

Student-led activities of daily living group program in a hospital inpatient rehabilitation setting

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Abstract

Introduction: Occupational therapists have vital roles in inpatient rehabilitation to focus on independence in activities of daily living. Occupational therapy interventions are uniquely designed to address goals of service users and can be delivered individually or in group formats. Group interventions promote service users' mutual support and enable therapists to increase frequency and intensity of service provision. Student-led programs have become an attractive model, benefiting students while providing positive treatment outcomes for service users. There is an emerging body of literature that explores service users' and students' satisfaction with student-led group models of practice within inpatient rehabilitation and occupational performance outcomes of service users participating in student-led programs. This study aimed to explore the satisfaction of service users and students in addition to the self-reported occupational performance outcomes of a student-led activities of daily living group program in inpatient rehabilitation.

Methods: Data from 33 service users and seven students were collected retrospectively. The intervention involved a student-led activities of daily living group program, consisting of three groups: breakfast, morning tea, and home readiness group. All service users and students completed unique satisfaction surveys at the conclusion of their participation in the student-led program. Service users completed a self-reported activities of daily living performance measure pre- and post-program. Findings were reported in descriptive statistics, and pre- and post-program data were compared with the Wilcoxon signed-rank test.

Results: All students were satisfied with the student-led program. Majority of service users were satisfied with all components of the student-led program. Median scores for self-reported performance increased significantly following the student-led program ($P < 0.001$).

Conclusion: This study highlighted that service users and students were satisfied with the service delivery of a student-led activities of daily living group program. The program was effective in addressing self-reported performance

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for service users in inpatient rehabilitation. The findings from this study have potential to inform clinical practice on the implementation of student-led programs in occupational therapy settings.

KEYWORDS

activities of daily living, groups, inpatient rehabilitation, occupational therapy, student-led

1 | INTRODUCTION

Inpatient rehabilitation is an essential aspect of health-care aiming to assist independence in everyday activities and enable participation in meaningful occupations and roles (World Health Organisation, 2021). The cost and demand for rehabilitation worldwide is estimated to increase as a result of ageing populations and abilities to live longer with chronic diseases and disabilities (World Health Organisation, 2021). In 2017, 466,000 people were the service users reporting receiving rehabilitation care within Australian hospitals (Australian Institute of Health and Welfare, 2019). Fifty-one per cent of these service users were treated for musculoskeletal conditions (Australian Institute of Health and Welfare, 2019). Others were treated for traumatic brain injury, burns, neurological conditions, limb amputations, and reconditioning (Cieza et al., 2020; World Health Organisation, 2021).

Depending on the clinical conditions, service users in rehabilitation often experience difficulties performing activities of daily living (ADL), impacting their ability to live independently (Orellano et al., 2012). Occupational therapists have a vital role to focus on independence in ADL, preparing service users for discharge (Joss, 2002). Traditional occupational therapy interventions are occupation-based and individually designed to address specific needs, goals, and abilities of service users (Bertilsson et al., 2014; Ranner et al., 2016; von Bülow et al., 2017). They can be delivered individually or in group format.

Client-centred interventions are individually developed to target the unique goals and needs of service users (Bertilsson et al., 2014; Ranner et al., 2016). Within individual formats, service users are involved in the decision making and goal setting within their rehabilitation process (Bertilsson et al., 2014; Dwamena et al., 2012; Ranner et al., 2019; Van de Velde et al., 2016). However, according to Occupational Therapy Australia (2021), many occupational therapy settings across Australia experience workforce shortages due to high turnover rates, inadequate availability of experienced staff, and difficulty retaining employees. A scoping review showed that, besides having more therapy time, patient satisfaction appeared to be improved after group interventions (Spalding et al., 2022b). Another recent study showed

Key Points for Occupational Therapy

- Service users and students are satisfied with the student-led program in inpatient rehabilitation.
- Service users have improved self-perceived occupational performance after participating in the student-led ADL group program.
- Occupational therapists can consider the student-led model of service delivery as an alternative clinical placement model in inpatient rehabilitation.

