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# Return to University After a Stroke: An Autoethnography

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THE GEORGE WASHINGTON UNIVERSITY  
School of Medicine and Health Sciences  
Department of Clinical Research and Leadership  
Doctor of Occupational Therapy Program

Return to University After a Stroke: An Autoethnography

Occupational Therapy Doctoral Capstone Project

Submitted

In Partial Fulfillment

Of the

Requirements of the degree  
Doctor of Occupational Therapy

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By,

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### **Abstract**

**Background and Aims:** Return to university presents a unique transition for the person with stroke who may demonstrate with impairments and may have difficulties while engaging in this change. This study will explore elements that comprise the needs and factors of the stroke survivor and supports or accommodations that may improve success of the student returning to university.

**Methods:** An autoethnography was used with narrative journals and poems dated June 2003 to October 2005, interviews with friends, family and professors and a literature review. Data analysis included an open-coding procedure to find themes from the journal entries, interviews and narrative poems.

**Results:** The participant was 24 years old at the time of the stroke and 18 months later started to engage in clinical rotations experiencing difficulties. Four themes emerged from the analysis of the narrative journal entries, poems and interviews: internal/external personal attributes evolve over time, shaping success or failure as the stroke survivor returns to university, internal/external perceptions of self evolve over time, shaping success or failure as the stroke survivor returns to university, emotional awareness shapes success or failure as the stroke survivor returns to university and the external environment shapes success or failure as the stroke survivor returns to university.

**Discussion:** The results demonstrate the process of change of the participant that was ongoing and dynamic throughout the journey and dependent upon the environment, perceptions of others, perceptions of self, personal attributes, and the emotions. The impact of time and experience are highlighted throughout the return to university. Recommendations for students and educators are provided.

## **Introduction**

There is a significant body of research on the return to school with positive supports after traumatic brain injury confirming that the return to school is vital to student success and a positive self identity improving in self confidence (Hole et al., 2014, Mealings et al., 2012). Despite this, there are gaps in research addressing specific elements that comprise the needs and factors of the stroke survivor and supports/accommodations that may improve success of the student returning to university. This autoethnographic research study represents a personalized account of the development of skills, challenges, accommodations and success criteria that a twenty-four-year-old graduate student used when returning to university after a stroke. The author's personal experiences of factors relating to fear/anxiety, accommodations, return to self and success will be analyzed and discussed and will extend to the broader field of Occupational Therapy or other healthcare professions for further research on the topic of return to university after a stroke.

## **Rationale/Background/Literature Review**

### **Stroke/Cerebrovascular Accident (CVA)**

Eight hundred thousand individuals have a stroke yearly making stroke the number five cause of death and disability in the United States (American Stroke Association, 2016). There are three types of stroke, ischemic, hemorrhagic and cryptogenic. Ischemic strokes happen when there is an occlusion in a blood vessel reducing the amount of blood getting to the brain (American Stroke Association, 2016). A hemorrhagic stroke occurs when a “weakened blood vessel ruptures and bleeds into the surrounding brain tissue” (American Stroke Association, 2016). Cryptogenic strokes occur when there is no known cause for the stroke. Strokes can happen at any age with the young population, between the ages of fifteen to forty-nine,

comprising about five percent of the total number of strokes per year (Centers for Disease Control, 2016). In this younger stroke population 3.4% had some college education and 1.3% had a bachelor's degree or higher (Centers for Disease Control, 2016). After a stroke, an individual can have a variety of impairments including: decreased sensation or motor impairments including decreased range of motion, coordination, strength, atrophy, pain, decreased psychosocial function, cognitive function including orientation, attention, perception, problem solving, memory, judgment, reasoning, fatigue, planning and initiation. These impairments can limit a person's self care, psychosocial functioning and return to university or work. Some consequences of these impairments include decreased quality of life, increased burden of care via support system and an increase in incidences of depression and/or other psychosocial impairments (Kwok et al., 2006).

