

EXPERIENCES OF OCCUPATIONAL ENGAGEMENT IN YOUNG AND MIDDLE-AGED WOMEN POST-STROKE: A QUALITATIVE SYSTEMATIC REVIEW



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Introduction to Theoretical Concepts

- Occupations

- Everyday activities that provide meaning and purpose

(World Federation of Occupational Therapists [WFOT], 2012)

- Occupational Engagement

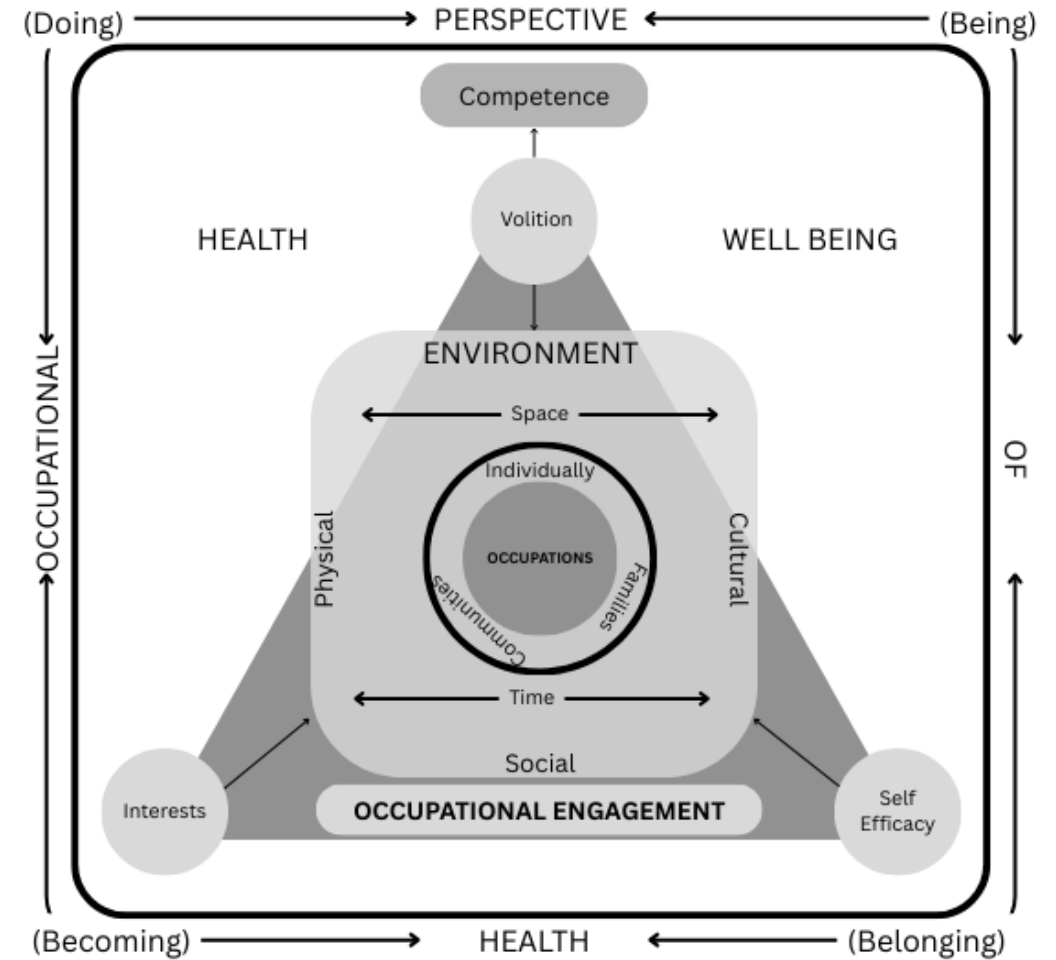
- Purposeful participation
- Subjectively ascribed meanings
- Intrinsically influenced

(da Cruz, Taff & Davis, 2023)

- Occupational Perspective

- Occupational nature of humans
- Synthesis of doing, being, belonging and becoming

(Njelesani *et al.*, 2012)



(Njelesani *et al.*, 2012; Wilcock & Hocking, 2015)

Stroke, Young & Middle-Aged Women and Occupational Engagement

- Stroke is a leading cause of disability, increasingly affecting younger adults
(Feigin *et al.*, 2022; Tsao *et al.*, 2023)
- Younger women are uniquely vulnerable to stroke and experience poorer outcomes that disrupt key gendered roles and occupations
(Synhaeve *et al.*, 2016; Yoon & Bushnell, 2023)
- Disruptions intensify identity loss, role disruptions, and barriers to re-engagement
(Kim, 2023; Tarihoran, Honey & Slark, 2023)
- Current evidence overlooks unique experiences of this population, with no reviews applying an occupational perspective of health, highlighting a clear research gap.