that patients undergoing occupational-based group intervention had improvements in occupational performance, satisfaction, and self-efficacy (Spalding et al., 2022a). Group interventions, providing appropriate group structure and support, can maintain a client-centred approach by working on individual meaningful goals in a group setting (Spalding, Gustafsson, & Di Tommaso, 2023). Group interventions are efficient modes of therapy where occupational therapy staffing is inadequate, providing greater skill practice opportunities and are associated with better service-user outcomes (Renner et al., 2016; Schneider et al., 2016). Psychosocial benefits of group activities identified by service users include motivation through peer support, peer modelling, and establishment of friendships (Foy et al., 2011; Hammond et al., 2015). Working with people with similar life experiences can provide sense of support, decreasing social isolation, and enhancing ability to cope (Hammond et al., 2015; Kielhofner, 2009; Zanca et al., 2013). Service users are mostly satisfied with group interventions (Huri et al., 2015; Maher & Mendonca, 2018). Group interventions enable therapists to increase frequency and intensity of service provision in a cost-effective format (Biggs et al., 2020; English & Hillier, 2010; Hammond et al., 2015). Despite psychosocial benefits for service users and proposed efficiencies that can be gained by the service, there is minimal literature to support

performance benefits of ADL group training in rehabilitation settings.

Regarding the delivery of rehabilitation interventions, student-led programs have become attractive alternatives to traditional professional-led programs. Student-led programs are primarily facilitated by students with professional supervision (Kent et al., 2016). Student-led clinics are often established to address the needs of students and underserved communities (Gustafsson et al., 2016; Kent et al., 2016). Asanad et al. (2018) implies that student-led clinics have the ability to address the unmet health needs of homeless communities. Students have reported that student-led programs have enabled opportunities for skill development in interpersonal communication, teamwork, professional reasoning, service-user care, critical thinking, and reflection (de Groot et al., 2015; Forbes & Nolan, 2018; Lloyd et al., 2015; Patterson et al., 2017; Schutte et al., 2015; Seif et al., 2014; Zylstra & Doyle, 2020). Previous research has shown the usefulness of student-led programs in occupational performance outcomes (Lavelle & Tomlin, 2001; Zylstra & Doyle, 2020). Moreover, with the lack of experienced workforce and less supervisors available to ensure sufficient placements for students, student-led programs can alleviate demands on healthcare staff (Suen et al., 2020) and increase frequency of service delivery (Patterson et al., 2017). Student-led programs can be implemented as a solution to occupational therapy placement shortages (Gustafsson et al., 2016). Previous studies show that students have been mostly satisfied with the experience (Niwa & MacLellan, 2021; Patterson et al., 2017). Service users feel empowered by opportunities to be involved and contribute to learning experiences of students (Pigott et al., 2022). Two studies measured the outcomes of a student-led program (Lavelle & Tomlin, 2001; Zylstra & Doyle, 2020). Both studies found that service users experienced progression towards their occupational performance goals. However, studies relating to student-led programs address service-user satisfaction, rather than measuring occupational performance outcomes (Ellett et al., 2010; Forbes & Nolan, 2018; Kent et al., 2016; Kent & Keating, 2013; Schutte et al., 2015).

There are notable gaps in the literature discussing benefits of the intent of this program. Currently, there are no studies relating to student-led group programs in inpatient rehabilitation settings to validate this point. Existing literature focuses on student-led community-based services involving interprofessional rehabilitation and medical clinics as opposed to inpatient rehabilitation groups (Gustafsson et al., 2016; Kent et al., 2016). In addition, there is an absence of literature supporting the benefits of student-led group programs that improve occupational performance for service users.

The aim of this study was to explore satisfaction levels of service users and students of a student-led ADL group program in an inpatient rehabilitation setting. Furthermore, the study aimed to determine whether a student-led ADL group program, as a rehabilitation intervention, is effective in improving self-reported ADL performance outcomes for service users.

2 | METHODS

2.1 | Study design and ethical approval

This was a retrospective data collection project in which the service users, who participated in the student-led ADL group program, completed assessments before and after the program as part of the quality improvement purpose for Camden Hospital Rehabilitation unit. Ethics approval was obtained for this retrospective data collection project from the South Western Sydney Local Health District Human Research Ethics Committee.

