

Goal setting in community based stroke rehabilitation: A feasibility and acceptability study of implementing a goal setting and action planning (G-AP) practice framework

Background:

Goal setting is a key component of stroke rehabilitation; however, the nature of services delivering community stroke rehabilitation and goal setting practice used within them remains unclear. A G-AP framework has been developed to inform goal setting practice in these settings.

Aims:

1. To investigate the nature of Community Rehabilitation Services (CRSs) providing stroke rehabilitation across the United Kingdom (UK) and current goal setting practice used within them.
2. To investigate the implementation of a developed G-AP framework with stroke survivors in three CRSs.

Methods:

A two phase study was conducted using the following methods: **Phase 1:** UK web based survey of 437 CRSs providing stroke rehabilitation. **Phase 2:** Training for, and implementation of, G-AP in 3 different CRSs with an accompanying process evaluation. Data collection included: (i) In-depth interviews with 18 stroke survivors (ii) A case note review of interviewees (iii) Staff focus groups in each service involving 31 staff and (iv) G-AP training evaluation completed by 41 staff.

Key Findings:

Phase 1: Service responses suggest that the size, composition and input provided by CRSs was highly variable; however, most were multi-disciplinary (82%), saw a mixed diagnostic group of patients including stroke survivors (71%) and provided input for up to 12 weeks (57%). Ninety one percent of services reported setting goals with 'all' or 'most' stroke survivors. Four services (1%) reported they did not use goal setting. Reasons for non-use included, 'goal setting is not a valued activity' and 'stroke survivors are not able to participate in the goal setting process'. Reported routine use of different goal setting activities varied. For example, 98% of services reported asking stroke survivors about goal priorities; 60% reported breaking down goals into action plans and 39% reported providing stroke survivors with a copy of their goals.

Phase 2: G-AP was implemented in 3 CRSs with varying degrees of success. Factors facilitating implementation included: (i) positive staff views about the impact of G-AP on stroke survivor recovery, goal setting practice and teamwork and (ii) an organisational structure supporting a team approach. Barriers to implementation included: (i) staff concerns that G-AP resulted in duplication of work and could be counter-productive if used with stroke survivors with complex emotional needs and (ii) an organisation structure that did not support a team approach.

On-going monitoring and tailoring of G-AP delivery within each service was viewed as an important way to optimise implementation.

Stroke survivors reported landmarks in their recovery including improvements in goal sub-skills (for example, walking ability; arm movement) and achieving personal goals (for example, returning to work; attending church). Understanding, accepting and adjusting to limitations was a salient theme in stroke survivors' accounts of their recovery. Staff and stroke survivors reported ways in which G-AP had contributed recovery. This included improving patient centred practice and increasing stroke survivors' focus and motivation to practise their goal related rehabilitation activities.

Conclusions:

Goal setting is embedded within CRSs; however, practice is variable and potentially sub-optimal. G-AP can be implemented in CRSs and help stroke survivors meet important landmarks in recovery. The interaction between G-AP and the context in which it is delivered is critical to its success or failure.

What does this study add to the field?:

Survey findings represent the most detailed description of CRSs, and goal setting practice used within them, to date. The implementation study has highlighted how services' organisational structure, and staff perceptions of value, impact on G-AP delivery in practice. It also suggests that G-AP can help stroke survivors meet important landmarks in their recovery.

Implications:

G-AP is designed for use within stroke health and social care settings; it is well positioned for use in current and emerging CRSs across the UK. A future study will investigate the effectiveness of G-AP. Findings of this study will inform the study design.

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