

Enhancing Physical Capability and Enjoying Leisure Activities: A Case Report on an Occupational Therapy Program Utilizing Goal-Setting Theory

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Abstract

Although goal-setting theory is essential in occupational therapy, there have been few reports on its application in practice and research. This report designed an occupational therapy program based on goal-setting theory and its literature review and tested it with a case in the 60s. Specifically, after educating the patient and setting learning goals, the achievement level was re-evaluated using a daily diary, and performance goals were set. This process was based on collaboration between the case and the occupational therapist. Consequently, the case, who had engaged in leisure activities to improve her physical capabilities, began to enjoy leisure activities and resumed gardening, which she had enjoyed before her cancer diagnosis. Furthermore, the case rediscovered the meaning of life. The case's crucial daily living activities, frequency of leisure activities, and self-efficacy improved, and her collaborative relationship with an occupational therapist was positive from the beginning to the end of the program.

Keywords: occupational therapy, psychology rehabilitation, goal-setting, goal-setting theory, cancer survivor, case report.

Introduction

Goal-setting is the formal process in which a rehabilitation professional or team, together with the patient and/or their family, negotiate goals [1]. The effects of actively involving people in the goal-setting process include improvements in health-related quality of life, emotional state, self-efficacy, satisfaction with service delivery, and participation in the goal-setting process [2, 3]. Goal-setting is and will remain a central feature in rehabilitation and should be a core competency of any member of a rehabilitation team [1]. Goal-setting is considered an essential complex intervention that should be developed and evaluated systematically [4]; therefore, there is a greater emphasis on theory development in rehabilitation research related to goal-setting [5].

The goal-setting theory proposed by Lock and Latham in 1990 is one of the most commonly used theories. The core statement of this theory is that setting specific and challenging goals positively affects a person's degree of performance [6]. Furthermore, the relationship between goals and performance is mediated by conditions for maximizing performance, called moderators, such as competence, resources, task complexity, commitment, importance, self-efficacy, and feedback, including patient education and progress in achieving goals [7], and by the effects of setting goals, called mechanisms, such as goal choice and direction, effort, persistence, and strategy. Namely, the mechanism emerges and effective performance is attained when the moderator is fulfilled. Once people are satisfied with the rewards they receive for their performance, their willingness to commit to new challenges is established [6]. Although goal-setting theory was developed in organizational psychology [6], it is believed that it may explain how to improve individuals' performance in rehabilitation for people with diverse clinical presentations and needs [8].

We conducted a literature review [8] of practices that have applied goal-setting theory in rehabilitation because insufficient practice and studies using this theory in occupational therapy programs have been reported. In addition to the abovementioned findings, it was confirmed that the following are essential: (1) setting learning goals at the beginning of rehabilitation and switching to performance goals as progress is made, (2) repeatedly revising goals when they are difficult to achieve, and (3) collaborating with cases throughout the program. A learning goal is a goal related to the desired number of strategies, processes, or procedures to be developed to master a task, such as "discover and implement how to increase the number of steps," and a performance goal is a goal to the achievement of specific tasks according to certain standards of proficiency, such as "perform aerobic exercise for more than 150 minutes" [9].

Hence, based on this literature review, we designed an occupational therapy program that applied the goal-setting theory. This program is called a Goal-type Dynamically Adjustable Goal-oriented (Go DA Go) program. This case report aims to describe the progress of a Go DA Go program trial on one case.

Contents of Go DA Go Programs

Each Go DA Go program lasted 90 min and was conducted once a week for a total of five sessions. The session was face-to-face, one-on-one, between the case and the occupational therapist. The content comprised five components: (1) patient education, (2) setting learning goals, (3) feedback on progress in achieving goals, (4) setting performance goals, and (5) collaboration with the case (Table 1).

Table 1: Five Components of the Go DA Go Program.

