Work-related Experiences of Persons with Stroke after Completing Rehabilitation Service from A Selected Rehabilitation Center

By
Abanti Faria

February 2023, Held in February 2024

This thesis is submitted in total fulfillment of the requirements for the subject RESEARCH 2 & 3 and partial fulfillment of the requirements for the degree of

Bachelor of Science in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Faculty of Medicine
University of Dhaka

Thesis completed by:

Abanti Faria
4th year, B.Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

Supervisor's Name, Designation, and Signature:

Nayan Kumer Chanda
Assistant Professor
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

Head of the Department's Name, Designation, and Signature:

Sk. Moniruzzaman
Associate Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

Board of Examiners

Statement of Authorship

This is an affirmation that I, Abanti Faria, have completed the thesis project titled "Work-related Experiences of Persons with Stroke after Completing Rehabilitation Service from A Selected Rehabilitation Center" to fulfill the requirements for earning a B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute, Savar, Dhaka, Bangladesh. There is no prior submission of this study for the award of any other degree or certificate.

I certify that nothing in this thesis has been published elsewhere or is being utilized to satisfy the criteria of any other academic program except for the instances where it is specifically recognized in the text. This work does not contain any content that has been taken from a thesis given by me or anybody else for any academic reason.

I further declare that this study has been conducted with due diligence and that ethical considerations have been protected. Any future dissemination of the research findings will include proper acknowledgment of its origins as an undergraduate thesis. I acknowledge that my research supervisor is strongly interested in ensuring the responsible dissemination of the project's findings.

Abanti Faria
4th year, B.Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka: 1343

……
Signature

Acknowledgement

All praise is due to Allah for enabling me to complete my studies, and I would also like to thank my parents and sister for their constant support and inspiration to continue my studies. I thank all who, in one way or another, contributed to the completion of this research.

I would like to express my sincere gratitude to my honorable supervisor, Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy, for providing invaluable guidance throughout this study. His dynamic vision and motivation have deeply inspired me. I want to thank all my respected BHPI lecturers for their ongoing support, especially Sk. Moniruzzaman, Associate Professor & Head, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), who provided the opportunity to perform this research and motivated me. I would like to give special thanks to Arifa Jahan Ema, Assistant Professor, Department of Occupational Therapy. In addition, I'd like to express my gratitude to my junior gentleman, who helped me translate my data collection tools and correct English grammar.

I would like to thank Rakib Hossain, the Consultants and In charge of the Occupational Therapy Department CRP, Mirpur, who inspired me to complete this study and motivated me.

I am extremely grateful to my parents for their love, prayers, care, and sacrifices in educating me and preparing me for my future. My special thanks go to my friends who support me mentally. A special thanks to those Who participated in this study for having shared their experience with me.

Dedication

Dedicated to my beloved parents.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

CRP: Center for the Rehabilitation of the Paralysed

ICF: International Classification of Functioning, Disability and Health

IDT: Interdisciplinary Team

MDT: Multi-Disciplinary Team

OT: Occupational Therapy

RTW: Return to work.

TA: Thematic analysis

WHO: World Health Organization's

Abstract

Background: Stroke, a leading cause of death and disability around the world, causes physical, cognitive, and emotional difficulties. Returning to work after a stroke is essential for personal well-being, but it becomes difficult because of a variety of variables, such as discrimination and fatigue. Occupational rehabilitation services focusing on early intervention and coordination between health experts and employers are essential for improving return-to-work outcomes. Long-term support is needed to address the persistent obstacles that persons with stroke face in the workplace.

Purpose: To explore the work-related experiences of persons with stroke after completing rehabilitation service from a selected rehabilitation center.

Method: This study was conducted using a qualitative research design with a phenomenological approach, including nine participants (one female, eight male) following the purposive sampling method in this study. The researcher would collect data from CRP (Savar, Mirpur) and select a face-to-face interviewer for data collection using a semi-structured interview guide. The researcher asked participants to discuss their work-related experiences after stroke. The researcher listened to the interviews several times using the phone recorder, and then the interview data was transcribed in Bangla. Then the data was analyzed by thematic analysis.

Results: The findings explored in-depth information about the work-related experiences of stroke patients. Six themes were identified in Variation in Post-stroke Job, Factors influencing return to work after stroke, feelings of rejoining the job after stroke, relationship with coworkers, Barriers at Workplace, and Adaptation process in the workplace after stroke.

The experience of returning to work after a stroke was not good because their physical problems restricted them from working as before**.** The main Barriers to negative experiences after returning to work are stigma, less work effort, poor functional use of the affected arm, poor communication skills, and working slowly.

Conclusions: This study investigated the experiences of individuals returning to work after a stroke, finding a complex environment of problems and reasons. Despite physical limitations and social obstacles, persons with stroke maintain dedication, motivated by familial responsibilities, financial requirements, and a commitment to their professional roles. Their return to work highlights the significance of developing full support systems and workplace accommodations to ensure effective reintegration. Reducing stigma and raising awareness are critical steps toward creating inclusive work settings that support the well-being and productivity of people with stroke.

Keywords: Stroke, Employment, Return to work, Rehabilitation

CHAPTER I: INTRODUCTION

1.1 Background

Worldwide, cerebrovascular accidents (Stroke) are the second major cause of mortality and the third important cause of impairment. Stroke is the sudden death of some brain cells due to a lack of oxygen caused by a blockage or break of an artery to the brain, and is also a major cause of dementia and depression (Johnson et al., 2016). Globally, one in every four adults over the age of 25 will suffer a stroke during their lifetime. Every year, adults aged 15 to 49 account for more than 16% of all strokes. Every year, adults under the age of 70 account for more than 62% of all strokes (WSO, 2022). Stroke is one of society's most severe and heavy on resources disorders. Stroke rates among working-age people are rising in several parts of the world (Westerlind et al., 2017).

According to (Singam et al., 2015), stroke is a neurological condition that affects a person's everyday well-being. Significant changes have been observed following the stroke. Stroke-related physical, cognitive, and psychological problems can result in various activity challenges and participation restrictions (Singam et al., 2015). It is significantly related to an increase in the care burden and a loss of productivity (Patterson, 2018). Stroke is a leading cause of adult disability globally. While acute stroke management has improved significantly, rehabilitation remains the primary focus of poststroke care. Many stroke rehabilitation techniques aim to reduce stroke-related damage and disability (Chang et al., 2016). While a specific type of damage is relatively common after a stroke, an individual's response might vary considerably.

Persons with stroke may not exhibit any impairment at all, may only have minor speech or movement restrictions, or may experience more significant changes, such as those to their personality and cognitive capacities. A scientific structure for analyzing disability and functioning in the context of a health condition is given by the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF). Body structures and functions (impairments) capture functioning at the level of the body, and activities reflect functioning at the level of the individual. Participation, which functions at the level of society, is one of the three domains that are impacted by a health condition described by the ICF. The main objective of neurorehabilitation is to increase involvement, yet the majority of persons with stroke face severe barriers to participation when they try to resume their regular jobs and routines. A complex combination of physical, communicative, cognitive, and emotional deficits brought on by a stroke may make it difficult for a person to carry out routine daily tasks or participate in community activities (Erler et al., 2019).(Alaszewski et al., 2007) discovered that up to 80% of stroke patients report fatigue. One of the authors directly realizes that it is a big difficulty to live with, successfully manage, and eventually overcome because it affects all poststroke issues.

Persons with stroke face economic and personal difficulties due to difficulties or weakness in returning to work (RTW). Work enhances a person's feeling of identity and life pleasure (Gilworth et al., 2009). Younger persons with stroke often have minor deficits and may be motivated to RTW due to interest or necessity (Wolfenden & Grace, 2009).

Stroke-related job loss has a costly impact on both individuals and society due to reduced productivity and increased morbidity and mortality rates (Medin et al., 2006).

Employers must change work tasks and hours, perform tests, and make technical improvements but are not required to create new tasks. Research indicates that individuals with non-communicable diseases are more likely to experience RTW if they have a greater socioeconomic position, stronger confidence, positive recovery expectations, less severe sickness, better RTW coordination, and multidisciplinary treatments, including at work. Research suggests that having a less severe stroke and maintaining strong, self-rated health are positive factors for RTW (Palstam et al., 2018).

These persons with stroke are generally met with discrimination from others, which causes shame and frustration for the survivor. Persons with stroke usually have a wide range of impairments and problems, the most common and debilitating of which is fatigue. This is not always characterized by general tiredness or fatigue; it is frequent, lasts for years, and is chronic (Wolfenden & Grace, 2009).

RTW after a stroke is an essential social outcome of rehabilitation for working-age persons with stroke (Ntsiea, M.V et al., 2015). Many studies show that many persons with stroke are unable to RTW (Patterson, 2018). Work is a broad concept that can be defined only as paid work (whether employed or self-employed), or it can also include other occupations such as voluntary work and household work. Not working can also be divided into subgroups, including students, retirees, unemployed and job-seeking, and unemployed but unavailable for work (Westerlind et al., 2017). Stroke-related disabilities place a significant value on both individuals and society in terms of lost productivity and sick leave. After a stroke, the reported RTW rate varies globally and is influenced by various pacts. Job-related criteria critical for RTW after a stroke include the type of job and the organization's size (Palstam et al., 2019).

Stroke frequently affects working-age persons and limits survivors' capacity to participate in communal activities, such as RTW. As a result, the patient is unable to perform their duties effectively. It also restricts their involvement and employment opportunities (Ntsiea, M.V et al., 2015).

Returning to previous work and improving overall well-being are frequently seen as rehabilitation goals (Singam et al., 2015). Work has been shown to be important for post-stroke well-being and life satisfaction, and RTW can be viewed as a step toward achieving normal. Though many studies have examined factors determining return or no RTW after a stroke, only a handful have looked at experiences of working long-term after a stroke (Palstam et al., 2018). RTW programs should preferably begin before disability benefits are implemented, as these may promote dependency. The timing of the RTW intervention is particularly critical because the effectiveness of RTW programs decreases over time.

In most cases, post-stroke recovery does not include vocational retraining, and developing research indicates that a different strategy is required to optimize RTW risks. According to research, the significant components of vocational rehabilitation should consist of workability evaluation, job visits, employees, health professionals, employer participation, and early intervention (Ntsiea, M.V et al., 2015).

1.2. Justification of the research

Stroke is a severe problem in our country that can impair a person with stroke or possibly lead to death. Bangladesh has inadequate rehabilitation services facilities and a limited number of investigations into these programs.

Center for the rehabilitation of the Paralysed (CRP) is one of the facilities that help with their rehabilitation and RTW by bringing together a multidisciplinary team that includes a doctor, an occupational therapist (OT), a physiotherapist (PT), a speech and language therapist (SLT), and other professionals. OT aims to improve activity performance by strengthening performance skills and ensuring persons with stroke can RTW. Therapists taught stroke patients how to regain lost performance and use compensatory techniques. The primary goal of OT treatment is to teach patients how to care for themselves, be productive, and enjoy leisure activities. However, there are adequate rehabilitation services for stroke patients in CRP. This is an important area in Bangladesh, and it increases the resources available for the OT profession.

This study will determine whether a stroke patient can engage in employment after completing rehabilitation or what problems are faced in participation. Through this study, we will also know if there are any problems in employment engagement at the workplace, how they face them, or if there are any environmental problems, how they can face and overcome them.

This study will help Occupational therapists provide better service by identifying stroke patients facing problems returning to their productive. This study will help patients overcome their problems and follow recommendations for modifications to maintain a productive life and participate successfully.

1.3 Operational definition

Stroke: Stroke is a clinically defined syndrome of acute, focal neurological deficit attributed to vascular injury (infarction, hemorrhage) of the central nervous system (Murphy & Werring, 2020).

Employment: Employment is defined as working for at least one hour a week for some payment, either for a wage or for profit, or commission, or without pay in a family business (Garon, 2006).

Return to Work: Returning to one's previous job. It is the act of returning to one's old occupation from a certain location or condition. Returning to work is a productive activity that is a person's regular or primary work or business, especially as a method of earning a living (Ahmed, 2019).

Rehabilitation: The process of assisting a person who has experienced an illness or injury to restore lost abilities and regain maximal independence (Ahmed, 2019).

