

# Evaluating the Gap Between Occupational Therapy Practices and Caregiver Needs in Older Adults' Stroke Care: A Qualitative Study



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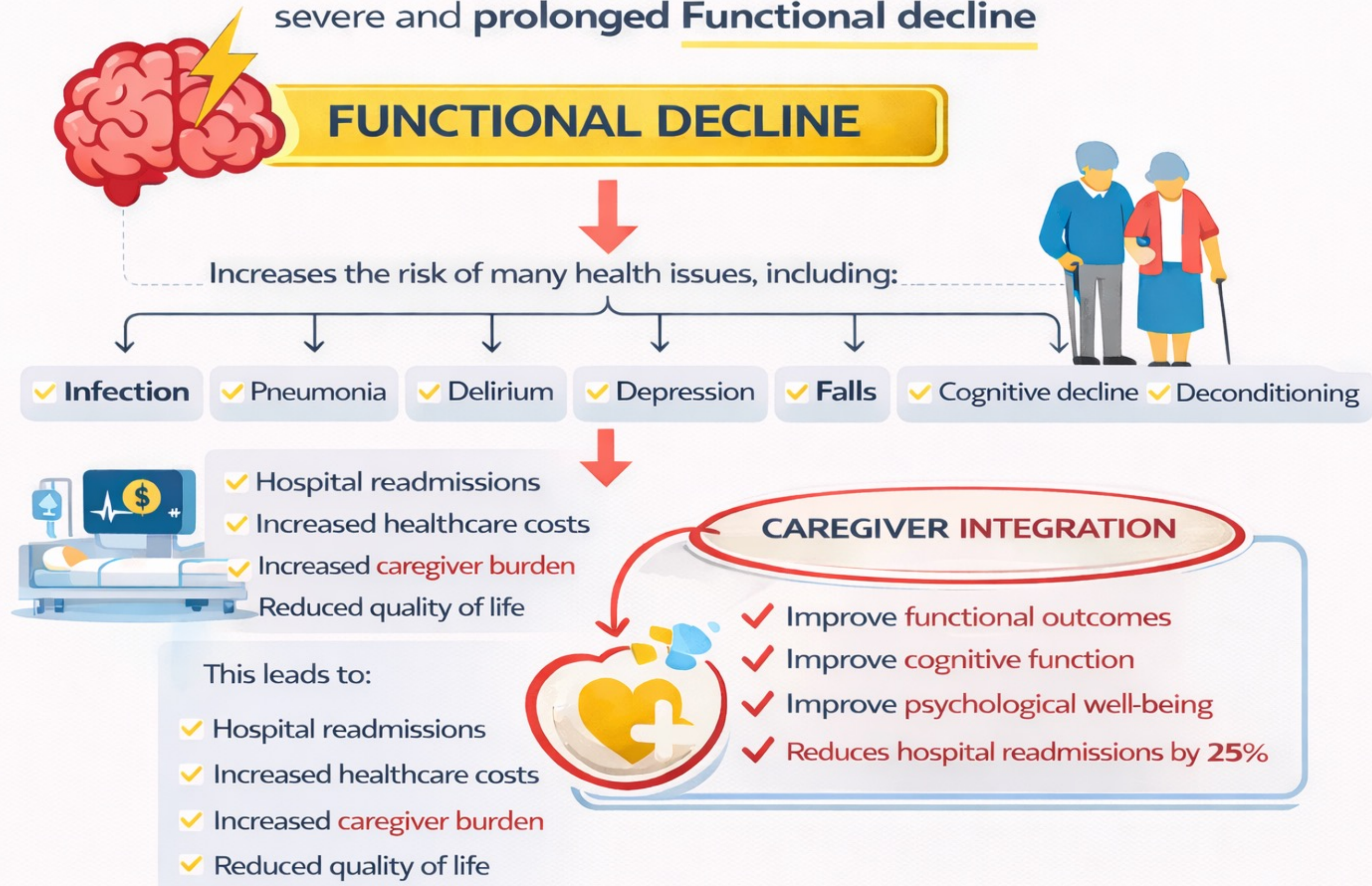
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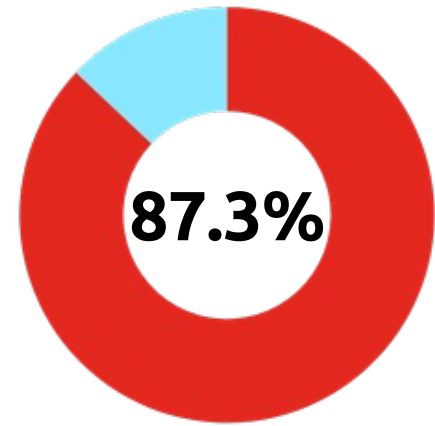
# Background

Stroke survivors, particularly older adults, are at risk of severe and prolonged Functional decline



