



FOCUS ON RESEARCH

Goal setting in community based stroke rehabilitation: A feasibility and acceptability study of implementing a goal setting and action

Researchers

Fellow: Lesley Scobbie. Supervisors: Dr Edward Duncan, Prof. Marian Brady, Prof. Sally Wyke.

Aim

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 Goal setting and Action Planning (G-AP) framework with stroke survivors in three CRSs.

Project Outline/Methodology

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 Results

Phase 1: Service reports 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 'patients are not able to participate in the process'. Reported routine use of different goal setting activities varied e.g. 98% of services reported asking patients about goal priorities; 60% reported breaking down goals into action plans, and 39% reported providing patients with a copy of their goals. **Phase 2:** G-AP was implemented in 3 CRS with varying degrees of success. Positive staff views about the impact of G-AP on patients, goal setting practice and teamwork facilitated its implementation as did an organisational structure that fitted with the G-AP process. An organisational structure that impedes a team approach, and staff concerns that G-AP resulted in duplication, and could be counter-

productive if used with patients who had complex emotional needs, were barriers to implementation. 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 recovery which included improvements in goal sub-skills (e.g. walking ability; arm movement) and achieving personal goals (e.g. holding grandchild; return 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 to recovery (e.g. improving patient centred practice; increasing stroke survivors focus, motivation and practise of goal related 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 for Practice or Policy

G-AP is designed for use across the health and social care spectrum; it is well positioned for use in current and emerging CRSs across the UK.

Where to next?

A future study will investigate the effectiveness of G-AP. These findings will inform the study design.

Further details from:

Lesley Scobbie, NMAHP Research Unit, Scion House, Stirling University Innovation Park, Stirling, FK9 4NF.

E-mail: Lesley.Scobbie@stir.ac.uk

Website: <http://www.nmahp-ru.ac.uk/>