

Exploring barriers and facilitators to maintaining engagement in physical activities after the end of post-stroke rehabilitation: a qualitative study of stroke survivors, caregivers and stroke physiotherapists

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Background

Stroke is the largest cause of complex adult disability. 50,000 people have a stroke each year in the UK. Physical activities for therapeutic purposes or for fitness undertaken after the first three months of standard physiotherapy (when rehabilitation has formally ended), can reduce disability still further by improving upper limb recovery, walking and independence in activities of daily living. Most people with stroke do not participate in sufficient levels of post-rehabilitation physical activities and therefore do not attain or maintain optimum recovery or potential general health benefits. Relatively little is known about the perceptions of or the factors that specifically influence engagement in physical activity in the stroke population in the UK. There is a large body of work examining the burden of stroke for caregivers and interventions to support them, BUT little attention has been given to their potential role in supporting engagement in stroke recovery activities. Recent work conducted by this research team investigating physical activity in patients with asthma, cystic fibrosis and spinal cord injury demonstrates that we have developed and demonstrated the ability to identify access, obtain consent and capture the views about physical activity in these individuals. Recent studies conducted by members of the team in stroke rehabilitation demonstrate the feasibility of successfully recruiting individuals with stroke. The methods used in this study have therefore been thoroughly piloted. To be added

Aims of Study

To explore the views and experiences of stroke survivors, and the roles of caregivers and physiotherapists in order to understand the issues surrounding continued engagement in physical activities after the end of rehabilitation and to identify

suggested strategies to support survivors to engage in long-term participation in these activities.

Methods of Working

A qualitative approach using in-depth interviews with stroke survivors and focus groups with caregivers and physiotherapists was used.

Inclusion & Exclusion Criteria:

Adults with a diagnosis of stroke who are community dwelling and have completed all rehabilitation for at least six months were considered eligible. Carers and Therapists were also interviewed.

Sampling & Recruitment:

A systematic purposive approach to sampling accounted for disability, age, sex, time since stroke, current activity levels and socio-demographic status categorised by the Carstairs deprivation indices

Analysis:

All interviews and focus groups were audio recorded and fully transcribed to derive emerging themes and conceptual schemes that informed the sampling and data collection processes as the study proceeded. The Framework Approach was used to structure the analytic procedure and provide a systematic approach to the analysis.

Validity:

participant consent was sought to triangulate participant reported activity levels (PADS scores) and interview data against advice on activity recorded in stroke liaison nurse records and physiotherapy records. GP records were also examined in some cases. Deviant case analysis was conducted, in which evidence was sought to disconfirm the researcher's emergent theory ensuring that the data was not being selectively analysed, and that the emerging theories explained all or most of the findings. two applicants will meet regularly with the interviewer to discuss emerging codes and categories, interpretation of key texts and potential new lines of enquiry.

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For more information about this project- contact Jacqui Morris
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