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#### **5.4.2 External adaptative factors that facilitated community reintegration**

In theme 3 the external process of adaptation is facilitated by the availability and use of valuable community resources and the adaptive techniques learnt in therapy.

##### ***5.4.2.1 Value of community resources to the stroke survivor***

In this study participants and key informants mentioned that community resources are of utmost benefit to not only the patient but family members as well. Participants mentioned that the OT made referrals to various institutions that aided their functional outcomes; however, due to unforeseen circumstances some of these institutions were closed. These facilities included step down and work training programmes. The participant further stated that without these referrals she would not have been able to drive her own car again. Unfortunately, the referral to one of the resources was within the private sector, and as mentioned earlier in the study most participants have financial restraints and could not afford private resources driving assessments.

Both key informants stated that intermediate care facilities are limited once being discharged from hospital. Intermediate care ensures a successful discharge back into the community setting or other environments like old age home or institutions (Western Cape Department of Health, 2011). The majority of patients admitted to intermediate care facilities had suffered a stroke

and first received inpatient rehabilitation at a hospital. This referral was seen as a method to continue with stroke care (Mabunda et al., 2017). The lack of intermediate care facilities post stroke may lead to reintegration issues. The limited rehabilitation services as perceived by the key informants is in line with the report by the World Health Organization (2011) that mainly low-middle-income countries struggle to financially support rehabilitation services. Furthermore, the intermediate care facility in the Western Cape had a hospital bed utilisation rate of 94% in 2011. This facility had a limited bed capacity of 106-beds with a 105 beds consistently occupied (Mabunda et al., 2017). It is concerning to note the limited available resources of intermediate care facilities and capacity post discharge from hospital. However in line with the current study Mabunda et al. (2017) found a high patient satisfaction rate with the care they received from the intermediate care facility, adding to the value of community resources.

In line with the Road to Wellness 2030 vision, the Western Cape Department of Health is expanding the community services by providing Rehabilitation Care Workers (RCWs) as an additional form of support to patients on the home-based care and intermediate care platform (Western Cape Department of Health, 2014). This service will be supported by a range of therapists while the more complex patients requiring specialised rehabilitation will be referred to the intermediate care facility available in the province. The implementation of the RCWs services may add value and have a positive outcome on the stroke patients' community reintegration due to improved accessibility and availability of community resources post stroke.

#### ***5.4.2.2 New adapted techniques learned in therapy resulted in improved function***

Most participants in the current study expressed that they had a positive outcome in functional tasks post OT intervention. OT interventions include re-education of physical functioning, improvement of ADL tasks, perception, cognition, home visits, social and leisure activities, education and the provision of assistive devices and equipment (De Wit et al., 2006). OT services significantly improve patients ability to perform ADL activities (Walker et al., 1999). The findings of this study concur with the findings from Kumurenzi et al. (2015), as stroke patients revealed that the service providers knew what they were doing during treatment sessions by providing them with the best techniques to improve function. Participants expressed that knowledge regarding adaptations improved ADL function and reduced the burden on their family and that the therapists focussed on improving and broadening their skills. The participants further stated that they would not have been able to perform their daily ADL tasks without the assistance of the therapists. This validated the findings of a study completed in the Western Cape that participants felt that rehabilitation helped them with independence in their ADLs through improved knowledge and skills (Kloppers et al., 2016).

#### **5.5 Summary**

In this chapter the researcher discussed the results of the study in relation to the research question. The experiences of stroke survivors on community reintegration after receiving inpatient occupational therapy intervention at a district hospital were noted and the results compared to the current available literature. The participants expressed their experiences on the challenges related to participation within the environment and limited resources. They further expressed their perspectives on facilitators that enhanced functional tasks and the adaptation strategies utilised to reintegrate back into the community.