1.4 Aim of the Study

To explore the work-related experiences of persons with stroke after completing rehabilitation service from a selected rehabilitation center.

CHAPTER II: LITERATURE REVIEW

2.1 Stroke

The number of stroke patients is expected to rise in the future due to demographic changes and inadequate control of risk factors. Strokes are more common in low- and middle-income countries, with patients on average 15 years younger than those in high-income countries. Stroke poses a significant and growing burden, particularly among working-age individuals. However, the disease does not receive sufficient resources for prevention, management, or research funding (Bonita et al., 2004). Strokes are primarily caused by cerebral infarction (69%), followed by primary hemorrhage (13%), subarachnoid hemorrhage (6%), and an unknown type (12%) (Wolfe et al., 2002).

2.2 Epidemiology of Stroke

"Stroke is defined as a rapidly developing global or focal neurological deficit maintaining more than 24 h or causing death without clear cause other than vascular origin". A stroke is a sudden loss of brain function caused by artery blockage. There are three types: hemorrhagic, ischemic, and Transient Ischemic Attacks (TIAs). Stroke is a significant and increasing global health concern. According to the World Health Organization, stroke was the second leading cause of death from 2002 to 2012. Also, it has been estimated that stroke caused approximately 5.7 million deaths in 2004, accounting for 9.7% of all deaths; more than 85% of these deaths occurred in middle- and low-income nations. The reasons for this tendency are unclear; however, it can be related to a greater understanding of the risk factors for stroke.

Stroke Statistics Update (2015) and heart disease revealed that stroke is the fifth leading cause of death in the United States, affecting approximately 129,000 people each year (Alharbi et al., 2019). Stroke incidence data is accessible for most East Asian countries but not all other regions. Malaysia has the lowest rate (67 per 100,000 person-years). Japan and Taiwan had the highest rates (422/100,000 person-years for men and 212/100,000 for women) and 330/100,000 person-years, respectively (Venketasubramanian et al., 2017). The incidence ranges from 150 to 300 per 100,000 people, with a frequency of 600/100,000. Ischemic infarction accounts for 85% of strokes, followed by hemorrhage at 15%. The stroke incidence ranges from 7/1000 in Novosibriska, Russia, to 2.4/1000 in Dijon, France. In Bangladesh, 700,000 people suffer from strokes each year (Amin et al., 2014).

2.3 Importance of Return to Work

Work has a significant role in shaping and expressing one's identity as an adult (Billett, 2007). A person can work for themselves or someone else. According to Patterson (2018), "work" can be divided into formal and informal economic activities.

Employment might indicate a person's social status. RTW is a significant milestone in stroke recovery, both emotionally and functionally (Hartke et al., 2011). Using a specialized prevention approach, RTW is a key component of workplace processes aimed at reintegrating employees who have lost work capacity due to occupational or non-occupational diseases or in specific RTW prioritizes employment retention to prevent early retirement (La Torre et al., 2022)—persons with a stroke experienced RTW as a key indicator of improvement.

A Canadian study found that 3.7% of stroke sufferers are under 45 years old. Three months following discharge, 6% of persons with stroke returned to full-time employment. After a stroke, 9% of persons with stroke returned to full-time employment, while 8% went back to part-time work (Wolfenden & Grace, 2009).

2.4 Time of Return to Work After Stroke

At a one-year follow-up, most patients RTW within 3 to 6 months of the stroke start, with no significant RTW. After a comprehensive inpatient rehabilitation program focused on prevocational and vocational activities, 49% of patients RTW within 3.1 months after discharge. RTW rates averaged 8% during the first 3-6 months and increased by 2% after 6-12 months. One year following a stroke, 67% of people who were previously employed RTW (Treger et al., 2007). (Saeki, 2000) discovered two high slopes in the proportion of RTW forms: within the first six months of admission and between 12-18 months. Surviving stroke patients typically had a positive outcome, with 69.8% reporting no problems, 11.1% reporting moderate disability, and one-fifth reporting serious impairments. A total of 46 patients (73%) had RTW, with recovery times lasting from a few days to 40 months, with an average of 8 months. However, modifications in occupation were required for 12 individuals (26.1%).

2.5 Work

Work people perform for some form of remuneration (Patterson, 2018). Work enhances a person's feeling of identity and life pleasure (Gilworth et al., 2009). The literature uses various definitions of job and employment. Some studies defined return to work as working full or part-time at follow-up, regardless of the hours worked per day (Lindström et al., 2009).

Other studies indicated a weekly labor load of 8-10 hours, or 25% of full-time work in a business or on the open market. Some consider studying part-time or full-time at an academic institute for employment (Hofgren et al., 2007). Work is a significant part of adult life, accounting for about 1/3 of our time. Work takes up a higher proportion of time than self-care or leisure activities. Work can be anything from an unpleasant necessity to a purposeful and satisfying hobby (Vestling et al., 2013).

2.6 Follow-up Times Post-Stroke

The current literature has various follow-up periods for RTW, from 3 months to 10 years after stroke (Leng, 2008). Some studies had a short follow-up period despite evidence indicating that RTW improves with time after stroke. Consequently, this variation prevents the ability to reliably estimate the RTW after a stroke (Daniel et al., 2009). While many studies have investigated predictors and causes of RTW, little attention has been given to the process. For example, researchers aimed to obtain information about people's experiences with RTW after a stroke. Persons with stroke experienced a lack of assistance, advice, and guidance during the RTW process, leading to delays. They emphasized the importance of comprehension. Persons with stroke can receive help, advice, information, direction on RTW, emotional support, and coping skills to make informed decisions about their future career opportunities (Gilworth et al., 2008).

2.7 Stroke and Rate of Return to Work

According to Palstam A (2018), a qualitative study found that despite continuing to work 7 to 8 years after having a stroke, most people had some limitations. Fatigue and cognitive impairments meant that to manage work, one had to create boundaries, skip job tasks, and rest while at work.

One also had to rest while on break and refrain from social activities. Participants tried to stay away from work-related stress because of aggravated symptoms and/or fear of a new stroke. Support from supervisors and colleagues was often crucial for a sustainable work situation.

According to (Palstam et al., 2019), data was collected from stroke patients in Sweden. The researcher identified two work-related factors that would allow for a quicker RTW following stroke: qualified occupation and large organizational size. The male gender represented a quicker and more frequent RTW. A shorter time to RTW was predicted by qualified occupation for males but not for women. Physical dependence at discharge was the only factor that could predict RTW in women.

Stroke is a major cause of people experiencing difficulties at work or even being at risk of losing their jobs because of unseen impairments (Brannigan et al., 2017). Many studies conducted in the United States of America, the United Kingdom, Japan, and Sweden showed that the rates of return to employment range from 1% to 91%, with variations occurring between nations and within the same country (Patterson, 2018).

RTW after a stroke is a complex process that can be aided or hampered by organizational, social, or personal issues, as well as access to appropriate assistance ((Brannigan et al., 2017). They were predominantly black and between 18-24 months post-stroke. The most common co-morbidities were weakness and hypertension. During the interview, 34% of the sample RTW, while 3% left after a period, leaving 31% employed. The top three motivations for RTW were financial (77%), satisfaction (77%), and personal growth (73%) (Duff et al., 2012).

2.8 Personal Factors

Some research found that women were more likely to RTW, while others found that men were more likely (Patterson, 2018).

Male stroke patients with RTW exhibited a greater quality of life and emotional status than those without RTW, whereas, in female stroke patients, there appeared to be no definite difference in the quality of life and emotional status, according to RTW (Wang et al., 2015).

According to Bonner et al. (2015), functional disability may be more essential than anxiety and sadness in a subject's return to employment. Psychological factors may also influence RTW, with support from a patient's family, friends, and coworkers being a crucial, positive influence on a patient's decision to RTW following a stroke. RTW after a stroke can improve one's economic situation, quality of life, and overall life satisfaction, but not all persons with stroke are able to do so.

2.9 Environmental Factors

Environmental issues such as support systems, workplace accessibility, and transportation have all been cited as potential challenges to RTW (Balasooriya-Smeekens et al., 2016). According to medical professionals, persons with stroke frequently feel restricted to being the patient, and they may fail to consider the survivors' greater social context (Patterson, 2018). A number of limitations were identified as causes of being unable to continue working or having difficulties at work. Sometimes, RTW causes challenges (Balasooriya-Smeekens et al., 2016).

Heavy lifting jobs, tasks requiring a high degree of eye-hand coordination, and jobs with a fixed work rate or shift work were all described as challenging to manage. Participants who were unable to return to their previous jobs indicated problems in finding new work that accommodated their disability (Lindgren et al., 2022).

Employers may also impede RTW by being unsupportive, providing a long period of absence from work, having poor or limited knowledge and professionalism about disability in the workplace, concerns about productivity, or outside perception of the company and its performance (Patterson, 2018). Employers face complicated social and practical issues while assisting an employee who has had a stroke to RTW, for which many lack information and experience (Balasooriya-Smeekens et al., 2016).

According to Brannigan et al. (2016), communication between healthcare professionals and employers can help persons with stroke RTW process, while environmental workplace adaptations and adjustments such as phased working and flexible work can help accommodate persons with stroke in the workplace.

A study was conducted in Sweden. Workplace adjustments and flexibility led to successful RTW and long-term employment (Lindgren et al., 2022).

2.10 Rehabilitation Programs

Rehabilitation addresses the impact of a health problem, developmental challenge, or impairment on the individual's life rather than merely the diagnosis itself.

Working collaboratively with individuals and their loved ones can help them achieve their full potential, independence, and control over their lives. This care philosophy promotes inclusion in communities, jobs, and education rather than isolating individuals and limiting their opportunities for a full life (Wade, 2020).

Stroke is the leading cause of severe physical impairment, and rehabilitation to improve functional deficits is the most effective treatment option. Occupational therapists play an important role in rehabilitation as part of a multidisciplinary team. OT is a client-centered profession that uses meaningful activities across the continuum of physical and mental domains to alleviate limitations after a stroke (Govender & Kalra, 2007). Rehabilitation should prioritize the individual's needs after a stroke. Professionals can help persons with stroke by asking questions about their goals, perceived hurdles, necessary skills, and support networks (Woodman et al., 2014). Vocational rehabilitation aims to assist individuals with health issues in returning to and maintaining employment. The role includes helping individuals gain work, assisting those who are currently employed but experiencing difficulties, and promoting career development with illness or disability (Coole et al., 2013).

Individuals' social involvement after a stroke is a dynamic and ongoing process that requires specific rehabilitation over a period. Therapy practitioners encourage persons with stroke to participate in self-selected social activities, emphasizing the value of autonomy in setting goals throughout therapy.

Developing positive, hopeful, determined, resilient, and courageous attitudes is crucial for pursuing self-selected activities. Recognizing and promoting these behaviors and attitudes is vital for recovery efforts (Woodman et al., 2014).

Stroke rehabilitation is a multidisciplinary approach that helps stroke sufferers regain their independence and live productive and meaningful lives. Another function of rehabilitation is to help patients adjust to their constraints, surroundings, and level of personal support if adequate or suitable healing does not occur. Because no single profession or discipline possesses the necessary knowledge or skills to address all aspects of human functioning and performance, rehabilitation is essentially a multidisciplinary process in which professionals with diverse skills and training collaborate in partnership with patients and their families to achieve desired levels of participation in all aspects of daily life. Suitable rehabilitation for persons with stroke includes preparation for RTW, workplace education, survivor participation in management, and ongoing support from a stroke educator/advocate (Wolfenden & Grace, 2009).

Occupational therapists are key members of this interdisciplinary team, specializing in examining human function and activity restoration (Govender & Kalra, 2007).

2.11 Key Gaps of the Study

- The majority of stroke studies in the literature focus on high-income countries, neglecting the unique challenges that persons with stroke face in low-income and middle-income countries when it comes to rehabilitation, social assistance, and return to work.
- While literature acknowledges the difference between men and women in post-stroke back-to-work results, it does not offer an intersectional approach that considers factors like age, race/ethnicity, income, and disability severity.
- There’s not much that’s known about employers’ attitudes and policies regarding hiring, accommodation, and retention.