### **College Re-entry**

In a study by Stewart-Scott & Douglas (1998), seven out of thirteen students had reentered college after traumatic brain injury. These individuals experienced challenges including cognitive/communication impairments, emotional changes such as anxiety, changes in relationships with peers and physical impairments (Stewart-Scott & Scott, 1998, p. 322-324). Returning to university after stroke or traumatic brain injury may require accommodations in order to facilitate student's success. When an individual returns to university after a stroke the student must self identify themselves with having a disability in order to receive accommodations. The student must provide documentation supporting the disability and request appropriate supports to meet that individual's needs (nscet.org, 2016). Examples of accommodations frequently provided by the university are an individualized learning program to

promote improvements in study habits or skills, in class note takers or modified testing as oral testing as opposed to scantron testing (Mealings et al., 2012, p. 1172).

Individuals who succeed may use accommodations and also use strategies gained from self and external supports to gain increased independence in self-management skills, goal setting behaviors as measurable short and long term goals to assist with behavior management to facilitate independence in school or work related behaviors. Individuals should reflect “on their community reintegration needs” in order to facilitate plans for engagement in tasks and to promote self-awareness to realize sometimes they may need more time and attention on certain tasks (Libin et al., 2015, p. 60). If successful, returning to university after a stroke may facilitate a returned sense of self and self-identity resulting in increased self confidence that in turn facilitates more independence in the instrumental activities of daily living (IADLs (cooking, meal preparation, driving, laundry) (Bryson-Campbell et al., 2013, p. 58).

### **Anxiety**

Anxiety disorder is a common problem after stroke with incidence of 23-29% with women being at a higher prevalence than men. When an individual has an elevated level of anxiety there is usually poor quality of life demonstrating poor physical, psychological health, emotional well-being and interpersonal functioning (Tang et al., 2013, p. 2536). General factors that an individual with anxiety may report include decreased thinking skills, fatigue, and anger or irritability affecting home life and community life (school, work or general community environments). Osborn et al. (2016) reports that “young adults had a consistent prevalence of clinically-significant anxiety than middle and older-aged adults, highlighting the stressors associated with this time of life (e.g., establishing careers, relationships)” (Osborn et al., 2016, p. 7). It is important for doctors, therapists and psychological staff to screen patients with stroke

for anxiety in order to best manage anxiety and provide the individual with the best recovery chances (Donnellan et al., 2010, 1293). If medical professionals screened for anxiety at the time of initial hospitalization it would provide the individual with the greatest chance of recovery with decreased anxiety. Therefore, when the student returns to school after stroke they may show increases self-confidence or self-esteem with reduced difficulty adjusting or feelings of loss (Mealings et al., 2012, p. 1172).

### **Identity**

Self-identity is affected after a stroke. Those who have had strokes may often have a decreased sense of self, losing the identity they may have had for at least fifteen years (Hole et al., 2014, p. 2). One of the goals of rehabilitation professionals, doctors and psychologists is to assist in rebuilding or restructuring the person's identity (Hole et al., 2014, p. 2). Once discharged from an inpatient rehabilitation hospital that person begins a transition period where the individual has "self-realisation (acknowledgement and understanding of one's present situation)" (Hole et al., 2014, p.6). During self-realization an individual sets high expectations for themselves sometimes over or underestimating abilities and adjusts these expectations as needed in order to achieve a task. In addition, during this transition period the individual is able to "problem solve and practice tasks" in which "self-esteem and confidence and self-efficacy are improved" (Hole et al., 2014, p. 6). After the period of transition, which is different for each individual, there is the start of becoming a "new" self where adaptation and practice of tasks is occurring. The sense of belonging and acceptance are important in becoming the "new self" and are often associated with "occupation and success in activities of daily living" which also improves "self-esteem and self-confidence" (Hole et al., 2014, p. 8). As the individual grows with time there is a sense of autonomy which is developed by self-determination, self-

motivation, hope and success with mastery of new experiences where the individual is able to make his/her own choices and problem solve in new tasks (Hole et al., 2014, p.8). As the sense of autonomy grows so does satisfaction with activity and participation with others (Bouffoullx et al., 2011, p. 1407).

