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Evaluating A Mobile App for Data Collection in Occupational Therapy Practice

Tanja Svarre, Marie Bangsgaard Bang and Tine Bieber Lunn

Abstract

This study investigates the use of a mobile app for data collection in occupational therapy practice. Seven occupational therapists used a mobile app to collect data on housing-adaptation home visits for a period of two months. The occupational therapists documented five home visits on an online diary to document their use of the mobile app. Subsequently, a follow-up focus-group interview was conducted to discuss the diary results and elaborate on the use of the app in occupational therapy practice. The benefits of using the mobile app include the app's systematic approach, ease of navigation, and the automation of data collection steps. Limitations include the inability to capture the complexity of the practice. Thus, the occupational therapists to some extent experienced that the need to use the mobile app is an added task in therapists' daily work that did not reflect their current practice. Future transformations of paper-based tools must be conducted in a way that closely reflects the work processes in clinical practice. This study suggests that a digitized tool holds significant potential for developing clinical practice, but digitization does not change the issues or the complexity associated with the tool itself or the existing practice.

Keywords: mobile application, health information technology, workplace information, occupational therapy, practice studies

1. Introduction

The practice of occupational therapy naturally includes client-centered investigations of the clients' abilities and disabilities, as well as problems related to occupational performance. Occupational therapy involves the examination of external factors, such as the physical and social environment, along with personal factors, such as body function. A wide range of standardized and non-standardized assessment tools has been developed over the years as an important part of occupational therapists' work in this regard. To our knowledge, most of these assessments, including the ADL taxonomy [1], OSA [2], COPM [3], Mohost [4], and IPPA [5], only exist in paper form.

Health information technology (HIT) refers to the information technology used in the health domain and it is commonly associated with two lines of research: adoption and impact. Adoption studies focus on the level of adoption and barriers to the adoption of existing solutions, while impact studies center on the effect of the

technology on the quality of the service, efficiency, or financial performance [6]. This study can be characterized as an adoption study.

M-health is a concept that is closely related to HIT. It denotes the use of mobile technology in the healthcare field [7] by patients, clinicians, and health professionals [8]. Applications have been developed for mobile phones and tablets to support information and time management, health-record maintenance and access, communication and consulting, referencing and information gathering, clinical decision making, patient monitoring, and medical education and training. A number of benefits have been identified in conjunction with m-health, including convenience, better clinical decision making, improved accuracy, increased efficiency, and enhanced productivity [9].

Occupational therapists are employed by all Danish municipalities. Notably, occupational therapists are the primary professionals involved in investigating the physical home environment of people with functional limitations. In this regard, they are responsible for identifying factors that hinder daily activities and for finding solutions to identified problems. In identifying these factors, the Housing Enabler tool is one of only a few assessment instruments that offer a valid, reliable, and systematic way to identify accessibility barriers in the dwellings of adults with functional limitations [10]. In occupational therapy practice, the demand to use information and communication technology (ICT) to document observations and share data creates a need to replace paper-based rating forms and assessments with digital solutions. In order to comply with this demand, we developed a mobile version of Iwarsson and Slaug's Housing Enabler assessment tool [10], which we hereafter refer to as the HE app. The purpose of developing this app was to transform the paper-based rating forms into a digital solution that could communicate with other ICT tools and documentation systems [11]. The development of the HE app was based on interactions with users and several usability tests [12].

The use of mobile technology in occupational therapy has only been covered to a minor extent in research [11]. In the present chapter, we investigate the use of the HE app for data collection in an occupational therapy clinical setting. Two recent studies have analyzed the acceptance and use of technology in occupational therapy interventions. Liu et al. [13] used a questionnaire to investigate the adoption of new technologies among occupational and physical therapists at a Canadian rehabilitation hospital. The study, which had 91 participants, showed that therapists see the potential for technology to help them reach their work goals and assist clients, but they have trouble finding the time to use it and they need more training in its use. Furthermore, Liu et al. [13] found that positive expectations about technology and its use increase intentions to use it in the future. Another study investigated the adoption of a web-based obesity prevention intervention program at commercial health centers in the Netherlands [14]. Clients were offered tailored feedback based on their own reports of their weight over time. Eight adopters and 12 non-adopters took part in semi-structured interviews. The study found that the main reasons for adoption were accessibility and correspondence with related activities. Similar findings emerged in a review study on general m-health by Sezgin and Yildirim [15], in which usability and ease of use were found to improve adoption. Notably, in the Dutch study, non-adoption was attributed to issues regarding time consumption, competitiveness with own interventions, and fear of falling profits [14]. Lastly, a study from 2007 investigated the use of the Housing Enabler tool in a Swedish municipality [16]. Twenty-five occupational therapists participated in the study and carried out 422 assessments using the tool. The purpose of the study was to analyze the implementation of the tool on PalmPilots in the municipality. Various methods were used to document the process, including diaries, e-mail correspondence, and meeting minutes, all of which were subjected

