DEVELOPMENT OF AN OUTCOME MEASURE FOR OCCUPATIONAL THERAPISTS IN MENTAL HEALTH CARE SETTINGS

by

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SUBMITTED IN FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

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University of Pretoria

Pretoria

2010

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SUMMARY

It is the responsibility of professions to provide evidence of the demonstrable value and quality of service delivery. Occupational therapists in mental health care settings find it difficult to produce convincing evidence of the demonstrable value and their contribution to health care. Currently no effective outcome measure for occupational therapists in mental health practices exists. The development of an outcomes measuring system is much needed in these crucial times of cost-cutting, rendering quality of care with the minimum resources and the quest for evidence of the effect of intervention.

The purpose of this study was to fill the outcome measurement gap by developing a system that is clinically tested and user-friendly for occupational therapists in mental health care settings. Such a system had to represent the outcomes in the occupational therapy programmes, meet the needs of the therapist in terms of purpose of the tool, be easily administered and be standardised. It was also important that the outcome measure was grounded in the theoretical framework that guides intervention programmes, namely Vona du Toit’s Model of Creative Ability. This theoretical framework is widely used in South African mental health care settings and was found suitable to be transformed into a rating scale for the outcome measure.

A participatory approach combined with a mixed method exploratory design, specifically the instrument development model, was selected to guide the study. The development of the outcome measure happened in three phases. Domains for the outcome measure emerged after participation from occupational therapy clinicians and mental health care users in Phase 1. The operationalisation of the domains and the development of the rating scale happened during Phase 2. The third phase was the piloting of the outcome measure to identify issues to be optimised for the final implementation of the outcome measure.

Eight domains with 52 representative items emerged from Phase 1. The domains were Process skills, Communication and Interaction skills, Lifeskills, Role performance, Balanced lifestyle, Motivation, Self-esteem and Affect. Clinicians were satisfied that these domains represented the service that they deliver and compared well with the mental health care users’ need for occupational therapy. The involvement of mental health care users in confirming relevant domains for the outcome measure ensured a client-centred approach in the research process.

The outcome measure, named as the Activity Participation Outcome Measure (APOM), has a unique feature of generating reports and spider graphs for every mental health care user. The APOM was
piloted in three mental health care settings. In spite of good intentions from clinicians to apply the measure, it was clear that measuring outcomes is neither a priority, nor a routine task in clinical settings.

The preliminary investigation into the psychometric properties yielded positive results. However, the sample sizes for the validity and reliability samples were not optimal and further data collection needs to continue for confirmation. It is recommended that investigations into the psychometric properties of the instrument continue to eventually market it as a valid and reliable outcome measure for occupational therapists in mental health care settings.

Key words:

Outcome measurement, Occupational Therapy Outcomes, Mental health care outcomes, Activity participation, Outcome measure, Creative Ability, Occupational performance outcomes.
I would like to express my appreciation to my two supervisors, Prof Margot Graham and Prof Piet de la Rey for excellent guidance and for allowing me the freedom to embark on my own tangents but always gracefully assisting me to get back to the rigour of research.

The success of this study depended on the participation of occupational therapy clinicians and mental health care users. I am much indebted and greatly appreciative of the information they have shared.

Thank you to the statisticians at the internal consultation service of Statomed, Mr Solly Millard and Mrs Joyce Jordaan, who made the statistical analysis a pleasure. The experience of Prof De la Rey in this section also needs special acknowledgement.

I am grateful for the assistance of Mr Lionel Faull in editing the language.

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My sincere gratitude goes to my family, my husband and two boys who keep my feet on the ground and yet allowed me to reach for the stars.
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OPERATIONAL DEFINITIONS

**Outcome measure**: An instrument designed to gather information on the efficacy of service programmes; a means for determining if goals or objectives have been met (Jacobs & Jacobs 2004, p. 132). An assessment or test to measure one or several attributes that would demonstrate change in the client. The changes are attributed to the therapy intervention.

**Effective outcome measure**: This is a measure that has been investigated for its reliability and sensitivity to detect change that occurred after intervention. An effective measure is measuring what it is suppose to measure and is appropriate for the context in which it is used. In this thesis a sound outcome measure is used synonymously with and effective outcome measure.

**Outcomes in occupational therapy**: The functional consequences for the patient of the therapeutic actions implemented by an occupational therapist (Rogers & Holm 1994, p. 872). The roles and activities performed daily that give meaning and purpose to a person.

**Domains**: The range of constructs being measured in an outcome measure e.g. quality of life, health status, activity participation, functional status, life satisfaction (Hargreaves Hargreaves, Shumway, Hu & Cuffel 1998, p. 123). Domains will be used synonymously with constructs in this study.

** Constructs**: Something constructed by the mind, a theoretical entity, a working hypothesis or concept. Constructs will be used synonymously with domains in this study.

**Items**: A concept that represents a trait. The item is specific with sub headings to clarify what is included under that specific trait.

**Occupation**: “Occupation is everything we do in life, including actions, tasks, activities, thinking and being”. It is the interaction of the individual with their self-directed life activities (Law & Baum 2001, p. 6). Occupation as used by occupational therapists is thus different from the laymen’s meaning e.g. the regular work or profession of a person or his/her job. Collins Concise Dictionary (Sinclair 2004, p. 1037) further defines occupation as "any activity on which time is spend by a person" and "the act of occupying or the state of being occupied". These definitions are compatible with occupational therapy's definitions.

**Occupational performance**: “The doing of occupation in order to satisfy life needs” (Law & Baum 2001, p. 6).

**Function**: Execution of tasks, activities and roles, sometimes used synonymously with occupational performance.
Mental health care users: This is the term in South Africa for patients or clients suffering from mental health disorders. The Mental Health Care Act of 2002 introduced this term to counteract the stigma of the term psychiatric patient.

Mental health: The definition of the World Health Organisation(2001) applies to this study: “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.
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<td>ICF</td>
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