# Background

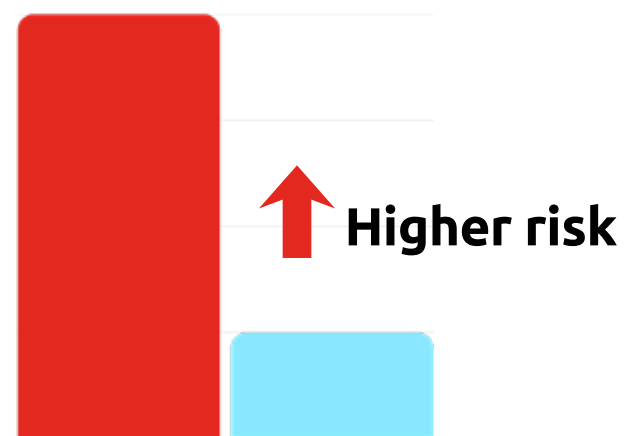
## Malaysia



Poor basic knowledge

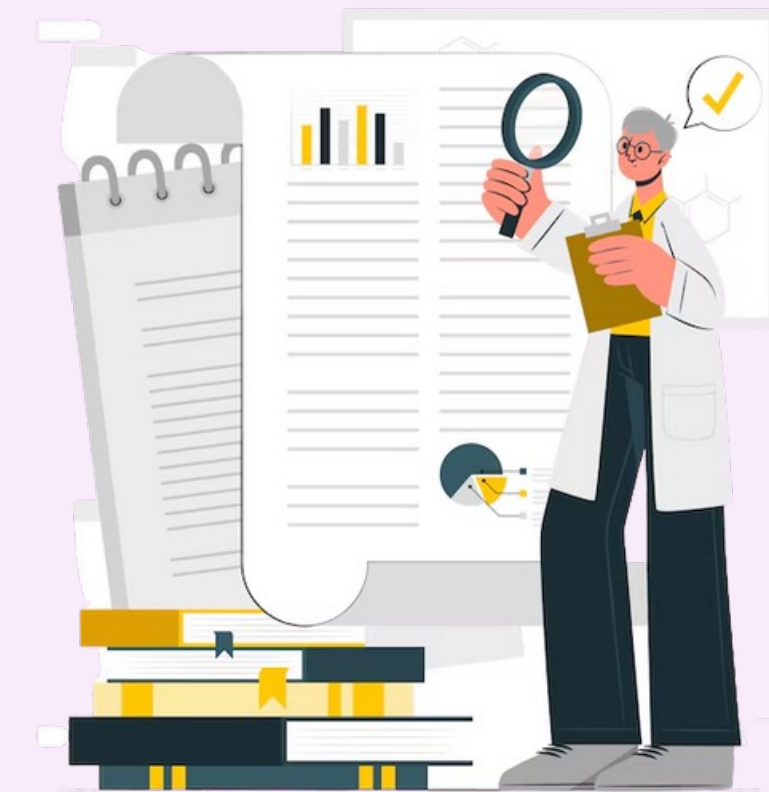


Caregivers reported no caregiving training



Trained caregivers showed more health problems

## Global



- Limited understanding of stroke
- Inadequate training
- Increase stress and burden

# Objectives

## EXAMINING SERVICE GAPS



OT services vs caregiver needs in older stroke care.

# Methodology

## Study Methodology



**Qualitative Interpretive  
Descriptive Design**

## Semi-structured Interviews



**Thematic Analysis**

## Participant Profile



**Occupational  
Therapists**

**Family Caregivers**



# Key Findings (Demographic)

## Demographic


A demographic comparison of the Occupational Therapist (n=6) and Stroke Caregiver (n=10) participants.

### The Clinical Experts

**9-18**

Years of Clinical Practice

100%  
Experienced  
Clinicians

 1 PhD Candidate

 4 Degree Holders

 1 Diploma Holder



### Primary Setting

**University Hospitals**

Includes prior Government & Private sector experience.

### The Support System



Caregivers (25-65 Years)

Primarily Daughters (Single) & Spouses

Stroke Survivors (60-86 Years)