Session	Components and Outline of the Go DA Go Program
Session 1	(1) Patient education To explain to the case that it is essential to set goals based on analyzing the level of importance, confidence to continue, the difficulty of goals that apply to the moderators of goal-setting theory, and satisfaction obtained from goal implementation.
	(2) Setting learning goals Setting learning goals consistent with component (1), based on the case’s needs
After Session 1 (homework)	Writing a diary (Figure 1) every day at home.
Session 2-5	(3) Feedback on progress in achieving goals Identifying activities that lead to goal attainment by visualizing and analyzing importance, satisfaction, confidence to continue, and difficulty of activities with high goal attainment written in the dairy in two types of graphs (Figure 2)
	(4) Setting performance goals Setting performance goals related to the activities identified in component (3)
All sessions	(5) Collaboration with the case Progressing on components (1) to (4) based on the collaboration between the case and the occupational therapist

In the program’s first session, (1) patient education was provided, and (2) learning goals were set. In (1) patient education, the occupational therapist explained to the case that it is crucial to analyze the following: level of importance, confidence to continue, difficulty of the goals that apply to the moderators of goal-setting theory, and satisfaction obtained from goal implementation. According to goal-setting theory [6] and literature review [8], these factors can enhance performance.

In (2) setting learning goals, learning goals consistent with (1) patient education content were determined based on the case’s needs. Then, the case completed a diary every day at home outside the Go DA Go program times as homework, which takes 5–10 min per day to complete. This diary has places to record weekly goals, today’s activities to achieve weekly goals, feelings and situations when the case performed activities, and various scores regarding today’s activities (Figure 1).

First week

(1) Weekly goals <i>Finding leisure activities that are possible with current physical capabilities</i>
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December 4, Monday

(2) Today’s activities to achieve weekly goals <i>I looked up how to grow lavender on the internet</i>
(3) Your feelings and situations when you did activities <i>I was motivated because I could have a goal for the future. I was happy.</i>
(4) Goal attainment 10 / 10
(5) Importance (6) Satisfaction (7) Confidence to continue (8) Difficulty 10 / 10 10 / 10 9 / 10 9 / 10

(4) Goal attainment
1 2 3 4 5 6 7 8 9 10
Not achieved at all Achieved very much

(7) Confidence to continue
1 2 3 4 5 6 7 8 9 10
Not confident at all Very confident

(5) Importance
1 2 3 4 5 6 7 8 9 10
Not important at all Very important

(8) Difficulty
1 2 3 4 5 6 7 8 9 10
Very easy Very difficult

(6) Satisfaction
1 2 3 4 5 6 7 8 9 10
Not satisfied at all Very satisfied

Figure 1: Part of a diary written by Ms. A.

Ms. A wrote items (2) through (8) daily. The answers to items (4) to (8) were given by Ms. A on a scale of 1 to 10 based on the gray Likert scale shown below. Italics and bold indicate parts written by Ms. A.

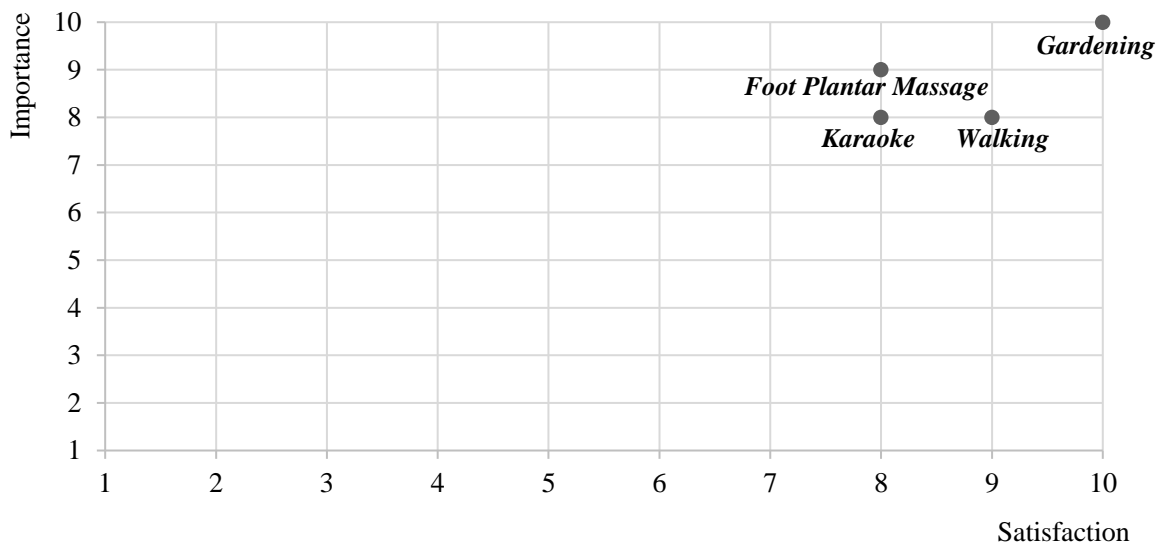
(4) the degree to which one feels that goals were achieved by (2) activities done today, (5) the degree to which one feels that today's activities are essential, (6) the degree to which one is satisfied with the results of today's activities, (7) the degree of confidence to continue today's activities in the future, and (8) the degree of difficulty in carrying out today's activities.