“The meaning of confidence was linked to reengagement in self-defined daily activities and social activities” Horne et al. reports (Horne et al., 2014, p. 1132). Even though self-confidence continues to grow during this time fear is a barrier to increasing self-confidence. An individual may have fear of having another stroke or fear of achievement “living life with caution and not realizing full potential” (Horne et al., 2014, p. 1132). While individuals may have these fears the influence of social confidence may ease these fears. Some examples of how to increase an individual’s social confidence are positive encouragement from others and self acknowledging the fears, developing strategies to reduce the fears in order to engage in social interactions (Horne et al., 2014, p. 1130). Overcoming fear is a gradual process and as an individual’s experience and success are increased the fear will be decreased (Horne et al, 2014, p. 1130). Additionally, an individual’s role prior to the stroke may act as motivators for reengagement into society. The perception that “you can if you try hard enough” when individuals are provided with “opportunities to practice skills and experienced successful outcomes” that they are ‘able’ to achieve and opposed to ‘not able’ appear to influence positive self-confidence and self-efficacy (Horne et al., 2014, p. 1133).

## **Environment**

Environmental supports and hindrances are important for becoming the “new self” and reengagement in the community post-stroke. Supports can be from therapists, doctors, psychologists, coworkers, supervisors, family and friends. Positive support is influenced through

feedback and encouragement as well as via education and information. Individuals who have a greater availability of friends, family and other psychological support and who have “the attitudes, behaviors and stroke-related knowledge” tended to have a higher quality of life and are more frequently engaged into society (Jellema et al., 2016, p. 8). Environmental hindrances include “others’ negative attitudes and behavior, long distances and inconvenient environmental conditions” (Jellema et al., 2016, p. 1). It is important for clinicians to be “aware of what stroke-survivors perceive as optimal” because sometimes what the stroke survivors perceive as optimal may not be presented as optimal decreasing the survivor’s self-confidence, self-esteem and quality of life (Jellema et al., 2016, p. 8).

### **Project Statement and Research Question**

The purpose of this autoethnographic study is to examine one student’s lived experiences when returning to university studies after a stroke. The narratives in this autoethnography present journals/poems on return to university, interviews from friends, family and professors who were in my life upon return to university and review of literature (literature review). By analyzing these areas, this study will present further research questions to understand and explore ways to facilitate success in students returning to university after stroke. This narrative will highlight recommendations based on the personal lived experience on accommodations that may be necessary and also highlight the needs of the student in order to facilitate success. Therefore my research question is, how does the student returning to university after a stroke experience barriers and facilitators to success?

### **Methods**

The purpose of this study this autoethnographic study is to examine one student’s experiences when returning to university studies after a stroke. The findings will highlight the

development of skills, experiences with challenges, the quality and maintenance of supports throughout the journey. An autoethnographic design was adopted for this study. According to Denzin (1997), autoethnography involves turning the “ethnographic gaze inward on the self (auto), while maintaining the outward gaze of ethnography, looking at the larger context where self experiences occur” (Denzin, 1997, p. 227).

Autoethnography is an emerging area of qualitative research practice connecting personal qualities to cultural qualities (Ellis & Bochner, 2000, p.739). An autoethnography is usually written in the first person using personal narrative journals or poems for example. This autoethnography is written using a personal narrative, to “find meaning and purpose in the midst of life’s challenges by placing the writer in dual roles of researcher and research participant” (Hoppes et al., 2007, p. 135). Occupational Therapists are interested in storytelling and story making in order to “understand the unique experience of a person, what is meaningful and purposeful to a client, and the uniqueness of one’s experiences of occupational dysfunction” (Hoppes et al., 2007, p.136). Autoethnographies use personal involvement, reflection and analysis from the author to the reader to investigate mutual meanings, interdependent meanings and independent meanings from experiences written from the author and literature reviewed to find new truths in order to find new understandings of human life (Ellis & Bochner, 2000, p. 740). This design also assumes that there are many truths or realities, there are many variables that are complex, the “knower and the known are interactive” and “inquiry is subjective and value bound” (Yilmaz, 2013, p. 314). It also assumes that the individual constructs their own meaning, understanding, knowledge of the world through experiencing and reflecting on experiences they have participated in. It is my perspective that each student has a unique perception, background, values and personality which should be encouraged and utilized for

increased self-confidence and participation. This research design studying the student (myself) as an active participant in the context of attending university after stroke and its effects on achievement of the degree and the activities and self challenges that enhanced or impeded my learning to become an Occupational Therapist.