Aims & Objectives

- Aim:
 - To explore the experiences of occupational engagement amongst women aged 18–65 post-stroke
- Objectives:
 - To explore how women in this age group engage in their everyday occupations post-stroke
 - To explore enablers and challenges during occupational engagement in this population

Methods

Design

Females of biological sex

Women aged ≥ 18 and ≤ 65 years

Search strategy and

timeframe

Primary diagnosis of stroke

Engagement with occupational therapists

defined by the WFOT

Assessment of

Perspectives of stroke survivors

methodological quality

Community dwelling

At least 3 months post-stroke

Data extraction

Qualitative studies; mixed methods studies with

a separate qualitative component

Data synthesis

Qualitative systematic review

Joanna Briggs Institute (JBI) meta-aggregative

approach to qualitative evidence synthesis

5 databases, from 2000 to 2024

Non-stroke diagnosis

PRISMA guidelines focus on areas outside occupational

engagement

JBI Critical Appraisal Checklist for Qualitative

Research (JBI-QARI)

Two independent reviewers

Less than 3 months post-stroke

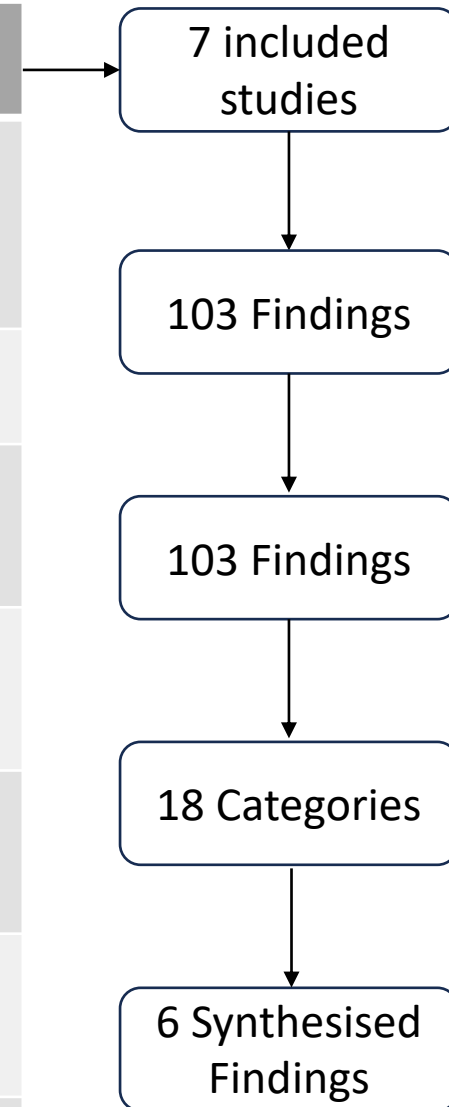
JBI data extraction tool, primary reviewer

Qualitative studies; reviews (systematic,

scoping, literature reviews)

Meta-aggregation

Study (year)	Country	Aim	Methodological Approach	Sample	Age (at time of study)
Alunjung, Ranada & Liedberg (2019)	Sweden	Explore experiences and management of cognitive impairment after mild stroke in working-age women	Descriptive qualitative study	10	38 – 64
Alhalabi et al. (2023)	Jordan	Explore the lived experiences of women after stroke in Jordan	Descriptive phenomenology	8	26 - 48
Beal & Millenbruch (2015)	USA	Explore perceptions of post-stroke sexuality in a woman of childbearing age	Qualitative narrative case study	1	36
Gustafsson & Turpin (2012)	Australia	Explore the return-to-work experience of a person recovering from mild stroke	Retrospective qualitative narrative case study	1	32
Leahy et al. (2016)	Ireland	Explore the lived experience of stroke among young women in Ireland	Interpretative phenomenological analysis (IPA)	12	20 - 48
Tarihoran, Honey & Slark (2023)	New Zealand	Explore the experiences and support needs of younger women after stroke	Qualitative descriptive approach	5	29 - 69
Yilmaz, Gumus & Yilmaz (2015)	Turkiye	Determine the physical and emotional impact of stroke on women, and explore their perspectives on sexual and social issues after stroke	Qualitative descriptive approach	16	24 - 56