The various scores are Likert scale scores, which are given on a scale of 1–10, as follows: goal attainment (the degree to which one feels that goals were achieved by activities done today), importance (the degree to which one feels that today’s activities are essential), satisfaction (the degree to which one is satisfied with the results of today’s activities), confidence to continue (the degree of confidence to continue today’s activities in the future), and difficulty (the degree of difficulty in carrying out today’s

activities), which are consistent with the factors described in (1) patient education.

In the second session, (3) feedback on progress in achieving goals was provided based on the descriptions in the diary. Two types of graphs—an importance-satisfaction graph and a confidence-difficulty graph—were plotted for today’s activities recorded by the cases in their diaries, which are related to their weekly goals and have a high degree of goal attainment (Figure 2).

Importance-satisfaction graph



Confidence-difficulty graph

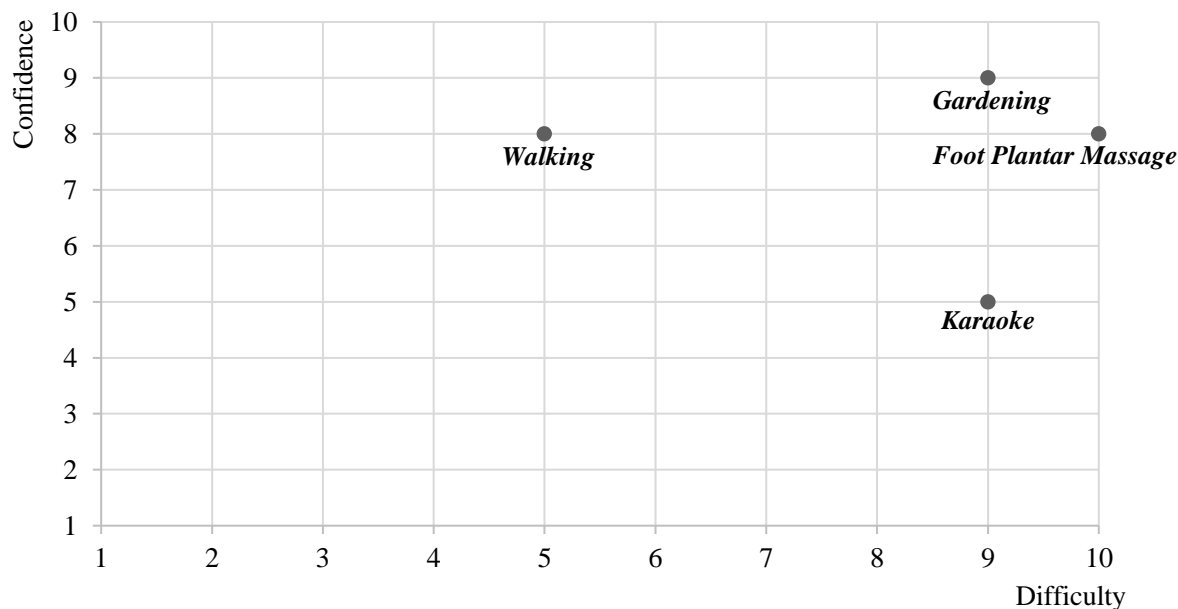


Figure 2: Part of the two graphs created by Ms. A.

The upper graph is an importance-satisfaction graph, and the lower graph is a confidence-difficulty graph, each of which is part of the graph created by Ms. A. She plotted both graphs based on the importance, satisfaction, confidence, and difficulty scores of the activities she recorded in her diary. Italics and bold font indicate the parts she wrote.

Daily activities are plotted on graphs according to importance and satisfaction scores, the degree of confidence to continue, and difficulty scores. They are intended to identify activities that lead to goal attainment by visualizing and analyzing importance, satisfaction, confidence to continue, and difficulty; and (4) set performance goals related to those activities.

All Go DA Go program components (1) to (4) were implemented based on (5) collaboration with the case. The Go DA Go program was named after it because it is a goal-oriented program in which the goal type is dynamically adjusted to set the performance goal after the learning goal.