to qualitative analysis. The study found that the utilization of technology in occupational therapy practice was demanding in terms of the amount of technical support needed and in other ways. The occupational therapists' initial expectations that the use of technology would reduce the time needed for the assessments were not met. At the same time, the potential to digitize professional communication was appreciated by the participants [16].

This chapter aims to examine the adoption of the HE app in Danish occupational therapy clinical practice. While this study is somewhat similar to the study by Fänge et al. [16], we assume that occupational therapists have become more accepting of the technology. Furthermore, tablets are now more widely used by the general public than was the case with the PalmPilot a decade ago. Our focus is on the practical benefits and challenges of using the HE application from the perspective of work processes. We use the findings to identify the ways in which the HE app example can inform the development of data-collection apps and add to best practices in this respect.

1.1 The HE app

After the publication of the paper describing the transformation of the HE assessment to a mobile app [11], further programming and development were carried out to improve the app. When the revised version was ready for testing in the field of occupational therapy, our aims were not only to create a final report but also to gain deeper insight into the use of the app in occupational therapy practice.

The HE app, which is in Danish, is available for Android from Google Play in Denmark. In order to ensure data security, users must have a personal login. The dwelling and client function profiles are registered by address. All data concerning environmental barriers are collected and divided into the categories of A, B, and C, which refers to the outdoor environment, the entrance, and the indoor environment, respectively. All items are listed and the user can choose the ratings of "yes," "no," and "not rated." More exact items offer the option to add notes or photos. The dwelling's accessibility score is automatically calculated, and data is automatically saved on the unit and can be exported.

2. Research methods

After having developed the HE app in a semi-controlled manner [11], the next step of development needed to incorporate experiences from its use in the clinical practice. Therefore, we undertook a single case study [17] focused on the HE app as a digitized tool for data collection in occupational therapy. Thus, the purpose of the study was to understand the social and technical issues associated with using the mobile app for data collection. The outcomes were expected to provide an understanding of the realistic use of the HE app and generate input for an evaluation and a final design iteration of the app. For example, there was a need to learn how and to whom the occupational therapist needed to export the data in an actual work situation. Consequently, the export functionality and the design of the final app were not yet fully developed. As such, the HE app was still a prototype during the study.

We contacted municipalities in Denmark to find occupational therapists working with accessibility and home modifications who would be interested in testing the HE app in their daily work. A convenience sample of seven occupational therapists from four municipalities was recruited for data collection. All of those participants worked with accessibility and home modification on a regular basis

and had been doing so for at least six months. Furthermore, as familiarity with HE was key, all participants agreed to complete a Housing Enabler course before testing the HE app. The course was necessary to ensure that the participants could use the tool to carry out valid and reliable assessments, especially given the tool's complexity [16]. After completing the HE courses, the seven occupational therapists each completed five HE assessments using the HE app. Data collection took place for four months.

2.1 Online diary

As the HE assessments took place across a wide geographical space and were often planned with very short notice, observations and interviews could not be carried out on location. Moreover, as the time window for carrying out the investigations covered a period of approximately two months, we could not rely on the therapists to recall investigations carried out in the initial part of the period. Therefore, we developed an online diary that therapists could use to continually document their experiences with the HE app.

The diary was set up as an online reporting tool by means of the survey tool Kalus (www.kalus.dk). A combination of open questions and fixed-choice questions was used. No questions were mandatory, as voluntary responses are known to be more useful. Groups of questions were developed under the themes of background data, today's intervention, HE as a tool for cooperation, next steps in the case, and HE as a digital tool. Prior to its use for data collection, the diary was pretested with colleagues and one of the participants to check for clarity, wording, length, and relevance. The participants were asked to complete the diary within 24 hours of each intervention to ensure detail and accuracy in the reflections. A total of 35 diary reports were sent out to the participants. Of these, 30 were filled out during the focal period.

