



REVIEW ARTICLE

Stroke Survivors' Experiences of Physical Rehabilitation: A Systematic Review of Qualitative Studies

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Abstract

Objective: To report and synthesize the perspectives, experiences, and preferences of stroke survivors undertaking inpatient physical rehabilitation through a systematic review of qualitative studies.

Data Sources: MEDLINE, CINAHL, Embase, and PsycINFO were searched from database inception to February 2014. Reference lists of relevant publications were searched. All languages were included.

Study Selection: Qualitative studies reporting stroke survivors' experiences of inpatient stroke rehabilitation were selected independently by 2 reviewers. The search yielded 3039 records; 95 full-text publications were assessed for eligibility, and 32 documents (31 studies) were finally included. Comprehensiveness and explicit reporting were assessed independently by 2 reviewers using the consolidated criteria for reporting qualitative research framework. Discrepancies were resolved by consensus.

Data Extraction: Data regarding characteristics of the included studies were extracted by 1 reviewer, tabled, and checked for accuracy by another reviewer. All text reported in studies' results sections were entered into qualitative data management software for analysis.

Data Synthesis: Extracted texts were inductively coded and analyzed in 3 phases using thematic synthesis. Nine interrelated analytical themes, with descriptive subthemes, were identified that related to issues of importance to stroke survivors: (1) physical activity is valued; (2) bored and alone; (3) patient-centered therapy; (4) recreation is also rehabilitation; (5) dependency and lack of control; (6) fostering autonomy; (7) power of communication and information; (8) motivation needs nurturing; and (9) fatigue can overwhelm.

Conclusions: The thematic synthesis provides new insights into stroke survivors' experiences of inpatient rehabilitation. Negative experiences were reported in all studies and include disempowerment, boredom, and frustration. Rehabilitation could be improved by increasing activity within formal therapy and in free time, fostering patients' autonomy through genuinely patient-centered care, and more effective communication and information. Future stroke rehabilitation research should take into account the experiences and preferences of stroke survivors.

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Evidence from high-quality research has shown the positive effects of physical rehabilitation on the recovery of function and mobility after stroke,¹ but the superiority of one approach or intervention over another is not clear. In cases where several

approaches or treatment methods of similar effectiveness exist, patient preferences should be integral to clinical decision-making and the development of rehabilitation interventions.^{2,3}

Clinical guidelines in Australia direct stroke rehabilitation to be "a proactive, person-centered and goal-oriented process"^(p30) and place patients and their families at the core of the process.⁴ Currently, however, there is little collective knowledge about stroke survivors' experiences of, and preferences for, different models of physical activity and rehabilitation. This is a concern

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because a central tenet of evidence-based practice is the consideration of patient preferences together with best-evidence treatment.⁵

Stroke survivors participating in inpatient rehabilitation currently spend large proportions of their day alone and inactive.^{6,7} Many researchers are interested in increasing physical rehabilitation and activity for these people through different models of care and therapy formats such as 7-day services,^{8,9} circuit exercise groups,¹⁰ enriched environments,¹¹ and via adjunct therapies such as robotics,¹² virtual reality, and games.¹³ Many of these initiatives are driven by clinicians and researchers who aim to improve poststroke recovery by providing greater opportunity for task practice and patient engagement^{8-11,14}; however, the patients' voice is not currently well represented.

All authors in this systematic review are physiotherapists and researchers interested in evidence-based practices that meet the needs of health care consumers. The group has particular interests in stroke care and models of rehabilitation to optimize functional recovery.

The aim of this systematic review was to synthesize and report the perspectives, experiences, and preferences of stroke survivors undergoing physical rehabilitation in inpatient settings with a view to generating new insights for practice improvements and to suggest new research directions. Given the complex nature of the rehabilitation process, we elected to focus our review on physical rehabilitation. We particularly wanted to understand what was important to stroke survivors regarding (1) person-centered or goal-oriented rehabilitation, or both; and (2) physical activity during therapy and in their free time.

Methods

We followed the ENTREQ (Enhancing transparency in reporting the synthesis of qualitative research) statement to enhance transparency in reporting the stages of our qualitative synthesis.¹⁵ Thematic synthesis methodology as described by Thomas and Harden¹⁶ was used, providing the additional benefit of analytical theme development beyond the primary studies, to potentially inform initiatives to improve stroke rehabilitation. The review protocol was not registered with the International Prospective Register of Systematic Reviews.

Criteria for considering studies for this review

Types of studies

Qualitative studies were included, where data had been collected via interviews, focus groups, or questionnaires that allowed free text. No language or publication date constraints were applied.

Types of participants

Studies were included if data were obtained directly from adults (aged ≥ 18 y) with stroke who underwent physical rehabilitation in acute or postacute inpatient settings. There were no other age, sex, comorbidity, or discharge destination restrictions. Included studies gave some consideration to physical rehabilitation or physical

activity either on its own or included within a rehabilitation package of care.

Exclusion criteria

The following studies were excluded: (1) mixed methods studies where the qualitative data could not be separated out; and (2) studies with mixed participant groups or various settings, where inpatient stroke survivor data could not be separated out.

Study definitions

In this review, stroke rehabilitation was defined as "a dynamic, progressive, goal orientated process aimed at enabling a person with impairment to reach their optimal physical, cognitive, emotional, communicative and/or social functional level."^{17(p4)} Physical stroke rehabilitation was defined by the authors as interventions, rehabilitation environments, programs or devices that promote bodily activity with the aim of improving a person's independence in mobility or activities of daily living.

Search methods

A preplanned, comprehensive systematic search of the literature sought to identify all relevant studies. Electronic database searches were conducted in MEDLINE, CINAHL, PsycINFO, and Embase from the inception of the databases to February 2014. We consulted a research librarian to help develop a search string on MEDLINE. This was adapted for the other databases and included text words and subject heading terms for stroke, rehabilitation, physical activity, and qualitative methodologies (example MEDLINE search in [supplemental appendix S1](#), available online only at <http://www.archives-pmr.org/>). Reference lists of relevant studies and reviews were hand searched (pearled) to identify additional potential studies. Gray literature sources were not searched; however, 2 potentially relevant, freely available theses that were known to the authors were added to the theses found during database searches, and considered for inclusion.

Identification of studies

One reviewer (J.L.) screened out obviously irrelevant titles. Two authors (J.L., E.L.) reviewed the titles and abstracts and rejected those that they agreed did not meet the inclusion criteria. Full articles of potentially relevant studies were retrieved for detailed 2-person review and final selection (J.L., E.L., L.B.).

Critical appraisal of selected articles

Any two reviewers paired (J.L., E.L., L.B., S.B.) independently assessed each study for comprehensive and explicit reporting, discussed differences, and reached consensus on scoring.

Exclusion based on quality

To assist the internal validity of this review, included studies had to meet at least 2 of the 4 quality reporting criteria developed by Carroll et al¹⁸ regarding study design, selection of participants, and methods of data collection and analysis.

Assessing comprehensiveness of reporting

To provide details of quality, included studies were assessed against the consolidated criteria for reporting qualitative research (COREQ) criteria.¹⁹ Findings were presented in a table for easy comparison between studies.

List of abbreviations:

COREQ consolidated criteria for reporting qualitative research

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