Daily Life and Roles, Identity and Self Efficacy

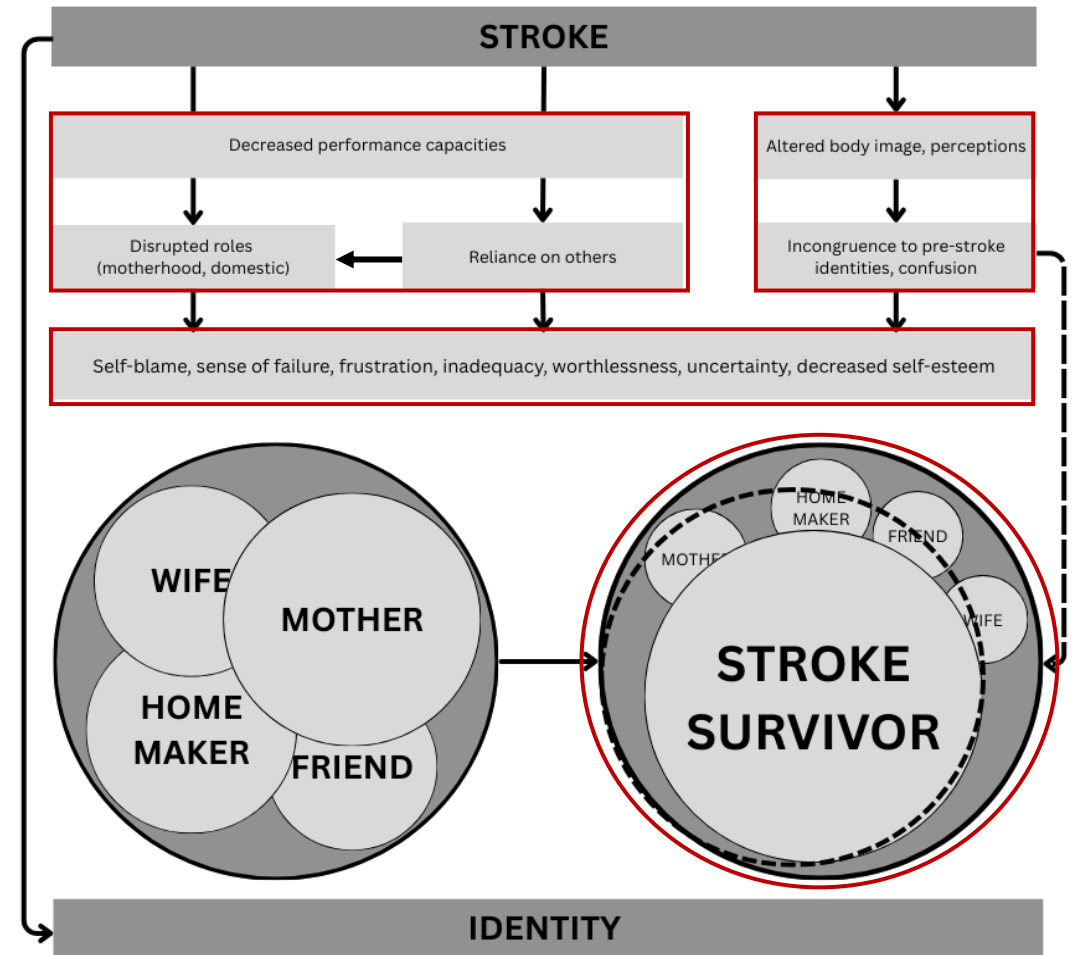
**Synthesised Finding 1:
Disruptions to daily life and domestic
roles were interconnected with
identity dissonance and diminished
self-efficacy**

“When I hear such complaints from my daughter, I feel as if I failed as a mother, made my daughter feel lowly”

[7.9, 9th patient] (Yilmaz, Gumus & Yilmaz, 2015, p.150)

“I know who I am and I am not disabled, but I am still impacted and that is confusing”

[4.5, Robyn] (Gustafsson & Turpin, 2012, p.103)



Work and Social / Relational Dynamics

Synthesised Finding 2:

Disruptions and challenges to work and professional lives

- Direct negative impact on ability to work
- Challenges with workplace integration

“I used to work before and weave carpets, but I can’t now. I’m free of income, in need of others and disabled”

[7.6, 11th patient] (Yilmaz, Gumus & Yilmaz, 2015, p.149)

Synthesised Finding 3:

Shifts in social and relational dynamics

- Intimacy and sexuality
- Relationships and family dynamics
- Lack of understanding
- Reduced social participation

“He thinks I’m back to myself again when I’m not ... I’m trying as hard as I can and it makes me exhausted”

