

Pettersson I, Appelros P, Ahlström G (2007). Lifeworld perspectives utilizing assistive devices: Individuals, lived experience following stroke. *Canadian Journal of Occupational Therap.* 74 (1): 15-26.¹

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This summary is written for individuals who have had a stroke and are in need of assistive devices; for their caregivers; for professionals who work with this specific group and for others interested in the subject.

The aim of this summary is to inform all people mentioned above about the findings of a research article and how the findings can be useful to them.

The article aims to give an understanding of individuals post stroke and how they describe their own experiences related to the use of assistive devices.

Background

The researchers made a literature review to find out the state of knowledge. It is mentioned that there is only some material about how to evaluate assistive devices.

However, the use of assistive devices is quite common among people who suffer a stroke and have a residual disability. Different phenomena appear in their daily lives.

One is the individual's experience of the use of assistive devices. The authors conclude that in order to enhance their participation and their quality of life it is necessary to explore how individuals experience their lives using assistive devices.

Methods

Having been accepted by an ethics committee, a qualitative research approach was carried out to gather information. While using an appropriate method to discover and describe how individuals interpret their lives and make sense of what they experience, the researchers interviewed 22 participants aged 35 to 86 in the municipality of Örebro, Sweden.

Inclusion criteria are mentioned in the article, but not much information is given about the participants' recruitment. The authors refer to a prior published article (Appelros, P. 2002). After reading this article appropriate information could be gathered about the recruitment process.

A few examples of questions are given in the article to give an impression of the interviewees. The interviews were audio-recorded and analysed.

In the process of analysis, which is well reported in the article, the researchers used four deductively formed categories to allocate the statements of the participants: lived body and assistive devices, lived space and assistive devices, lived relations to others and assistive devices and lived space and assistive devices. Case examples are used to illustrate the findings.

No steps of data triangulation are described and no evidence of member checking is given. It is also very rarely described what has been done to avoid bias caused by the researchers' stance and assumptions.

Results

In all of the four themes a two-edged perception is described.

Lived body and assistive devices:

A love-hate relationship is described. Assistive devices compensate for physical dysfunctions and facilitate the performance of activities, but they are also seen as a constant reminder of the disability.

Lived space and assistive devices:

It is explained that on the one hand the participants are satisfied with being able to go on living at home because of the assistive devices, but on the other hand they describe that the lived space becomes restricted because the use of assistive devices is often limited by the surrounding environment.

Lived relations to others and assistive devices:

On the one hand clients are afraid that spouses could feel overburdened and could not offer the required help, but on the other hand spouses are seen as the best "device".

The same appears with home-help staff. They can give a feeling of safety and support the person in the use of assistive devices, but they sometimes offer more help than demanded.

In regard to the professionals it is described that some clients did not have the chance to participate actively in the process of prescription and were disappointed that the prescriber doubted whether they needed an assistive device. Others participated actively in the process and were glad to have the opportunity to choose the suitable device for their needs.

Lived time and assistive devices:

It is mentioned that things can be done better than before acquiring a device, but the period of time it takes to do something with a device is experienced in different ways.

Assistive devices are described as a prerequisite of taking control of your own time, so a feeling of freedom can be experienced.

Conclusion

Although the article does not give much information about ensuring the credibility of the research; it provides broad and deep information about individual responses and lived experiences in regard to the use of assistive devices.

The article can help people to obtain a better understanding of why some individuals use their assistive devices more often and are more satisfied than others. Furthermore the knowledge of the individuals' lived experience can empower the people to use assistive devices and not to feel stigmatized when using the devices and it can enable the society to change its attitude towards assistive devices.

¹ The prior published article the researchers refer to was used to read more about the recruitment process: Appelros P, Nydevik I, Seiger A, Terént A (2002) High Incidence Rates of Stroke in Örebro, Sweden: Further Support for Regional Incidence Differences within Scandinavia. *Cerebrovascular Disease* 14: 161-168.