# OCCUPATIONAL PERFORMANCE ROLES FOLLOWING STROKE

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# Abstract

Research into rehabilitation outcomes shows that people recovering from stroke experience serious role loss. Despite this, many occupational therapists working in the area of stroke rehabilitation do not allocate time to therapy designed to achieve specific meaningful role resumption or development for their clients, instead focussing most of their therapy upon the restoration of function at the performance component level (Brodie, Holm, & Tomlin, 1994). Occupational role performance is an area of knowledge that has been neglected within the profession. Little is known about the use of the concept by the role performer.

A naturalistic study was undertaken to provide descriptive information about the self-perceived occupational role performance of men over 65 who have had a stroke, and to investigate the possibility that occupational role was a construct used by the participants to organise their occupational performance (Chapparo and Ranka, 1997). Thirteen participants were interviewed in their own homes. Inductive analysis of the data produced the following findings. There was evidence that participants did use role as a construct to organise role performance in terms of meaning, personal abilities and time. This organisation incorporated a large degree of choice about how roles were performed. Choices were made in relation to perceptions of environmental demands and informed by previous experience and personal standards for role performance.

A preliminary model of self-perceived occupational role performance was developed from the themes identified in the data. The constructs of the model represent the factors identified as contributing to the meaning, motivation, planning and performance of occupational roles by the participants in the study. Each major construct has a number of sub-constructs, and construct definitions were produced. The relationship between the constructs is thought to be complex, and were considered beyond the scope of this descriptive study. The three major constructs of this model are Active Engagement, Personal Meaning and Perceived Control. The three constructs relate to *doing, knowing* and *being* as described in the Occupational Performance Model (Australia) (Chapparo and Ranka, 1997). Active Engagement describes the nature of occupational role performance and is principally related to *doing*. The construct of Personal Meaning strongly influences Active Engagement and is principally related to *being.* The last construct of Perceived Control relates to the reasoning of

the participant about his role performance, and is principally related to *knowing.* Perceived Control informs Personal Meaning in terms of the perceived outcomes of Active Engagement.

The major outcome of this study has been the detailed identification and description of a number of constructs that relate to both the internal and external aspects of self-perceived occupational role performance for the study participants. These constructs extend the Occupational Performance Model (Australia) (Chapparo and Ranka, 1997) at the role level, and can form the basis of further research to develop a model of occupational role performance that would provide a valuable tool for research and for clinical practice.

I hereby certify that this work has not been submitted for a higher degree at any other university or institution. .....

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