



PM R XXX (2017) 1-9

www.pmrjournal.org

Original Research

Participant-Reported Benefits of Involvement in an Adaptive Sports Program: A Qualitative Study

Q6 Emma C. Lape, Jeffrey N. Katz, MD, MPH, Elena Losina, PhD, Hannah M. Kerman, Marissa A. Gedman, Cheri A. Blauwet, MD

Abstract

Background: Although participation in adaptive sports offers numerous benefits for persons with disabilities, a substantial number of eligible persons do not take part. Previous studies have identified personal and environmental factors that promote or inhibit adaptive sports participation. However, these studies have considered a relatively narrow range of factors.

Objective: To use qualitative research techniques to identify novel factors that influence participation in a community-based adaptive sports program.

Design: Qualitative focus group study.

Setting: Community-based adaptive sports programs affiliated with a rehabilitation hospital network.

Participants: Participants were recruited from among 134 adults who registered for the sports program in 2013-2014. Participants with mobility or sensory impairment, absence of cognitive impairment, and English proficiency were included. The 91 former participants with adequate contact information were contacted, and 17 participated in the focus groups.

Methods: Two moderators led each of 3 audio-recorded focus groups using a moderator's guide. We conducted a thematic analysis of transcript data to identify perceived benefits, barriers, and facilitators of participation.

Results: Our analysis identified 5 themes: physical well-being and health/safety; interpersonal and social relationships; intra-personal and beliefs/attitudes; physical environment; and access. Participants experienced participation both as physically beneficial and as transformative in terms of how they view themselves. However, programs drew on limited personal resources and sometimes presented a perceived risk of injury. Finding information about and transportation to programs was a challenge. Participants formed an informal community that modeled what athletes with disabilities are capable of, helping to overcome initial doubts.

Conclusions: To gain the benefits of participation, athletes overcame significant barriers, several of which may be modifiable, including transportation and difficult-to-find information about program offerings. The importance of community and raising awareness of athletes' own abilities suggests a key role for mentorship. Our study contributes to the understanding of experiential aspects that motivate participation in adaptive sports.

Introduction

The 53 million adults in the United States who have a disability [1] are at high risk for physical inactivity; only 53% report engaging in at least one 10-minute bout of aerobic physical activity (PA) in a week, compared with 74% of nondisabled adults [2]. Persons with disabilities may be less likely than those with no disability to receive the physical, psychological, and social benefits of regular PA [3-6]. The documented benefits of PA for persons with disabilities are many, from chronic disease

prevention and increased muscle strength [3,4] to condition-specific improvements such as improved cognitive functioning after stroke or traumatic brain injury [5,7]. Organized sports for athletes with a disability, or adaptive sports, may offer similar benefits, given that most sporting activities involve some component of PA. In addition, adaptive sports provide social interactions within sporting environments; contribute to improved social integration, affect, and life satisfaction; and potentially affect the likelihood of returning to competitive employment [8-12].

Recognizing the importance of sports for well-being, the 2006 United Nations Convention on the Rights of Persons with Disabilities considered equal access to sports a universal right [13].

The numerous benefits of adaptive sports have prompted interest in promoting participation [14]. This necessitates identifying factors associated with participation in sports, as well as influences that help or hinder an individual's involvement. Known facilitators include social support and increased positive affect and self-efficacy; barriers include transportation, program funding, and cost to the individual [14-17]. Previous studies have evaluated a limited scope of factors that may be associated with participation in adaptive sports. This points to a need to identify additional personal, environmental, and experiential factors that could potentially contribute to participation [18,19]. Qualitative methods are well suited to these objectives [14,18]. To gain a fuller appreciation for such factors, we conducted a qualitative study of registrants in an adaptive sports program who were diverse with respect to choice of sport, functional status, and etiology of disability. The aim was to elicit participant-reported factors that act as barriers or facilitators to sustained participation in adaptive sports.

Methods

Study Design and Participants

This was a qualitative study using a focus group approach. Subjects were recruited from a pool of 134 individuals who registered for a community-based adaptive sports program that serves 3 regions of Massachusetts and is affiliated with a major rehabilitation hospital network. This pool of potential subjects comprised participants in a previous study who had registered for the adaptive sports program between June 1, 2013, and June 1, 2014. Criteria for inclusion in the prior study (protocol published elsewhere) [20] were the presence of a mobility or sensory impairment, absence of concomitant cognitive impairment, age between 18 and 60 years, and ability to speak or write in English.

For the present study, we contacted all previous participants who provided a phone number and mailing address. We sent recruitment letters to these 91 individuals explaining the study procedures, risks and benefits, and remuneration, and providing an opportunity to opt out; those who did not opt out within 5 business days were contacted by telephone. Study coordinators conducting the calls used a script to ensure that communication with potential subjects was standardized and that all elements of informed consent were observed. Potential focus group participants were offered several time slots and locations to ensure the generalizability of participant input. The Institutional

Review Board of Partners HealthCare approved all study activities.

A total of 17 subjects took part in 3 focus groups of 5, 10, and 2 subjects, respectively. Although similar numbers registered for each group, attendance varied. Focus groups took place in October 2016 at the main facility of the hospital network. Two investigators moderated each focus group, using a moderator's guide (J.K./M.G., E.L./E.C.L., E.L./E.C.L. for the 3 groups, respectively). None of the researchers had worked with the participants previously.

Themes for Discussion

The guide featured open-ended questions that addressed the following: the perceived benefits and drawbacks of the programs; perceived barriers and facilitators to participation; and suggestions for improving the programs (Table 1). Each group lasted between 1 and 2 hours and was audio recorded digitally, de-identified, and transcribed by 1 coauthor (E.C.L.). The analytic dataset included all 3 transcripts.

Data Analysis

The dataset was analyzed using the thematic analysis procedure outlined by Braun and Clarke [21]. Thematic analysis is a widely used qualitative method that does not rely on a particular theory or epistemology [21]. The coding process began with each coauthor reading approximately one-third of the transcript text and assigning codes to identify the most basic segments of data deemed meaningful in relation to the guiding questions: "What factors bring people to these programs and sustain their participation? What factors make participation difficult?" The investigators then met to develop an initial coding scheme. We coded the entire dataset according to this scheme, adding codes until no further unique ideas emerged (E.C.L., H.K.). Coding resulted in 57 codes grouped into 7 categories (Appendix 1). All investigators reviewed the refined coding scheme.

Next, 4 investigators searched for themes in the entirety of the coded transcripts (J.K., C.B., E.C.L., H.K.). Whereas codes identify basic elements of data, which do not address particular hypotheses, themes serve to group individual codes and express broader patterns in the data that reflect on the questions guiding the research. This stage of the analysis produced a candidate thematic scheme, consisting of themes, sub-themes, and explanatory statements describing the relationships among codes and themes. Quotations from the transcripts were collated under these themes using qualitative data analysis software (Dedoose) (E.C.L., H.K.). Each theme was reviewed for its ability to describe the excerpts coded under it, as well as its coherence according to the principles of internal

Download English Version:

<https://daneshyari.com/en/article/8597414>

Download Persian Version:

<https://daneshyari.com/article/8597414>

[Daneshyari.com](https://daneshyari.com)