## CHAPTER SIX

### Conclusion and Recommendations

#### 6.1 Conclusion

The aim of the study was to explore and describe the perspectives and experiences of stroke survivors' community reintegration after receiving inpatient occupational therapy intervention at a district hospital. Three themes emerged from this study: (i) stroke survivors' challenges related to participation in functional tasks or occupations, (ii) stroke survivors' facilitators related to participation in functional tasks or occupations, and (iii) adaptation strategies utilised by stroke survivors to reintegrate back to their homes and the communities.

According to the findings of the current study the participants experienced barriers post discharge from a district hospital in the Western Cape. The study displayed barriers at an environmental level as well as a resource level. The lack of access to transportation for people with disabilities has been identified as one of the key barriers to reintegrate back into the community. Transportation limitations stretch further to the inability to reach healthcare services and follow-up appointments, resulting in poor adherence to therapy and ultimately poor functional outcomes. The study also found that participants experienced financial restraints to access healthcare centres to attend and continue with rehabilitation post discharge.

The current study found that participants experienced difficulty to mobilise within their own community including the inability to drive or get in and out of public and private transport. This resulted in the inability to access community centres like attending religious gatherings and shopping centres. The long-term impact of the COVID-19 pandemic on stroke patients presents challenges to individuals receiving rehabilitation, however due to restrictions put in place by government to curb the spread of the virus, participants in this study expressed that therapy intervention was limited by minimal or no family training, early discharge from

rehabilitation programmes, and poor follow-up sessions post discharge from rehabilitation programmes. The current study found poor MDT communication and the premature discharge of stroke survivors that resulted in no follow-up referrals, no family training and limited therapeutic input due to late referrals to the OT department. These outcomes may also be due to the limited availability of staff in the hospital due to the high demand of patients per available therapist. As mentioned earlier the study found that families were not prepared prior to discharge from hospital. Key informants and participants confirmed this statement. Feeling unprepared to take care of the person with disability added to the already heavy burden these family members experienced. In this study it was found that participants experienced limitations in performing IADL tasks, including cooking and cleaning. The participants in the study did not receive any assistive devices to improve these functions prior to discharge. It was found that the OT department was unable to issue these devices due to limitations in budget allocations.

The study underscored the importance of family support during rehabilitation. Involving family members in rehabilitation is of outmost importance as some families of stroke survivors struggled with accessing rehabilitation programmes due to financial challenges during the pandemic. The study also found that the participants' perceptions of their therapists were positive and satisfactory. A positive interpersonal relationship between patient and therapist resulted in trust and improved compliance. Even though the study found limitations with regards to issuing assistive devices it was found that participants in this study received adequate mobility devices like walking frames AFOs and wheelchairs, and thus experienced improved mobilisation. The study found that even though participants experienced limited follow-up appointments and limitations in accessing healthcare services, the home exercise programmes issued by the OT improved their functional outcomes. These programmes were specifically formulated for each individual to improve function.



Improved insight was found to be a positive adaptation strategy to improve function. Once the participants understood their own body and functions, this empowered them to continue with rehabilitation and finally see improved functional results. The improved insight allowed them to understand the home exercises they were provided with as mentioned earlier. By feeling empowered with the knowledge gained the participants' confidence was improved and this resulted in them continuing with therapy not only in a healthcare setting but also at home. The study findings indicated that the OT contributed to the improved confidence among the stroke survivors through positive reinforcement and by encouraging independence.

The study found that community resources like intermediate care facilities and community therapy is of utmost importance to gain independence post discharge. However, it was found that not all stroke survivors received intermediate care post discharge due to the limited availability of these facilities. Post discharge patients are either discharged back into the community with the possibility of outpatient treatment or they may be referred to an intermediate care facility. Unfortunately, not all healthcare clinics have therapeutic services, resulting in poor compliance towards therapy due to the fact that patients or clients had transportation issues to access therapy that was not within their catchment area. However, it was found that participants had positive experiences with intermediate care facilities that resulted in improved function and community reintegration. As mentioned earlier participants in this study stated that their experiences with the treating therapist was positive, and that the therapy aimed for specific improved functions. This was confirmed as the therapeutic interventions were aimed at learning new techniques in order to regain function and reintegrate back into their home environment.