### **Participants**

In this autoethnography, it will be my goal to explore my personal experiences and how I understood them at the time and reflect on artifacts to find meanings and themes associated with my experience. In doing so I hope to connect with the reader and help them identify questions they may have in order to reduce the gap in knowledge of the student returning to university after stroke.

As is described above, an autoethnography is written about one's own life's experiences. Therefore, the participant in this study is myself. At the time of this study's beginning, Summer 2016, I am a 39-year-old graduate student at the George Washington University studying to obtain an Occupational Therapy Doctorate. This autoethnography is written about narrative experiences of returning to university after a stroke from June 2003 through October 2005. I was 24 at the time, completing a level I internship in Occupational Therapy, 6 weeks away from the end of classes before starting level II internships for 6 months, when I had a cryptogenic embolism.

Other study participants were chosen because they were in my life at the time of the stroke and the return to university and represent a full picture of my experiences. These individuals are depicted in this study as interviews and will include friends, family and professors.

### **Materials**

My personal journals and poems from June 2003 to October 2005, interviews from friends, family and professors who were in my life at the time of my stroke and upon my return to university and current literature were conducted, discussed and analyzed in order to overcome the obstacles of returning to school and the success when the goal of achieving the degree was met to provide recommendations for future studies that may be generalized to many more individuals returning to university after stroke. In addition, I used the iPhone 6S Tapeacall Pro and Revrecorder apps to record all interviews to transcribe them for analysis.

### **Data Analysis**

Data analysis began with open-coding procedures to find themes from the journal entries, interviews and narrative poems. The journal entries, poems and interview transcription were read multiple times prior to outlining codes, quotations and potential themes. The researcher (myself) began by identifying meaningful quotations throughout journal entries, poems and interview transcriptions. After meaningful quotations were identified I reread the journal entries, poems and interview transcriptions to read again where frequent words and phrases that were continuously read throughout all data entry sources. Words such as determination, attitudes of others, attitude of self, strategies, external support, plan, hard work, goals, self-motivator, anxiety, self-doubt, depression, family/friends, familiar, school, therapist, safety and home were outlined to generate codes. The researcher then grouped these words into categories and as a result of the categories than generated themes. Categories that described the internal/external attributes evolving over time include: strategies, hard work, plan/goals, self-motivation and internal strength. Categories that describe the internal/external perceptions of self over time include: determination, attitudes of others and attitude of self, feeling, depression, anxiety, self-doubt and motivation. Categories that describe the influence of the environment include: friends

and family, safety, home, clinic, therapist's office, school, familiar and external support. A table (Appendix A) was created to allow visual representation as well as organization of codes, categories and themes. Four themes emerged after coding and categorizing and include: internal/external attributes evolve over time, shaping success or failure as the stroke survivor returns to university, internal/external perceptions of self evolve over time, shaping success or failure as the stroke survivor returns to university, emotional awareness shapes success or failure as the stroke survivor returns to university and the external environment shapes success or failure as the stroke survivors returns to university.

A question that the researcher experienced during the open-coding procedures was “could other questions had been asked or probed further?” during the interviews. As the researcher continued to further analyze the interviews, journal entries and poems, it become apparent there was sufficient information and meaning in all data forms. Open-coding assisted with obtaining those meaningful themes. The themes enabled the researcher to not steer away from the primary research goal.

## **Results**

The findings of this study illustrate how functional tasks (returning to occupation as a student), environmental supports, attitudes of others, emotions, perception of self and attributes support or impede the success of a student returning to university after stroke.

