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Research

Parents of children with physical disabilities perceive that characteristics of home exercise programs and physiotherapists' teaching styles influence adherence: a qualitative study

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KEY WORDS

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ABSTRACT

Question: What are the perceptions of parents of children with physical disabilities about the home exercise programs that physiotherapists prescribe? How do these perceptions affect adherence to home exercise programs? **Design:** Qualitative study using focus groups and a modified grounded theory approach. **Participants:** Parents of children with physical disabilities who have been prescribed a home exercise program by physiotherapists. **Results:** Twenty-eight parents participated in the focus groups. Two key themes that related to adherence to home exercise programs in young children with physical disabilities were identified: the characteristics of the home exercise program; and the characteristics of the physiotherapist's teaching style. In the first theme, the participants described their experiences regarding their preference for exercises, which was related to the perceived effects of the exercises, their complexity, and the number of exercises undertaken. These factors determined the amount of time spent performing the exercises, the effect of the exercises on the family's relationships, and any sense of related burden. In the second theme, participants revealed that they adhered better to prescribed exercises when their physiotherapist made an effort to build their confidence in the exercises, helped the parents to incorporate the home exercise program into their daily routine, provided incentives and increased motivation. **Conclusion:** Parents perceive that their children's adherence to home-based exercises, which are supervised by the parents, is more successful when the physiotherapist's style and the content of the exercise program are positively experienced. These findings reveal which issues should be considered when prescribing home exercise programs to children with physical disabilities. [Lillo-Navarro C, Medina-Mirapeix F, Escolar-Reina P, Montilla-Herrador J, Gomez-Arnaldos F, Oliveira-Sousa SL (2015) Parents of children with physical disabilities perceive that characteristics of home exercise programs and physiotherapists' teaching styles influence adherence: a qualitative study. *Journal of Physiotherapy* 61: 81–86]

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Introduction

For children with physical disabilities, the participation of their families in home activity programs is key for successful therapy interventions. Moreover, the active participation of parents during these activities has demonstrated positive effects on the children's outcomes,^{1–4} such as gains in motor skill attainment.^{2–4}

Despite the positive effects of adherence on functional outcomes, many studies have shown that children with disabilities are at risk of low levels of adherence.^{5–7} This problem is especially relevant for children with long-term conditions.^{6,8} Depending on the differences in the definition of adherence and its measurement, estimates of how many parents actually complete exercises with their children, according to prescription, vary; they average around 50%.^{7,9}

Quantitative research has identified a number of potential barriers to treatment adherence in children with disabilities; these

include: the complexity of the prescribed regimen, the parents' knowledge of the therapeutic regimen, and relations and interactions with health professionals.^{2,10} However, there is a recognised need for qualitative research in order to understand the complexities of treatment adherence.⁸

Several qualitative studies have assessed factors that affect adherence among children with disabilities,^{11–13} but these studies have not researched the influence of the interactions with physiotherapists who prescribe home exercise programs for very young children, where parents are necessarily involved. A recent systematic review and synthesis of qualitative papers on treatment adherence, which focused on children with chronic long-term conditions,⁸ found that healthcare professionals were seen as sources of support in overcoming adherence challenges. Although the existing literature provides some insight into parents' perceptions of healthcare providers who apply chronic therapeutic regimens, these perceptions could differ widely