## 6.2 Recommendations

The study showed that stroke patients experience difficulties in reintegrating back into the community due to environmental and resource constraints.

*Recommendations for occupational therapy research:* The impact of the pandemic on rehabilitation is still unclear. It is advised that in future the possibility and accessibility of teletherapy may be included in the public sector.

*Recommendations for the department of health or policy development:* The study found limited rehabilitation staff and limited assistive devices to aid independence within the district hospital as well as in the community. Based on these findings service providers could consider increasing the funding to rehabilitation organisations in order to increase the number of occupational therapists at the district hospital and community health centres, as this will promote improved family educational sessions and decrease the long waiting list that patients currently experience.

*Recommendations for occupational therapy education:* The researcher suggests that service providers address the ongoing challenges of accessibility of transport to healthcare centres within the Western Cape. Education and training may be provided for taxi drivers to make transport safer and more accessible to people with disability.

## 6.3 Limitations

Due to the COVID-19 pandemic, data collection was limited to mostly telephonic interviews as participants feared contact with the researcher. Only one interview was conducted face-to-face while 11 other interviews were conducted telephonically. The fact that the researcher was unable to meet the participants in person may have resulted in the participants not openly exchanging information as they would have done in a face-to-face interview.

Caution must be taken when generalising the findings of the study as qualitative research has context-specific information, and furthermore a limited sample size is not a representation of the larger population.

The fact that the district hospital only employs a few therapists, the key informants may have felt that if they provided negative information about the rehabilitation programmes at their places of employment, that the information could be traced back to them, even though the researcher assured anonymity in the report and or any publication of papers.



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UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 21 959 2390 Fax: 27 21 959 3404

Researcher: S. Van der Westhuizen  
Contact: 0723844469  
Email: [sunel2014@gmail.com](mailto:sunel2014@gmail.com)  
Student number: 4010509

### INFORMATION SHEET

#### Project Title:

Stroke patients' perspective of community reintegration after receiving Occupational Therapy intervention at a District Hospital in the Western Cape, South Africa.

#### What is this study about?

This is a research project being conducted by Sunel-Marie Van der Westhuizen at the University of the Western Cape. The researcher is inviting you to participate in this research project because you have been diagnosed with a Stroke and received Occupational Therapy at Karl Berner Hospital. The purpose of this research project is to explore your personal experiences with regards to how you have reintegrated back into the community after receiving Occupational Therapy.

#### What will I be asked to do if I agree to participate?

You will be asked to attend an interview with the researcher. The interview will take place at the Occupational therapy department at Karl Berner Hospital. The interview will be conducted only once. The interview could last from 30min to 60min. The questions that will be asked during the interview will relate to your opinion of reintegrating back into the community after receiving Occupational therapy. The interviewer may also ask your opinion on how to improve the Occupational therapy services to improve community reintegration.

#### Would my participation in this study be kept confidential?

The researcher undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your personal information will be protected and that all interviews will be anonymous. Your name will not be recorded in the interview, or other collected data. A code will be placed on the survey and other collected data. Through the use of an identification key, the researcher will be able to link your survey to your identity, and only the researcher will have access to the identification key. To ensure your confidentiality, all information will be kept safe in locked filing cabinets, using identification codes only on data forms, and using password-protected computer files. If the researcher write a report or article about this research project, your identity will be protected. In accordance with legal requirements and/or professional standards, the researcher will disclose to the appropriate individuals and/or authorities information that comes to her attention concerning neglect or potential harm to you or others. In this event, the researcher will inform you that she have to break confidentiality to fulfil her legal responsibility to report to the designated authorities.

#### What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. The researcher will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional or counsellor for further assistance or intervention.