[3.12, Rose] (Beal & Millenbruch, 2015, p.232)

Adapting and Health Concerns Post-Stroke

Synthesises Finding 4:

Unique and multifaceted post-stroke health concerns made recovery more complex

Stroke recurrence and death	Weakness and fatigue	Reproductive health
- Intimacy	- Mobility - Social interaction - Household management - Work	- Family planning - Medication side effects

“I’m even scared of intercourse in case a new stroke could be recurred “

[7.12, 2nd patient] (Yilmaz, Gumus & Yilmaz, 2015, p.150)

Synthesised Finding 5:

Adapting to life after stroke was individualised and multifactorial

- Empowered by intrinsic factors
- External support

“Everyday, I still rehabilitate myself with walking, doing academic stuff every day, to make sure that I’m doing brain work, and walking work”

[6.13, Chloe] (Tarihoran, Honey & Slark, 2023, p.5)

Isolation and Experiences with Healthcare

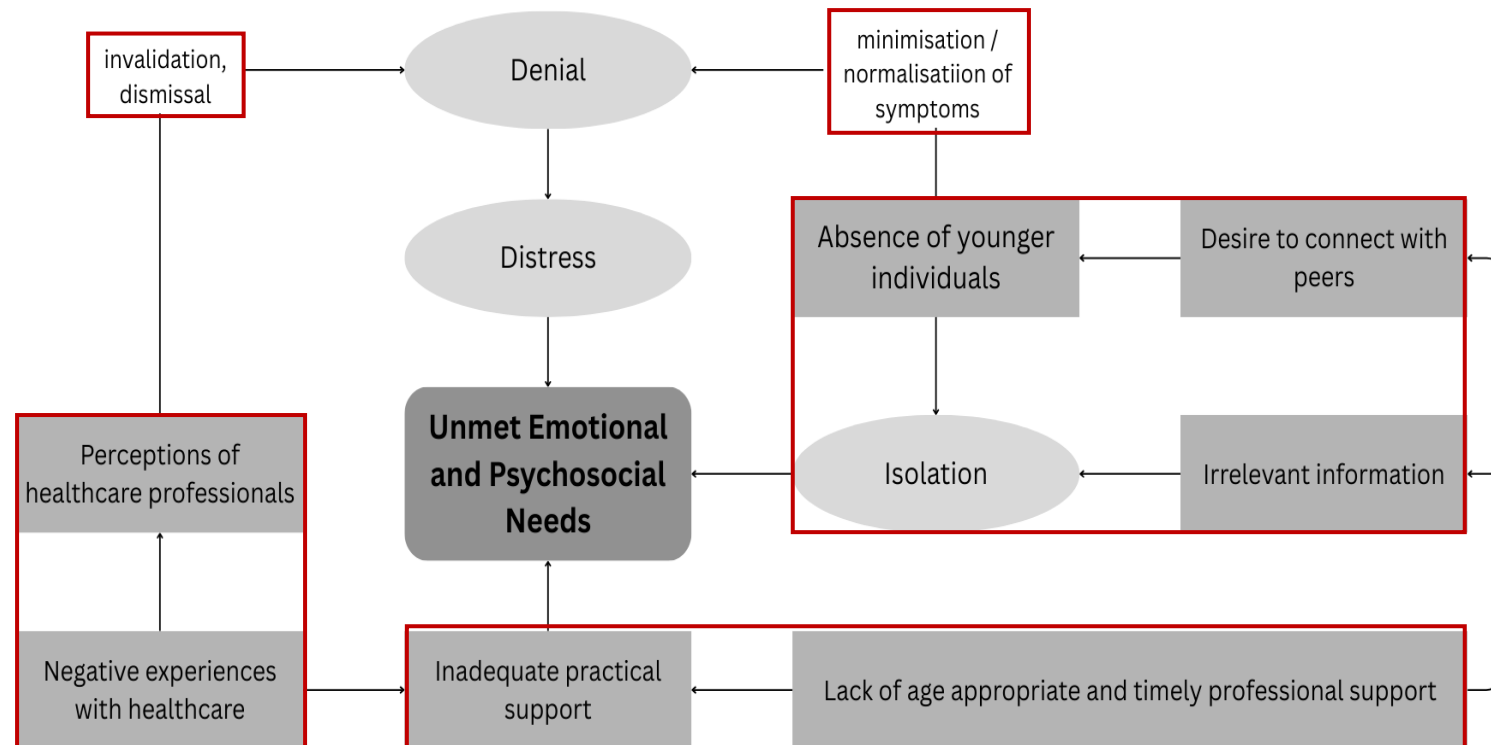
Synthesised Finding 6:
Isolation and distress associated with stroke at a younger age was compounded by negative encounters with healthcare

