছেন যা গবেষণা দলের বাইরের কারো সাথে শেয়ার করা হবে না। আপনার সম্পর্কে তথ্য একটি সংখ্যা উল্লেখ করা হবে. শুধুমাত্র গবেষকের কাছে এই তথ্যের অ্যাক্সেস থাকবে যা আমরা একটি তালা এবং চাবি দিয়ে লক করব। এই গবেষণার তত্ত্বাবধায়ক নয়ন কুমার চন্দ ছাড়া অন্য কারো সাথে তথ্য শেয়ার করা হবে না। ফলাফল শেয়ার করা এটা আশা করা যায় যে গবেষণা দলের বাইরের কারো সাথে কিছুই প্রকাশ করা হবে না এবং নাম দ্বারা আপনাকে চিহ্নিত করা হবে তবে না ,আমরা এই গবেষণা প্রকল্প থেকে যে ফলাফল বা জ্ঞান পাই তা প্রকাশ করা হবে এবং বিভিন্ন ফোরামে উপস্থাপন করা হবে। ফলাফলের সারাংশ অংশগ্রহণকারীরা পাবেন। সেখানে হবে ছোট উপস্থাপনা হবে এবং এই প্রকাশ করা হবে. যারা আগ্রহী তারা গবেষণা থেকে শিখবেন যাতে আমরা উপস্থাপনা অনুযায়ী

ফলাফল প্রকাশ করেছি।

কার সাথে যোগাযোগ করবেন?

গবেষণা প্রকল্প সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি এখন বা পরে যেকোনো সময় জিজ্ঞাসা করতে পারেন। আপনি যদি প্রশ্ন করতে চান তবে আপনি নিম্নলিখিতগুলির সাথে যোগাযোগ করতে পারেন: মনিষা আক্তার মিম, অকুপেশনাল থেরাপিতে ব্যাচেলর অফ সায়েন্স, অকুপেশনাল থেরাপি বিভাগ, এবং সেল ফোন 01753147306 । এই প্রস্তাবটি প্রাতিষ্ঠানিক পর্যালোচনা বোর্ড (আইআরবি), বাংলাদেশ দ্বারা পর্যালোচনা এবং অনুমোদিত হয়েছে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউটে (বিএইচপিআই), সিআরপি-সাভার, ঢাকা-১৩৪৩, বাংলাদেশ।

Consent Form (English)

I am Monisha Akter Mim, 4th year, B.Sc. in Occupational Therapy student at Bangladesh Health Profession Institute (BHPI) under the Faculty of Medicine, University of Dhaka. As a part of B.Sc. in Occupational Therapy course curriculum, I am going to conduct research under the supervisor of Nayan Kumer Chanda, Assistant Professor, Department of occupational Therapy, Bangladesh Health Professions Institute (BHPI). The research title is "**Experience of participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed (CRP)".**

In this research I am _____ _____ A participant and I have been clearly informed about the purpose and aim of the study. I am also informed that the information collected will only be used for study purposes and would be kept confidential. Name and address will not be published anywhere. Participation in this study is voluntary, I am willing to participate in the study.

Signature of the participant: _____ Date: _____

Signature of the researcher: _____ Date: _____

Consent Form (Bangla)

সম্মতি পত্র

আমি মনিষা আক্তার মিম, ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউটে (বিএইচপিআই) এর অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের একজন ছাত্রী। বিএসসি অকুপেশনাল থেরাপি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি নয়ন কুমার চন্দ, সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এর তত্ত্বাবধানে একটি গবেষণা পরিচালনা করতে যাচ্ছি। গবেষণার শিরোনাম সিআরপিতে স্ট্রোক রোগিদের মধ্যে যারা এডিএল গ্রুপ থেরাপিতে অংশ গ্রহন করেছে তাদের অভিজ্ঞতা সম্পর্কে জানা।

