

# **Learning to live with an altered functional self after inpatient rehabilitation**

by

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## **Declaration**

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Deidre Anne Widdall

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## **Key to Transcripts**

When presenting excerpts from participant's interview transcripts in Chapter Three, the following conventions are used:

Shorter excerpts from participants are presented in double inverted commas in the text. Longer excerpts are indented and single spaced.

All participants are identified by a specific code. Participants are numbered, for example P1.

Excerpts from interview transcripts are identified using the participant's code number, a second number either 1 or 2 will identify if the excerpt comes from the first or the second interview and the transcript line number. For example, (P1.1, 200) indicates the excerpt comes from participant number one, first interview, and line number 200 at the commencement of the excerpt in the first interview transcript.

Square brackets [ ] are used to insert words to clarify meaning, for example, to give an explanation of what the participant was referring to, or where additional words were inserted. Parentheses ( ) are used to insert field notes into transcripts. To indicate that content from an interview transcript has been edited out, an ellipsis ...has been used.

### **Indigenous statement**

In this document the term Indigenous is used and refers to Aboriginal or Torres Strait Islander peoples of Australia. Although used in this way, it is acknowledged that Aboriginal and Torres Strait Islander people are a culturally diverse group.

## Abstract

Rehabilitation following severe and unexpected health events can require complex and multifaceted interventions. For the rehabilitation inpatient, leaving the inpatient unit after an often-prolonged hospital stay to return home and to usual life activities is an important and vital stage in recovery. Issues with providing a quality discharge experience and for continuum of care are well documented for the general 'acute' inpatient. There is a gap in understanding the perspectives of Australian individuals with a range of conditions after leaving inpatient rehabilitation to return to life in the community.

Using a qualitative descriptive design this study provides rich description of the lived experiences of persons who have a range of conditions resulting in impairment to body structure and functioning. Semi structured interviews were conducted with eight participants shortly after discharge and again within a few months to gain understanding of the experiences over time as the phenomena of interest was being experienced.

Data analysis revealed an over arching theme and three major themes containing further sub categories. The overall theme describes a learning process over time which participants engaged in where they were '*Learning to live with an altered functional self*'. The three major themes depict and describe how participants experienced this learning and purposeful responses to changes in their health and functioning. The first theme, '*Realising my functional self has changed*' involved discovering functional limitations for themselves and developing an understanding of the altered functional self. The second theme, '*Taking charge to restore my functional self*' describes participants making plans to restore functioning and taking

action to restore functioning. In the third theme '*Taking charge of my changed situation*' participants over time have come to an understanding of their changed situation and describe how they are living differently in the present with thinking of the future. Across all sub-themes important contextual elements of performing everyday activities, home and community were essential to learning, and adaptive processes. The study discusses the nature of these findings as they add knowledge from the person's perspective and within an Australian context. The implications for rehabilitation service delivery, educational preparation of health professionals and for future research are also explored.