Case Presentation

The appropriate target population for the Go DA Go program was those with no specific goals and whose satisfaction with daily life had declined. We asked Ms. A, a participant in an elderly community that the first author regularly attended, who mentioned that she was not satisfied with her daily life, to participate in the Go DA Go program. Ms. A and the first author had met twice in the community before the Go DA Go program. Written informed consent was obtained from the case before intervention and reporting.

Ms. A was a woman in her 60s, diagnosed with breast cancer (Stage II) and right hip osteoarthritis, and was independent of ADL and IADL. She had breast cancer five years before starting the Go DA Go program, underwent surgery, chemotherapy, radiation, and hormone therapy, and lived at home with her husband while undergoing periodic health examinations after cancer treatment. She experienced hair loss, mild fatigue, and mild lymphedema from the left upper arm to the elbow joint due to cancer treatment. Her doctor instructed her to avoid grasping heavy objects, insect bites, and direct sunlight on the left upper limb, to wash her hands, and to practice good hygiene.

Furthermore, Ms. A underwent hip replacement surgery for right hip osteoarthritis one year before the start of the Go DA Go

program, and she was able to walk independently and drive a car one month prior. Prior to her cancer diagnosis, she had engaged in many leisure activities, such as walking and singing, and loved gardening. She understood that she could garden to some extent if she devised ways to prevent worsening lymphedema and dislocation of the hip joint, such as carrying heavy objects in small pieces, wearing long sleeves and gloves to avoid insect bites, washing her hands, and placing potted plants in high positions. However, she was unwilling to change her old ways, which ultimately prevented her from gardening. This caused her to feel hopeless.

Go DA Go Program Process

The Go DA Go program participants were Ms. A and an occupational therapist (the first author). The program was held in a conference room in her residential area, and she came to the room independently in her own car. The process of implementing the Go DA Go program is described in the following three phases:

First session: A period when the learning goal of finding leisure activities that are possible with current physical capabilities was set

The first session began with patient education. Then, Canadian Occupational Performance Measure (COPM) [10], Collaborative Relationship Scale between clients and occupational therapists (CRS) [11], General Self-Efficacy Scale (GSES), and Leisure Activity Scale for Contemporary Older Adults [12] were used for the initial assessment (Table 2).

Table 2: Evaluation Results.

	pre	post
COPM		
Performance score	3.4	8.4*
Satisfaction score	5.0	9.0*
Leisure Activity Scale for Contemporary Older Adults	21	25
GSES		
Total score	11	15
Standardized score	55	65
CRS		
Total score	45	49
Initiative	33	35
Authority	12	14

*: Improvement beyond the minimum significant difference

The COPM is an evaluation tool that measures essential activities of daily living that cases want to do, need to do, or are expected to do but have not been accomplished using a semi-structured interview. For each of the activities mentioned above of daily living, the cases were rated on a scale of 1–10 regarding importance, performance, and satisfaction. In the Go DA Go program, COPM was used to set learning goals in collaboration with Ms. A. She said, “I went through difficult cancer treatment, but now I feel that I am alive thanks to the hospital staff. Now, I want to find leisure activities that suit my current physical condition.” Therefore, a learning goal of “finding leisure activities that are possible with current physical capabilities” (importance 10, performance 2, satisfaction 2) was set, and this was adopted as a weekly goal. Other activities identified as highly important were planting pots (importance 8, performance 5, satisfaction 6), walking (importance 9, performance 4, satisfaction 4), karaoke (importance 7, performance 4,

satisfaction 5), and going to the movie theatre (importance 8, performance 2, satisfaction 8), with a performance score of 3.4, a satisfaction score of 5.0.

The CRS was developed to measure the collaborative relationship between patients and occupational therapists, and the GSES was designed to measure self-efficacy. These were evaluated because it has been reported that goal-setting based on collaboration between cases and healthcare professionals can increase satisfaction and commitment to the goals of cases (the sum of goal importance and self-efficacy) [13]. Her total CRS was 45 (33 for initiative and 12 for authority), indicating a good collaborative relationship. Her GSES score was 11 points with a standardized score of 55, which classified her as having high self-efficacy among adult women. The Leisure Activity Scale for Contemporary Older Adults was developed to measure the frequency of leisure activities. It was used in this report as an

outcome measure related to her learning goals. Her score was 21, which was higher than the average score (14.54 points) of a group living with family members in a previous study [12] that examined the reliability and validity of the score.