Duration:  
1 Month - 4 Years



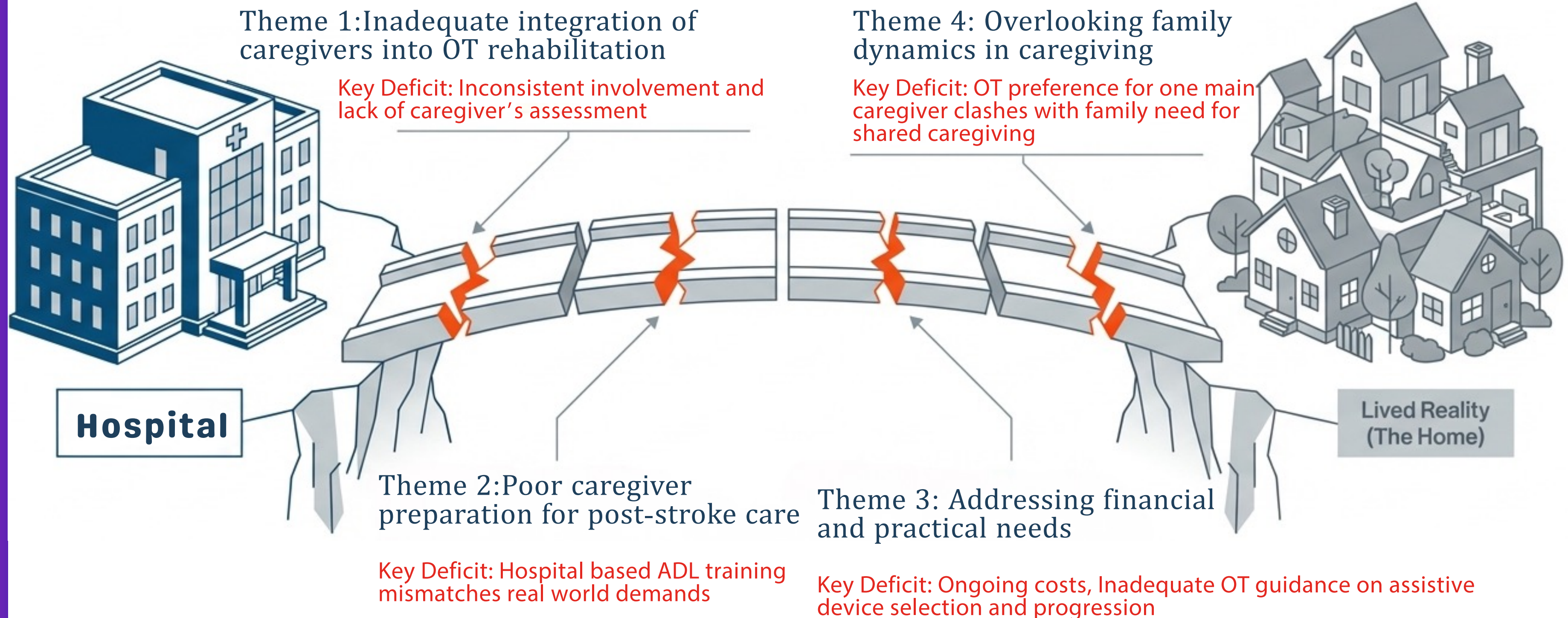
Location:  
Urban Areas



Participation Rate:  
83%

# Key Findings (Themes)

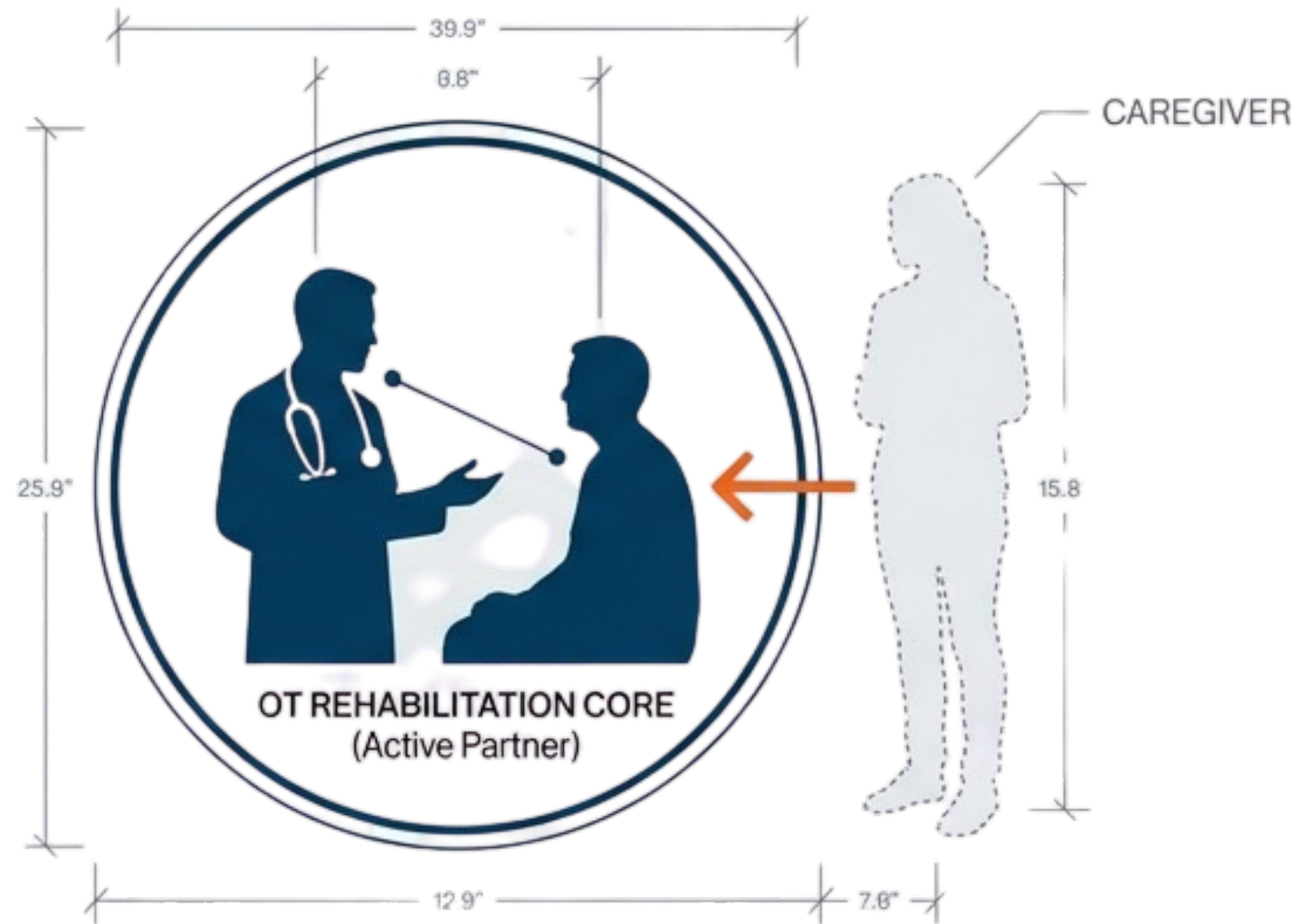
## Gaps Between OT Practice and Caregiver Needs in Older Adult Stroke Care: From Hospital to Home Reality



# Theme 1: Inadequate integration of caregivers into OT rehabilitation

## Subthemes:

- Inconsistent caregiver involvement
- Caregiver needs not assessed or addressed



*“We focus on the patient. Then, we are not aware that the caregiver also needs to be assessed and intervened with.” (OT 3)*