As the diaries included open-ended and closed questions, we could carry out different analyses. The quantitative elements of the questionnaire were subjected to univariate statistical analyses. Thematic analysis was used for the open questions. In the results section, we refer to open questions from the diaries using quotes followed by (OD).

2.2 Focus group interview

A qualitative descriptive approach in the form of a focus-group interview, as described by Malterud [18], was used to collect data on the participants' thoughts and experiences with the HE application in their daily work. The aim was to gather more detailed information about the occupational therapists' experiences with the HE app, to encourage the participants to discuss and exchange their experiences, and to clarify the information reported in the diaries.

An interview guide containing mainly open-ended questions was prepared ahead of the focus-group interview. Furthermore, a PowerPoint presentation covering the most significant results from the online diaries was put together in order to facilitate the participants' thoughts and reflections during the interview. The points taken from the diary were anonymized to ensure that no one individual felt that he or she was on display during the focus-group interview.

The focus-group interview was conducted by two researchers. The participants were encouraged to speak as frankly as possible and were told that all proposals emerging from the discussions were of interest. Data were collected until saturation was achieved. The focus-group interview lasted 90 minutes and was recorded on video. It was subsequently transcribed verbatim by an external transcriber. As the

focus-group was conducted in Danish, the quotes used here have been translated into English. In the following, we refer to the focus group using quotes from the transcript followed by (FG).

2.3 Data analysis

In order to ensure the validity of coding for the analysis, the two researchers were supplemented by another researcher who was not present during the focus-group interview. To systematize the focus-group data and open statements from the diaries, we used a qualitative inductive content analysis inspired by Georgi's Interpretative Phenomenological Approach as described by Malterud [19]. The decision to use this approach was based on our aim of gathering knowledge about the occupational therapists' experiences with the HE app. Georgi describes four iterative stages: stage 1—encounter with the text; stage 2—identify units of analysis; stage 3—code the units of analysis; and stage 4—categorize and summarize themes and points [19]. In line with these stages, the three researchers first read and reread the interview transcript and the statements from the diaries in order to acquire a good grasp of the data. The researchers also took notes on observed points. Then all three researchers individually identified units of analysis and made notes in the text about the various themes. Thereafter, the researchers met to discuss their interim findings and to reach a consensus on several temporary themes. In the next stage, the researchers individually coded the text into the temporary themes. Subsequently, the codes were again discussed, leading to a final agreement on three main themes: 1) the need to collect multiple types of data, 2) the need for structure versus the need for situated data collection, and 3) the application's influence on the interaction between the occupational therapist and the client. In the final stage, the content of the themes was summarized in writing to provide an overview of the essence and points [19].

2.4 Ethical considerations

Participation in the study was voluntary, and the participants along with their employers gave their written consent for the participation and data collection. According to national regulation, no statement from an ethics committee was needed, because the study did not directly focus on patients. Nor was a notification to the Danish Data Protection Agency necessary, because the study does not contain confidential or sensitive personal data. The personal data has been processed in accordance with the Danish Processing of Personal Data Act and subsequent legislation.

3. Results

In this section, we present the results of the empirical study. Thirty-five online diaries were made available to the seven occupational therapists at the beginning of the data-collection process. Of these, 30 were completed by the 7 occupational therapists within the two-month data-collection period. The majority of the diaries related to real cases (80%, 24 cases), while 20% (6 cases) referred to examples the occupational therapists raised themselves. Of the 24 real cases, 8 concerned only a change in the household environment, while others were more complex, with some covering aids for the client (15 cases). In the latter cases, other investigations often had to be undertaken along with the HE assessment. In most cases, the visit was the occupational therapist's first visit in the home (17 cases). In five cases, the

occupational therapist had visited once before, while the occupational therapist had paid a visit at least four times before in three cases. In summary, the majority of cases were real cases with complex characters, and many of them were first visits.

As shown in **Table 1**, the duration of each assessment varied. The majority of investigations lasted between 21 and 50 minutes, but a few went beyond this timespan. In assessing time consumption, we must remember that the participants had little experience with HE at the time of data collection, as they had only just finished the introductory course. This point was raised by one of the participants: “The increased time use is more about the HE assessment, which is what causes it. It is not caused by the tablet” (i.e., the use of the online diary) (FG). The time consumption should thus be assessed in this light.