- Limited research explores the qualitative experiences and cultural factors influencing RTW after stroke, which might affect specific treatments and policies.
- The study didn't have an in-depth evaluation of the long-term effectiveness and sustainability of rehabilitation programs in facilitating persons with stroke' return to employment.

CHAPT ER III: METHODS

3.1 Study Question, Aim, Objectives

3.1.1 Research Question

What are the work-related experiences of persons with stroke after completing rehabilitation service from a selected rehabilitation center?

3.1.2 Aim of the Study

To explore the work-related experiences of persons with stroke after completing rehabilitation service from a selected rehabilitation center.

3.1.3 Objectives of the Study

- To know the work-related experience of persons with strokes regarding the RTW process.
- To explore which factors are associated with persons with stroke's ability to return to employment.
- To explore patients' experiences and how they have faced the barriers and adaptation process in the workplace.
- To explore the relationship with colleagues
- To explore the job responsibility of the workplace after stroke.

3.2 Study Design

3.2.1 Study Method

The researcher used qualitative research methodology in this study. Qualitative research is realistic, meaning data is collected from the natural situation.

Researchers gain data through interviewing individuals or groups, observing their behavior and surroundings, or examining objects.

Qualitative research is studying social and human phenomena in their natural surroundings and interpreting them based on the meanings people bring to them (Cristancho et al., 2018). Qualitative research involves collecting, organizing, and analyzing textual material produced from conversations. This method examines how individuals perceive social phenomena in their natural environment (Grossoehme, 2014). The goal of qualitative research is to understand meaning more fully. Qualitative researchers explore how individuals perceive and interpret their surroundings and experiences (Hignett & McDermott, 2015).

In this study, only qualitative data explores the work-related experiences of persons with stroke after completing rehabilitation service from a selected rehabilitation center.

3.2.2 Study Approach

A phenomenological approach to qualitative research methods was used in this study. Phenomenology is a qualitative research design that aims to understand a phenomenon through the perspective of those who have experienced it personally. Phenomenology aims to define an experience's meaning, including what and how it occurred. Phenomenology encompasses various approaches to understanding human experience (Neubauer et al., 2019).

This methodology focuses on understanding the subjective lived experience of interesting phenomena. Phenomenology emphasizes the individual experience, inductive analysis, and reflexivity.

Phenomenological researchers evaluate their own thoughts and prejudices regarding the topic under study, which may influence their interpretation of evidence (Cristancho et al., 2018).

3.3 Study Setting and Period

3.3.1 Study setting

The researcher would collect data from the outpatient unit of the Centre for the Rehabilitation of the Paralysed (CRP) -Savar, the community (Badda), and CRP- Mirpur.

3.3.2 Study Period

The study period was from April 2023 to February 2024, and the data collection period was between 1 December 2023 to 31 December 2023.

3.4 Study Participant

3.4.1 Study Population

The study population was nine participants who had returned to employment after a stroke.

3.4.2 Sampling Techniques

The investigator will use purposive sampling. Purposive sampling involves randomly selecting units from a population segment that have the most information on the desired characteristic (Guarte & Barrios, 2006).

Purposive sampling includes a variety of non-probability sampling approaches. Purposive sampling, also known as judgmental, selective, or subjective sampling, involves selecting units (e.g., individuals, cases/organizations, events, data) for study based on the researcher's judgment. Compared to probability sampling procedures, the sample size in most studies is small.

Non-probability sampling involves the researcher selecting individuals based on various criteria, such as experience in the study area or willingness to participate (Rai & Thapa, 2019).

3.4.3 Inclusion Criteria

- Both male and female participants engaged in a job or work.
- Participant age range between 30-65years
- Participants who were medically stable.
- The participant who received treatment for at least three months

3.4.4. Exclusion Criteria

- Participants who were in the acute stage.
- Participants who had Cognitive impairment
- Participants who didn't have any valid phone number.

3.4.5 Participant Overview

The researcher took nine participants who had returned to work after the stroke and had some previous work experience.

Table:3.1

Pseudo Name	Age (Years)	Gender	Educational Qualification	Affected side	Occupation
Karim	55y	Male	L.L.B	Right side paralysis	**Graphics designer**
Alim	59y	male	Master	Right side paralysis	**Insurance**
Mumin	38y	male	Master	Left side paralysis	**Banker**
Amina	41y	Female	MBA	Left side paralysis	**Banker**
Riyad	59y	Male	H, Sc.	Left side paralysis	**Supply**
Amir	49y	Male	M.Sc.	Left side paralysis	**Gov.t job**
Faruk	53y	Male	M.com	Left side paralysis	**Govt. service**
Rahul	42y	Male	M.Sc. in computer science engineering	Right side paralysis	**Software manager**
Rahim	46y	Male	Class 5	Left side paralysis	**Private business**

3.5 Ethical Consideration

The ethics were maintained by following ethical issues stated by the World Medical Association (WMA) created for medical research involving human subjects(World Medical Association, 2022).

3.5.1 Ethical Clearance No

The ethical clearance has been approved by the Institutional Review Board (IRB) to describe the aim and objective of the study through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The IRB number CRP-BHPI/IRB/10/2023/771.

3.5.2 Informed Consent

- **Information Sheet**

  Every participant received an information sheet from the researcher that explained all aspects of the study and made it clear to them what its objective and goals were.

- **Consent Form**

  After explaining the purpose of the study, participants chose to participate voluntarily. A written consent was obtained from the participant.

- **Withdrawal Form**

  In this study, participation was completely voluntary, and participants had the right to withdraw consent within one month of the interview for the restricted time of completing the study.

3.5.3 Unequal Relationship

The researcher did not have an unequal relationship with the participants.

3.5.4 Risk and Beneficence

The participants did not have any risk, and they won't get any benefit from this research.

3.5.5 Confidentiality

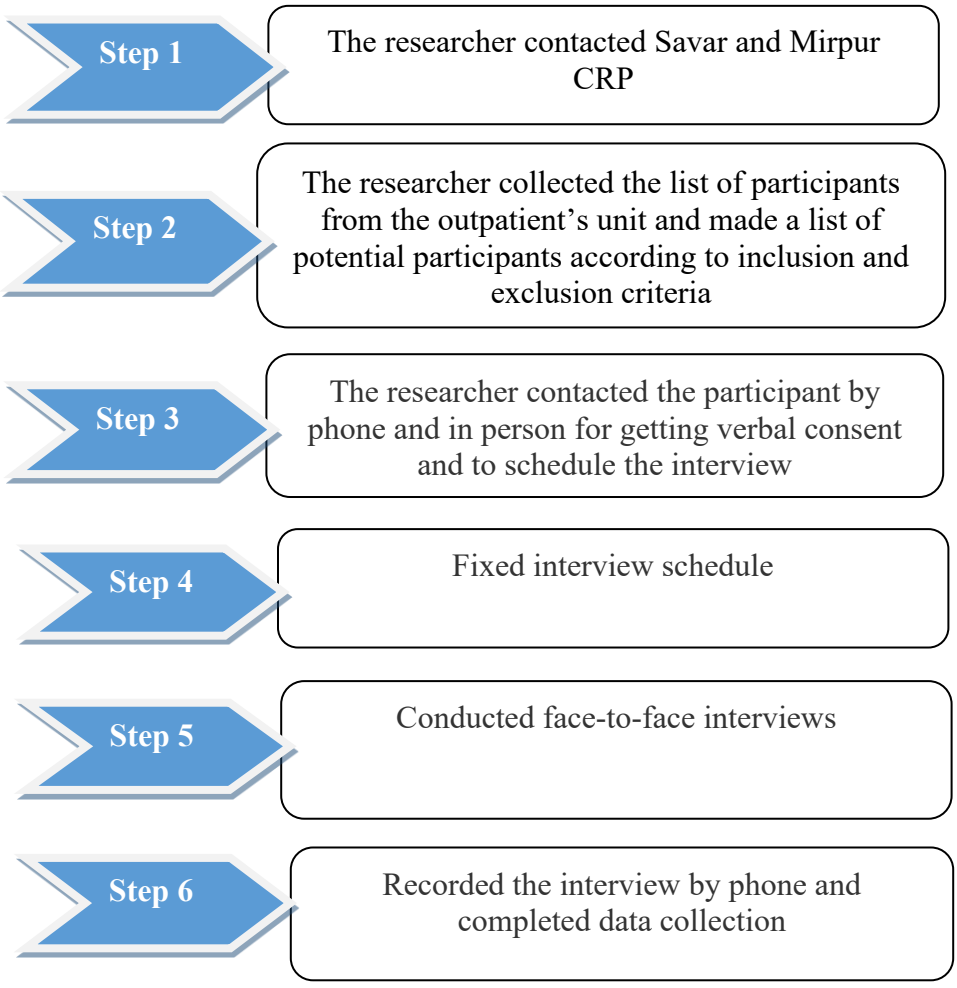
The researcher secured and maintained the confidentiality of the participants. Only the researcher and the supervisor had access to the interview, as was indicated on the information sheet. Except for the supervisor, their name and identity were kept private, as mentioned on the information page. The researcher also obtained the volunteers' signatures on a transcribed contact form to keep the information private. Participants were additionally informed that their identities would be kept private for future uses such as report writing, publication, conferences, or other written materials and verbal conversation.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure:3.1

Overview of Participation Recruitment Process



The researcher contacted Savar and Mirpur CRP, where stroke patients RTW after completing rehabilitation services. After that, the researcher collected the list of participants from the outpatient's unit and made a list of potential participants according to inclusion and exclusion criteria (see sections 3.4.3 and 3.4.4 for details).

Then, the researcher contacted participants by phone and in person to get verbal consent and to schedule the interview—fixed interview schedule and conducted face-to-face interviews. The researcher Recorded the interview by phone and completed the data collection.

3.6.2 Data Collection Method

The researcher would collect data through face-to-face, in-depth, semi-structured interviews. Researchers may conduct an interview face-to-face, on phone calls, or via video calls. The researcher travels Physically to the participant's location to conduct this face-to-face interview. Face-to-face interviews ensure direct and ongoing engagement between interviewer and interviewee, with no technical disturbances. The interviewer can recognize nonverbal social cues such as body language and facial expressions (Saarijärvi & Bratt, 2021). In-depth interviewing is a qualitative research technique involving individual interviews with a few respondents to get insight into a particular topic, program, or issue (Jacobvitz et al., 2002). Individual in-depth interviews allow a deeper exploration of social and personal problems (DiCicco-Bloom & Crabtree, 2006). Semi-structured in-depth interviews are the most commonly utilized interviewing type for qualitative research, and they can be conducted individually or in groups. They are typically performed only once for an individual or group and might last anything from 30 minutes to several hours (DiCicco-Bloom & Crabtree, 2006).

Semi-structured interview guides provide clear instructions for interviewers and provide reliable, comparable qualitative data. By asking open-ended questions and educating interviewers to follow important subjects beyond the interview guide, participants can get new insights and perspectives on the topic (Cohen & Crabtree, 2006).

Data was collected and recorded by mobile phone recorder. The interviews lasted for 25-35 minutes.

3.6.3 Data Collection Instrument

A semi-structured interview guide was used to conduct the interview for the social experience and working experience of Stroke patients who have recovered. Typically, the interviewer uses a paper-based interview guide. Semi-structured interviews with open-ended questions may lead to different discussions from the interview guide (Cohen & Crabtree, 2006). A semi-structured interview guide was developed by the researcher, and it was both in Bangla and English. The interview guide has been developed through the literature review (Palstam et al., 2018; Patterson, 2018).

3.6.4 Field Test

After getting approval to perform the research and before starting the collection of final data, the researcher completed a field test with two volunteers. The field test was required because it helped the researcher develop a final question and collect data from participants simply. After the field test, some questions were modified, such as adaptation and barriers related.

3.7 Data Management and Analysis

The researcher selected thematic analysis to analyse the data. Thematic analysis involves finding, evaluating, and reporting patterns (themes) within data (Braun & Clarke, 2006). (Braun & Clarke, 2021)developed a six-phase process to help researchers identify and address the relevant parts of a theme analysis.

In this regard (Braun & Clarke, 2013) have identified the six-phase process as a way to do TA. According to Barun and Clark's six phases of thematic data analysis, the researcher followed step by step for analysis.