Second and third sessions: A period when leisure activities were performed to improve physical capabilities

In the second and third sessions, it was found that the leisure activities with the higher achievement regarding a learning goal and a weekly goal of “finding leisure activities that are possible with current physical capabilities” were karaoke (9 points), foot plantar massage (9 points), and walking (8 points) by reflection on the diary (Figure 1). The results plotted on two different graphs showed that karaoke scored 8 for importance, 8 for satisfaction, 5 for confidence to continue, and 9 for difficulty; foot plantar massage scored 9 for importance, 8 for satisfaction, 8 for confidence to continue, and 10 for difficulty; walking scored 8 for importance, 9 for satisfaction, 8 for confidence to continue, and 5 for difficulty (Figure 2). Ms. A stated that she needed to practice karaoke to improve her respiratory capabilities, foot plantar massage to improve blood flow to her lower extremities, and walking to improve her physical endurance. Therefore, she and the occupational therapist shared the importance of these three leisure activities, and a performance goal of “performing at least one of karaoke, foot plantar massage, or walking every day” was set.

Fourth and fifth sessions: A period in which leisure activities themselves became more enjoyable

In the fourth session, although Ms. A stated that she used to think about walking distance and where the benefits were on her body, she noticed changes in the surrounding views while walking and discovered that she enjoyed walking more. This suggests that until the third session, she was performing leisure activities to improve her physical capabilities, whereas, from the fourth session, she could enjoy leisure time.

Surprisingly, in the fifth session, it was found that Ms. A had resumed, in earnest, not only karaoke, foot plantar massage, and walking but also gardening, which she had particularly enjoyed before the cancer diagnosis. She enjoyed gardening by drinking dried herbs as herbal tea, researching lavender cultivation methods online, and sharing the results with her husband and friends. Thus, the way she enjoyed gardening was different from that before the cancer diagnosis. At the start of the Go DA Go program, she stated that she did not feel comfortable changing the method to gardening. However, the gardening activities she performed this time scored 10 for importance, 10 for satisfaction, 9 for confidence to continue, and 9 for difficulty, which were higher than other leisure activities, confirming that gardening was an essential leisure activity for her, although the way she performed gardening was different from before the cancer diagnosis. She also said that she felt motivated to devise a way to grow lavender and was happy to have a goal and hope for the future. This was the first time she had felt such happiness since she had been diagnosed with cancer. When asked why she had decided to resume gardening, she stated the following:

“The five years since my cancer had been a painful and stressful period of my life, and I was exhausted from trying so hard to think about what was good for my body and to exercise. However, writing in a diary to find leisure activities and talking about them helped me to organize my mind. Furthermore, concentrating on karaoke, foot plantar massages, and walking helped me find what made me happy and allowed me to distract

myself from the pain and suffering. I realized that it is important to think about the meaning of life and that I can do what I want with my life, although I have always prioritized my family over myself. I think these things helped me to remember that I am a person, not a patient with cancer.”

Final Evaluation (Table 2)

Canadian Occupational Performance Measure

The performance and satisfaction scores were 8.4 and 9.0, respectively, and this improvement exceeded the minimum significant difference (3.0 for performance and 3.2 for satisfaction) for community-dwelling older adults [14].

Collaborative Relationship Scale between clients and occupational therapists

The total score was 49 (35 for initiative and 14 for authority). This score indicated a good collaborative relationship.

General Self-Efficacy Scale

The total possible score was 15 points, and the standardized score was 65 points. Total scores indicated very high self-efficacy among adult women.

Leisure Activity Scale for Contemporary Older Adults

The total score was 25, indicating an improvement in the frequency of community and social activities, learning activities, cultural activities, and creative arts activities compared to the initial evaluation.

Discussions

In the Go DA Go program, a learning goal was set initially. A performance goal was then set using a diary, which indicated leisure activities that were important to Ms. A. Swann et al. [9] recommended a dynamic, multiphasic goal-setting approach that dynamically changes goal types, setting learning goals early in rehabilitation and performance goals later, because of the risk of experiencing stress, anxiety, and pressure as well as unethical behavior and failure to achieve goals when performance goals are set. In addition, because there is limited evidence of learning goals in the context of physical activity [9], to the best of our knowledge, this case report is one of the most valuable on a dynamic multiphasic goal-setting approach in rehabilitation.