### **Theme 1: Internal/external personal attributes evolve over time, shaping success or failure as the stroke survivor returns to university**

The participant in this study, the researcher, was diligent in using external strategies to assist in accomplishment of tasks during therapy and when on clinical rotations, as was mentioned in a conversation with her therapist and her professor

“having checklists that are given to me, as well as making my own checklists, having increased time for note taking and for treatment plans and it is recommended for me to see a therapist to ease the transition”-Rachel (the researcher)

She spoke of her therapists providing external support and encouragement when there was improvement on the tasks provided. Additionally, various other strategies were used to increase self-confidence and mood as was stated by the researcher,

“positive thinking and visualizing and that will make me feel better and increase my self-confidence”.- Rachel (the researcher)

Other strategies used were memory cues, making decision trees in order to chunk together information in a way that made sense. The researcher used internal strategies to assist with mood, self-confidence, setting small goals or plans on a daily or weekly process in order to facilitate success in her speech and her work as an OT student. She reported in her journal,

“I’m pushing myself but not too hard. I know I can do it with more hard work”.-Rachel (the researcher)

She also reported in her journal,

“I think just having her to talk to has helped maybe I have grown. Maybe I have gotten independent again and maybe I can handle myself again, which is what I’ve been doing. I have come a long way”.-Rachel (the researcher)

These internal and external examples are influences and motivations that assisted in achievement of her goal.

## **Theme 2: Internal/external perceptions of self evolve over time, shaping success or failure as the stroke survivor returns to university**

Another factor that influenced the success of returning to university after stroke was the evolution of internal and external perceptions of self. In an interview from her friend it was stated that

“just for their perceptions and being in that field, people should be more accepting of people that have had a stroke rather than being discriminatory”-Andrea

Perceptions of others influenced the low confidence, low self-esteem, anxiety and depression of the participant. The participant stated,

“people want to prepare for the worst possible situation that’s why they call my speech an impediment and a disability”.- Rachel (the researcher)

An in interview from a friend it was reported that

“the other support that people thought they were giving to you as in terms of that fieldwork or that discrimination you received as part of the stroke. That support isn’t helpful. I think people might think that they are helping but then it really wasn’t”- Andrea

While this has been said and may be true or perceived as true as time progressed the participant also stated,

“I have a lot to be proud of. I have to always say that to myself, I have a lot to be proud of. I have come a long way in one year actually 16 months. Rachel you are strong and you have the strength to conquer any activity you set your mind to conquer. Actually I can conquer any obstacle. That’s what it means to be strong”-Rachel (the researcher)

The participant and the interviewee, a friend both agree that being active not being afraid to try new things and determination is what influenced the recovery and the return to school not settling for the perceived notions of others of discrimination and disability.

### **Theme 3: Emotional awareness shapes success or failure as the stroke survivor returns to university**

The third theme that has emerged was the evolution of emotional awareness shaping success or failure when returning to university after stroke. Initially, some of thoughts and statements reveal that the participant was very anxious, depressed and stressed out. She stated,

“I wish the feelings would just go away so I can live my life without this discomfort. I hate my fears and I hate what it is doing to me. It’s making me depressed, anxious and paranoid. It’s not a healthy life for me to feel this way”. –Rachel (the researcher)

She stressed these thoughts a lot when she initially returned to university. Maybe she was unsure of herself, had thoughts of self-doubt and was nervous that she could not handle the work that she was going to have to complete to achieve her goal. As time progressed the thoughts changed too. She stated,

“I just need to do positive self talk instead of putting myself down. I have to be the one who pushes myself back into my routine no one is going to do it for me. I want to be a success and not an anxious wimp. I am strong”.-Rachel (the researcher)

She also stated,

“if you want to have higher self-confidence you have to praise yourself saying, “I did a good job”, if you do this you will think well of yourself and if you think well of yourself you can do most anything, you will have self-confidence and you will succeed”. -Rachel (the researcher)

The participant also stated,

“I’ve overcome obstacles and will continue to be successful in my career as an OT”.- Rachel (the researcher)

Initially, it was hard for the participant to perform her student occupations due to the high levels of emotions related to a change in occupational performance ability but as time progressed those high level of emotions decreased and she was able to use self-talk, write in her journal, attend weekly psychotherapy sessions and write poems to decrease those barrier thoughts so she was able to perform her student occupations to pass and acquire her Master’s of Science in Occupational Therapy.