এই গবেষণায় আমি _____ একজন অংশগ্রহণকারী এবং অধ্যয়নের উদ্দেশ্য এবং লক্ষ্য সম্পর্কে আমাকে স্পষ্টভাবে অবহিত করা হয়েছে। আমাকে আরও জানানো হয়েছে যে সংগৃহীত তথ্য শুধুমাত্র অধ্যয়নের উদ্দেশ্যে ব্যবহার করা হবে এবং গোপন রাখা হবে। নাম ঠিকানা কোথাও প্রকাশ করা হবে না। এই গবেষণায় অংশগ্রহণে একজন স্বেচ্ছাসেবী হিসেবে আমি গবেষণায় অংশগ্রহণ করতে ইচ্ছুক।

অংশগ্রহণকারীর স্বাক্ষর:_____তারিখ: _____

গবেষকের স্বাক্ষর:_____তারিখ: _____

Withdrawal Form (English)

Research Title: Experience of participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed (CRP)".

Name of the Researcher: Monisha Akter Mim, 4th year, Occupational Therapy, Roll:17

I _____ confirm that I wish to withdraw all my data from the study before the data analysis has been completed and that none of my data will be included in the study.

Signature of the participant: _____ Date: _____

Name of the Researcher:_____Date: _____

Withdrawal form (Bangla)

প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

গবেষনার শিরনামঃ সিআরপিতে স্ট্রোক রোগিদের মধ্যে যারা এডিএল গ্রুপ থেরাপিতে অংশ গ্রহন করেছে তাদের অভিজ্ঞতা সম্পর্কে জানা

গবেষক : মনিষা আক্তার মিম, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ

আমি _____ (অংশগ্রহণকারী), আমার অংশগ্রহণ থেকে উদ্‌ভূত ডেটা ব্যবহারের জন্য আমার সম্মতি প্রত্যাহার করতে চাই।

প্রত্যাহারের কারণ _____

অংশগ্রহনকারীর স্বাক্ষর_____ তারিখ:_____

গবেষকের স্বাক্ষর _____ তারিখ: _____

Appendix C: Questionnaire (English and Bangla)

Questionnaire (English)

Socio-demographic data

Name:

Gender: Male: ☐ Female: ☐

Age:

Marital status:

Married: ☐ Unmarried: ☐ Religion:

Family status:

Family number:

Number of children:

Son: ☐ Daughter: ☐

Living status: ☐

Rural: ☐ Semi-urban: ☐ Urban: ☐

Occupational status:

Educational status: Economic status:

Date of taking rehabilitation service:

Duration of illness:

Name of caregiver:

Relation between participant and caregiver:

Self-developed semi-structure interview guide

Questions:

1. Please tell me something about yourself and how did you know about ADL group therapy for stroke patients.
2. How long have you been attending these therapy sessions?
3. What were your initial expectations or hopes before you participating in ADL group therapy?
4. Are there any specific goals you wanted to achieve through these therapy sessions?
5. Can you describe the ADL therapy group? (e.g., the number of participants, age range, backgrounds).
6. Can you share some details about the activities or exercises you are engaged during the therapy sessions?
7. Were there any particular activities that stood out to you as especially beneficial or challenging?
8. How ADL group therapy has influenced your daily life and functioning since you started?
9. Can you provide specific examples of improvements or changes you've noticed in your daily routines or abilities?
10. Are there any obstacles or difficulties you faced while attending the group therapy sessions?
11. How do you, or the group as a whole, find out the challenges and how will you overcome these challenges?
12. What is your experience of interacting with the therapists or facilitators during the therapy sessions?

13. How does the interacting with other group members to contribute your overall experience?
14. Do you experience any emotional changes or challenges during the therapy sessions?
15. How did the therapy impact your emotional well-being?
16. Do you plan to continue participating in ADL group therapy or similar activities in the future?
17. What advice or insights would you offer to other stroke patients considering group therapy?
18. Looking back on your journey in ADL group therapy, what would you say has been the most significant aspect or learning experience for you?
19. Is there anything else you'd like to share about your experience with ADL group therapy that we haven't discussed yet?