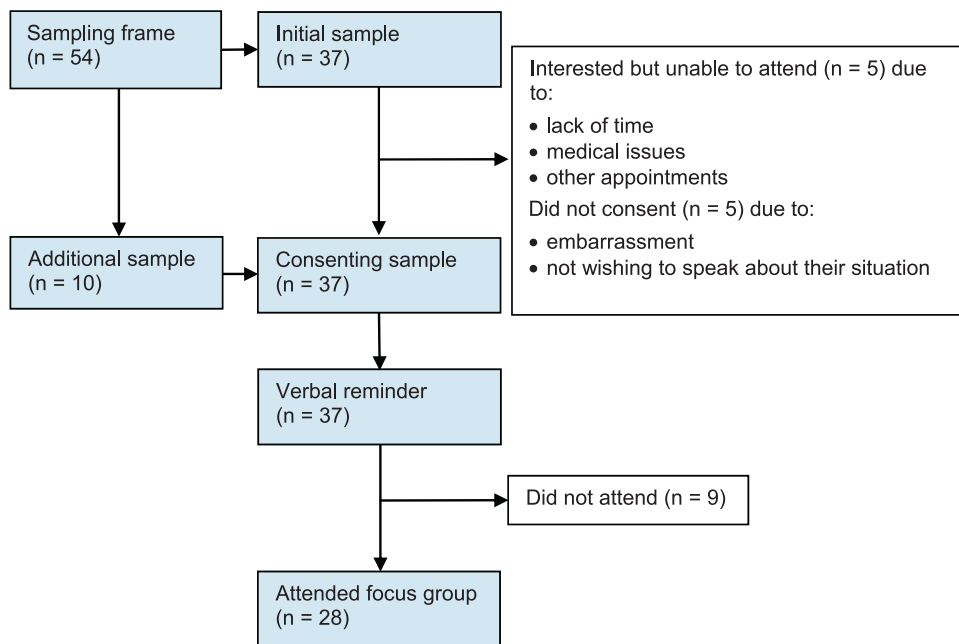


Figure 1. Flow of participant recruitment.

when physiotherapists provide exercises for children with disabilities. The present study was designed to examine the perceptions of parents who supervise exercises prescribed by physiotherapists for children with disabilities. Thus, the research questions for this study were:

1. What are the perceptions of parents of children with physical disabilities about the home exercise programs that physiotherapists prescribe?
2. How do these perceptions affect adherence to home exercise programs?

Method

Design

The qualitative design of this study involved focus groups, because group interaction can trigger responses and build insights that may not arise during interviews.¹⁴ Focus groups have been used in previous studies to identify experiences related to parents' adherence.¹⁵

Participants

This study included parents of children with physical disabilities who had been prescribed a home exercise program by physiotherapists from three early intervention centres in south-east Spain. The inclusion criteria were: parents of children aged between six months and six years, and who had been prescribed a home exercise program by a physiotherapist. Subjects were excluded if they presented with communication impairments that rendered participation in the focus groups impossible.

A purposive sampling strategy¹⁶ was used to include the parents of children in different age groups, genders, and clinical conditions. Although the final sample size was dependent on the saturation of information, 37 subjects were initially selected. An assistant researcher from each centre sent a letter to the eligible parents to invite them to participate in the focus group discussion. A week later, the research assistants called the parents to determine their willingness to participate, and to clarify any questions. When several parents declined to participate, other parents who met the appropriate criteria were sourced (Figure 1).

Data collection

Two researchers, who were unknown to the parents, conducted the focus groups with the help of a topic guide with predetermined questions (Box 1). This guide was based on a review of literature in this area. Additional questions were included, according to themes that started to emerge from the initial focus groups.¹⁷ During the focus groups, an audiotape, a videotape and field notes were used for data collection.

Parents were reassured of confidentiality before the beginning of their focus group session. Six focus groups were formed because categories were consolidated after these six groups.¹⁷ The size of the focus groups varied from four to seven participants, and sessions lasted from 40 to 80 minutes.

Data analysis

The sessions were transcribed verbatim. Each participant was assigned a number code for data entry. The following steps were used in the analysis process: a first reading of all transcripts to obtain an overall impression of content; segmentation of the sentences or paragraphs and codification of categories in the transcripts; and generation of themes.¹⁸ This data analysis was undertaken using a modified grounded theory approach,¹⁷ incorporating data collection, coding and analysis, and using a

Box 1. Thematic guide for focus group discussions.

Aim: To encourage the participants to speak freely about whatever they think is relevant to the study and their experiences from the onset of their children's disorders. Considering the home exercise program in which your child is involved:

- Do you usually perform the program? Why? Why not?
- How did you learn to perform the program?
- What benefits and problems do you find in applying the program?
- What encourages you to do it?
- How could the program be made easier to incorporate?
- What things could help you to do the program?
- Do you want to talk about something else related to the program or your experience at the centre?

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