2.2 | Participants

Service users were recruited into the study if they attended at least one student-led ADL group program as an inpatient at Camden Hospital Rehabilitation unit from September 2021 to January 2022.

Occupational therapy students included into the study are those who facilitated the student-led ADL group program at Camden Hospital Rehabilitation unit as an element of a clinical occupational therapy placement. Students who were completing their third- or fourth-year placement at the site were eligible to facilitate the student-led ADL group program as part of their clinical placement model.

All participants agreed to join the clinical service and to have the data collected as part of the quality improvement purpose for the Camden Hospital Rehabilitation unit.

3 | DATA COLLECTION AND INSTRUMENTS

3.1 | Demographic and background information

Demographic and clinical characteristics of service users, including age, gender, hospital stay duration, discharge destination, and diagnosis, were obtained from the Electronic Medical Records database. Results from the

Functional Independence Measure (FIM) (Uniform Data System for Medical Rehabilitation, 1997) on hospital admission and discharge were collected from service users' paper medical files. The maximum FIM motor subscale score is 91, and FIM cognitive subscale score is 35. A higher FIM score is indicative of high level of function, and a low overall score is indicative of higher burden of care. Demographic data of students were retrieved from the clinical education unit and provided to the research team.

3.2 | Satisfaction surveys

Service user and student satisfaction of the student-led ADL group program was collected as part of the clinical service for internal quality improvement purposes through two unique 13-question satisfaction surveys (Appendix S1 and Appendix S2). Both surveys were developed based on the literature review and discussion among occupational therapists at Camden Hospital Rehabilitation unit.

The service-user satisfaction survey reflected three main themes including access to the program, efficacy, and interpersonal skills (Li Shean et al., 2014; McKinnon, 2000; Monnin & Perneger, 2002). The satisfaction survey was further broken into sub-themes including location, duration, frequency and timing of the sessions, clarity of information provided, relevance of strategies, communication, and availability of staff. The surveys were completed on paper and used a 4-point Likert scale, where 1 represents *completely disagree* and 4 represents *completely agree*. Service users completed the survey at the conclusion of their group attendance or upon discharge from the rehabilitation unit by an independent staff member.

The student satisfaction survey reflected three main themes including competence, self-management, and balance of support and freedom to evaluate the satisfaction of the learning experience (Black et al., 2013; Niwa & MacLellan, 2021; Patterson et al., 2021). The questionnaire was broken into smaller sub-themes including peer support, clinician support, learning environment, satisfaction with care provided, control of learning, and self-reflection. This survey also adopted the same 4-point Likert scale as the service-user satisfaction survey. Students completed this paper survey anonymously at the completion of their occupational therapy clinical placement and after Student Practice Evaluation Form – Revised, an assessment tool to evaluate occupational therapy students undertaking placements, was completed to reduce possible bias.

3.3 | Self-reported ADL performance measure

Self-reported ADL performance measures were developed for the service to evaluate self-perceived performance in chosen ADL, one for domestic ADL and another one for light meal preparation. Examples of domestic ADL are doing laundry, dishwashing, and making the bed. The service users completed the self-reported ADL performance measures at two assessment points: before attending the student-led ADL group program (pre-program) and upon discharge from the rehabilitation unit (post-program). The self-reported ADL performance measure used a 7-point Likert scale, adopted from the scale used in the FIM (Uniform Data System for Medical Rehabilitation, 1997). The measure scaled from 1 indicating *I cannot do the task at all* to 7 indicating *I can do the task very well* (Appendix S3).