The outcomes showed improvements in activities of daily living that were important to Ms. A, self-efficacy and the frequency of leisure activities. The collaborative relationship between her and the occupational therapist, one of the components of the Go DA Go program, was consistently positive from the beginning to the end of the program. These factors might be explained by the fact that she had been performing three leisure activities—karaoke, foot plantar massage, and walking—to improve her physical capabilities until the third session of the Go DA Go program, while she began to enjoy leisure activities themselves from the fourth session and resumed gardening in earnest, which she loved so much that she became desperate because she was not satisfied with it by the fifth session. Her narrative suggests that she was able to distract herself from her pain and suffering by concentrating on leisure activities such as karaoke, foot plantar massage, and walking; her resumption of gardening increased her interaction with her husband and friends, gave her joy in having a goal and hope for the future, and helped her to rediscover the meaning of life. Some cancer survivors re-establish meaning in their lives, sense of self, and identity after cancer treatment [15]. It is important for cancer survivors to return to their previous leisure activities, or to reconstruct alternative leisure activities for their wellbeing [16].

Furthermore, the meaning of activities for cancer survivors includes benefiting important relationships and connections with others, being a source of physical or psychological comfort, managing one's identity, and religious expression [17]. Integrating these previous studies with the findings of this case report, resuming leisure time for cancer survivors may provide physical or psychological comfort, essential relationships, and connections with others—further, the possibility of reconstructing the meaning of life, sense of self, and identity.

Additionally, this case report should highlight the factors that enabled Ms. A to resume gardening while participating in the Go DA Go program, which did not directly intervene with her ability. A previous study [18] has identified four critical factors in improving COPM performance and satisfaction and achieving goals among cancer survivors. These include building capacity to be physical activities, finding the balance between self-care, productivity, and leisure, gaining new insights, and the follow-up process.

Regarding building capacity to be physical activities, Ms. A achieved a goal set in the Go DA Go program one year after the hip replacement surgery she underwent after her cancer treatment when she expressed her appreciation to her healthcare professionals for improving her physical activity capacities. This is consistent with several previous studies. They showed that cancer survivors had an outlook and dealt with uncertainty when they were no longer immersed in their treatment routine. Moreover, they suggested they had more time to reflect on all that had happened [19] and concentrated on things that mattered to them when their awareness and appreciation of whom and what they loved grew [20]. Therefore, one of the factors that led to the achievement of the goal was that the Go DA Go program was implemented when her ability to engage in physical activities was developing.

Regarding finding the balance between self-care, productivity, and leisure, it is considered that Ms. A increased the proportion of leisure activities by performing leisure activities of karaoke, foot plantar massage, and walking until fourth session, as well as a balance of the difference areas through the diary and the collaboration based on the diary.

New insights have been gained from the experience that cancer survivors' efforts could make a difference [18]. Ms. A experienced a change in her ability to enjoy leisure activities, not only to improve her physical capabilities but also to enjoy leisure through her continued efforts to engage in leisure activities and gain new insights.

Regarding follow-up process, feedback on progress in goal attainment was enhanced by repeating the two graphs based on Ms. A's diary.

In summary, the Go DA Go program helped Ms. A, who had been doing karaoke, foot plantar massage, and walking, to improve her physical capabilities until the fourth session. In the fifth session, she resumed gardening with a different method than before her cancer diagnosis and achieved her goal of "finding leisure activities that are possible with current physical capabilities." Specifically, this was done through four factors: building capacity to be physical activities, finding the balance between self-care, productivity, and leisure, gaining new insights, and follow-up process.

Conclusions

The Go DA Go program was implemented to develop through a collaborative process between a case and an occupational therapist a series of methods, such as setting a learning goal of finding leisure activities after patient education, providing feedback on progress using a diary, and setting a performance goal. The results showed that the case had been engaged in leisure activities to improve her physical capabilities until the middle of the program. Simultaneously, she gradually began to enjoy leisure activities. In the last session, it was observed that she resumed gardening in earnest, which she had always loved, and she rediscovered the meaning of her life. The change in outcome measures showed that Ms. A's essential activities of daily living, frequency of leisure activities, and self-efficacy improved. Furthermore, the collaborative relationship between her and the occupational therapist was positive from the beginning to the end of the program. Her resumption of gardening was attributed to the diary and its collaboration, which led to the discovery of a balance in the area of activities and the acquisition of new insights.

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Authors contribution: The first author was involved in all the processes of this study, including program design and implementation and data analysis. The second, third, and fourth authors were involved in program design and data analysis.

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