#### **Theme 4: The external environment shapes success or failure as the stroke survivor returns to university**

The last theme that had emerged was the external environment shaping success or failure upon returning to university after stroke. Environments can be positive or negative and can

influence success or failure. Initially, the first clinical rotation was not a healthy environment for the participant as she stated,

“being ganged up on, makes me frustrated. Donna saying all the bad stuff that I was doing and not any of the good stuff I do. This friggin internship is decreasing my quality of life, making me feel worse about myself that I can’t take it for another month”.-Rachel (the researcher)

While she stated she cannot live in this environment she also stated that she had all her supports from her family to her therapists who were rooting for her. When she moved back closer to her school she stated,

“I need or want to move closer to home. I also love seeing poppy, unky, aunt Rachel and Hallie. I love being so close to my family. That makes me feel better”.-Rachel (the researcher)

The external support of family was a huge influence on her return and continued success in her role as a student. In an Interview from a friend it was stated that

“you were prepared to return, had a lot of support from your family, your hard work and your determination, but with all those together; things in the mix helped you make it possible”.-Andrea

The influence of determination, hard-work and family support made it possible to succeed, however the participant also needed the other factors of positive attributes, decreased levels of emotions and positive attitude of self. Upon the start of clinical internships in an interview from an instructor it was stated

“similar places to maybe we had done some remediations that were successful like the Rehab Institute, trying to find something, you know more familiar, similar”.-Vicki

The most prevalent environmental factors that led to success were the family/friend support, the familiar, the sense of safety within the familiar environment, the home and the therapist’s office.

The clinic in this experience had mixed influences depending on time and experience.

Environmental factors can act as barriers or facilitators in this experience depending on the other factors or aspects of the participant's life occurrences and time.

### **Discussion**

This study examined how time and experience shapes barriers and facilitators to successful return to school post stroke. The barriers include internal and external factors: emotions, personal attributes, self-perception, attitudes of others and the environment.

The use of internal and external attributes is clearly linked to success in returning to university. This is demonstrated in the researcher's experience; initially the researcher was provided with external cues such as decision trees, checklists, memory cues and visualization techniques and as time progressed, these external supports became internal and automatic. The researcher used these strategies and attributed them to her success.

As Mealings et al. (2012) reports that

“it is a dynamic and interactive process” between the students “sense of self (perception of the role of school, their social, educational and vocational goals and feelings), changes (internal student changes/impairments, changes to goals and external programme) and support (the quality of relationships amongst the student, family, friends, school and the style of helping)” (Mealings et al., 2012, p. 1173).

A number of studies illustrated the importance of positive social support for re-integration into society after a stroke. This theme was consistent with the researcher's experience in returning to university having the assistance of professors, friends, family and a social worker. They demonstrate that some negative social support can “undermine an individual's ability to think positively about themselves, resulting in being anxious and uncomfortable in social environments” (Horne et al., 2014, p. 1130). This particular instance

occurred in the researcher's experience where she was completing a level II internship and her supervisor was only providing negative feedback resulting in an increase in the researcher's anxiety. It is of utmost importance to reduce negative attitudes and behaviors and provide encouragement on the skills that the individual is working on in order to provide increased self-confidence, self-esteem and self-efficacy which will demonstrate in increases in reengagement into society and quality of life (Jellema et al., 2016).

Horne et al. (2014) reports "stroke survivors appear to encompass a gradual build up of skills and activity" reducing fears, anxieties and identity loss (Horne et al., 2014, p. 1133). Personal motivation is evident in returning to community re-integration as is displayed in the researcher's experience. The researcher displayed this motivation throughout her return to university as her hard work and her determination to achieve and reduce the barriers of anxiety, depression, fear and personal loss.