After each investigation, the occupational therapists were asked to rate different aspects of the app in terms of their agreement with various statements. The central tendencies of the ratings appear in **Table 2**. As can be seen in the table, the HE app earned higher ratings in terms of its usability. Thus, learnability, usability, and understandability all have ratings above the average (mean of 4.31, 3.66, and 4.31, respectively). Despite ratings below the average for enhancing the quality of the home visit (mean of 2.78), making the visit go faster (1.86), easing the dissemination of information to colleagues (2.50), and making the home visit better in general (2.38), the technology’s usability may be what led to a rating above the average for the technology’s flexibility in terms of the therapists’ working situation (mean of 3.04). In the following sections, we use the focus-group interview to examine these differences in assessments.

3.1 The need for structure versus the need for situated data collection

The HE application is designed to facilitate a structured workflow. It guides the user through the data-collection process on a step-by-step basis, and the structure ensures that the data is collected in a standardized manner. In some cases, the structure guides the user to focus on aspects of the dwelling that their clinical experience does not. One participant highlighted this point, stating “I think we are asked to focus on some areas that we usually would not have considered” (FG). In this case, the structure of the application is viewed as a positive aspect, as it guides the occupational therapist towards expanded data collection. Consistent data is one of the best-known strengths of structured data collection, and the HE app facilitates this aspect.

The structure also led occupational therapists to collect data at times when they would otherwise not do so. This happened in cases where the focus of the housing adaptation was predetermined, such as when the door or the bathroom needed to be adapted. In this regard, one user wrote: “Problem is limited to one room. The rest [of the HE app data] is not needed in this case of adaptation.” In cases like this, the relevant data were so limited that the information collected through the HE app seemed superfluous: “If the question was whether to add a ramp or do something else, I would answer it by heart” (FG). This quote indicates that the occupational therapist felt he or she could save time by avoiding the structure of the HE app and instead relying on his or her clinical knowledge and understanding of the client’s

Assessment duration	21–30 mins.	31–40 mins.	41–50 mins.	51–60 mins.	60+ min.	Total
N	8	3	13	2	3	29

Table 1.
Time consumption.

The app:	n	Missing	Mean	Mode
Increases the quality of the investigation	28	2	2.79	3
Made the home visit go faster	28	2	1.86	1
Is flexible in relation to my work	27	3	3.04	3
Eases the dissemination of information to colleagues	22	8	2.50	3
Has made my work more challenging	23	7	2.87	3
Is easy to learn	29	1	4.31	4
Is easy to use	29	1	3.66	4
Is easy to understand	29	1	4.31	4
Made the home visit better	26	4	2.38	1

As the ratings reflect the focal situation, the same OT rated the same statement several times, but each time with a point of departure in the focal investigation. 1 = “highly disagree” and 5 = “highly agree.” N = 30.

Table 2.
Ratings from diaries.

needs. This may be viewed as stepping away from the need for data consistency, but each client’s particular case seemed to be more in focus: “Often, we have a specific reason for a home visit. (...) Something else may appear during the visit, but we focus on the initial reason for the visit” (FG1).

The app’s structure also guides data collection in areas of the dwelling that occupational therapists rarely consider, such as parking spaces and access to outdoor areas. Even though focusing on other areas of the dwelling can be beneficial, collecting data on areas of the dwelling that the clients had not asked to be considered was often viewed as intimidating: “In reality, we would never do anything [in the dwelling] unless people have the need for it” (FG). The HE application’s structure was sometimes experienced as conflicting with the client’s interests. In this regard, one occupational therapist highlighted a question from a client: “I do not have any problems in the kitchen, so what are you doing in there?” (FG).

The structure of the HE application forces the user to gather data on areas of the dwelling that the occupational therapist may feel are unrelated to the specific case. As one participant pointed out, “there are many useless things to deal with [in the app].” Another stated, “many of the questions (...) are rarely needed.” On the other hand, the occupational therapists often have a very specific focus in the dwelling but some areas of the dwelling are missing from the HE app. Notably, the structure of the HE app offered no options to add other information. The occupational therapists, therefore, suggested that an option be added to allow them to elaborate on selected areas that fit the client’s case: “What I really need is the ability to enter the size of the bathroom, the sink, and so forth. (...) That would be extremely useful” (FG).

