

An Innovative Community-Based OT Health and Wellness Program (OT-HAWP): Results and Presented Structure From a 4-Week Cancer Survivorship Program

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The number of cancer survivors today is growing exponentially and many have unmet needs due to the late side effects of treatment. Researchers have called for studies looking at return to participation as it relates to managing late side effects (Hunter, 2017). The purpose of this study was to explore the impact that a 4 wk. OT Health and Wellness Program (OT-HAWP) has on self-perceived performance and satisfaction of daily activities, fatigue, sleep quality, and health-related quality of life among adult cancer survivors. Researchers used a quasi-experimental, uncontrolled, prospective, one-group pretest-posttest design to explore the effects of the OT-HAWP. Eligible participants with a past or present diagnosis of cancer, at least 18 yrs. of age, and English speaking were recruited from a Midwest cancer support community. Survivors that indicated concerns of great severity on a distress screening tool in OT service provision areas qualified to participate. A collection of demographic information, self satisfaction and performance scores of daily activities with the Canadian Occupational Performance Measure (COPM), health related QOL with the Patient-Reported Outcomes Measurement Information System (PROMIS), sleep quality with the Pittsburgh Sleep Quality Index (PSQI), and fatigue levels with the Multidimensional Assessment of Fatigue Scale (MAF) were collected to track changes. A workbook was provided and group education to each week's topic and intervention strategies, lifestyle, and/or environmental modifications that improve occupational performance by an OT. Participants and therapists then in a 2:1 model, individually identifying weekly goals for integration of 1-3 targeted strategies, modifications, or integration back to participation in meaningful occupations for the week. Thirty-four survivors participated and completed the full OT-HAWP. Paired *t*-tests and Wilcoxon signed-ranks tests were used to determine significant differences in scores from pre-intervention to post-intervention with a significance level set at $<.05$. Using Kolmogorov-Smirnov test of normality, the mean difference between scores before and after the OT-HAWP was normally distributed for the performance scores of the COPM and the PROMIS; while satisfaction scores for the COPM and the PSQI were not. There was a statistically significant difference between pretest and posttest scores on COPM, PROMIS, PSQI, and MAF (See results below). Pretest Posttest p M (SD) M (SD) COPM-Performance 4.62 (1.33) 6.27 (1.65) .001 COPM-Satisfaction 2.90 (1.70) 6.48 (2.98) .001 PROMIS[®] PH 38.51 (8.41) 41.63 (7.35) .004 PROMIS[®] MH 44.08 (7.65) 46.31 (7.93) .011 PSQI 11.00 (7.00) 7.00 (2.98) .001 MAF 24.68 (8.63) 19.74 (9.70) .001 The preliminary results of this pilot study are promising, because after a 4 wk. OT community intervention program, statistically significant change scores in satisfaction and performance of daily activities, sleep quality, fatigue, and physical and mental health were found. This study explored the efficacy of the OT-HAWP intervention in a non-traditional service setting, the community. Most survivors receive follow-up care in the community, creating a call for OTs to practice within this setting (Polo & Smith, 2017) despite a lack of reimbursement for these services and call for legislation to improve access (Baxter, 2017). Community intervention studies such as this one, that focus on occupational performance, continue to be warranted in order to show our value in non-traditional cancer settings for future service reimbursement.

References

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