Environmental positive support is linked to success. Some facilitators to reengagement into society are "personal adapted equipment, accessible environments, high-quality transport services, educational opportunities, money and social support" (Jellema et al., 2016, p. 6). Some of enablers were evident in the researcher's success such as family/friend support, the familiar, the sense of safety within the familiar environment, the home and the therapist's office. It should also be acknowledged that some environmental supports can reduce engagement such as the lack of safety, negative attitudes or long distances decreasing the individual's quality of life, self-confidence and self-esteem. This was represented in the researcher's experience when completing her first level II internship, she was feeling ganged up on, frustrated, anxious decreasing her quality of life and making her feel worse about herself. It is necessary for

clinicians to be aware of the individual's perception of optimal and try to represent that in actions to facilitate the individual's success.

In June 2003, 16 months post stroke, barriers to integration were prevalent and dominated engagement in role resumption and activity participation. As time progressed these barriers became less common and there was an improvement in internal factors including emotions, attributes, self-perception. This provided an opportunity for success and motivation. External factors also changed over time and these included the attitude of others and the influence on the external environment.

Although barriers seemed to come down, experiences would cause a waxing and waning of my resumption of important roles and identity. My experience midway throughout my level II internships there was a slight decrease in the environmental support, decreasing my sense of self increasing my anxiety; once there was an improvement, in this environmental support, I was able to improve in my sense of self and my anxiety decreased and I was able to complete my Masters in October 2005. All of these internal and external factors interrelate, if one is low, the others will be low, if one is high going to facilitator than the others will be high going to facilitator. A model of this representation can be seen in appendix B.

Autoethnographies use personal involvement, reflection and analysis from the author to the reader to investigate mutual meanings, interdependent meanings and independent meanings from experiences written from the author and literature reviewed to find new truths in order to find new understandings of human life (Eliis & Bochner, 2000, p. 740). Some professional recommendations from the results of this autoethnography pertaining to students and educators are listed below:

**Recommendations to Students:**

- Have a firm environmental support system of friends, family, psychologists/social workers
- To facilitate success working with Occupational Therapists, Speech Therapists and neuropsychologists facilitate an accommodation plan that can be provided to the disability office at your university
- Be open and take initiative with your instructors indicating you had a stroke, that you are working with the disability office and tell the instructors what you need as of support
- Be open with the support that is provided
- If you do not understand a concept don't be afraid to ask for help

### **Recommendations for Educators**

- Be knowledgeable about the signs and symptoms of stroke and how it can affect learning
- Ensure that the common classroom adaptations that have been provided are working for the student to ensure success in the classroom
- Be aware of the feedback you provide not sounding too negative
- Be open with the student accommodations and provide additional accommodations/strategies as appropriate in order for them to achieve success

### **Limitations and Recommendations for Future Research**

This study contained one participant as it is an autoethnography and reflects one individual's internal and external perceptions or attitudes, emotions and environmental supports that contributed to her success. This study had limited data analyst triangulation such as peer coding to assist in highlighting any potential blind spots or bias that the researcher may have had while analyzing the data. Additionally, this study had limited trustworthiness techniques used after completing the interviews, questioning the validity of the answers received.

Recommendations for future research are furthering the research on the return to university after a stroke from an autoethnography to multiple case studies using a mixed methods study design with further triangulation and trustworthiness techniques assisting in gaining evidence on the levels of optimal environmental and emotional supports, attitudes of self and others and attributes that can facilitate or hinder success in goal achievement as understood by an individual returning to university after stroke.

### **Conclusion**

“I really hate the fact that I had a stroke but I have excelled from it, speaking better than before, volunteering at different places and getting written up in different hospital newsletters because of the stroke. I just need to think of all the positives that I’ve excelled at since the stroke, writing a complete sentence again, speaking again. I just wish mom would be with me in person but I know she is living with me in St. Louis to protect me from anything bad”.- Rachel (the researcher)