Questionnaire (Bangla)

Sociodemographic questionnaire (Bangla)

১। নামঃ

২। লিঙ্গঃ পুরুষঃ ☐ মহিলাঃ ☐

৩। বয়সঃ

৪। বৈবাহিক অবস্থাঃ

বিবাহিতঃ ☐ অবিবাহিতঃ ☐ ধর্মঃ ☐

৫।পরিবারের সদস্য সংখ্যাঃ

৬।সন্তান সংখ্যাঃ

৭।বসবাসের অবস্থাঃ

গ্রামীণঃ ☐ উপ-শহরঃ ☐ শহরঃ ☐

৮।পেশাঃ

৯। শিক্ষাগত যোগ্যতাঃ

১০।অকুপেশনাল থেরাপি সেবা গ্রহণের তারিখঃ

১১। অসুস্থতার সময়কালঃ

১২।সহায়ক উপকরনঃ

১৩।পরিচর্যাকারীর নামঃ

১৪। অংশগ্রহণকারী এবং পরিচর্যাকারীর মধ্যে সম্পর্কঃ

১৫। অন্যান্য তথ্যঃ

প্রশ্নাবলী

১।আপনি কেমন আছেন এবং আপনি কীভাবে স্ট্রোক রোগীদের জন্য এডিএল গ্রুপ থেরাপি সম্পর্কে জানতে পেরেছেন সেইটা সম্পর্কে বলুন।

২।আপনি কি এডিএল গ্রুপ থেরাপির জন্য সঠিক পদ্ধতি অনুসরণ করতে পারেন এবং সেগুলো কি মেনে চলতে পারেন যা আপনাকে গ্রুপ থেরাপিতে অংশগ্রহণ করতে সহায়তা করে?

৩। আপনি কতদিন ধরে এডিএল গ্রুপ থেরাপি সেশনে যোগ দিচ্ছেন?

৪। আপনি এডিএল গ্রুপ থেরাপিতে অংশগ্রহণ করার আগে আপনার প্রাথমিক প্রত্যাশা বা আশা কি ছিল?

৫।এই থেরাপি সেশনের মাধ্যমে আপনি কি কোন নির্দিষ্ট লক্ষ্য অর্জন করতে চেয়েছিলেন?

৬।আপনি কি এডিএল গ্রুপ থেরাপি সম্পর্কে বর্ণনা করতে পারবেন? (যেমন, অংশগ্রহণকারীদের সংখ্যা, বয়স পরিসীমা, ব্যাকগ্রাউন্ড)।

৭। থেরাপি সেশনের সময় আপনি যে ক্রিয়াকলাপ বা ব্যায়াম করেন সে সম্পর্কে কিছু বর্ণনা করতে পারবেন ?

৮। এমন কোন বিশেষ ব্যায়াম করেন যা আপনার কাছে বিশেষভাবে উপকারী বা চ্যালেঞ্জিং হিসাবে মনে হয়?

৯।এডিএল গ্রুপ থেরাপি শুরু করার পর থেকে আপনার দৈনন্দিন জীবনে কাজের ক্ষেত্রে তা কীভাবে প্রভাবিত করেছে?

১০। আপনি কি আপনার দৈনন্দিন জিবনে কাজের ক্ষেত্রে কোন উন্নতি লক্ষ্য করেছেন?এমন উন্নতি বা পরিবর্তনগুলির মধ্যে নির্দিষ্ট একটি উদাহরণ দিতে পারবেন?

১১।গ্রুপ থেরাপি সেশনে অংশ নেওয়ার সময় আপনি কি কোন বাধা বা অসুবিধার

সম্মুখীন হয়েছেন?

১২।গ্রুপে কাজ করার সময় কীভাবে আপনি চ্যালেঞ্জগুলি বা বাধাগুলি খুঁজে বের করেন এবং কীভাবে আপনি এই চ্যালেঞ্জগুলিকে অতিক্রম করেন?

১৩।থেরাপি সেশনের সময় থেরাপিস্টদের সাথে যোগাযোগ করার আপনার অভিজ্ঞতা কী?

১৪।গ্রুপের অন্যান্য সদস্যদের সাথে যোগাযোগ কিভাবে আপনার সামগ্রিক অভিজ্ঞতাকে অবদান রাখে?