Step 1. Reading and Familiarization

Firstly, the researcher listened to the interviews several times, using phone recordings, to familiarize herself with the collected data. The researcher transcribed data verbatim in Bengali, her first language, and translated them into English. She got help from volunteers to translate four interviews and refine the translation. She translated another five interviews by herself. After that, the respected supervisor re-checked all the transcription and translation. Then, the researcher read the data several times thoroughly to understand its meaning and noted potential interests.

Step 2. Generating Initial Codes

In this step, researchers identified some important points from the data. Read and familiarized herself with the data and generated an initial list of ideas about what's in the data and what is interesting about them. This phase then involves the production of initial codes from the data. The researcher tried to generate interesting data features by highlighting important sentences, generating some initial code from the important sentences, and naming them. The supervisor checked the potential codes.

Step 3. Searching for Themes

The researcher wrote down all the codes on paper and highlighted and underlined similar codes by reading the translation and speaking with the supervisor.

Then, the student researcher collated codes into potential themes, wrote them on different sticky notes, and arranged them together.

Through this, I gathered all data relevant to each potential theme.

Step 4. Reviewing Themes

Then, the researcher re-checked if the themes worked with the coded extracts and the entire data set, generated a thematic 'map' of the analysis, and discussed it with a supervisor.

Step 5. Defining and Naming Themes

In this step, the researcher refined and revised the theme and sub-theme and finalized those themes and sub-theme for a result. Then, a clear name and definition for the theme and sub-theme. So that the overall story the analysis tells generates clear definitions and names for each theme. The respected supervisor re-checked all the themes.

Step 6. Producing the Report

Finally, the researcher identified subordinate themes and produced a scholarly report in the dissertation by writing the results chapter with verbatim participant quotes.

3.8 Trustworthiness and Rigor:

Trustworthiness was maintained by following methodological rigor and interpretive rigor (Fossey et al., 2002).

3.8.1 Methodological rigor

- **Congruence:** The phenomenological approach of qualitative design was used for the research, which accurately fit the goals and objectives (see section 3.2: Study Design).
- **Responsiveness to Social Context:** A face-to-face interview was conducted in a suitable place. Through verbal communication with the participant, the researcher becomes familiar with the setting (see section 3.3.1: Study setting)
- **Appropriateness:** The study selects participants using purposive sampling. In this study, nine participants were recruited using a set of inclusion and exclusion criteria.

Face-to-face, in-depth interviews were used to collect data (see sections 3.4.2 and 3.6.1: sampling techniques and participant recruitment process)

- **Adequacy:** An interview guide used in face-to-face interviews, which was in Bangla. The interview was recorded by mobile recorder. Participants' opinions and voices are presented in verbatim quotations, representing the data's originality. The description of the methods was detailed enough to enable the reader to understand the context of the study.
- **Transparency:** The researcher gathered and analyzed data. There was no chance of bias because the supervisor was actively involved in every phase of the data analysis process, offering the data a variety of perspectives. (see sections 3.6 and 3.7: Data collection process and Data management and analysis).

3.8.2 Interpretive rigor

- **Authenticity:** The study findings and interpretation were provided with verbatim quotes from the participants. The student researcher asked the participants if they understood the explanation after their statements (see Chapter IV: Results section). Participants were not involved in documenting, checking, analyzing data, or reviewing the analysis because of the short study time.
- **Coherence:** The researcher transcribed data verbatim, listening to the audio in Bengali as a first language, and translated them into English. The respected supervisor listened to the audio recording, rechecked all the transcriptions, and refined the data analysis, providing multiple data views (See section 3.7: Data Management and Analysis).

- **Reciprocity:** The researcher translated the data verbatim while maintaining the original data. Data analysis wasn't shared with any of the participants (See section 3.7: Data Management and Analysis)
- **Typicality:** For the reader's clear understanding, the student researcher described the context of the study in depth (See sections 3.4.5 and 3.7: Participant Overview and Data Management and Analysis).
- **Permeability of the Researcher:** The student researcher's intentions, preconceptions, values, or preferred theories were strictly maintained by following ethical guidelines. The student researcher and the supervisor reviewed all data, and there was no chance of bias in this study. (see section 3.7 Data Management and Analysis)

CHAPTER IV: RESULTS

In this study, all participants are persons with stroke. In this result, section six main themes that emerged from the data analysis included Variation in Post-stroke Job, Factors influencing return to work after stroke, relationships with co-workers, feelings of rejoining the job, Barriers at Workplace, and adaptation process in the workplace.

Table 4.1

Variation in Post-stroke Job	Banking and Finance
	Software Manager
	Graphics Designer
Factors influencing return to work after stroke	Family responsibility
	Valuing Work
	Financial Need
Feelings of rejoining the job	Positive Feelings
	Negative Feelings
Relationship with co-workers	Supportive and Helpful
	Communication Barriers
	Stigma and Discrimination
	Environmental Barriers
Barriers at Workplace	Physical Health-Related Barriers
	Communication Barriers
	Stigma and Discrimination
	Environmental Barriers
Adaptation process in the workplace	Ergonomical Adjustment
	Adequate Space

Theme One: Variation in Post-stroke Job

All participants described the different types of tasks they had at the workplace. All participants didn't change their jobs. They are doing their old jobs. Participants talk about returning to job tasks or other responsibilities after a stroke.

They share all the different responsibilities that their workplace demands. The related sub-themes are:

Sub-theme one: Banking and Finance

Most of the participants share their responsibilities at the workplace. Among them, two participants work as bankers. One is responsible for salary distribution, and the other for opening new accounts.

Amina reported, “I work on salary distribution or any kind of fund transfer to the bank.”

Mumin reported, “I am in charge of opening a bank account, i.e., I open any new account for clients.”

Sub-theme two: Software Manager

Most of the participants reported that they had returned to their previous jobs. One participant worked as a software manager, solving software problems and having 10-12 people to work with. When they cannot solve the work, he solves the work of the software himself.

Rahul said,

> ‘‘I’m a software manager. I maintain the software programs. I look after the software. I solve the problems arising from it. I have given 24-hour day and night support. No one has done it like me. I have been working in this company for a long time. But I have done it better than anyone else. I have given so much effort. I have made a huge contribution. That is why they are obliged to keep me. They have realized that they can't do anything without me.”

Sub-theme three: Graphics Designer

One of the nine participants shared that he works as a graphic designer for a garment and is the only member who works as a graphic designer for all the garment designs through the website.

Karim said,

> **‘‘**In my office, I only do graphics. I did all kinds of graphic design work for these garments. After I got sick, some work remained unfinished since no one else could do the graphics work in my office. I feel that my role in my workplace is very important, as graphics work is required for design. I did full graphics work for a garment, so my responsibilities are very high, but there is no problem because my colleagues help me a lot.**’’**

Theme Two: Factors Influencing Return to Work After Stroke

All participants reported that they had to return to work because of their family needs, responsibilities, financial needs, and the importance of their work. The related sub-themes are:

Sub-theme one: Family Responsibility

Participants shared that they want to return to work to care for their families, meet their needs, and take responsibility for the family.

Mumin said,

> “I have a small child. The child is only five years old, and I have not been able to do anything for him yet. She is the one who has done more work for me, so I have to do something for her, and I have to turn around. I returned to work thinking about my child and the family.”

Sub-theme two: Valuing Work

All participants reported the value and benefits of work and the negative aspects of not working. Individuals who quickly returned to work effectively highlighted work's positive effects and significance in their daily lives. They shared that they have a passion for work and are dedicated to filling the gaps in their work after stroke.

Riyad said,

> "Actually, we are committed to work. If we are not committed to any work, we cannot complete our work. Now, I have to finish the tasks that I have taken on first. Suppose I have finished the work. I have to go back to work."

Rahul said, "My dedication towards my work has influenced me to return to my employment. Because I dislike spending time doing nothing or being idle and not working, I rejoined the office after three months' leave."

Sub-theme three: Financial Need

Participants reported that Many people do not fare well financially after a stroke. As a result, the effect falls on their family. They must return to work to make ends meet and support their families.

Alim said, "My job is crucial, and I am genuinely interested in the insurance field. Additionally, considering my family situation with no children, my wife and I have decided to return to work."

Theme Three: Feelings of Rejoining the Job

The experience of rejoining the job after a stroke is positive. Still, few patients reported that the experience of rejoining the job is negative because they have to face many problems due to illness and accountability. The related sub-themes are.

Sub-theme one: Positive Feelings

Participants report that in the case of returning to work after a stroke, they have regained a new lease of life after joining work. After returning to work, they got a lot of help at their workplace. His colleagues are very happy when he comes to work after being sick, and whenever he needs any help with his work, they always come forward to do the work.

Riyad said,

> **"**The experience is good. As I have been working in this place for 34 years, we have shared a good relationship with each other, and they are empathetic about my illness as they have seen me as an active person all the time."

Sub-theme two: Negative Feelings

Participants report that due to the tendency to work in advance due to experience, many people in the workplace neglect them, they are not sure whether they will stay in their job, and they have to face many difficulties in working. Some participants said that their coworkers lacked understanding of how they wanted to understand their work, leading to task withdrawal or excessive assistance.

Mumin said, "The experience is not good after the stroke because earlier I could do my work alone, but now I have colleagues to help me, but sometimes they get bored when I repeat the same work to them."

Rahul said,

"Experience is a very bitter, bad experience. It's not good. It is challenging. It is difficult for me to get in a car or elevators, and I need help, but I don't always get help, so I have to do that task with risk. Sometimes, I feel like quitting my job because I need help while working, but there are not always colleagues who can help me. They have a lot of work".

Theme Four: Relationship with Co-Workers

Building and maintaining relationships with coworkers after a workplace stroke can present challenges and opportunities. Most participants said the quality of their relationships with them was as good as that of their colleagues. The related sub-themes are.

Sub-theme one: Supportive and Helpful.

Participants reported that they returned to work after the stroke. The colleagues were very supportive. If they can't do any work, then colleagues help them to do the work.

Karim said,

> "I have colleagues who help me. They try to help me to the best of their ability whenever I need anything. Since I have a problem with one hand, my colleagues help me many times when I can't do any work using one hand.''

Amina said,

> "Alhamdulillah, I am working in this bank. They have seen me before my stroke, and everyone knows I give my level best now. I have a problem with one hand. My colleagues help me when I have trouble working with one hand. As I cannot hold the file with one hand, sometimes a colleague next to me helps me to open the file. I feel that I am very lucky that my colleague continues to help me despite this situation."

Theme Five: Barriers at Workplace

Participants reported that They also face many problems after completing rehabilitation, like physical health-related barriers, communication barriers, stigma and discrimination, and environmental barriers. After a stroke, there are many physical effects on work at the

workplace. Most interviewees reported ongoing problems affecting their ability to work. The related sub-themes are.

Sub-theme one: Physical Health-Related Barriers

After the stroke, most of the patient's previous work speed is reduced. They cannot finish work in time. Delivery of their work takes a long time, and their responsibility decreases a bit. They can perform their duties the way they used to before getting sick, but they can't do the same after getting sick. Participants shared that Stroke causes many problems in their work because they have many physical issues. In that case, the work is interrupted. They cannot do their jobs properly in the field of work.

Riyad said,

> "I have a work schedule at ten o'clock, but I can't finish it in time because my skills are still not as they used to be. Any task now takes me eight minutes instead of five minutes. As I'm taking a long time, there are gaps in many places, and many things are closed. Now, there is nothing to do like that.".

Amina said,

> "Some things like doing stapler or punching means I have adapted the technique of doing it with one hand. Now there's not so much problem. Now, only the trigger finger is causing the problem. Otherwise, I could do everything with my left hand." Alim said, "Whereas I could have done 100% duty earlier, now I can do a little less, like 75%."

Sub-theme two: Communication Barriers

Due to the communication gap, many patients have many problems at work. Some participants do not want to interact much with colleagues by themselves.

They always want to keep themselves apart, and this affects their work. Alim stated, “I stay in my room and don't interact much with colleagues.”