This made it clear that the app’s structure had both positive and negative effects. App’s are structured by nature, which goes hand in hand with the nature of structured data-collection tools. This is often highlighted as the best way to collect valid and reliable data. At the same time, the structure of the HE app seems to make it difficult to adapt when different situations call for expanding or decreasing certain areas of data. In developing apps for data collection in the field, attention must be paid to the nature of the occupational therapists’ data-collection context, which is dynamic and situated. Options for changing the structure when using the HE app could be considered. Such options may include alternative focus areas, and the extension or removal of areas for data collection. Therefore, along with developing the app itself, there is potential for developing the ways in which it is used. Clearly,

knowledge of the field is essential for the development of data-collection apps if they are intended to be employed in the field.

3.2 The need to collect multiple types of data

As the HE app is based on the Housing Enabler assessment, it has specific focus areas for data collection. It is meant to be an assessment representing “only a part of the arsenal of methods that should be used in connection with housing adaptations” ([6], p. 22). Therefore, the data collected through the app only covers one aspect of the data the occupational therapist needs (i.e., data on necessary housing adaptations).

This is a challenge, as occupational therapists find it hard to utilize only one method. They often use a variety of methods during the same home visit. Naturally, housing-adaption cases often call for different assessments. Some may require measures aimed at securing the caregiver’s work environment, while others may need measures based on the client’s occupational needs and functional level. As one occupational therapist explained, “our starting point is the client’s activity problems and the work environment” (FG).

When using the HE app the occupational therapists felt restricted, as they generally utilized several methods simultaneously. Despite the fact that the HE app was never intended to replace other necessary assessments, it was found to be too restrictive, as it was bound to one assessment. One participant highlighted this issue, stating that “I simply cannot do without my notes on activity analysis” (FG). The occupational therapists explained that they were accustomed to taking notes on various issues, drawing floor plans, and taking extra measurements in the room using pen and paper. The HE app does not gather multiple types of data. Instead, it only covers data focused on dwelling accessibility. The HE app created a feeling of complexity among the occupational therapists, who usually used several assessments and tacit knowledge in parallel during their home visits. Therefore, the HE app was rejected as a time-consuming “add-on” to the existing arsenal of methods and tacit knowledge. In place of the HE app, the occupational therapists envisioned a tool that would cover several aspects simultaneously: “the activity, the dwelling, and the work environment” (FG). In other words, the occupational therapists called for an app that would cover multiple aspects of their data-collection process. In theory, such a tool may be hard to develop and it may actually increase the complexity of data collection.

In general, the clinical practice calls for an app that embraces several of the assessments or methods used in the field. Although the development of such an app may not be theoretically or technically possible, it is important to learn about the many methods used in the field in order to define the relationship between those methods and the app itself. Consideration of the ways in which the HE app is expected to correspond with and supplement other methods of data collection seems essential for this aspect of clinical practice.

3.3 The HE app’s influence on the interaction between the occupational therapist and the client

Occupational therapy is a client-centered field [20]. The use of an app to collect data concerning the client might influence the interaction between the occupational therapist and the client, as well as the approach to and extent of the client-centered practice. The client’s situation, personality, and needs differ every time the occupational therapist visits, which also has an impact on the occupational therapists’ experiences with using the HE app in the dwelling: “There has been a big difference

in how much tranquility the clients have given me to do [the assessment]” (FG). In accordance with the client-centered perspective, the occupational therapists find it necessary to respond to client’s current needs and adjust their work processes accordingly: “Then the client comes around and you have to chat a little. And she also wanted to discuss something about the garden” (FG5).

Consequently, most of the occupational therapists felt that measuring the dwelling with the HE app took extra time, as the app requires the user to follow certain steps and to go through a precise number of items. It is not possible to skip items in order to make time for chatting with the client. One occupational therapist said, “I felt as though I used more time because of the Housing Enabler, which was a waste for both the client and I” (OD). Another suggested that “it can be difficult to stay focused on all of the items in the app when you are visiting a very chatty client” (FG). Another issue concerning the occupational therapist’s contact with the client was that the app might be perceived as a physical obstacle in the relationship, as it made it difficult for the occupational therapist to maintain eye contact with the client: “I think I use too much time on reading the questions and that I have too little eye contact with the client” (FG).