3.4 | Intervention delivery

Service users participated in the student-led ADL group program, which offered three groups: (1) breakfast; (2) morning tea; and (3) home readiness group. Each group had a duration of 60–90 min, with two to four service users. Morning tea group was run once a week, and breakfast and home readiness groups were each run two times a week. The inpatients at Camden Hospital Rehabilitation unit were eligible to participate. Spalding, Di Tommaso, and Gustafsson (2023) showed that choice and control are keys to facilitating participation in group interventions; service users had the option to attend as many sessions as they wished and as group capacity allowed. Based on their individual goal of rehabilitation and what they would need upon discharge, they were encouraged to attend the specific groups. They were also offered to attend any group of their interest. They were free to decline or discontinue any or all of the interventions at any point during their admission. The intervention was coordinated and supervised by the occupational therapists at Camden Hospital Rehabilitation unit and led by students completing their third- or fourth-year clinical occupational therapy placement at the site. Students who facilitated the student-led ADL group program were responsible for planning, leading the group, documentation, and conducting outcome measures with service users.

3.4.1 | Breakfast group

Breakfast group occurred in the morning. Breakfast group aimed to practise the skills of light meal preparation at

breakfast time. Service users had the choice of making toast, cereal, hot drinks, and cold drinks.

3.4.2 | Morning tea group

Morning tea group occurred in the late morning. The group encouraged service users to practise the same light meal preparation skills as breakfast group. Service users had the choice of making and toasting sandwiches and making hot and cold drinks.

3.4.3 | Home readiness group

Home readiness group targeted domestic ADL that service users required for discharge from the inpatient rehabilitation unit or as part of an occupation as means approach that targeted to train performance components such as upper limb strength or dynamic balance. Service users were provided with a list of domestic ADL to practise upon arrival to every home readiness group. The domestic ADL that service users were offered to choose from included using the washing machine, ironing, folding clothes/using clothes hangers/putting clothes away, dishwashing—manual and machine, setting the table, sweeping, taking rubbish out, hanging washing on a line, and making the bed. Service users were also given the option of practising the self-care ADL of dressing. The service users elected three tasks to complete upon arrival to each session with assistance from students who were running the group. Although service users were given the choice of tasks to practise, therapeutic negotiation was used to encourage practice of tasks required for discharge.

3.4.4 | Group structure and preparation

Student-led programs offer alternatives to the traditional one-to-one student and occupational therapist supervision model (Patterson et al., 2017). Occupational therapy supervisors in clinical settings are allocated more than one student at a time. Students in the student-led programs are primary facilitators of the service (Wynne & Cooper, 2019). Students take on primary responsibility for the programs, with significant supervision from health-care professionals. Students involved in the student-led ADL group program received orientation and training in facilitating groups in the inpatient rehabilitation setting. The training students received included techniques on manual handling and functional and mobility retaining prior to facilitating the group. For running the breakfast and morning tea groups, students were provided with

written information for working with service users with modified diets at breakfast and morning tea group. As group facilitation was part of the student-led clinical placement model, students also developed other skills in individual patient sessions such as communication, ADL assessment, risk management, and documentation.

3.5 | Data analysis

Statistical analyses were completed using the Statistical Package for Social Sciences (SPSS). Demographic and clinical characteristics were described using descriptive statistics. Median and frequency statistics were reported for the service user and student satisfaction surveys. Wilcoxon signed-rank tests were used to compare the differences in self-reported ADL performance pre- and post-program. P values < 0.05 were considered to be statistically significant.

4 | RESULTS

4.1 | Service-user characteristics

A total of 33 service users and seven students participated in the student-led program within a 5-month period between September 2021 and January 2022. Service users had a mean age of 73.33, and 54.50% were male ($n = 18$) (Table 1). The most common diagnosis of service users was orthopaedic conditions ($n = 17$, 51.50%), including neck of femur fractures, joint pain, and joint replacements. Most service users were discharged home ($n = 32$, 97%). Service users had a mean FIM motor score of 54.06 (out of 91) on admission and 75.55 upon discharge. The mean FIM cognitive score on arrival was 29.67 (out of 35) and 31.85 upon discharge. Student participants were completing their clinical placement over a 6- or 8-week period.

4.2 | Student characteristics

Three third-year and four fourth-year occupational therapy students were included (Table 1). All of them completed the placement during the period when student-led placement was conducted.