Sub-theme three: Stigma and Discrimination

Participants reported that they had difficulties participating in any function of society. Because some people talk a lot about them, they talk a lot about why they had a stroke behind their backs. Fearing these words, many cannot participate socially, and they try to stay away from people in society by themselves. 1 in 9 patients report that returning to work after a stroke has led to discrimination by colleagues about why she returned to work after a stroke.

Alim said,

> “It is tough for me to mix with everyone in society because many people talk about various things about me and my illness. I do not attend any office events because I do not feel comfortable there. Come to work and go to work again. People say different things about me. Some people exist in every society who always talk behind people’s backs, and it is like their job.”

Amina started, “After going back to work after stroke, many people told me why I went back to work after stroke. Why am I working as a girl? My job is sitting at home.”

Sub-theme four: Environmental Barriers

Participants reported that, after a stroke, patients have many environmental obstacles. They have many problems with their movement. Four out of nine participants reported that they had many problems with transportation, such as not being able to climb stairs to get into a car and needing help or assistance from another person.

Amina reported, “After the stroke, I could not get into a rickshaw alone. I needed someone's help getting onto the rickshaw.

Riyad reported, "I still can't climb stairs. I need the support of a family member to climb stairs”.

Theme Six: Adaptation Process in the Workplace

Participants shared their adjustments or flexibility in the workplace after the stroke. Most participants reported that they did not need any modifications or adaptations to their workplace after the stroke. Two participants reported that their workplace modifications or adaptations made their work easier. Adapting workplace duties to participants' requirements was often necessary for RTW and maintaining employment.

Accordingly**,** the related sub-themes are.

Sub-theme one: Ergonomical Adjustment

Most patients stated that there was no ergonomic change in the workplace. Amina and Karim stated that there was an ergonomic alteration at their employment.

Amina said,

> “Earlier, my worktable was a bit high. But, when I returned to work after the stroke, I sometimes had difficulty working at a high desk. I have a problem with one hand. So, I have a problem working with one hand. So, my desk in my office is lowered a little for my work convenience.”

Karim said, “My keyboard has been changed to facilitate working.”

Sub-theme two: Adequate Space

Participants reported that their work is sometimes affected by not having enough space in the workplace. One of the participants reported that to facilitate his work after his stroke,

his office space was enlarged so that he could work easily and without difficulty. But Alim reported, “The room I used to work in has been changed. Now the room I work in is much bigger. And my table is very big. I used to have a small room, but now my room is very big where I sit and work.”

CHAPTER V: DISCUSSION

This research explores the work-related experiences of persons with stroke in relation to employment engagement following their discharge from a selective rehabilitation facility. Six major topics that provide insight into different aspects of persons with stroke life after rehabilitation surfaced through thematic analysis. The importance of these findings in terms of social integration and stroke therapy is examined in this discussion.

Following a stroke, participants discussed their Variation in Post-stroke Job at work. Many showed a deep commitment to their profession and a desire to make a meaningful contribution despite their physical constraints. Sub-themes, including Banking and Finance, Creating Graphics, Maintenance of software programs, and creating a new bank account, highlight the variety of roles persons with stroke play and their determination and will to carry out their professional responsibilities. Taking too much responsibility throughout the RTW process was a stressful experience (Öst Nilsson et al., 2020).

According to the study's findings, a variety of factors, such as financial need, valuing work, and familial responsibilities, motivate persons with stroke RTW. These elements highlight how crucial it is to address holistic requirements in addition to physical therapy to support successful reintegration into the workforce. RTW can have both positive and negative financial effects. Finance can be a motivator for RTW, in addition to the basic desire to sustain oneself (Hartke et al., 2011).

Participants discussed how they adapted to the employment environment after a stroke. They highlight the necessity of supportive working settings and accommodations to simplify the transition back to work.

While some participants reported ergonomic changes and enough workspace, others encountered issues such as lower work speed and communication difficulties, emphasizing the importance of specialized support systems. Several reports have shown that the Lack of a safe working environment provides a long-term financial risk for persons with stroke who might suffer injuries while working.

Heavy lifting, tasks requiring a high degree of hand coordination, and a fixed rate of employment or shift work were all described as challenging to manage. Participants who could not return to their previous jobs indicated challenges in finding employment opportunities that accommodated their disability (Ntsiea, M.V et al., 2015).

The ongoing challenges that persons with stroke experience even after they have completed therapy are discussed by participants. Stigma, environmental barriers, and physical restrictions continue to hamper social engagement and employment opportunities, emphasizing the need for greater social awareness and access measures. One study found that higher levels of stigma among stroke patients were linked to higher levels of sadness, reduced functional capacity, avoidance coping strategies, lower subjective support, and recurrent stroke (Deng et al., 2019).

Distress was revealed to be a primary predictor of limited social activity. Restricting social involvement was found to be a risk factor for depression, as were environmental barriers in general (Zhang et al., 2017).

Social support is essential in promoting effective professional reintegration. While some individuals reported supportive and helpful coworkers, others had complicated relationships and felt neglected. Cultivating supportive work settings and cultivating empathy among colleagues is critical for helping persons with stroke' social integration at

work. Employers indicated that having supportive coworkers would motivate persons with stroke to RTW with the confidence that they would get the help they needed while transitioning back into the workplace. Support from supervisors and coworkers was frequently critical for a sustainable work situation; nevertheless, when not supported or even discouraged at work, it might indicate a lonely fight to manage impairments and stress-related symptoms while pushing their boundaries to meet work demands (Ntsiea, M.V et al., 2015; Palstam et al., 2018). One study found that The understanding and pleasant attitude of their coworkers helped them adapt to their current position at work (Medin et al., 2006).

The participants talked about their differing experiences going back to work after a stroke. While some participants expressed their appreciation for the help they received, others regretted the challenges and uncertainties of working after a stroke and emphasized the need for continued assistance and accommodation. One study focused on the experiences of individuals trying to RTW following a stroke. During the interviews, participants expressed feeling uncomfortable, dissatisfied, and, at the same time, confident in getting back to a life that included work (Vestling et al., 2013)

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Study Strength

- All participants were willing to provide data.
- As this study focuses on the work-related experiences of persons with stroke afterward, using qualitative methodology is appropriate.
- The inclusion and exclusion criteria were clearly defined.
- This study presents new findings about job Experience, work motivation, and colleague relationships.
- The researchers provide an in-depth description of the analysis process and how the themes were derived from the data.
- Ethical approval for the study was granted by the Institutional Review Board (IRB).

6.1.2 Study Limitation

- The researcher faced difficulty collecting the related research articles because it was impossible for her to access those articles.
- The researcher collected data from only the Dhaka district, which is not more generalized.
- The sample size was too small to be represented as a large population.
- The researcher struggled to find relevant articles due to little published research.
- As it's the first time a study for a researcher has been performed, mistakes can damage the rich data quality.

6.2 Practice Implication (Recommendation for Future Practice and Research)

6.2.1 Recommendation for Future Practice

- Developing a cheerful, hopeful, determined, resilient, and fearless attitude is crucial for following self-selected values.
- Physical adaptations at the workplace, a flexible work schedule, and support boost the individual's ability to return to work and maintain a sustainable employment position after a stroke.
- Changed work and living priorities after a stroke need consideration during the RTW process.
- Rehabilitation specialists play a vital role in providing an understanding of the limitations that result from stroke and how they affect employment capabilities.
- Individualized recommendations for workplace modifications improve Flexibility and sustainability.

6.2.2 Recommendation for Future Research

- There needs to be a broader focus on knowing the work-related experiences of persons with stroke after completing rehabilitation service not only in Dhaka district but also in the whole of Bangladesh.
- It should be necessary to improve communication between therapists, persons with stroke about rehabilitation services, and clients RTW.
- Further research should be conducted on a large number of participants and also be done using a mixed method for accurate information from persons with stroke.
- Better results can be expected in quantitative research in the future because most of the Articles are quantitative.

6.3 Conclusion

This study looks thoroughly into persons with stroke experiences as they go through the complicated surroundings of job involvement following rehabilitation. Participants highlighted persistent stigma and misunderstandings that lead to social isolation. Despite physical limitations, survivors demonstrate perseverance in returning to work, motivated by a desire to make a meaningful contribution and maintain their financial well-being. However, the study highlights the value of more comprehensive assistance than just physical rehabilitation, such as welcoming work settings and encouraging social networks. After therapy, difficulties still exist because of misconceptions about culture and environmental barriers that prevent professional participation. Overall, the study emphasizes the need for comprehensive support networks and increased social empathy to create inclusive workplaces and support successful professional reintegration for persons with stroke.

LIST OF REFERENCE

Ahmed, S. (2019). *Return to Work of Stroke Survivors after Taking Rehabilitation Service from Centre for the Rehabilitation of the Paralysed (CRP)*. http://library.crp-bangladesh.org:8080/xmlui/bitstream/handle/123456789/532/Sujon Ahmed %281%29.pdf?sequence=1&isAllowed=y

Alaszewski, A., Alaszewski, H., Potter, J., & Penhale, B. (2007). Working after a stroke: Survivors' experiences and perceptions of barriers to and facilitators of the return to paid employment. *Disability and Rehabilitation*, *29*(24), 1858–1869. https://doi.org/10.1080/09638280601143356

Alharbi, A. S., Alhayan, M. S., Alnami, S. K., Traad, R. S., & Aldawsari, M. A. (2019). *Epidemiology and Risk Factors of Stroke*. *10*(4), 60–66.

Amin, M. R., Mohammad, H., Ahmed, K. G. U., & Sarkar, D. N. (2014). CRP in patients with acute ischemic stroke in Bangladesh. *Journal of Medicine (Bangladesh)*, *15*(1), 41–47. https://doi.org/10.3329/jom.v15i1.19859

Balasooriya-Smeekens, C., Bateman, A., Mant, J., & Simoni, A. De. (2016). Barriers and facilitators to staying in work after stroke: Insight from an online forum. *BMJ Open*, *6*(4), 1–12. https://doi.org/10.1136/bmjopen-2015-009974

Billett, S. (2007). Identities at Work. *Identities at Work*, *August*. https://doi.org/10.1007/978-1-4020-4989-7

Bonita, R., Mendis, S., Truelsen, T., Bogousslavsky, J., Toole, J., & Yatsu, F. (2004). The global stroke initiative. *Lancet Neurology*, *3*(7), 391–393. https://doi.org/10.1016/S1474-4422(04)00800-2

Brannigan, C., Galvin, R., Walsh, M. E., Loughnane, C., Morrissey, E. J., Macey, C., Delargy, M., & Horgan, N. F. (2017). Barriers and facilitators associated with return to work after stroke: a qualitative meta-synthesis. *Disability and Rehabilitation*, *39*(3), 211–222. https://doi.org/10.3109/09638288.2016.1141242

Braun, V., & Clarke, V. (2006). Qualitative Research in Psychology Using thematic analysis in psychology Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. http://www.tandfonline.com/action/journalInformation?journalCode=uqrp20%5Cnhttp://www.tandfonline.com/action/journalInformation?journalCode=uqrp20

Braun, V., & Clarke, V. (2013). *SUCCESSFUL QUALITATIVE RESEARCH* (M.Carmichael (ed.); 1st ed.). SAGE Publications CA: Los Angeles,CA.

Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, *21*(1), 37–47. https://doi.org/10.1002/capr.12360

Chang, W. H., Sohn, M. K., Lee, J., Kim, D. Y., Lee, S. G., Shin, Y. Il, Oh, G. J., Lee, Y. S., Joo, M. C., Han, E. Y., Kim, J. H., & Kim, Y. H. (2016). Return to work after stroke: The kosco study. *Journal of Rehabilitation Medicine*, *48*(3), 273–279. https://doi.org/10.2340/16501977-2053

Cohen, D., & Crabtree, B. (2006). *Qualitative Research Guidelines Project*. http://www.qualres.org/HomeSemi-3629.html

Coole, C., Radford, K., Grant, M., & Terry, J. (2013). Returning to work after stroke: Perspectives of employer stakeholders, a qualitative study. *Journal of Occupational*

Rehabilitation, *23*(3), 406–418. https://doi.org/10.1007/s10926-012-9401-1

Cristancho, S. M., Goldszmidt, M., Lingard, L., & Watling, C. (2018). Qualitative research essentials for medical education. *Singapore Medical Journal*, *59*(12), 622–627. https://doi.org/10.11622/smedj.2018093

Daniel, K., Wolfe, C. D. A., Busch, M. A., & Mckevitt, C. (2009). What are the social consequences of stroke for working-aged adults?: a systematic review. *Stroke*, *40*(6), 431–440. https://doi.org/10.1161/STROKEAHA.108.534487

Deng, C. Y., Lu, Q., Yang, L., Wu, R., Liu, Y., Li, L. Y., Cheng, S., Wei, S., Wang, Y., Huang, Y., Fu, L., & Yue, Z. (2019). Factors associated with stigma in community-dwelling stroke survivors in China: A cross-sectional study. *Journal of the Neurological Sciences*, *407*(April). https://doi.org/10.1016/j.jns.2019.116459

DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, *40*(4), 314–321. https://doi.org/10.1111/j.1365-2929.2006.02418.x

Duff, N., Ntsiea, M., & Mudzi, W. (2012). Patients' perceived factors that influence return to work after stroke. *Occupational Health Southern Africa*, *20*(3), 6–12.