“I burst into tears when they told me I had a stroke... I was in denial that I had my stroke”

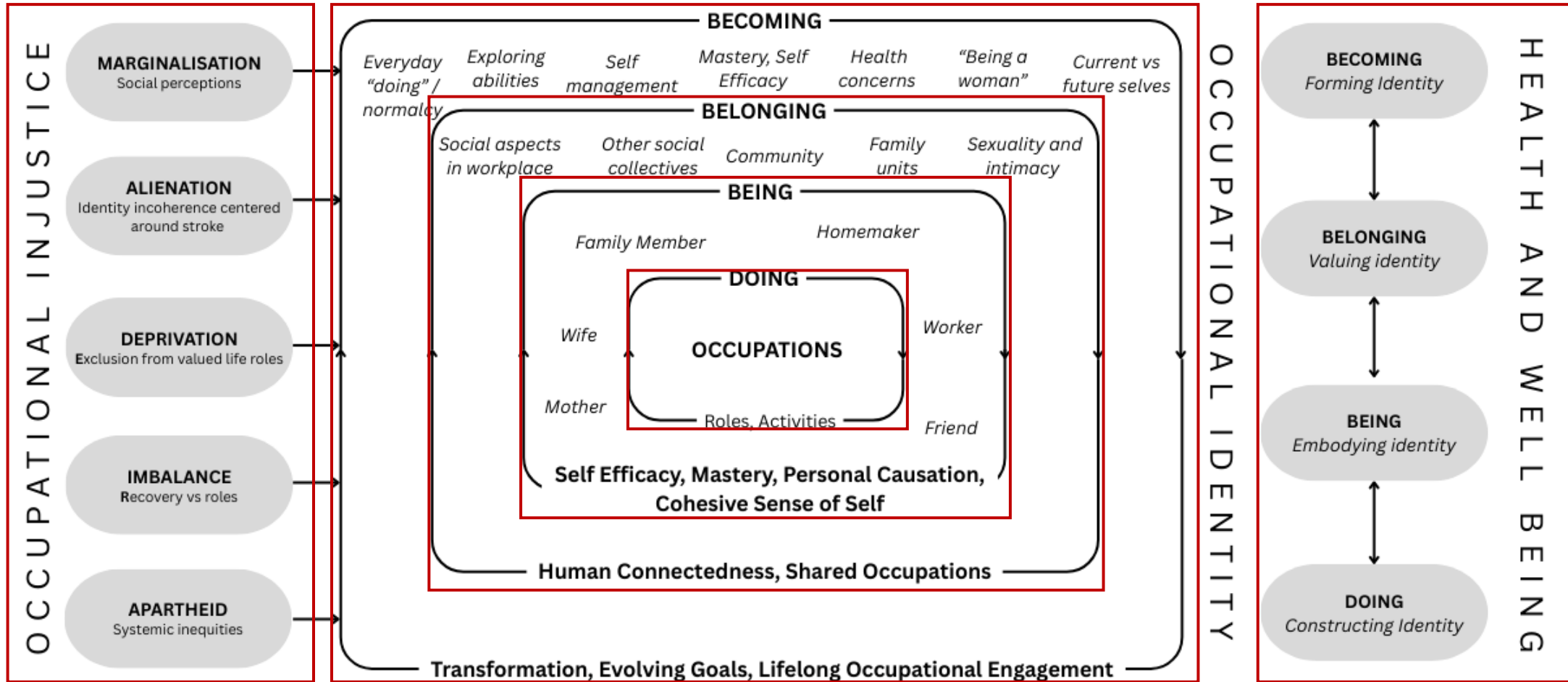
[6.1, Liz] (Tarihoran, Honey & Slark, 2023, p.3)

“It was almost like as if I was being told “well you’re making it up you know, you’re too young you couldn’t have possibly had a stroke”

[5.2] (Leahy et al., 2016, p.672)



Occupational Perspective of Health Ecosystem



Conclusion

- Occupational engagement post-stroke is dynamic, complex, and non-linear.
- Re-engagement is shaped by doing, being, becoming, and belonging.
- Meaningful occupations support identity, roles, and self-efficacy.
- Systemic and socio-cultural barriers restrict engagement and create occupational injustices.
- Person-centred support, equitable policy, and research are essential for health and wellbeing



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Thank You

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