4.3 | Student and service-user satisfaction surveys

Results of the service-user satisfaction survey showed a median score of 4 (*strongly agree*) for most items,

TABLE 1 Background data of the 33 service users and seven students who completed the student-led ADL group program.

Service users (<i>n</i> = 33)	
Age, years	73.33 (12.62)
Gender	
Male, number (%)	18 (54.50)
Female, number (%)	15 (45.50)
Diagnosis	
Orthopaedic, number (%)	17 (51.50)
Neurological, number (%)	10 (30.30)
Medical, number (%)	6 (18.20)
Hospital stay duration, days	30.67 (20.89)
Discharge destination	
Home, number (%)	32 (97)
Carers home, number (%)	1 (3)
FIM on admission (motor)	54.06 (14.06)
FIM on admission (cognitive)	29.67 (7.04)
FIM on discharge (motor)	75.55 (10.55)
FIM on discharge (cognitive)	31.85 (4.56)
Students (<i>n</i> = 7)	
University year level	
Third year, number (%)	3 (42.90)
Fourth year, number (%)	4 (57.10)
Length of clinical placement	7.14 (1.07)
6 weeks, number (%)	3 (42.90)
8 weeks, number (%)	4 (57.10)

Note: Values are mean (standard deviation). Unless otherwise stated.

indicating positive experiences (Table 2). All service users responded with positive experience that they would agree ($n = 8$) or strongly agree ($n = 25$) to recommending the student-led ADL group program to other service users. No service users responded with negative experience and strongly disagree or disagree to items regarding interpersonal manners of students. Most service users provided positive experience and agreed or strongly agreed to items regarding location, duration, and frequency of the sessions. Some service users ($n = 2$) disagreed that the tasks practised were relevant to them and prepared them for going home.

Responses to the student satisfaction survey also showed positive experience with a median score of 4 (*strongly agree*) for most items (Table 3). No question items were missing responses. No students provided negative experiences (i.e. strongly disagree or disagree) to any item on the survey. All students strongly agreed to receiving adequate supervision, feeling competent in

communication skills, and feeling confident during placement.

4.4 | Self-perceived ADL performance

Following the student-led ADL group program, self-perceived performance in domestic ADL and light meal preparation of service users was shown to improve from pre- to post-program (Table 4). At the conclusion of the student-led ADL group program, most service users scored their self-perceived performance in light meal preparation a 7 ($n = 12$) or 6 ($n = 8$). No service users reported being 'unable to do the task at all', 'needing assistance from another person for most parts of the task', 'needing assistance from another person for half of the task', or 'needing assistance from another person for some parts of the task' for light meal preparation. Similarly, at posttest, most service users scored their self-perceived domestic ADL performance a 7 ($n = 20$). No service users reported being 'unable to the task at all' or 'needing assistance from another person for most parts of the task'.

The Wilcoxon signed-rank test showed that the student-led ADL group program did elicit statistically significant changes to self-perceived domestic ADL and light meal preparation ($P < 0.001$) (Table 4). Further data inspection highlighted that most service users experienced an improved ($n = 19$) self-perceived score in light meal preparation as opposed to negative difference ($n = 2$). Similarly, most service users reported positive difference ($n = 19$) as opposed to negative differences ($n = 3$) in domestic ADL performance.

5 | DISCUSSION

Student-led programs are novice models of group interventions, which are more commonly being implemented into healthcare settings (Wynne & Cooper, 2019). Yet, currently, there are few research highlighting the satisfaction and effectiveness for occupational performance of student-led ADL group programs in inpatient rehabilitation settings. The study explored the satisfaction and self-perceived performance outcomes of 33 service users and satisfaction of seven occupational therapy students involved in the student-led ADL group program in one inpatient rehabilitation setting. The study found service users and students to be satisfied with the service delivery of the student-led program. Based on the self-reported results, findings highlight that the student-led ADL group program was effective in an inpatient setting addressing ADL. Overall, the study findings suggest that student-led

TABLE 2 Service-user satisfaction survey responses to student-led ADL group program ($n = 33$).

