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Impact of Occupationally Based Intervention Program in Relation to Quality of Life of Spinal Injury People

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Abstract

Solving the issues of occupational competence (OC) in daily life for disabled people is very important. Occupationally-based intervention (OBI) was designed for them. OBI comprises of individual approach and educational sessions by taking into account of work/home environment. Aim of this study is to investigate the effects of OBI among spinal cord injuries client. After six months of post-intervention, their OC and quality of life (QOL) found to be significantly increased. This study provides strong evidence that by using OBI program based upon client-centered approach able to improve spinal cord injuries people occupational functioning and participation and QOL.

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Keywords: Quality of life; environment; occupationally-based intervention; occupational competence

1. Introduction

People with spinal cord injury (SCI) often experienced problems in body functions and structures such as bowel and bladder function, pressure sores, spasticity, respiratory problems. In addition, they also have disabilities in

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sexual function, pain, body appearance, limited range of motion and hand function, fatigue, and spasm. They also suffered from psychological distress such as depression, anxiety, low self-esteem and poor self-concept. Subsequently those problems limit and restrict activity limitations in activities daily living (ADL), leisure, home maintenance, vocational and educational activities (Chan, 2009; Freis, 2005; Geyh; 2013). Moreover, two studies found that there was significantly low in occupational competence (performance and participation) for disabled people. In fact, it was compared to the reference group consists of international disabled people (Murad, O'Brien, Farnworth, Chien, 2013a, 2013b).

Solving issues of activity limitation and participation restriction are synonym with occupational therapy (OT) interventions in rehabilitation (Hermanson, 2009). However, even though people with SCI have finished undergo active rehabilitation and experienced the injury for more than ten years. They still have needs and priorities that still not been fulfilled (Bosman, Bours, Engels, Witte, 2008). Some of the needs and priorities identified from clients' perspectives are home modifications, physical accessibility, and adaptive equipment. Moreover, they also needed psychological health, sexual and reproductive health, ADL independence, mobility, social integration and consultation (Lombardi, Popolo, Del, Macchiarella, Mencarini, Celso, 2010). Performance and participation in functional activities are also equally important for people with disability (Chang, Wang, Jang, Wang, 2012; Hou, Liang, Sheu, Hsieh, Chuang, 2013). However, the studies do not take into consideration the needs and priorities of people with SCI. This related to personal and environmental aspect (Loo, Post, Bloemen, Asbeck, 2010; Haron, Hamida, Talib, 2012). In addition, occupational theory such as model of human occupation (MOHO) which emphasized on personal and environmental aspects need to be considered in implementation intervention or program for SCI (Braveman, 1999; Kielhofner, 2008). In fact, client-centered approach is one of the best practices to address personal needs and priorities of disabled people (Brien, 2007).

A client-centered approach is a collaboration concept and encourages participation of clients/their relatives during the rehabilitation process. It considers client's lives, values and priorities in planning intervention (Armstrong, 2007; Hammell, 2013; Syamwil, 2010). Studies showed that by practicing client-centered approach improve clients/family member's satisfaction. In addition, client's motivation and functional outcomes improved when they participated more in purposeful and meaningful activities subsequently have good quality of life (QOL) (Sumsion & Law, 2006). To compliment client-centered approach, Canadian Association of Occupational Therapists (CAOT) introduced client-centered enablement (Townsend & Polatajko, 2007). They defined client-centered enablement as collaboration between therapist and client which therapist employed the enablement skills and used to the occupation by working together with related people. Thus, with involvement of related people it might establish good health, well-being and justice for the client (Hammell, 2013). However, the used of client-centered approach/client-centered enablement amongst occupational therapists is questionable. Is the usage of client-centered approach /client-centered enablement only a rhetoric word or/and is it being implemented throughout OT practices all over the world especially for SCI people? Evidences showed that client-centered approach practiced by an occupational therapist in some clinical setting. However, it does not routinely practice due to some challenges and obstacles, for example, short of manpower, time-consuming and lack of material resources (Orentlicher, 2008). In addition, articles review showed that only three papers are discussing the interventions/services/scope/module regarding client-centered practice among OT for SCI people (Peilatt, 2004). To date, there is no study have been done regarding OT practicing the ten enablement skills in a client-centered research especially for people with SCI. Furthermore, it has been suggested that research effort and clinical discoveries in OT services must consider the client-centered approach. Thus, achieving better outcomes and improve the quality of life (QOL) of people with disability especially for people with SCI.

Therefore, the study was undertaken to identify the needs and priorities of people with SCI, which take into consideration the personal and environmental aspects. In addition, the study attempted to identify the impact of occupational-based intervention (OBI) program that practicing client-centered enablement approach in relation to performance and participation (occupational competence) and QOL.

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