Erler, K. S., Sullivan, V., Mckinnon, S., & Inzana, R. (2019). Social Support as a Predictor of Community Participation After Stroke. *Frontiers in Neurology*, *10*(September), 1–7. https://doi.org/10.3389/fneur.2019.01013

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, *36*(6), 717–732. https://doi.org/10.1046/j.1440-1614.2002.01100.x

Garon, S. (2006). Employment and Unemployment. *Encyclopedia of Contemporary Japanese Culture*, 119–120.

Gilworth, G., Eyres, S., Carey, A., Bhakta, B., & Tennant, A. (2008). Working with a brain injury: Personal experiences of returning to work following a mild or moderate brain injury. *Journal of Rehabilitation Medicine*, *40*(5), 334–339. https://doi.org/10.2340/16501977-0169

Gilworth, G., Phil, M., Cert, A., Sansam, K. A. J., & Kent, R. M. (2009). Personal experiences of returning to work following stroke: An exploratory study. *Work*, *34*(1), 95–103. https://doi.org/10.3233/WOR-2009-0906

Govender, P., & Kalra, L. (2007). Benefits of occupational therapy in stroke rehabilitation. *Expert Review of Neurotherapeutics*, *7*(8), 1013–1019. https://doi.org/10.1586/14737175.7.8.1013

Grossoehme, D. H. (2014). Overview of Qualitative Research. *Journal of Health Care Chaplaincy*, *20*(3), 109–122. https://doi.org/10.1080/08854726.2014.925660

Guarte, J. M., & Barrios, E. B. (2006). Estimation under purposive sampling. *Communications in Statistics: Simulation and Computation*, *35*(2), 277–284. https://doi.org/10.1080/03610910600591610

Hartke, R., Trierweiler, R., & Bode, R. (2011). Critical factors related to return to work after stroke: A qualitative study. *Topics in Stroke Rehabilitation*, *18*(4), 341–351. https://doi.org/10.1310/tsr1804-341

Hignett, S., & McDermott, H. (2015). Qualitative Methodology. In *Evaluation of Human Work, Fourth Edition*. https://doi.org/10.1201/b18362-16

Hofgren, C., Björkdahl, A., Esbjörnsson, E., & Stibrant-Sunnerhagen, K. (2007). Recovery after stroke: Cognition, ADL function and return to work. *Acta Neurologica Scandinavica*, *115*(2), 73–80. https://doi.org/10.1111/j.1600-0404.2006.00768.x

Jacobvitz, D., Curran, M., & Moller, N. (2002). Measurement of adult attachment: The place of self-report and interview methodologies. *Attachment and Human Development*, *4*(2), 207–215. https://doi.org/10.1080/14616730210154225

Johnson, W., Onuma, O., Owolabi, M., & Sachdev, S. (2016). Stroke: A global response is needed. *Bulletin of the World Health Organization*, *94*(9), 634A-635A. https://doi.org/10.2471/BLT.16.181636

La Torre, G., Lia, L., Francavilla, F., Chiappetta, M., & De Sio, S. (2022). Factors that facilitate and hinder the return to work after stroke: an overview of systematic reviews. *Medicina Del Lavoro*, *113*(3). https://doi.org/10.23749/mdl.v113i3.13238

Leng, C. M. (2008). Description of a return-to-work occupational therapy programme for stroke rehabilitation in Singapore. *Occupational Therapy International*, *15*(2), 87–99. https://doi.org/10.1002/oti.248

Lindgren, I., Brogårdh, C., Pessah-Rasmussen, H., Jonasson, S. B., & Gard, G. (2022). Work conditions, support, and changing personal priorities are perceived important for return to work and for stay at work after stroke–a qualitative study. *Disability and Rehabilitation*, *44*(11), 2500–2506. https://doi.org/10.1080/09638288.2020.1836522

Lindström, B., Röding, J., & Sundelin, G. (2009). Positive attitudes and preserved high level of motor performance are important factors for return to work in younger persons after stroke: A national survey. *Journal of Rehabilitation Medicine*, *41*(9), 714–718. https://doi.org/10.2340/16501977-0423

Medin, J., Barajas, J., & Ekberg, K. (2006). Stroke patients' experiences of return to work. *Disability and Rehabilitation*, *28*(17), 1051–1060. https://doi.org/10.1080/09638280500494819

Murphy, S. J., & Werring, D. J. (2020). Stroke: causes and clinical features. *Medicine (United Kingdom)*, *48*(9), 561–566. https://doi.org/10.1016/j.mpmed.2020.06.002

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, *8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

Ntsiea, M. V., van Aswegen, H., & Lord, S. (2015). Stroke survivors' and employers' perceived barriers and enablers of return to work after stroke. *Physiotherapy*, *101*(May), e1108. https://doi.org/10.1016/j.physio.2015.03.2006

Ntsiea, M. V., Van Aswegen, H., Lord, S., & Olorunju, S. (2015). The effect of a workplace intervention programme on return to work after stroke: A randomised controlled trial. *Clinical Rehabilitation*, *29*(7), 663–673. https://doi.org/10.1177/0269215514554241

Öst Nilsson, A., Eriksson, G., Asaba, E., Johansson, U., & Hellman, T. (2020). Being a co-worker or a manager of a colleague returning to work after stroke: A challenge facilitated by cooperation and flexibility. *Scandinavian Journal of Occupational Therapy*, *27*(3), 213–222. https://doi.org/10.1080/11038128.2018.1526318

Palstam, A., Törnbom, M., & Sunnerhagen, K. S. (2018). Experiences of returning to work and maintaining work 7 to 8 years after a stroke: A qualitative interview study in Sweden. *BMJ Open*, *8*(7). https://doi.org/10.1136/bmjopen-2017-021182

Palstam, A., Westerlind, E., Persson, H. C., & Sunnerhagen, K. S. (2019). Work-related predictors for return to work after stroke. *Acta Neurologica Scandinavica*, *139*(4), 382–388. https://doi.org/10.1111/ane.13067

Patterson, S. L. (2018). *Return to Work After Stroke, Facilitators and Barriers in Buffalo City, South Africa*. *March*.

Rai, N., & Thapa, B. (2019). A study on purposive sampling method in research. *Kathmandu:Kathmandu School of Law*, 1–12. http://stattrek.com/survey-research/sampling-methods.aspx?Tutorial=AP,%0Ahttp://www.academia.edu/28087388

Saarijärvi, M., & Bratt, E. L. (2021). When face-to-face interviews are not possible: Tips and tricks for video, telephone, online chat, and email interviews in qualitative research. *European Journal of Cardiovascular Nursing*, *20*(4), 392–396. https://doi.org/10.1093/eurjcn/zvab038

Saeki, S. (2000). Disability management after stroke: Its medical aspects for workplace accommodation. *Disability and Rehabilitation*, *22*(13–14), 578–582. https://doi.org/10.1080/09638280050138241

Singam, A., Ytterberg, C., Tham, K., & Von Koch, L. (2015). Participation in complex and social everyday activities six years after stroke: Predictors for return to pre-stroke level. *PLoS ONE*, *10*(12), 1–12. https://doi.org/10.1371/journal.pone.0144344

Treger, I., Shames, J., Giaquinto, S., & Ring, H. (2007). Return to work in stroke patients. *Disability and Rehabilitation*, *29*(17), 1397–1403. https://doi.org/10.1080/09638280701314923

Venketasubramanian, N., Yoon, B. W., Pandian, J., & Navarro, J. C. (2017). Stroke epidemiology in south, east, and south-east asia: A review. *Journal of Stroke*, *19*(3), 286–294. https://doi.org/10.5853/jos.2017.00234

Vestling, M., Ramel, E., & Iwarsson, S. (2013). Thoughts and experiences from returning to work after stroke. *Work*, *45*(2), 201–211. https://doi.org/10.3233/WOR-121554

Wade, D. T. (2020). What is rehabilitation? An empirical investigation leading to an evidence-based description. *Clinical Rehabilitation*, *34*(5), 571–583. https://doi.org/10.1177/0269215520905112

Wang, T. C., Tsai, A. C., Wang, J. Y., Lin, Y. Te, Lin, K. L., Chen, J. J., Lin, B. Y., & Lin, T. C. (2015). Caregiver-mediated intervention can improve physical functional recovery of patients with chronic stroke: A randomized controlled trial. *Neurorehabilitation and Neural Repair*, *29*(1), 3–12. https://doi.org/10.1177/1545968314532030

Westerlind, E., Persson, H. C., & Sunnerhagen, K. S. (2017). Return to work after a stroke in working age persons; a six-year follow up. *PLoS ONE*, *12*(1), 1–14. https://doi.org/10.1371/journal.pone.0169759

Wolfe, C. D. A., Rudd, A. G., Howard, R., Coshall, C., Stewart, J., Lawrence, E., Hajat, C., & Hillen, T. (2002). Incidence and case fatality rates of stroke subtypes in a multiethnic population: The South London stroke register. *Journal of Neurology Neurosurgery and Psychiatry*, *72*(2), 211–216. https://doi.org/10.1136/jnnp.72.2.211

Wolfenden, B., & Grace, M. (2009). Returning to work after stroke: A review. *International Journal of Rehabilitation Research*, *32*(2), 93–97. https://doi.org/10.1097/MRR.0b013e328325a358

Woodman, P., Riazi, A., Pereira, C., & Jones, F. (2014). Social participation post stroke: A meta-ethnographic review of the experiences and views of community-dwelling stroke survivors. *Disability and Rehabilitation*, *36*(24), 2031–2043. https://doi.org/10.3109/09638288.2014.887796

World Medical Association. (1974). *WMA Declaration of Helsinki: ethical principles for*

medical research involving human subjects. *353*(1), 1418–1419. http://www.wma.net/en/30publications/10policies/b3/index.html

WSO. (2022). Global Stroke Fact Sheet 2022 Purpose : Data sources : *World Stroke Organization (WSO)*, *13*, 1–14.

Zhang, L., Sui, M., Yan, T., You, L., Li, K., & Gao, Y. (2017). A study in persons later after stroke of the relationships between social participation, environmental factors and depression. *Clinical Rehabilitation*, *31*(3), 394–402. https://doi.org/10.1177/0269215516641300

APPENDIX

Appendix A: Approval / Permission Letter

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/10/2023/771

Date: 18.10.2023

To
Abanti Faria
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019, Student ID: 122180335
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Work-related Experiences of Persons with Stroke after Completing Rehabilitation Service from A Selected Rehabilitation Center,"** by the ethics committee.

Dear Abanti Faria,
Congratulations
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself as the principal investigator and Nayan Kumer Chanda as thesis supervisor. The following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form.

The purpose of the study is to explore the work-related experiences of persons with stroke after completing rehabilitation service from a selected rehabilitation center. The study involves use of a Self-developed interview guide to explore the work-related experiences of persons with stroke after completing rehabilitation service it may take approximately 25 to 35 minutes to answer the interview guide, and there is no likelihood of any harm to the participants in the study. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 23rd September 2023 at BHPI 38th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working in accordance to the Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulations.

