CHAPTER 5: CONCLUSION

The SOQ was developed, analysed and adapted for use with rheumatology clients seen at the Kalafong Hospital out patient rheumatology clinic. The final version of the SOQ, as it evolved during this research project, consisted of 45 "statements" describing a person's ability to perform a spectrum of daily living tasks. These tasks were specifically related to hand function difficulties as experienced by the arthritic client. The clients' answers to these 45 questions were scored by awarding 1 point for each "*yes*" answer and zero points for each "*no*" answer. The overall raw score was calculated by adding all the ones for a total score. A score of zero was determined to be the perfect raw score for non-arthritic people. This also indicated that the higher the score on the SOQ, the more functional difficulties the client experienced.

In summary, this research suggests that:

- The newly developed SOQ is a valid method of evaluating the functional ability of rheumatology clients treated at Kalafong hospital out patient clinic as stated in the following nul hypothesis:

The Steinmann-Obermeyer questionnaire (SOQ) is not a valid method of evaluating the functional ability of rheumatology clients treated at Kalafong hospital out patient clinic.

- This hypothesis can be rejected as the results of the research study supported this is not to be true based on the evaluation of the contents and criterion

validity of the test in the various stage in the development.

- The SOQ was developed, tested, expanded, tested again through analyses of each question was found to be able to give a valid indication of the functional limitations of the clients at the rheumatology clinic at Kalafong hospital.

There is no correlation between the degree of a clients deformities and his/her score on the SOQ.

- This nul hypothesis can be accepted as the results of the research found no correlation.
- The SOQ was tested against the variable of the degree of deformities a client exhibited, and this also showed no correlation. Some clients had severe deformities and were functionally independent while other clients with mild deformities had severe functional limitations.

- There is a correlation between the score on the SOQ and whether a client has active disease, or is in remission as stated in the hypothesis:

There is no correlation between the disease activity and the score obtained by the SOQ.

- This hypothesis can be rejected as the results of the research are contrary to this i.
- When the SOQ score was correlated with the disease activity of the clients, it was found to correlate significantly. It is however, difficulty to isolate this

variable because both in practice and in the literature it is evident that active disease is linked with higher pain levels than disease in remission. It was thus determined that when a person has active illness (according to the physician) and/or scores his pain as "high", he will score high on the SOQ. Experiencing low pain and/or being in remission would correlate with a low score on the SOQ.

There is not a significant correlation between the client's assessment of their level of pain and the score obtained by the SOQ.

- This hypothesis can be rejected, because results of the research supported it.
- The score obtained with the SOQ correlated to the clients' own pain rating. When the clients rated their own pain as mild, they scored low on the SOQ and when the pain rating was high, the score on the SOQ was high also.

The research also raises the following questions which would need to be explored in the future:

- The researcher started using the terms severe and mild functional difficulty based on the scores obtained on the SOQ. Scores of 0 – 15 were considered mild and scores from 30 – 45 were termed severe. The middle third remained the more difficult to distinguish. The researched started using the term moderate, but this needs to be investigated further.

- The researcher also started trialing the SOQ in her private practice, which

catered for a different population. Firstly the clients seen at the practice were from a high socio-economic level, and most of them spoke either English or Afrikaans and no African languages. Seeing as the SOQ was not designed for this population group, further investigations are needed to determine whether it was valid for this population.

- A treatment plan based on the SOQ information was also developed for use in the treatment of these clients. This meant that for each problem, possible solutions were designed. The results of this program should be documented to determine the efficacy of such an occupational therapy program and its long term effect.

- As part of the development of this project, the researcher is working on the development of a full hand function assessment kit that will include the SOQ.

- The SOQ proved to be a valuable assessment tool in the clinical field and is still being used by the researcher. The SOQ as developed through this study proved to be a valid method of evaluating the functional ability of rheumatic clients seen at Kalafong Hospital out patient clinic. Another aspect that can be investigated during the next phases of development is to do a factor analysis to determine whether this assessment can be grouped into categories to obtain composite scores.

- While the value of this project can be measured by the results obtained, the information gathered and the direction it gives for future research, the instrument itself is an important step forward in the search for unique occupational therapy assessment tools. This instrument focuses on the client's occupational performance abilities and limitations rather than the internal performance deficits that limit function which marks the shift in emphasis from the medical model to an occupational performance model for practice.

ON A PERSONAL NOTE:

The research project was a valuable experience for the researcher in her endeavour to do research with definite clinical value. The fact that the research evolved from a simple questionnaire that was put together on "gut feel" and clinical experience, and grew into a well designed, scientifically based assessment tool that was proven to give valid and reliable results about the functional limitations of the clients at Kalafong hospital's rheumatology clinic, was and still is a valuable contribution to the knowledge base of the profession of occupational therapy both in South Africa and beyond.

It will also always remain a valuable contribution to the better understanding and assisting of clients from this cultural background. This was a first attempt for this researcher to work collaboratively with support staff and clients to better develop measures to determine and meet their needs. This research project became the cornerstone of the researcher's professional values that is firmly based in the client-centred model of: "Nothing about us, without us".