*“I use the Modified Barthel Index (MBI).” (All OTs)*

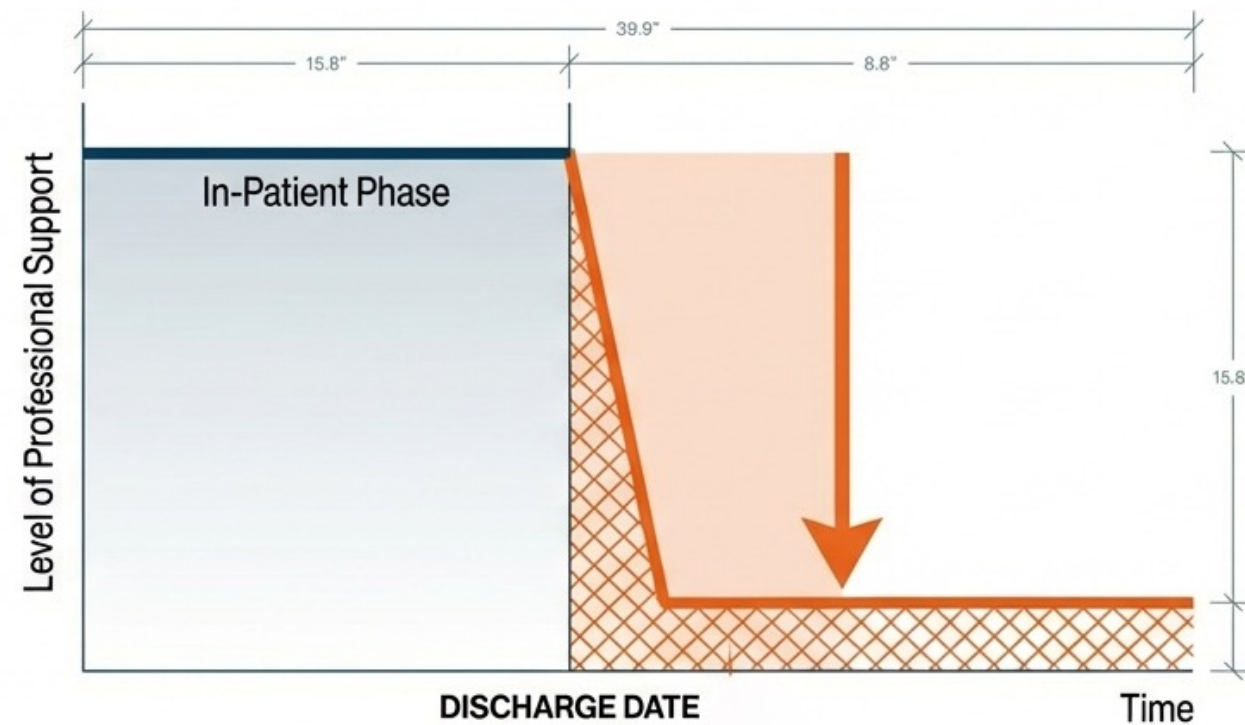
*“No, they only trained my husband, not me.” (C6)*

*“No one asks about what I want, problems, or needs, and I think this is important. My main concern is on what equipment is needed in the toilet to improve my mum’s independence, but no one is concerned about that.” (C1)*

# Theme 2: Poor caregiver preparation for post-stroke care

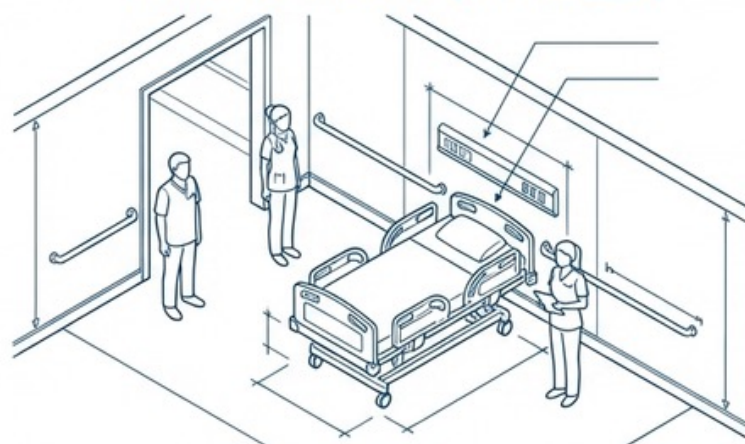
## Subthemes:

- Weak discharge coordination and limited post-discharge support
- Narrow guidance on complications and emergencies
- Hospital-based ADL training not matching real caregiving demands



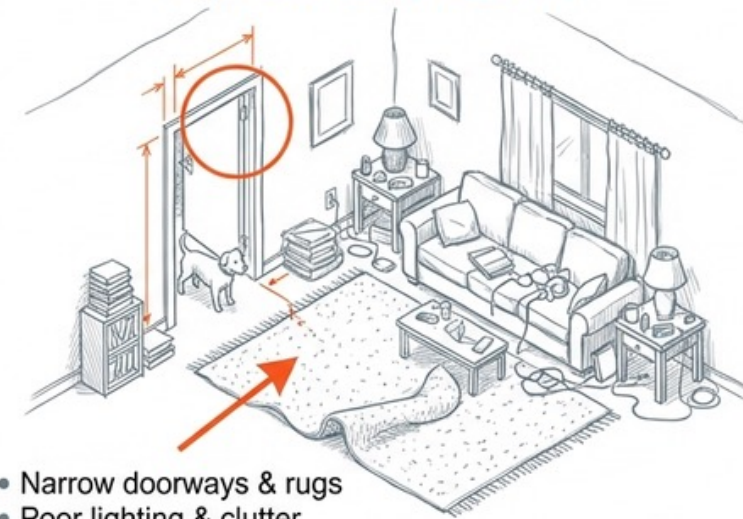
*“Sometimes we are unaware of patient being discharged. As a result, we weren't able to properly accomplish our goal of intervention with the patients and caregivers in the ward.” (OT2)*

TRAINING GROUND (OPTIMIZED)



- Wide corridors & smooth flooring
- Adjustable beds & lighting
- Professional staff on standby

BATTLEFIELD (REALITY)