Best regards,
Mohammad Millat Hossain
..M.U.HAMMAD....MILLAT HOSSAIN
Associate Professor, Project & Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Date: 21.10.2023

The Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for permission to collect data for the research project.**

Sir,
With due respect, I would like to draw your kind attention that I am a 4th year student of B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfillment of the degree of Bachelor of Science in Occupational Therapy. The research settings are the Stroke Rehabilitation Unit (CRP, Savar), Mirpur-CRP, Vocational Training and Rehabilitation Center -CRP Manikganj. The title is **"Experiences of Stroke patients regarding social participation and employment after completing rehabilitation service from a selected rehabilitation center."** Study design is a Qualitative method with a phenomenological approach. I would like to conduct face-to-face, in-depth interviews with Stroke patients who have taken rehabilitation services for at least three months. I assure you that anything of my project will not be harmful for the participants, and any data collected will be kept confidential.

So, I therefore, pray and hope that you would be kind enough to get permission to start data collection to conduct a successful study as a part of my course.

Sincerely yours,
Abanti Faria

Abanti Faria
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019, Student ID: 122180335
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Signature and comments of the head of the department

Sk. Moniruzzaman 21/10/2023
Associate Professor & Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Date: 21.10.2023

To
The Head of the Occupational Therapy Department
Centre for the Rehabilitation of the Paralysed (CRP)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for permission to collect data for the research project.**

Sir,
With due respect, I would like to draw your kind attention that I am a 4th year student of B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfillment of the degree of Bachelor of Science in Occupational Therapy. I would like to collect information on Stroke patients from the Stroke Rehabilitation Unit from July 2022 to January 2023. The title is **"Experiences of Stroke patients regarding social participation and employment after completing rehabilitation service from a selected rehabilitation center.."** Study design is a Qualitative method with a phenomenological approach. I would like to conduct face-to-face, in-depth interviews with Stroke patients who have taken rehabilitation services for at least three months. I assure you that anything of my project will not be harmful for the participants, and any data collected will be kept confidential.

So, I, therefore, pray and hope that you would be kind enough to get permission to collect information on Stroke patients from the Stroke Rehabilitation Unit from CRP Savar.

Sincerely yours,
Abanti Faria

Abanti Faria
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019, Student ID: 122180335
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Signature and comments of the head of the department

21/10/2023

Tauhidul Islam
Head of the Occupational Therapy Department (Acting)
Centre for the Rehabilitation of the Paralysed (CRP)
CRP-Savar, Dhaka-1343, Bangladesh

Appendix B:

Information Sheet & Consent Form Information sheet, Consent form, and Withdrawal from (English Version)

Bangladesh Health Professions Institute (BHPI)

Department Of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Telephone: 02-7745464-5. 7741404. Fax: 0774506

Research information.

Research title: Work-related Experiences of Persons with Stroke after Completing Rehabilitation Service from A Selected Rehabilitation Center.

Researcher: Abanti Faria, B.Sc. in Occupational Therapy (4th Year), Session: 2018-2019, Bangladesh Health Profession Institute (BHPI), Savar, Dhaka- 1343

Supervisor: Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Lecturer, Department of Occupational Therapy, Bangladesh Health Profession Institute.

Research place: The study will be conducted in the CRP- (Savar), community (Badda), and Mirpur CRP.

Information sheet (English)

Information Sheet Introduction:

I'm Abanti Faria, a BSc in occupational therapy student at Bangladesh Health Professions Institute.

BHPI), I Have to conduct a thesis as a part of this bachelor course under thesis supervisor Nayan Kumer Chanda. You are going to have detailed information about the study's purpose, data collection process, and ethical issues.

You do not have to decide today whether you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand, please ask me, and I will take time to explain.

Background and purpose:

You are invited by Bing to be a part of this research. The general purpose of the study is to explore the work-related experiences of persons with stroke after completing rehabilitation service from A selected rehabilitation center.

Research-related Information:

The research-related information will be discussed with you in detail before you sign the consent form. If you want to participate in this study, you must sign the consent form. Participants will then be asked to complete a structured questionnaire. This questionnaire will contain questions on socio-demographic factors.

The information will be maintained confidentiality, and your identity will not be disclosed; only a number will identify you and no one except Nayan Kumer Chandra, supervisor of the study.

Right to Withdraw:

If you think you shouldn't give consent, you may withdraw your participation without providing any explanation to the researcher until the time before the data is approved.

Risks and Benefits:

During the research project, you may have to answer some personal and confidential questions, which may cause you to feel uncomfortable. If you don't want to answer any questions or take part in a

Discussion is also okay. On the other hand, you may not benefit directly from participating in this study, but your valuable participation will help you to know the experience of stroke patients regarding social participation and employment after completing rehabilitation services from CRP. It is expected that there is no additional risk, hazard, or discomfort in participating in the relevant research here.

Confidentiality

By signing this consent letter, you have allowed the research staff studying in this research project to collect and use your personal information that will not be shared with anyone outside of the research team. The information about you will have been mentioned in a number. Only the researcher will have access to this information.

We will lock with a lock and key. The information will not be shared with anyone except the supervisor, Nayan Kumer Chanda, who is responsible for this research.

Sharing the results

It is expected that nothing will be shared with anybody outside of the research team and attributed to you by name, but the results or knowledge that we get from this research project will be published and presented in various forums. A summary of the results will be received by the participant.

There will be a small presentation, and these will be published. People who are interested will learn from the research, so we published the results according to the presentation.

Who to contact?

If you have any questions about the research project, you can ask now or at any later time. If you wish to ask questions, you may contact Abanti Faria, who has a Bachelor of Science in Occupational Therapy, Department of Occupational Therapy, and cell phone 01874400043. This proposal has been reviewed and approved by the Institutional Review Board (IBR), Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh.

Consent Form (English)

I am Abanti Faria, a 4th-year student B.Sc. in Occupational Therapy student at Bangladesh Health Profession Institute (BHPI) under the Faculty of Medicine, University of Dhaka, as a part of the B.Sc. in OT course curriculum. I'm going to conduct research under the supervision of Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy (BHPI). The research title is**"** Work-related Experiences of Persons with Stroke after Completing Rehabilitation Service from A Selected Rehabilitation Center."

In this research, I am…… A participant and I have been clearly informed about the purpose and aim of the study. I am also informed that the information collected will only be used for study purposes and will be kept confidential. Name and address will not be published anywhere. Participants in this study are voluntary. I am willing to participate in the study.

…… ……..

Signature of participant Date

……. ……..

Signature of researcher Date

Withdrawal form (English)

I …… confirm that I wish to withdraw all my data from the study before the data analysis has been completed and that none of my data will be included in the study.

signature of the participant……...

Signature of researcher …….

Date…….

Information sheet, Consent form and Withdrawal from (Bangla Version)

বাংলাদেশ হেলথ্ প্রফেশনস ইন্সটিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার ঢাকা-১৩৪৩, টেলিফোন: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফেক্স: ০৭৭৪৫০৬

কোড নাম্বার:

গবেষণা তথ্য

গবেষণার শিরোনাম: একটি নির্বাচিত পুনর্বাসন কেন্দ্র থেকে পুনর্বাসন পরিষেবা সম্পূর্ণ করার পরে স্ট্রোকে আক্রান্ত ব্যক্তিদের কাজের সাথে সম্পর্কিত অভিজ্ঞতা।

গবেষক: আমি অবন্তী ফারিয়া, ৪র্থ বর্ষ, বি.এসসি অকুপেশনাল থেরাপি বিভাগ, সেশন: ২০১৮-১৯, বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই), সাভার, ঢাকা- ১৩৪৩

তত্ত্বাবধায়ক: নয়ন কুমার চন্দ, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট। প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)

গবেষণার স্থান: গবেষণাটি সিআরপি- (সাভার), কমিউনিটি (বাড্ডা) এবং মিরপুর সিআরপিতে পরিচালিত হবে

Information sheet (Bangla)

আমার স্নাতকের তথ্য পত্রের ভূমিকা

আমি আমি অবন্তী ফারিয়া, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট বিএইচপিআই-এর অকুপেশনাল থেরাপি (বিএসসি) শিক্ষার্থী, থিসিস সুপারভাইজার নয়ন কুমার চন্দের

অধীনে, এই ব্যাচেলর কোর্সের অংশ হিসাবে একটি থিসিস পরিচালনা করতে হবে। আপনার কাছে অধ্যয়নের উদ্দেশ্য, ডেটা সংগ্রহ প্রক্রিয়া, নৈতিক সমস্যা সম্পর্কে বিস্তারিত তথ্য থাকবে।

আপনি গবেষণায় অংশগ্রহণ করবেন কিনা তা আজকে সিদ্ধান্ত নিতে হবে না। আপনি সিদ্ধান্ত নেওয়ার আগে, গবেষণা সম্পর্কে আপনি যার সাথে স্বাচ্ছন্দ্য বোধ করেন তার সাথে কথা বলতে পারেন। যদি এই সম্মতি ফর্মে এমন কিছু শব্দ থাকে যা আপনি বুঝতে না পারেন দয়া করে আমাকে জিজ্ঞাসা করুন, আমি ব্যাখ্যা করব।

পটভূমি এবং উদ্দেশ্য

আপনি এই গবেষণা একটি অংশ হতে আমন্ত্রিত. অধ্যয়নের সাধারণ উদ্দেশ্য হল একটি নির্বাচিত পুনর্বাসন কেন্দ্র থেকে পুনর্বাসন পরিষেবা সম্পূর্ণ করার পরে স্ট্রোকে আক্রান্ত ব্যক্তিদের কাজের-সম্পর্কিত অভিজ্ঞতাগুলি অন্বেষণ করতে।

গবেষণা সম্পর্কিত তথ্য

আপনি সম্মতি ফর্মে স্বাক্ষর করার আগে গবেষণা সম্পর্কিত তথ্য আপনার সাথে বিশদভাবে আলোচনা করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান, তাহলে আপনাকে অবশ্যই সম্মতি ফর্মে স্বাক্ষর করতে হবে। অংশগ্রহণকারীদের তারপর একটি কাঠামোগত প্রশ্নাবলী সম্পূর্ণ করতে বলা হবে। এই প্রশ্নাবলীতে সামাজিক-জনসংখ্যা বিষয়ক প্রশ্ন থাকবে। তথ্য গোপনীয়তা বজায় রাখা হবে এবং আপনার পরিচয় নয়ন কুমার চন্দ্র, অধ্যয়নের তত্ত্বাবধায়ক ব্যতিত কারো কাছে প্রকাশ করা হবে না, শুধুমাত্র একটি সংখ্যা আপনাকে সনাক্ত করবে ।

প্রত্যাহারের অধিকার

আপনি যদি মনে করেন যে আপনার সম্মতি দেওয়া উচিত নয়, তাহলে ডেটা অনুমোদনের আগে পর্যন্ত আপনি গবেষককে কোনো ব্যাখ্যা না দিয়েই আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন।

ঝুঁকি এবং সুবিধা

গবেষণা প্রকল্পের সময়, আপনাকে কিছু ব্যক্তিগত এবং গোপনীয় প্রশ্নের উত্তর দিতে হতে পারে যার কারণে আপনি অস্বস্তি বোধ করতে পারেন। আপনি যদি কোনো প্রশ্নের উত্তর দিতে না চান বা আলোচনায় অংশ নিতে না চান তাহলেও ঠিক আছে। অন্যদিকে, আপনি এই গবেষণায় সরাসরি অংশগ্রহণ করে উপকৃত নাও হতে পারেন, কিন্তু আপনার মূল্যবান অংশগ্রহণ আপনাকে সিরামিক কর্মীদের মধ্যে পেশাগত স্বাস্থ্যের ঝুঁকি জানতে সাহায্য করবে। এটি প্রত্যাশিত যে এখানে প্রাসঙ্গিক গবেষণায় অংশগ্রহণ করার জন্য কোন অতিরিক্ত ঝুঁকি, বিপত্তি বা অস্বস্তি নেই।

গোপনীয়তা

এই সম্মতি পত্রে স্বাক্ষর করার মাধ্যমে, আপনি এই গবেষণা প্রকল্পে অধ্যয়নরত গবেষণা কর্মীদের আপনার ব্যক্তিগত তথ্য সংগ্রহ এবং ব্যবহার করার অনুমতি দিয়েছেন যা গবেষণা দলের বাইরের কারো সাথে শেয়ার করা হবে না। আপনার সম্পর্কে তথ্য একটি সংখ্যা উল্লেখ করা হবে. শুধুমাত্র গবেষকের কাছে এই তথ্যের অ্যাক্সেস থাকবে যা আমরা একটি তালা এবং চাবি দিয়ে লক করব। এই গবেষণার তত্ত্বাবধায়ক নয়ন কুমার চন্দ ছাড়া অন্য কারো সাথে তথ্য শেয়ার করা হবে না। ফলাফল শেয়ার করা এটা আশা করা যায় যে গবেষণা

দলের বাইরের কারো সাথে কিছুই প্রকাশ করা হবে না এবং নাম দ্বারা আপনাকে চিহ্নিত করা হবে তবে না ,আমরা এই গবেষণা প্রকল্প থেকে যে ফলাফল বা জ্ঞান পাই তা প্রকাশ করা হবে এবং বিভিন্ন ফোরামে উপস্থাপন করা হবে। ফলাফলের সারাংশ অংশগ্রহণকারীরা পাবেন। সেখানে হবে ছোট উপস্থাপনা হবে এবং এই প্রকাশ করা হবে. যারা আগ্রহী তারা গবেষণা থেকে শিখবেন যাতে আমরা উপস্থাপনা অনুযায়ী ফলাফল প্রকাশ করেছি।

কার সাথে যোগাযোগ করবেন?