#### What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about how we as Occupational Therapist can adapt our understanding of community reintegration and assist with a more client centred approach in therapy. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

#### What if I have questions?

This research is being conducted by Sunel-Marie Van Der Westhuizen at the University of the Western Cape. If you have any questions about the research study itself, please contact Sunel-Marie at: 0723844469 Unit 780 De Veld, Somerset West, sunel2014@gmail.com. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. Jo-Celene De Jongh  
Research Supervisor  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[kel@uwc.ac.za](mailto:kel@uwc.ac.za)

Prof. Shaned Spieker  
Research Co-Supervisor  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[msospeker@uwc.ac.za](mailto:msospeker@uwc.ac.za)

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

Biomedical Research Ethics Committee  
University of the Western Cape  
Private Bag X17  
Bellville  
7535  
Tel: 021 959 4111  
e-mail: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

#### Xhosa translation if required

Oluqaphanda lupasivise sisisiqepheba sekomiti yophandayo l'yunivesithi yaseNtshona Koloni kunye nekomiti yezeminqanaba Biomedical.

## Appendices

### Appendix 1: Information Letter/Sheet



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WESTERN CAPE

## Appendix 2: Consent Form



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa  
 Tel: +27 21-959-2390 Fax: 27 21-959-3404

Researcher: S. Van der Westhuizen  
 Contact: 0723844469  
 Email: [sunelot2014@gmail.com](mailto:sunelot2014@gmail.com)  
 Student number: 4010509

#### CONSENT FORM

**Title of Research Project:** Stroke patients' perspective of community reintegration after receiving Occupational Therapy intervention at a District Hospital in the Western Cape, South Africa.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

I agree to be audiotaped during my participation in this study.  
 I do not agree to be audiotaped during my participation in this study.

**Participant's name**.....

**Participant's signature**.....

**Date**.....

Biomedical Research Ethics Committee  
 University of the Western Cape  
 Private Bag X17  
 Bellville  
 7535  
 Tel: 021 959 4111  
 E-mail: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)



## Appendix 3: Interview Schedule: Stroke Survivors



UNIVERSITY OF THE WESTERN CAPE  
Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 21-959-2900 Fax: 27 21-959-5404

Researcher: S. Van der Westhuizen

Contact: 0723844469

Email: [sunele2014@gmail.com](mailto:sunele2014@gmail.com)

Student number: 4010509

### INTERVIEW SCHEDULE: Stroke participants

#### Title of Research Project:

Stroke patients' perspective of community reintegration after receiving Occupational Therapy intervention at a District Hospital in the Western Cape, South Africa

#### Objective of study:

1. To explore the stroke survivors' perspective and experiences of barriers when reintegrating into the community after completing in patient occupational therapy intervention
2. To explore the stroke survivors' perspective and experiences of facilitators when reintegrating into the community after completing in patient occupational therapy intervention
3. To explore the stroke survivors' perspective and experiences of adaptive strategies used when reintegrating into their occupational roles in the community
4. To explore the strategies to enhance the ability of stroke survivors to reintegrate into the community

Name of Interviewer: .....

Place of interview: .....

Date of interview: .....

Background of participant



UNIVERSITY OF THE WESTERN CAPE  
Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 21-959-2900 Fax: 27 21-959-5404

Researcher: S. Van der Westhuizen

Contact: 0723844469

Email: [sunele2014@gmail.com](mailto:sunele2014@gmail.com)

Student number: 4010509

Gender: .....

Age: .....