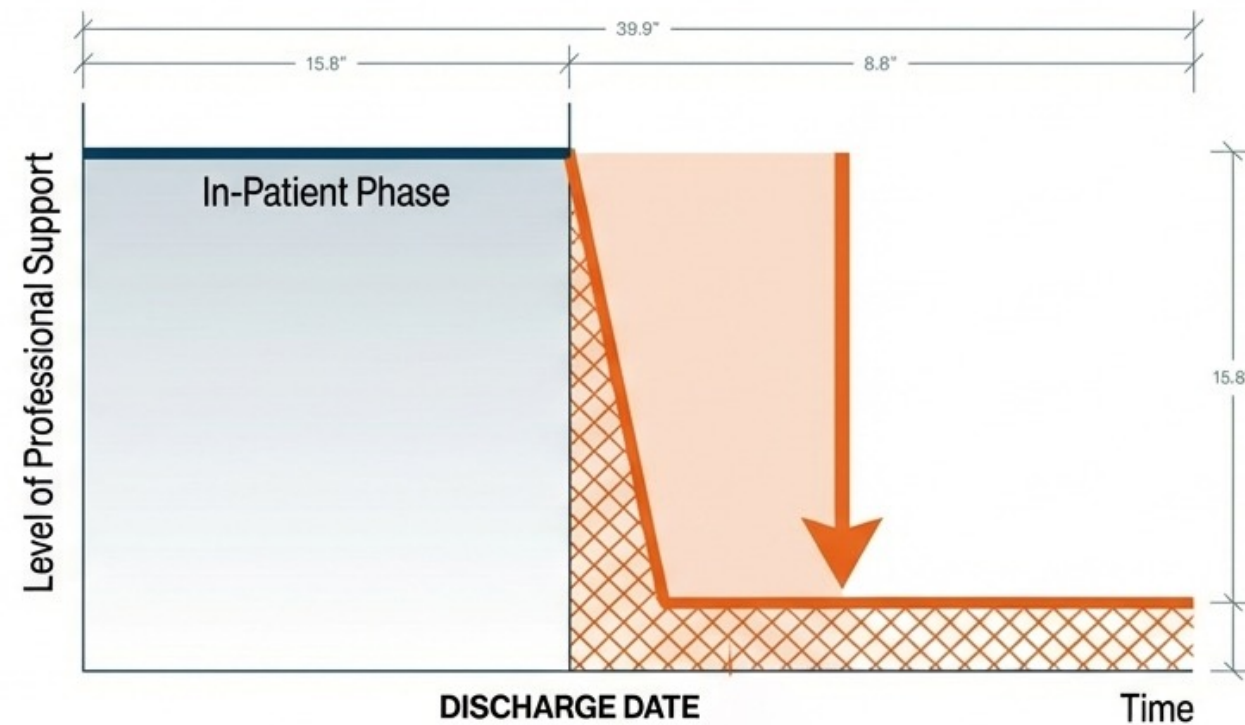
- Narrow doorways & rugs
- Poor lighting & clutter
- Isolation & distraction

*“I wouldn't call it real training. The therapist demonstrated and asked us to do it while supporting us. We needed repeated practice. When they taught us, the positioning was not like at home. The bed was different, so we had to adjust it to match what they showed us.” (C9)*

# Theme 2: Poor caregiver preparation for post-stroke care

## Subthemes:

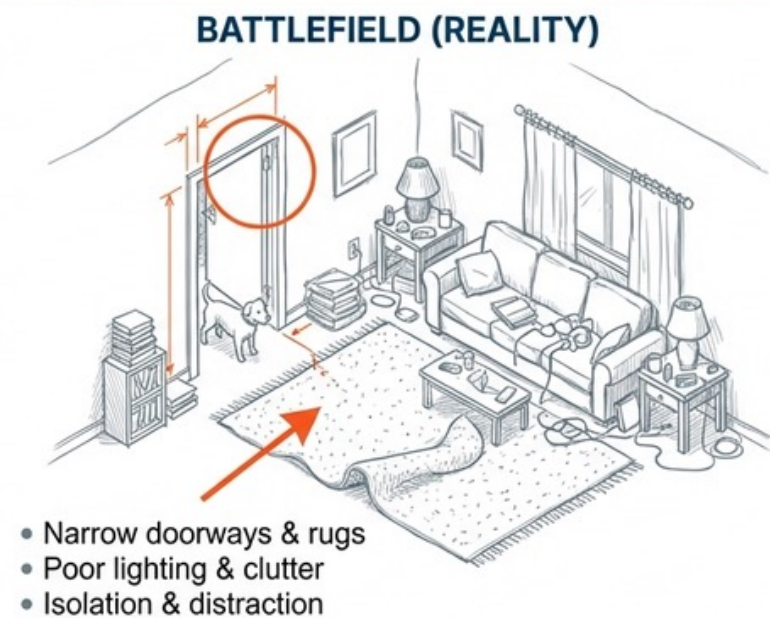
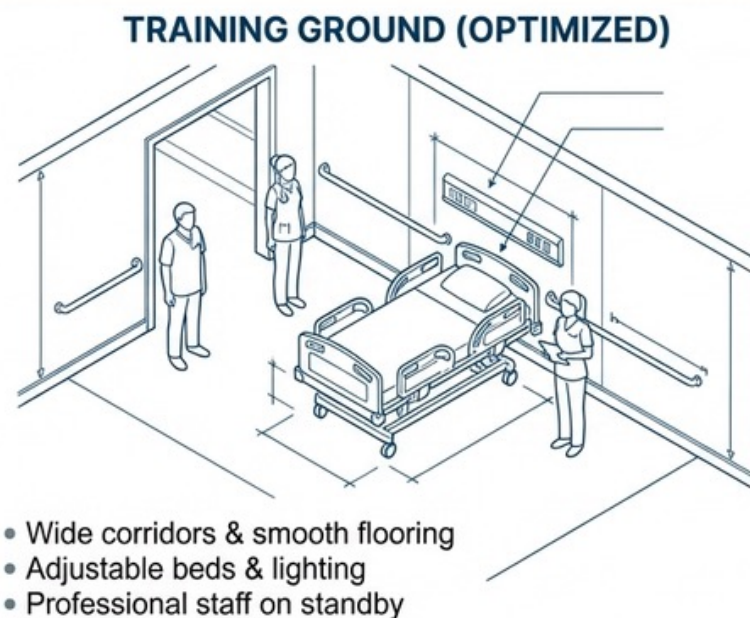
- Weak discharge coordination and limited post-discharge support
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*"The therapist teaches us to transfer from bed to chair. But in reality, the first challenge during discharge is car transfer. No one teaches us that."*  
(C9)