Importantly, the extra time used on measuring the dwelling was not always regarded as wasted time by the occupational therapists: “The visit took 30–45 minutes longer than it would have without the HE app. However, it is a nice structured tool that ensures that you get all of the details on your first examination of the dwelling” (OD). Another occupational therapist added: “The app gives me peace to work, as the client can understand the necessity of me going around and typing in all of the information into the system. It gives you more peace than going around with a pen, paper, and a tape measure” (OD).

The HE assessment method ensures thorough data collection, and the app makes the assessment appear even more thorough and professional. One participant highlighted this benefit, stating “I think the client felt I was being thorough in terms of the problems he faces with being in a wheelchair. Therefore, from the client’s perspective, I think my visit was better than if I had only been concentrating on the accessibility of the dwelling” (OD).

In sum, on one hand, the HE app signals professionalism and can reassure clients that the occupational therapist is doing the job well. Moreover, the app provides the occupational therapist with the peace needed to focus on systematic data collection without interruptions from the client. On the other hand, the tablet can be a physical obstacle in the occupational therapist’s contact with the client, as it can hinder eye contact and take time away from social interaction with the client.

4. Discussion

We have presented a study of occupational therapists’ use of a digital tool for assessing housing adaptations. Fänge et al. [16] have previously raised the possibility of implementing a tool developed for research in a clinical practice context. The current study suggests that this remains a challenge in relation to occupational therapy. The participants repeatedly indicated that there was a lack of correspondence between the tool and their daily work. Whether this challenge was caused by the technological aspect of the tool or whether it concerns the tool’s structure can be discussed. However, the results of this study support Fänge et al. [16] finding that it can be difficult to directly transfer a research tool to clinical practice. Instead, tools can be adjusted to existing practices to ensure wider acceptance by occupational therapists. At the same time, both this study and the study by Fänge et al. [16] investigated users with relatively little experience with the tool. Future research

should therefore examine whether these challenges are reduced if the occupational therapists have more knowledge of and experience with the tool.

The current study covers the adoption of a digital tool in clinical practice. We used diaries to capture the immediate impressions about the tool and a follow-up focus-group interview to uncover the bigger picture of the tool's use in clinical practice. The combination of the two data-collection methods was well suited for the research conditions, given that interventions occurred with short notice across a relatively wide geographical area. However, the diary method was challenging to manage from a distance. For example, some participants did not adhere to the recommendation to fill out the diary within 24 hours of the interaction with the client. Screen logging might represent an alternative to this kind of data collection in future studies, as it does not require the participants to remember to fill out a diary during their busy workday.

This study also suffers from several limitations that should be considered before drawing conclusions. First, only seven occupational therapists participated in the study. As the study was not formally implemented in a municipality, it was challenging to recruit a larger number of participants. Second, the participants had not used the tool in paper form before participating in the project. Therefore, the findings reflect their early experiences with a new tool in a new format that challenged their existing work practice related to housing adaptations. Third, the tool used in this study was only a prototype. Therefore, there were instances in which the application shut down in the middle of data collection. Moreover, the report module had not been fully developed at the time of data collection. For this reason, we have not reported on therapists' use of the mobile app after they returned to their offices but solely focused on the use of the tool in the clients' homes.

5. Conclusion

This study has investigated the challenges and possibilities identified by occupational therapists in relation to using a digitized tool on android tablets in clinical practice. We learned that despite the expectation of a common experience in using digital tools in work practices, the occupational therapists still experienced challenges when interacting with the technology. Moreover, they found it challenging when different sources of information were needed, as the technology only covered certain aspects of the problem. At the same time, the technology itself was considered from two different perspectives. On the one hand, technology was viewed as a barrier between the therapist and the client. On the other hand, it symbolized professionalism in interactions with the client and provided a focus for the therapist. After the study's completion, the findings were incorporated into yet another update of the software that reflected the user perspective. More specifically, the export function was completed and the general design was updated.

Some questions were answered by this study, while it gave rise to others. The study was not specifically focused on the role of technology in interactions with clients. However, information on this aspect emerged from the data gathered from both the diaries and the focus-group interview. More focused studies should be carried out to elaborate on this issue. An interesting perspective in this regard might be to investigate how clients experience the role of technology in their interactions with the occupational therapist. Lastly, this study involved a limited number of participants. Therefore, a follow-up study with more participants could provide a more fine-grained picture of the use of the mobile app.

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