১৫।থেরাপি সেশনের সময় আপনি কি কোন মানসিক পরিবর্তন বা চ্যালেঞ্জ অনুভব করেন?

১৬। এডিএল গ্রুপ থেরাপি কিভাবে আপনার মানসিক সুস্থতাকে প্রভাবিত করেছে?

১৭।আপনি কি ভবিষ্যতে এডিএল গ্রুপ থেরাপি বা অনুরূপ কার্যকলাপে অংশগ্রহণ চালিয়ে যাওয়ার পরিকল্পনা করছেন?

১৮।এডিএল গ্রুপ থেরাপিতে অংশ গ্রহনের শুরু থেকে শেষ পর্যন্ত ফিরে তাকালে, আপনি কি বলতে পারবেন যে আপনার জন্য সবচেয়ে উল্লেখযোগ্য দিক বা শেখার বিষয় কি ছিল?

১৯।এডিএল গ্রুপ থেরাপির সাথে আপনার অভিজ্ঞতা সম্পর্কে আপনি কি অন্য কিছু শেয়ার করতে চান যা আমরা এখনও আলোচনা করিনি?

Appendix D: Supervision conduct sheet

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Experience of Participating in Activities of Daily Living (ADL) group therapy among Stroke patients at Centre for the Rehabilitation of the Paralysed.

Name of student: Monisha Akter Mim

Name and designation of thesis supervisor: Nayan Kumer Chanda, Assistant professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	8.08.23	BHPI	Discussion about the research topic	1.00 hour	Got one clear idea about research topic	Mim	Nay
2	14.08.23	"	Title, aim, objective	2.00 hours	Understanding aim, objective	Mim	Nay
3	17.08.23	"	Research design, and ethical consideration	2.00 hours	Understanding research design	Mim	Nay
4	12.09.23	"	Data collection instruments	1.30 hours	Understanding the idea	Mim	Nay
5	14.03.23	"	Permission procedure to use the data collection instrument	1.30 hours	find out the way to use the instruements	Mim	Nay

6	16.09.23	Library	Introduction for research proposal	1.00 hours	understanding the guidelines	Mim	
7	18.09.23	Library	Methodology for research proposal	1.00 hours	clear idea about the reasoning for methodology	Mim	
8	21.09.23	Library	how to prepare proposal presentation	2.00 hours	Get proper idea	Mim	
9	23.09.23	BHPI	Feedback from proposal presentation	1.30 hours	understand what to do or not	Mim	
10	11.10.23	BHPI	Feedback on appendix	1.30 hours	get proper idea how to write appendix	Mim	
11	21.10.23	BHPI	data collection procedure	1.30 hours	get an effective guideline	Mim	
12	25.10.23	Officeroom	Permission procedure to collect data from clinical side	1.30 hours	understanding the permission procedure	Mim	
13	16.12.23	officeroom	Feedback on field test	1.30 hours	get effective guideline	Mim	
14	9.01.24	BHPI	Feedback on Introduction writeup for draft submission	2.30 hours	get effective idea	Mim	
15	16.1.24	BHPI	Feedback on Literature review writeup	2.00 hours	get effective guideline	Mim	
16	18.1.24	BHPI	Feedback on methodology writeup	2.00 hours	get effective guideline	Mim	
17	20.1.24	BHPI	feedback on the result for 1st draft submission	2.00 hours	find out the way to correct the mistake	Mim	

18	22.1.24	Library	Feedback on discussion, conclusion	2.00hours	get clear idea	Mim	
19	28.1.24	BHPI	Feedback on 1st draft	2.00hours	get effective guidding	Mim	
20	3.02.24	BHPI	Feedback on result	1.00 hours	to correct the mistake	mim	
21	10.3.24	BHPI	Feedback on second draft	1.30hours	get effective guidline	Mim	
22	24.3.24	BHPI	Feedback on formating at the whole thesis	2.00hours	get effective guideline	Mim	
23	28.3.24	BHPI	Feedback on research presentation & final draft	2.00hours	get effective idea about presentaion	Mim	
24	16.4.24	BHPI	Feedback on research presentation	1.00hour	to correct the mistake	Mim	
25							
26							
27							
28							
29							