

## The Remotivation Process as a Telehealth OT Program to Promote Self-Management in Women With Breast Cancer–Related Lymphedema

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Lymphedema affects up to 65% of women with breast cancer. It affects occupational performance, emotional well-being, and quality of life. Self-Management Programs (SMP) are used as long-term management of breast cancer-related lymphedema (BCRL). Motivation is a key element in performing the SMP daily. The Remotivation Process is an occupational therapy intervention grounded in the Model of Human Occupation. This study aimed to provide evidence for the use of the Remotivation Process to enhance motivation and engagement in SMP. The study design was a mixed-methods concurrent triangulation involving twelve adult females with unilateral upper extremity BCRL. The Remotivation Process was used as an occupational therapy intervention delivered through a telehealth platform for four weeks with a follow-up discussion through the same platform on the eighth week. The quantitative study used a pretest-posttest single-subject design. The Model of Human Occupation Screening Tool, Volitional Questionnaire, girth measurement, and Lymphedema Quality of Life Inventory were used as outcome measures. The participants were clients referred for occupational therapy at a large metropolitan hospital. Data were analyzed using non-parametric methods due to the small sample size. The qualitative study provided insight into the participants' own interpretation of the effect of the Remotivation Process. It followed descriptive phenomenology based on Husserl's tradition of scientific inquiry (Corby, Taggart, & Cousins, 2015). Participants were recruited using the purposeful sampling strategy. Six of the twelve participants agreed to be interviewed during the fourth week using the same telehealth platform. Qualitative analysis followed the steps outlined by Amadeo Giorgi (Giorgi, 2009). Trustworthiness strategies included triangulation, bracketing, member checking, and peer examination. The quantitative analysis showed significant differences in the pretest and posttest scores in the Model of Human Occupation Screening Tool, Volitional Questionnaire, and girth measurement. The qualitative findings also reflected these improvements in occupational performance, motivation, and physical manifestation of lymphedema. The integration of the qualitative and quantitative findings suggested that the participants became more aware of their adherence to the SMP and experienced improved quality of life after the intervention. The improvement in outcome measures may be a reflection of improved motivation to perform the SMP every day. The participants expressed that the Remotivation Process helped them be mindful of their decision to perform the SMP. In conclusion, occupational therapy has a positive impact on the motivational needs of breast cancer survivors with the chronic condition of BCRL because of the profession's holistic approach. Adherence to the SMP may facilitate improvement in BCRL, which provides a positive experience that further motivates the person to continue to perform the SMP. The Remotivation Process is one of the MOHO protocols of intervention that can be used to support motivation to adhere to the SMP. The combined qualitative and quantitative findings imply that the Remotivation Process can be a potentially useful occupational therapy intervention that addresses the motivation even when delivered through a telehealth format. It can be used to identify the motivational problems of women with BCRL that hinder adherence to the SMP. The identification of these motivation problems can enable the occupational therapist to create an individualized approach to facilitate motivation.

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