	Median	Completely disagree (1)	Disagree (2)	Agree (3)	Completely agree (4)
(number, percentage)					
Access					
Q1: Easy to get to	4			15, 45.50	18, 54.50
Q2: Appropriate time of group	3		1, 3.00	18, 54.50	14, 42.50
Q3: Appropriate number of sessions	3		2, 6.10	21, 63.60	10, 30.30
Activities					
Q4: Clear instructions and activities	4		2, 6.10	11, 33.30	20, 60.60
Q5: Activities were important/relevant	4		2, 6.10	14, 42.40	17, 51.50
Q6: Activities prepared me for going home	4		2, 6.10	14, 42.40	17, 51.50
Group leaders					
Q7: Group leaders were friendly	4			10, 30.30	23, 69.70
Q8: Group leaders provided enough help	4			13, 39.40	20, 60.60
Q9: Group leaders answered questions ^a	3			16, 48.50	15, 45.50
Q10: Group leaders spent enough time with me	4			13, 39.40	20, 60.60
Group experience					
Q11: Enjoyed the group ^a	4		1, 3.00	11, 33.30	20, 60.60
Q12: Enjoyed going to group with other patients ^a	4		2, 6.10	13, 39.40	17, 51.50
Q13: Would recommend the program to others	4			8, 24.20	25, 75.80

^aQuestion 9 missing three responses; questions 11 and 12 missing two responses.

ADL group programs could be an appropriate model to be used as occupational therapy interventions in inpatient rehabilitation settings.

Students were satisfied with the student-led program as an alternative clinical placement model. The findings of the study found students were satisfied with the development of necessary clinical occupational therapy skills and found the program to promote a positive learning environment. This is congruent with Patterson et al.'s (2017) qualitative study, which students considered a student-led program to be valuable as a practical model within a brain injury rehabilitation unit. Within this study, students facilitated the student-led ADL group program were responsible for planning, leading the group, documentation, and conducting outcome measures with service users. This model of service delivery promotes integration of knowledge, professional reasoning, and professionalism, which are consistent with traditional occupational therapy placements and considered crucial skills for qualifying occupational therapists (Lloyd et al., 2015). The findings highlight that students were satisfied with opportunities for occupational therapy skill development as all students agreed or strongly agreed to being satisfied with their clinical skills. The program enabled development in skills including interpersonal communication, confidence in service delivery,

understanding of the role of occupational therapist in the setting, ability to manage group dynamics, and ability to time manage various components of the program. This aligns with the idea by Patterson et al. (2017), which suggests students gained occupational therapy skills including exposure to behaviour and group management, ability to work autonomously and take responsibility for own and peer learning. Additionally, the study showed that students were satisfied with experiences for peer support, supervision and feedback, control over learning, engaging in a safe and positive learning environment, and their ability to reflect on learning. Students value structured feedback and opportunities to learn from peers as elements of occupational therapy clinical placements (Currens & Bithell, 2003; Farrow et al., 2000; Martin et al., 2004). Sheu et al. (2011) conducted research into the impacts of participation in a student-led program on students' clinical skills. Although this study highlighted that students were satisfied with the opportunity for skill development, consistent to existing literature (Clark et al., 2003; Doyle et al., 2012; Gu et al., 2012; Smith et al., 2012), it did not report on the effects towards students' knowledge and skills during placement. Therefore, it may be worthwhile to research the impacts on overall placement performance. The study did confirm the idea that students are satisfied with the experience of a

TABLE 3 Student satisfaction survey responses to student-led ADL group program ($n = 7$).