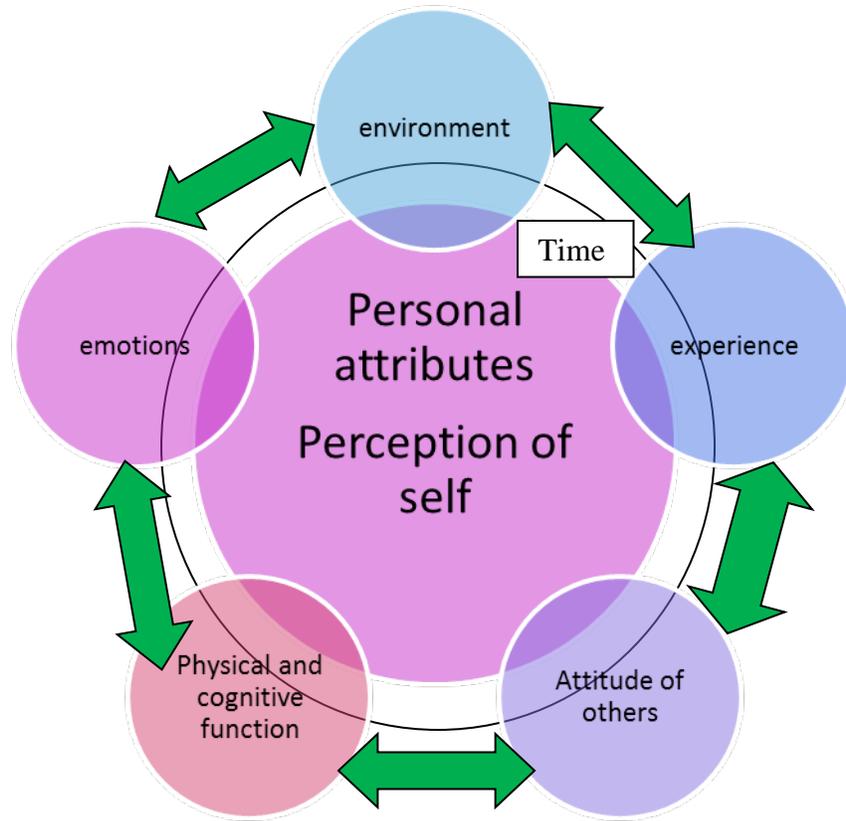
The results of this study revealed themes that can contribute to effective return to university studies after stroke. Furthermore, the themes revealed a better understanding of the researcher’s thought process, reasoning and barriers during the return to university process after stroke. The findings support an interactive, dynamic process between the student, the environment, and perceptions of others, attributes, the emotions and the school that supported success.

**Appendix A:**  
**Open Coding Table:**

Code	Categories	Theme
Activity success Internal facilitator Small goals Confidence and insight for success Internal barrier Internal facilitator Self-perception/how people view me Self-doubt Reflection on how to improve despite poor success Journal as self-motivator Journal as coping strategy Progress increases feelings of self-efficacy Comparing self to others in the same situation Attitude of others External barrier External facilitator Decreased self-efficacy Journal as self help Increased self confidence Fears Anxiety Depression Paranoia Writing as coping strategy Feeling alone Strength Stress Positive supports to assist with goal achievement Recommendation from others/therapists Identify strategies for success Familiarity assist with	<b>Attribute:</b> Strategies(internal/external) Hard work(internal) Plan/goals(internal) Self-motivator(internal) Internal strength(internal)  <b>Attitudes:</b> Determination(internal) Attitude of self(internal) Attitude of others(external) Feelings (all internal) Sadness Self-doubt Anxiety Pride Motivation  <b>Environment (all external):</b> Friends/family Safety Home Clinic Therapist's office School Familiar External support	<ol style="list-style-type: none"> <li>1. Internal/external personal attributes evolve over time, shaping success or failure as the stroke survivor returns to university</li> <li>2. Internal/external perceptions of self evolve over time, shaping success or failure as the stroke survivor returns to university</li> <li>3. Emotional awareness shapes success or failure as the stroke survivor returns to university</li> <li>4. The external environment shapes success or failure as the stroke survivor returns to university</li> </ol>

<p>success Accommodations to succeed Reviewing skills to lead to success Goal oriented Determination Hard work Combination of internal/external factors that led to success Not being afraid to try Motivation Strength</p>		
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**Appendix B:**  
**Graphic Model:**



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