#### Questions

1. Please describe to me your experiences of returning back home after receiving Occupational Therapy at Karl Bremer Hospital.
  - a. Probe: Was there any difficulties that you experienced?
  - b. Probe: Was there any thing (example person or organisation) that helped you?
2. What do you think were the benefits of Occupational Therapy prior to returning home after you had the strokes?
  - a. Probe: Was there anything specific during your Occupational Therapy sessions that helped you to function better at home?
  - b. Probe: Was there any advice or equipment that assisted you to return home that you received?
3. What did you feel restricted you or made it difficult to return to a previous way of living?
  - a. Probe: Was there any restrictions that you are aware of now, that you would have raised whilst in hospital or prior to returning home?
4. What adaptations did you have to make to your life to continue your life after returning to your community?
  - a. Probe: Can you describe the adaptations when you returned to work?
  - b. Probe: Can you describe the adaptation when participating in leisure or sport activities, (example church, soccer, socialising with friends or family)
  - c. In your opinion how did your adapt to life after a stroke.
5. What would you feel may the Occupational Therapy Department include or change to assist stroke survivors with an improved community integration.
6. Is there any other things you would like to share with me in relation to returning home after a stroke.

## Appendix 4: Interview Schedule: Key Informants



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959-2390 Fax: 27 21-959-3404

Researcher: S. Van der Westhuizen

Contact: 0723844469

Email: [sunald2014@gmail.com](mailto:sunald2014@gmail.com)

Student number: 4010509

#### INTERVIEW SCHEDULE: Key Informants

##### Title of Research Project:

Stroke patients' perspective of community reintegration after receiving Occupational Therapy intervention at a District Hospital in the Western Cape, South Africa

##### Objective of study:

1. To explore the stroke survivors' perspective and experiences of barriers when reintegrating into the community after completing in patient occupational therapy intervention
2. To explore the stroke survivors' perspective and experiences of facilitators when reintegrating into the community after completing in patient occupational therapy intervention
3. To explore the stroke survivors' perspective and experiences of adaptive strategies used when reintegrating into their occupational roles in the community
4. To explore the strategies to enhance the ability of stroke survivors to reintegrate into the community

Name of Interviewer: .....

Place of interview: .....

Date of interview: .....

Background of participant



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-959-2390 Fax: 27 21-959-3404

Researcher: S. Van der Westhuizen

Contact: 0723844469

Email: [sunald2014@gmail.com](mailto:sunald2014@gmail.com)

Student number: 4010509

Gender: .....

Age: .....

##### Questions:

1. Please describe to me the difficulties that stroke survivors experience when returning home from hospital?
  - a. Probe: For example- Physical, emotional or environmental limitations.
  - b. Probe: What do you think is the main limitations of a stroke survivors after being discharged from Karl Bremer Hospital?
2. What adaptations do you feel stroke survivors have to make in their life after returning home?
  - a. Probe: What would you prioritise as the main focus of rehabilitation for stroke survivors prior to being discharged from Karl Bremer Hospital?
  3. In your opinion how do think that the Occupational Therapy department could improve on its processes in order to enhance the community' reintegration of stroke survivors?
    - a. Probe: What should the focus of intervention be, to facilitate enhanced community reintegration?
    - b. Probe: Can you suggest alternative interventions the Occupational Therapy department should focus to improve community reintegration.
4. Please describe whether stroke survivors receive optimal intervention, and if not, what can be done in your opinion to improve the optimization of the services.
  - a. Probe: Please describe whether there are any other suggestions to improve the occupational therapy stroke rehab intervention,?
  - b. Probe: What resources are needed in order to enhance the intervention process

## Appendix 5: Information Sheet



### UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa  
Tel: +27 21 959 2390 Fax: 27 21 959 3404

Researcher: S Van der Westhuizen  
Contact: 0723844469  
Email: [sunelo2014@gmail.com](mailto:sunelo2014@gmail.com)  
Student number: 4010509

#### INFORMATION SHEET

##### Project Title:

Stroke patients' perspective of community reintegration after receiving Occupational Therapy intervention at a District Hospital in the Western Cape, South Africa.

##### What is this study about?

This is a research project being conducted by Sunele-Marie Van der Westhuizen at the University of the Western Cape. The researcher is inviting you to participate in this research project because you work at Karl Bremer Hospital as either a Occupational Therapist or Physio Therapist. The purpose of this research project is to explore how you perceive stroke survivors reintegration back into the community after receiving Occupational Therapy.