	Median	Completely disagree (1)	Disagree (2)	Agree (3)	Completely agree (4)
	(number, percentage)				
	Balance of support and freedom				
Q1: Opportunities for peer support and learning from each other	4			2, 28.60	5, 71.40
Q2: Adequate supervision and feedback	4				7, 100.00
Q3: Comfortable with the amount of control over my learning	4			1, 14.30	6, 85.70
Q4: Allowed for a safe and positive learning environment	4			1, 14.30	6, 85.70
	Competence				
Q5: Satisfied with my communication with service users	4				7, 100.00
Q6: Felt more confident during placement	4				7, 100.00
Q7: Had better understanding of the OT role in inpatient rehabilitation	4			1, 14.30	6, 85.70
Q8: Have increased confidence for future work	4			1, 14.30	6, 85.70
	Self-management				
Q9: Adequate time to reflect on learning experience	4			3, 42.90	4, 57.10
Q10: Able to manage different behaviours in group dynamics	4			3, 42.90	4, 57.10
Q11: Provided enough time with each patient	3			4, 57.10	3, 42.90
Q12: Had appropriate time management	4			3, 42.90	4, 57.10
	Overall				
Q13: Would recommend the program to other students	4			1, 14.30	6, 85.70

TABLE 4 Pre- and post-program self-reported performance ($n = 33$).

Variable	Pretest Median (Q1–Q3)	Posttest Median (Q1–Q3)	Wilcoxon	P value
Domestic ADL	5 (3–7)	7 (6–7)	Z = 3.641	<0.001
Light meal preparation	6 (4–7)	7 (6–7)	Z = 3.648	<0.001

Note: Values are median (interquartile range). Unless otherwise stated.

student-led ADL group program. This matched previous literature, suggesting that students enjoy participation and value the relevance of student-led program (Patterson et al., 2021; Schutte et al., 2015). To compare perceptions of students involved in student-led and professional-led programs, further research is required.

The study highlighted that service users were satisfied with the student-led ADL group program. This concurs with a few recent studies showing the positive experience of service users in receiving occupational-based group interventions (Spalding et al., 2022a, 2022b; Spalding, Di Tommaso, & Gustafsson, 2023; Spalding, Gustafsson, & Di Tommaso, 2023). Service users attended the student-

led program as a component of occupational therapy. The findings of the surveys can be broken into three themes—accessibility, relevance of tasks, and interpersonal skills of students. Majority of service users were satisfied with the accessibility of the student-led ADL group program. Two service users were not satisfied with the number of sessions that were available to attend and commented that they would have liked the option to attend more sessions during their admission. Group interventions enable increased frequency and intensity of service provision in a cost-effective format (English & Hillier, 2010; Hammond et al., 2015). Student-led interventions have the same ability; therefore, it may be useful

to consider increasing quantity of sessions when implementing student-led programs in healthcare settings. Similarly, majority of service users were satisfied with the relevance of tasks practised throughout the program. As occupational therapy is a client-centred profession, promoting health and wellbeing through meaningful occupation (World Federation of Occupational Therapy, 2012), it is vital that interventions address the unique goals meaningful to each service user (American Occupational Therapy Association, 2020). The study found that some service users were not satisfied with the importance of activities and the relevance of activities for discharge home. Some service users reported that they required practice in other tasks to be discharged home. Although most service users reported being satisfied with the relevance of tasks, the findings demonstrate the importance of maintaining client-centeredness in student-led groups. This is consistent with traditional occupational therapy, which uniquely addresses individual service user's needs (Bertilsson et al., 2014; Ranner et al., 2016; von Bülow et al., 2017). More activities may be considered to be added in the student-led program. The findings also highlight that service users were satisfied with service delivery provided by students, who facilitated the student-led program. Service users found the program to be both relevant and enjoyable as a group format. All service users agreed or strongly agreed that students were friendly, offered the right amount of help, answered questions, and provided enough time to support service users in task practice. This is consistent with previous research, which suggested that service users are satisfied with the quality of care received as a result of a student-led program (Schutte et al., 2015). Schutte et al. (2015) found that some service users considered the care received in student-led programs to be comparable to professional-led care. A qualitative study by Pigott et al. (2022) found service users to feel equal with student facilitators, enhancing patient experience. Service users reported positively regarding their contribution towards student learning. Unlike Pigott et al. (2022) however, this study did not explore the perceptions of service users towards their contribution to student learning. The findings of our study could allude to the idea that students provide good quality care supervised and guided by occupational therapists. Overall, the findings from this study can be used to inform evidence-based practice for implementing student-led programs into occupational therapy intervention models.