*"We should receive education on how to lift a stroke survivor when they fall."* (C7)

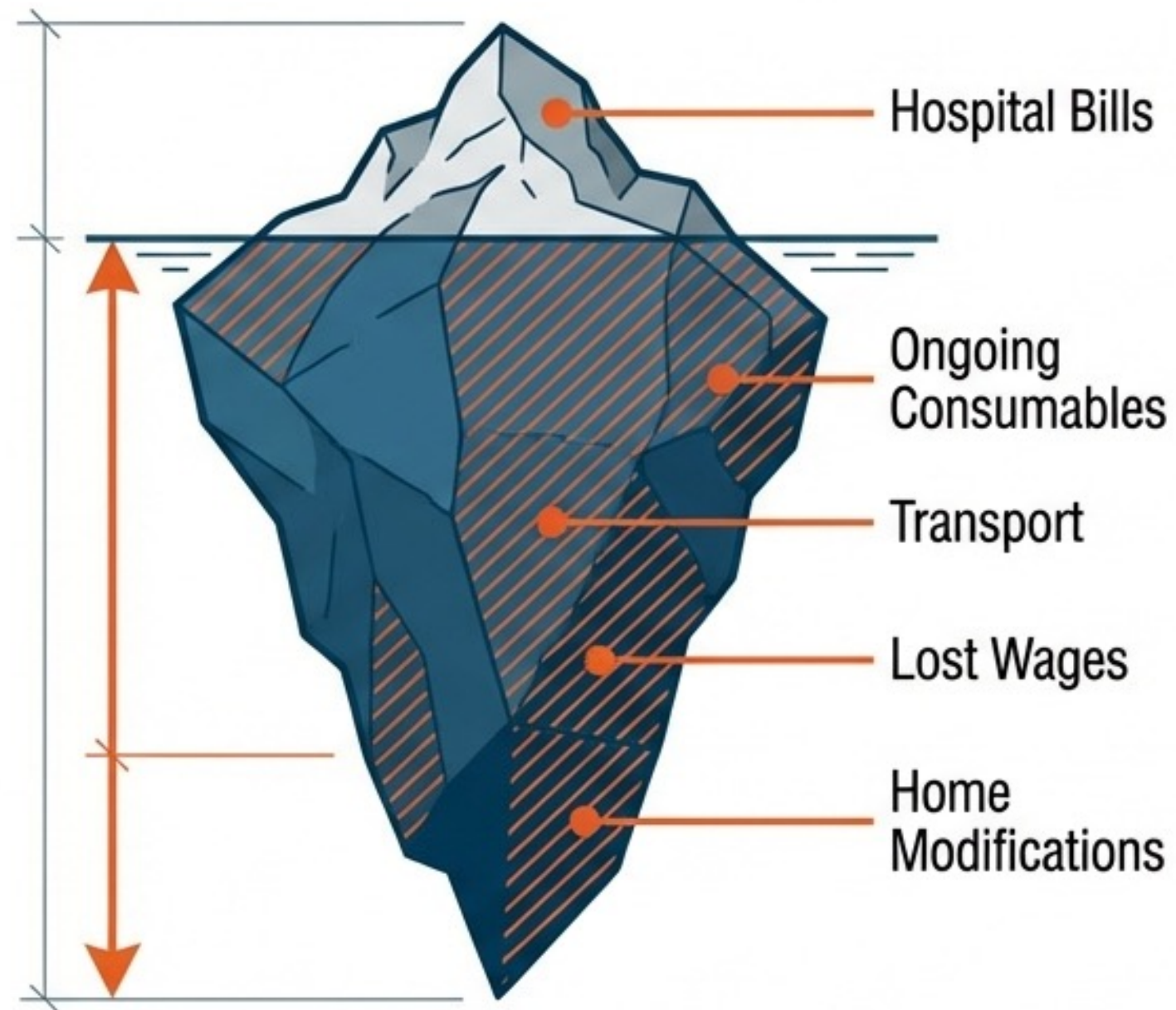
*After that (stroke), she got pneumonia."* (C1)



# Theme 3: Addressing financial and practical needs

## Subthemes:

- Strained caregiver resources (ongoing costs)
- Gaps in aids recommendation, usability, and future planning