গবেষণা প্রকল্প সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি এখন বা পরে যেকোনো সময় জিজ্ঞাসা করতে পারেন। আপনি যদি প্রশ্ন করতে চান তবে আপনি নিম্নলিখিতগুলির সাথে যোগাযোগ করতে পারেন: শামীমা আক্তার নিজুম, অকুপেশনাল থেরাপিতে ব্যাচেলর অফ সায়েন্স, অকুপেশনাল থেরাপি বিভাগ, এবং সেল ফোন 01305539872। এই প্রস্তাবটি প্রাতিষ্ঠানিক পর্যালোচনা বোর্ড (আইআরবি), বাংলাদেশ দ্বারা পর্যালোচনা এবং অনুমোদিত হয়েছে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউটে (বিএইচপিআই), সিআরপি-সাভার, ঢাকা-১৩৪৩, বাংলাদেশ।

Consent form (Bangla)

সম্মতি পত্র

আমি অবন্তী ফারিয়া , ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউটে (বিএইচপিআই) এর অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের একজন ছাত্রী। বিএসসি অকুপেশনাল থেরাপি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি নয়ন কুমার চন্দ, সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এর তত্ত্বাবধানে একটি গবেষণা পরিচালনা করতে যাচ্ছি। গবেষণার শিরোনাম "একটি নির্বাচিত পুনর্বাসন কেন্দ্র থেকে পুনর্বাসন পরিষেবা সম্পূর্ণ করার পরে স্ট্রোকে আক্রান্ত ব্যক্তিদের কাজের সাথে সম্পর্কিত অভিজ্ঞতা"।

এই গবেষণায় আমি……. একজন অংশগ্রহণকারী এবং অধ্যয়নের উদ্দেশ্য এবং লক্ষ্য সম্পর্কে আমাকে স্পষ্টভাবে অবহিত করা হয়েছে। আমাকে আরও জানানো হয়েছে যে সংগৃহীত তথ্য শুধুমাত্র অধ্যয়নের উদ্দেশ্যে ব্যবহার করা হবে এবং গোপন রাখা হবে। নাম ঠিকানা কোথাও প্রকাশ করা হবে না। এই গবেষণায় অংশগ্রহণে একজন স্বেচ্ছাসেবী হিসেবে আমি গবেষণায় অংশগ্রহণ করতে ইচ্ছুক।

.....	.....
অংশগ্রহণকারীর স্বাক্ষর:	তারিখ:
.....	.....
গবেষকের স্বাক্ষর:	তারিখ:

Withdrawal form (Bangla)

প্রত্যাহার পত্র

আমি …… নিশ্চিত করছি যে ডেটা বিশ্লেষণ সম্পূর্ণ হওয়ার আগে আমি অধ্যয়ন থেকে আমার সমস্ত ডেটা প্রত্যাহার করতে চাই এবং আমার কোনও ডেটা অধ্যয়নে অন্তর্ভুক্ত করা হবে না।

অংশগ্রহনকারীর স্বাক্ষর…….

গবেষকের স্বাক্ষর ……

তারিখ: …….

Appendix C: Questionnaire

Sociodemographic Questionnaire

1. Name:
2. Gender: Male ☐ Female ☐
3. Age:

4. Material status: Married ☐ Unmarried ☐
5. Religion:

6. Family number:

7. Number of children:

8. Living status:

Rural ☐ semi-urban ☐ urban ☐

9. Occupation:

10. Education:

11. Date of taking rehabilitation services:

12. Date of illness:

13. Others:

Self-develop semi-structured interview guide (English)

Question

1. How are you?
2. Which factor influenced you to return to employment after stroke?
3. Have you ever felt that people around you are neglecting you?
4. If you have problems socializing, how do you manage the problem?
5. Do you face any barriers while working in your workplace?
6. How was your experience after rejoining the job?
7. Have any modifications or adaptations made for you in the workplace after the stroke to make your work easier?
8. How is your relationship with your colleagues after joining the job?
9. How are your colleagues treating you after joining the job?
10. What are your experiences of interacting with colleagues in the workplace?
11. Are you able to properly fulfill your responsibilities at work?
12. Do you work in the same way as you used to do before the stroke at your workplace?
13. How do you feel about Your role at the Workplace?
14. How did you cope with difficulties at work?
15. What is your job responsibility at the workplace?
16. What is your experience of receiving treatment at CRP?
17. How satisfied are you after taking treatment at CRP?

আর্থ-সামাজিক প্রশ্নাবলী

১) নাম:

২)লিঙ্গ: পুরুষ ☐ মহিলা ☐

৩)বয়স

৪)বৈবাহিক অবস্থা: বিবাহিত ☐ অবিবাহিত ☐

৫)ধর্ম:

৬)পরিবারের সংখ্যা:

৭)সন্তান সংখ্যা:

৮)বাসস্থানের অবস্থা:

গ্রামীণ ☐ আধা শহুরে ☐ শহুরে ☐

৯)পেশা:

১০)শিক্ষা:

১১)পুনর্বাসন পরিষেবা গ্রহণের তারিখ:

১২)অসুস্থতার তারিখ:

১৩)অন্যান্য:

Self-develop semi-structured interview guide (English)

প্রশ্ন; (বাংলা)

১) আপনি কেমন আছেন?

২) স্ট্রোকের পরে কোন বিষয় আপনাকে কাজে ফিরে যেতে প্রভাবিত করেছে?

৩)আপনার কি কখনো মনে হয়েছে আশেপাশের মানুষ আপনাকে অবহেলা করেন/করছেন স্ট্রোকের পরে?

৪) আপনার যদি সামাজিকীকরণে সমস্যা হয়, তাহলে আপনি কীভাবে সমস্যাটি পরিচালনা করবেন ?

৫)আপনার কর্মক্ষেত্রে কাজ করার সময় আপনি কি কোন বাধার সম্মুখীন হন?

৬) চাকরিতে পুনরায় যোগদানের পর আপনার অভিজ্ঞতা কেমন ছিল**?**

৭)চাকরিতে জয়েন হওয়ার পর আপনার সহকর্মীর সাথে আপনার সম্পর্ক কেমন?

৮)চাকরিতে যোগদান/জয়েন এর পর আপনার প্রতি আপনার সহকর্মীদের ব্যবহার কেমন?

৯)কর্মক্ষেত্রে সহকর্মীদের সাথে পারিস্পারিক সম্পর্ক করায় আপনার অভিজ্ঞতা কী?

১০)চাকরিতে আপনার যে দায়িত্ব আপনি কি তা সঠিকভাবে পালন করতে পারছেন?

১১)আপনি কি আপনার কর্মক্ষেত্রে স্ট্রোকের আগে যেভাবে কাজ করেছিলেন সেভাবে কাজ করেন?

১২)আপনি কর্মক্ষেত্রে আপনার ভূমিকা কিভাবে উপলব্ধি করেন?

১৩)আপনি কাজ করার ক্ষেত্রে কোনো অসুবিধার সমুক্ষীন হলে কিভাবে মোকাবেলা করেন?

১৪)চাকরিতে পুনরায় যোগদান হওয়ার পর আপনার অভিজ্ঞতা কেমন?

১৫)কর্মক্ষেত্রে আপনার কাজের দায়িত্ব কি?

১৬)সিআরপি-তে চিকিৎসা গ্রহণের অভিজ্ঞতা কেমন?

১৭)সিআরপি -তে চিকিৎসা নেওয়ার পর আপনি কতটা সন্তুষ্ট?

Appendix D

Supervision Record Sheet

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face-to-face or electronic and guidance record

Title of thesis: Experiences of Stroke Patients Regarding Social Participation and Employment after completing rehabilitation service from a selected rehabilitation center

Name of student: Abanti Faria

Name and designation of thesis supervisor: Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08-08-23	BHPI	Topic Discussion	1 hour	Get a idea about my research topic	Abanti	Nayan
2	10-08-23	BHPI	Discussion of methodology, Design, Approach	1 hours	Get a clear concept of methodology	Abanti	Nayan
3	14-08-23	BHPI	Discuss about aim, objective	20 min	Get a clear idea about aim objective	Abanti	Nayan
4	09-09-23	BHPI	Discuss about literature review	30 min	Get a clear idea about literature review	Abanti	Nayan
5	17-09-23	BHPI	Discuss Title, aim, objective Participants criteria	25 min	Prepare Outline about research Proposal	Abanti	Nayan
6	19-09-23	BHPI	Research proposal according to feedback	1 hours	Prepare research proposal	Abanti	Nayan
7	20-09-23	BHPI	Literature research review	2 hours	Literature review	Abanti	Nayan
8	10-10-23	BHPI	Information sheet content form	45 min	Data collection process	Abanti	Nayan
9	8-12-23	BHPI	Discussion about Participant, Data transcription	1 hours	Continue data collection	Abanti	Nayan

10	15.12.23	BHPI	Discussed about Data collection	1 hours	Data collection	Abanti	
11	13.1.24	BHPI	Discussed about coding	30 min	need to complete coding	Abanti	
12	03.03.24	BHPI	Discussed about analysis	1 hours	need to complete to analysis	Abanti	
13	7.03.24	BHPI	Discussed about result section	1 hours	Got a clear Idea about result	Abanti	
14	13.03.24	BHPI	Discussed about result was not complete.	1 hours	Result continues	Abanti.	
15	15-03-24	BHPI	feedback on the second draft	1 hours	Learn about my mistake	Abanti	
16	20-03-24	BHPI	feedback on second draft with discussion and conclusion	1 hours	Got proper guideline	Abanti	
17	28-03-24	BHPI	Discussed on Research Presentation	1 hours	Got Proper guideline	Abanti	
18	16.04.24	BHPI	Final Feedback	1 hour	Got Proper guidline	Abanti	
19							
20							

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.

Note:

21	28.04.24	BHPI	Discussion about defence feedback	1 hours	Learn about my mistake	Abanti	
22	29.04.24	BHPI	Discussion about Title	20 minutes	Got a clear idea about my new Title	Abanti	
23	30.04.24	BHBI	Discussion about Result	1 hours	Learn about my mistake	Abanti	
24	02.05.24	BHPI	Continue result .. Discussion	1 hours	learn more about my result part	Abanti	
25	04.05.24	BHPI	Discuss my Discussion and conclusion part	1 hours	Got a Clear Idea	Abanti	
26	05.05.24	BHPI	Discuss about Abstract part	20 minute	Got a Clear Idea	Abanti	
27	09.05.24	BHPI	Discuss about objectives	30 minute	Got a clear Idea	Abanti	
28	11.05.24	BHPI	final discussion	1 hours	To solve the final Documents	Abanti	
29							
30							

1. Appointment number will cover at least a total of 40 hours; applicable only for face-to-face contact with the supervisors.
2. Students will require submitting this completed record during submission of your final thesis.