The study endeavoured to determine whether a student-led ADL group program is effective for addressing occupational performance in chosen ADL. The study found statistically significant results for both light meal preparation and domestic ADL performance following

participation in the student-led ADL group program. Majority of service users experienced an increase in self-perceived ADL performance following the program. This is consistent with the only two other studies, which have explored occupational performance effects of student-led programs in community-based clinics (Lavelle & Tomlin, 2001; Zylstra & Doyle, 2020). Comparable to both studies, this study did not implement a control group to compare results of a student-led and professional-led program. Therefore, a two-group pretest–posttest or randomised controlled trial would be worthwhile to determine the effectiveness of using a student-led program. The findings of this study demonstrate that a student-led program has the ability to support service users in the progression towards rehabilitation goals, which is consistent with statistically significant findings of Zylstra and Doyle (2020). As this is one of the few studies to be conducted exploring occupational performance following a student-led program in an inpatient rehabilitation setting, it has the potential to add to the literature used for evidence-based practice. The results of this study highlight that student-led programs are beneficial in improving occupational performance, yet further studies are required to determine the effectiveness of student-led programs in inpatient rehabilitation settings.

5.1 | Implications for practice

Currently, there is a lack of evidence regarding student-led programs particularly in reference to satisfaction of stakeholders and performance outcomes for service users. Student-led programs are emerging models of healthcare, which are being implemented as a component of the whole patient journey (Wynne & Cooper, 2019; Zylstra & Doyle, 2020). This study provides information regarding satisfaction levels of both service users and students involved in a student-led ADL group program. The student-led model of service delivery can be considered by occupational therapists and other healthcare professionals when planning and implementing treatment for service users while offering placements for students. The study also highlights performance outcomes of the student-led group program towards ADL performance. The findings can be used by occupational therapists using student-led programs to provide time-effective, intensity practice to support inpatient rehabilitation outcomes. This study is one of the few studies to explore a student-led ADL group program in an inpatient rehabilitation setting, which, therefore, provides information to facilitate evidence-based practice when implementing student-led programs.

5.2 | Limitations and future research

There are limitations to the study that should be considered when using the findings of the study. This was a retrospective study and was specific to one inpatient rehabilitation unit and included a relatively small sample size. To increase generalisability of results, it would be worthwhile to include service users from multiple rehabilitation units in future research. The study implemented a one-group design; therefore, there is no control group to compare results. To enhance the reliability of the methodology, a prospective randomised controlled trial would be worthwhile to compare the performance results of a student-led program to a traditional professional-led program. The ADL performance measure used for the study was self-reported, which, therefore, may create response bias. To increase the validity and reliability of the findings, a standardised performance measure would be beneficial. No data were also available on the number of group sessions the service users attended. Therefore, the findings of the study should be interpreted with caution. Addressing the limitations of the methodology can enhance the quality of evidence regarding student-led programs in an inpatient rehabilitation setting.

6 | CONCLUSION

This study highlighted that both students and service users are satisfied with the service delivery of a student-led ADL group program. The study also demonstrated the potential effectiveness of using student-led ADL programs to address occupational performance of service users in inpatient rehabilitation settings. Results of this study can be used to inform evidence-based practice for occupational therapists in the planning and implementation of intervention for service users while providing clinical placement for students in rehabilitation and hospital settings in the future.

AUTHOR CONTRIBUTIONS

Megan Holt, Karen P. Y. Liu, and Sarah Mugridge developed the study. Sarah Mugridge, Karen P. Y. Liu, Dione Miller, and Meagan Elder were involved in the conception and design of the work. Sarah Mugridge and Dione Miller contributed to the acquisition of retrospective data. Dione Miller, Sarah Mugridge, Karen P. Y. Liu, and Meagan Elder contributed to the interpretation of data for the work. Dione Miller completed the first draft of the manuscript. Karen P. Y. Liu, Sarah Mugridge, and Meagan Elder provided critical revisions of the manuscript prior to submission. All authors have contributed significantly and are in agreement with the content of the manuscript.

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CONFLICT OF INTEREST STATEMENT

The authors report there are no competing interests to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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SUPPORTING INFORMATION

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