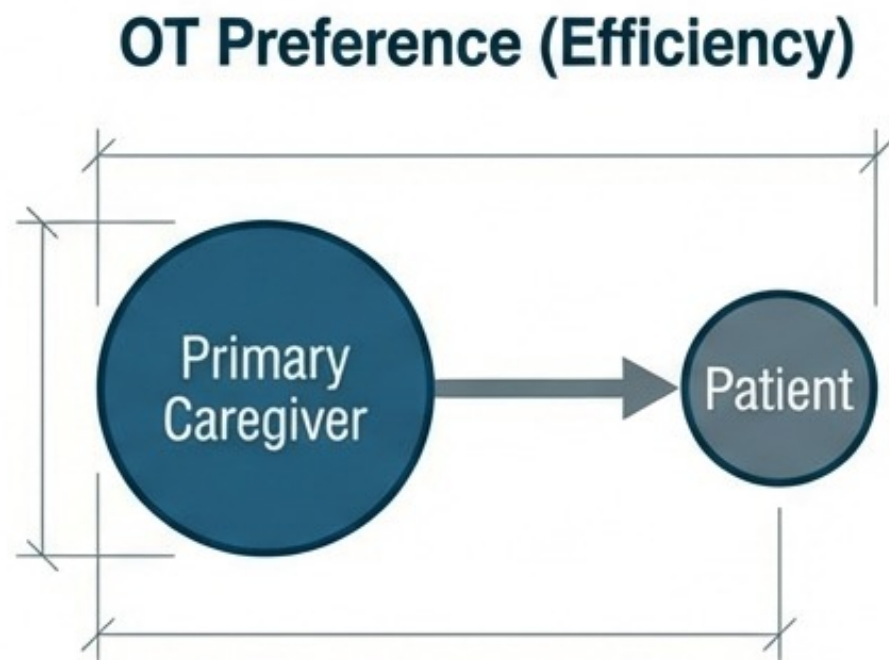


*“I collaborate with social workers or any social welfare, including non-government organizations, to help patients.” (OT4)*

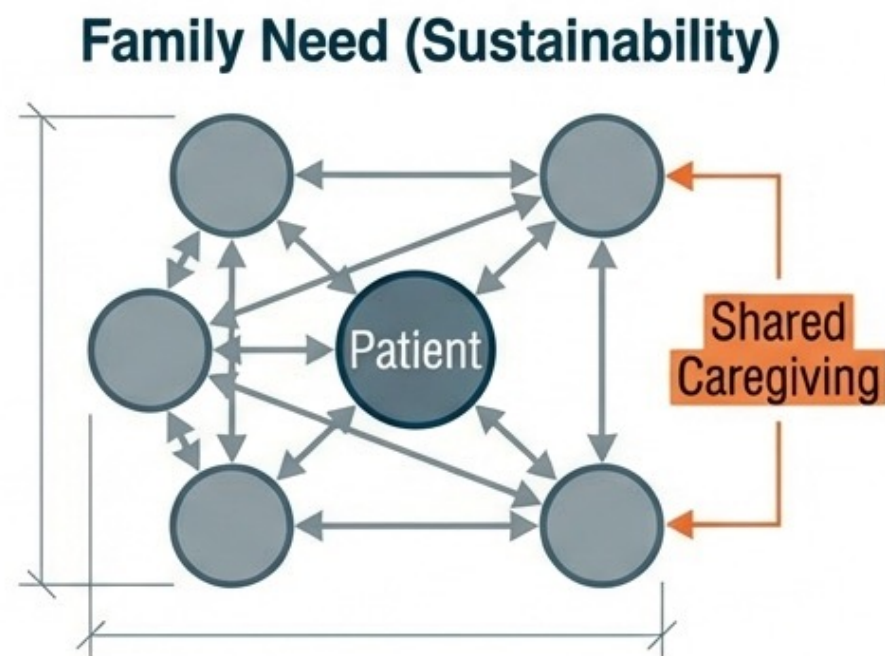
*“The burden is felt when buying diapers... It’s also stressful thinking about how to earn money.” (C2)*

# Theme 4: Overlooking family dynamics in caregiving

OT preference for one main caregiver vs caregivers' need for shared caregiving



Simplifies communication, but isolates the individual.

