Barriers and facilitators to engagement in rehabilitation for people with stroke: a review of the literature
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CRD summary
This review, mainly of qualitative studies, found no studies that explicitly investigated patient engagement with rehabilitation after stroke. Seven key themes were identified from studies of patient experience. The authors’ cautious conclusions, and recommendations for further research, reflect the limitations of the evidence presented and seem appropriate.

Authors’ objectives
To explore the barriers and facilitators to engagement in stroke rehabilitation, to inform interventions to increase engagement and improve the delivery of rehabilitation.

Searching
EBSCO health databases (including MEDLINE and CINAHL), and Scopus were searched. Google Scholar was used to find the first 50 citations on the Internet. Search terms, but not search dates, were reported. Reference lists of included studies and related reviews were screened. It was unclear whether the search was restricted by language, but only English-language studies were eligible for the review.

Study selection
Eligible for inclusion were empirical studies, in active stroke rehabilitation settings, that explored engagement-related issues; reported engagement-related issues as a key finding; or explored experiences that might provide insight into engagement-related issues.

Most of the included studies were qualitative and used interviews, observation or questionnaires to explore patient or therapist experiences of rehabilitation. Some mixed-method studies were included. Where reported, studies were conducted in various European countries (including the UK), Australia or Canada. Participants were recruited from stroke support units or health centres, rehabilitation units or nursing homes.

Studies were selected by two reviewers independently. Disagreements were resolved by consensus or by reference to a third reviewer.

Assessment of study quality
Qualitative studies were assessed using the Critical Appraisal Skills Programme (CASP) framework. Mixed-method studies were assessed using a tool developed by Pluye and colleagues specifically for this study design.

Quality assessment was performed by the lead reviewer, with oversight by a second reviewer for some topics.

Data extraction
The data were coded initially by the lead reviewer. All reviewers were involved in further coding and synthesis.

Methods of synthesis
The included articles were read several times to identify the key ideas on engagement and its barriers and facilitators. Following coding, these were grouped to generate themes. Themes and supporting data were discussed among the review team to check for consistency of interpretation.

Results of the review
Seventeen studies were included, of which 14 were qualitative and three had mixed methods. Study quality varied widely. Common weaknesses included little or no examination of the relationship between the researcher and the participant, and failure to mention whether saturation was achieved, in qualitative studies. Strengths included a clear description of the aims, consideration of ethical issues, and a clear statement of the findings.
None of the included studies explicitly set out to explore engagement in rehabilitation. The key themes identified were goal setting; therapeutic connection; personalised rehabilitation; paternalism versus independence; patient-centred practice; knowledge is power; and feedback and achievement. The authors mentioned the connection between patient and provider, and a tailored, patient-centred approach as important factors.

**Authors’ conclusions**
No studies were identified that explicitly sought to investigate the complexities of patients’ engagement with rehabilitation after stroke.

**CRD commentary**
The review question was clear and was supported by broad, but appropriate inclusion criteria. The search covered a range of relevant sources. The restriction of the review to published studies means that some relevant studies could have been omitted. Appropriate methods were used for study selection and quality assessment.

The synthesis was principally by thematic analysis, which was appropriate for primarily qualitative studies. Few details of the process and of the included study results were reported, which makes it difficult to comment in detail on the synthesis. The included studies were performed in a variety of settings and health systems, making their generalisability difficult to assess.

The authors appropriately highlighted the limitations of the included studies in addressing the main review question. Given these limitations, their cautious conclusions and recommendations for further research seem appropriate.

**Implications of the review for practice and research**

**Practice:** The authors did not state any implications for practice.

**Research:** The authors stated that qualitative research should explicitly aim to explore the factors affecting patient engagement with rehabilitation after stroke.

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