##### What will I be asked to do if I agree to participate?

You will be asked to attend an interview with the researcher. The interview will take place at the Occupational therapy department at Karl Bremer Hospital. The interview will be conducted only once. The interview could last from 30min to 60min. The questions that will be asked during the interview will relate to your opinion stroke survivors reintegration back into the community after receiving Occupational therapy. The interviewer may also ask your opinion on how to improve the Occupational therapy services to improve community reintegration.

##### Would my participation in this study be kept confidential?

The researcher undertake to protect your identity and the nature of your contribution. To ensure your anonymity, your personal information will be protected and that all interviews will be anonymous. Your name will not be recorded in the interview, or other collected data. A code will be placed on the survey and other collected data. Through the use of an identification key, the researcher will be able to link your survey to your identity, and only the researcher will have access to the identification key. To ensure your confidentiality, all information will be kept safe in locked filing cabinets, using identification codes only on data forms, and using password-protected computer files.

If the researcher write a report or article about this research project, your identity will be protected. In accordance with legal requirements and/or professional standards, the researcher will disclose to the appropriate individuals and/or authorities information that comes to her attention concerning neglect or potential harm to you or others. In this event, the researcher will inform you that she have to break confidentiality to fulfil her legal responsibility to report to the designated authorities.

##### What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. The researcher will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional or counsellor for further assistance or intervention.

##### What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about how we as Occupational Therapist can adapt our understanding of community reintegration and assist with a more client centred approach in therapy. Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

##### What if I have questions?

This research is being conducted by Sunele-Marie Van Der Westhuizen at the University of the Western Cape. If you have any questions about the research study itself, please contact Sunele-Marie at: 0723844469 Unit 780 De Valde, Somerset West, sunelo2014@gmail.com. Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Prof. Jo-Celeste De Jongh  
Research Supervisor  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[jdejongh@uwc.ac.za](mailto:jdejongh@uwc.ac.za)

Prof. Shaheed Soeker,  
Research Co-Supervisor  
University of the Western Cape  
Private Bag X17  
Bellville 7535  
[shsoeker@uwc.ac.za](mailto:shsoeker@uwc.ac.za)

This research has been approved by the University of the Western Cape's Biomedical Research Ethics Committee.

Biomedical Research Ethics Committee  
University of the Western Cape  
Private Bag X17  
Bellville  
7535  
Tel: 021 959 4111  
e-mail: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

**Xhosa translation if required**  
Cuphiqanda lugasesise sijiqobela sekomiti yophando l'umyosholu yasekshonqa Kodozi kunye nekomiti yezeminyango Biomedical.

**Afrikaans translation if required**  
Hierdie navorsing is goedgekeur deur die Universiteit van Wes-Kaapland se Biomediese Navorsingsetikekomitee.



## Appendix 6: Ethics Reference Number



UNIVERSITY of the  
WESTERN CAPE



13 October 2020

Mrs SM Van der Westhuizen  
Occupational Therapy  
Faculty of Community and Health Sciences

**Ethics Reference Number:** BM20/8/15

**Project Title:** Stroke patients' perspective of community reintegration after receiving Occupational Therapy intervention at a Secondary Hospital in the Western Cape, South Africa.

**Approval Period:** 13 October 2020 – 13 October 2023

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

**Please remember to submit a progress report annually by 30 November for the duration of the project.**

*Permission to conduct the study must be submitted to BMREC for record-keeping.*

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape

Director: Research Development  
University of the Western Cape  
Private Bag X 17  
Belville 7535  
Republic of South Africa  
Tel: +27 21 959 4111  
Email: [research-ethics@uwc.ac.za](mailto:research-ethics@uwc.ac.za)

NHREC Registration Number: BMREC-130416-050

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