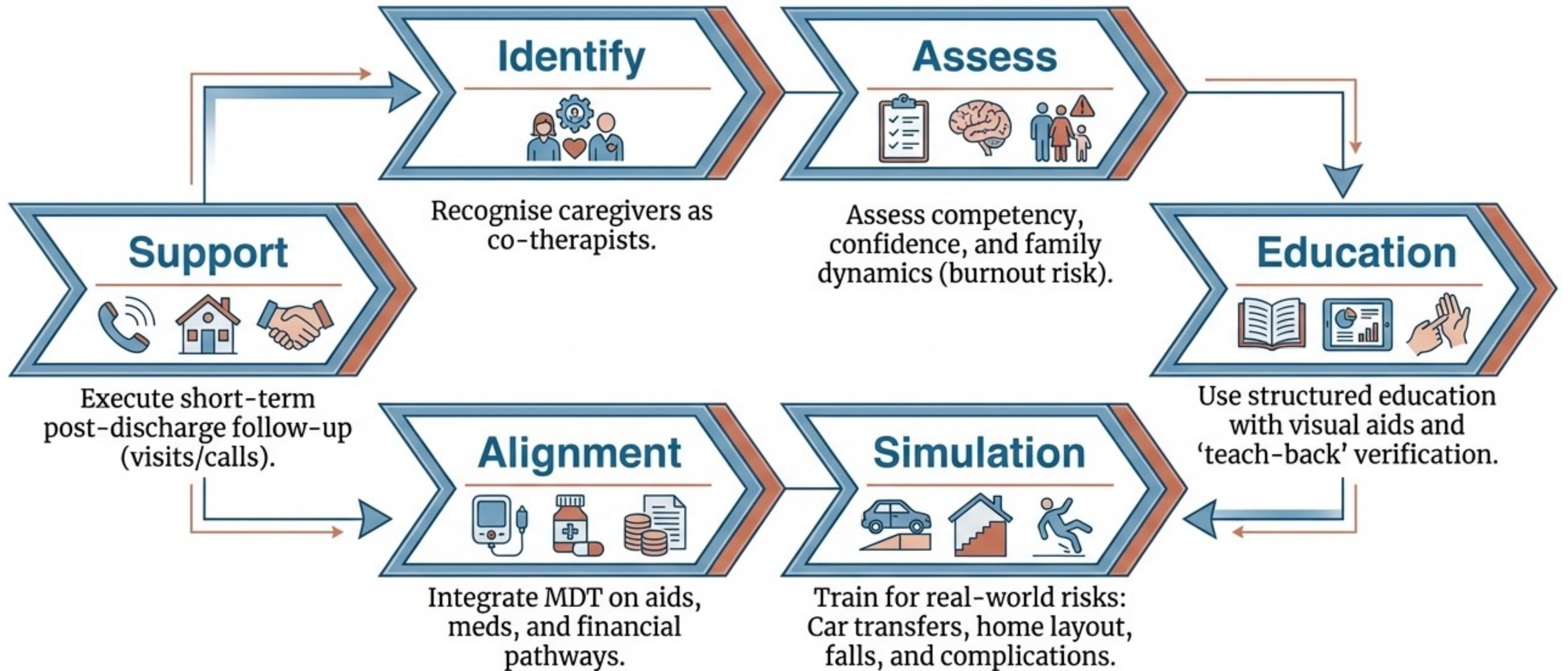


Spreads the burden to prevent burnout.

*“Today, we train one caregiver; the next day, a different caregiver is with the patient.” (OT2)*

*“I communicate and allocate caregiving roles among all siblings so that the responsibilities are not solely on me.” (C8)*

# Closing the gap



# Take-Home Message

*Closing the gap requires a paradigm shift from patient-centred rehabilitation delivered around caregivers to caregiver-inclusive rehabilitation delivered with caregivers, supported by structured training, contextual relevance, interdisciplinary coordination, and recognition of real-world family and resource constraints.*

**OT  
ENCOURAGING ATTENTION TO A BROADER  
ISSUES ON  
HOW PERSON SURVIVE WHEN THEY LEAVE  
THE HOSPITAL SETTING.**

**ROBERTS & ROBINSON 2014**

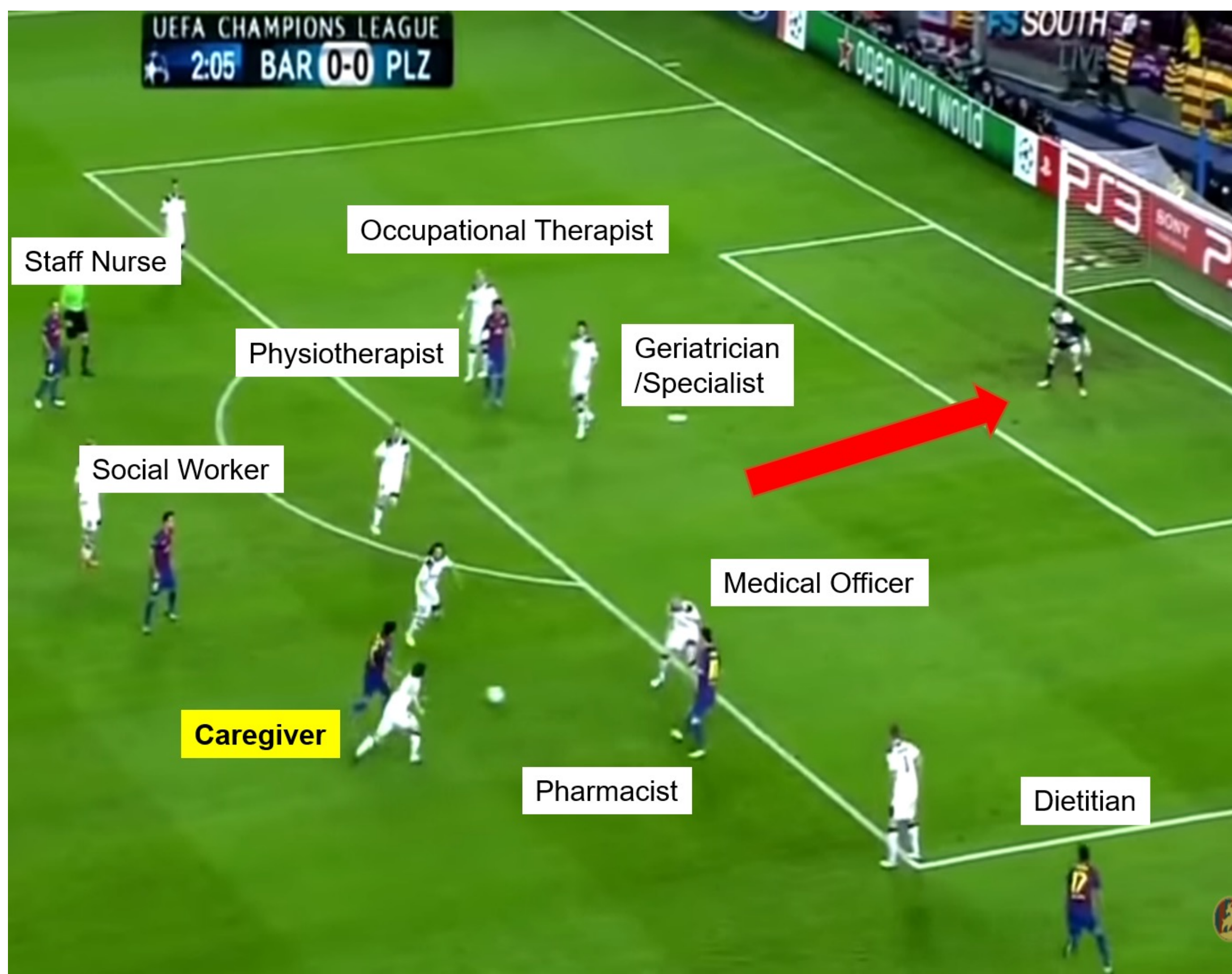
# Take Home Message

## TEAMWORK



# Take Home Message

## TEAMWORK



# THANK YOU

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