Reviewer's report

Title: Delivering an evidence-based outdoor journey intervention to people with stroke: Barriers and enablers experienced by community rehabilitation teams

Version: 1 Date: 20 August 2009

Reviewer: Jacqui Morris

Reviewer's report:

The purpose of this study was clearly stated. The study aimed to identify the barriers and enablers experienced by allied health professionals (AHPs) from community rehabilitation teams in implementing an evidence-based intervention for outdoor journeys in individuals with stroke. This is an interesting study which highlights the challenges for AHPs of bringing into practice an evidence-based complex intervention and offers solutions to some of the emerging difficulties. In general, the methods should be more fully described however, and the discussion would benefit from more in-depth discussion of some of the theoretical concepts underlying the reported findings.

Major Compulsory Revisions

The design is appropriate for the study aims. The methods should however be reported in much more detail.

Specifically the following points should be addressed:

1. How and why were these particular teams and individual AHPs selected for interview?

2. Was there a theoretical or purposive basis for sampling or was it simply convenient? This should be stated.

3. Who conducted the interviews and what was their relationship to the interviewees if any? This should be clearly stated in the methods section.

4. What was the justification for the prompt questions? Did these emerge from the authors’ expectations and knowledge, from the literature, or from Michie’s framework?

5. What is the justification for selection of that particular conceptual framework?

6. What other frameworks were considered?

7. The limitations of using a conceptual framework should be discussed – eg, important concepts emerging from the data and not included in the framework may be missed by limiting analysis to such a framework.

8. When was the conceptual framework introduced? Did it guide the development
of the interview schedule or was it introduced afterwards at the analysis stage? If at the analysis stage, was it before any analysis or after some transcripts had been analysed? This should be clearly stated.

9. The data was analysed using a constant comparative approach. Did the ongoing analysis influence a) the questions being asked b) the number of interviewees i.e did data collection continue until theoretical saturation was reached or was it simply a convenient sample?

10. There should be more detail about the nature of the intervention and the training workshop that was provided so that readers can get a feel for the influence it might have had on therapists practice.

11. There should be disclosure of the background, role, interests and beliefs of the interviewer so that readers can make a judgement on her role and influence on the research. The role of the author in the process and her own position regarding the ideas discussed in the interviews should also be considered as part of the discussion.

12. I would like to see more contextual factors about the interviewees introduced to help the reader to interpret the data. For example, which team did the therapist work in, how long was the therapist qualified and how senior was he or she? How specialised was the therapist in stroke rehabilitation? These may have influenced perceptions of the therapists in relation to the intervention and should be recorded and discussed. These contextual factors should also be considered in the interpretation of the data in the discussion section.

13. The authors mention Michie’s model at the end of the discussion as a tool for investigating barriers to implementation of the interview and analysis. Given its key role as a conceptual framework for the entire study, the relationship between the data and model should be incorporated into the discussion in much more depth.

14. There should be a detailed discussion of methodological limitations in the discussion - these are not discussed at all.

Minor essential revisions
Page 10 4th paragraph 2nd line, extraneous apostrophe in the word therapists
Page 30 Results Section Heading 7 appears incorrect

Discretionary revisions

The discussion is fairly well supported by the data; however in some places the discussion is a little bit superficial and would benefit from greater exploration of potential theoretical and conceptual issues underpinning some of the observations.

For example:

1) Page 33. The authors discuss the experience of therapists faced with some
patients who did not want the evidence based intervention. The authors go on to
discuss the idea of negotiation with patients around implementation of the
intervention, however do not discuss the idea of patient choice which is a key
tenets of modern healthcare. Discussion of the tensions between one set of
healthcare values ie patient centeredness and choice and the values inherent in
implementing or imposing an evidence based intervention could be explored in
more depth.

The authors also do not explore how therapists understand the attitudes
presented to them by patients and carers in relation to the intervention.
Discussion of how understandings and meanings therapists ascribe to patient
attitudes would be useful. How these might influence therapists’ interactions with
patients when trying to engage them in an intervention should be considered.

2) On page 34 the authors discuss lack of confidence that patients and their
families demonstrate in relation to mobility and travel. The lack of confidence
probably relates to patient beliefs and attitudes towards their condition and their
abilities in relation to mobility and outdoor travel. The data shows that this
influences responses and behaviours when outdoor intervention is suggested by
therapists. There are many psychological theories that have been used to explain
beliefs and behaviours in relation to health conditions such as stroke, including
self-efficacy (Bandura), Leventhal’s Common-Sense Model of self-regulation of
health and illness, the theory of planned behaviour (Azjen) and at least one of
these should be mentioned briefly to contextualise the findings into the broader
body of literature.

4) The authors go on to suggest educational and behavioural strategies through
which the reported lack of confidence/beliefs/attitudes can be overcome. Again,
referred to theoretical models of behaviour change that may underpin these
interventions and can inform the therapeutic encounter would be useful here.

5) In relation to the therapists’ lack of knowledge regarding evidence (page 35)
the authors have suggested that difficulties keeping up to date with the literature
might be the main explanation for that finding. They have not explored alternative
explanations such as poor research literacy amongst AHPs and the cultural
factors at work in AHP teams which mean that research findings and guidelines
are typically not the main source of information to inform practice. The finding
should be discussed in the context of the literature relating to AHP research use.

6) The above point ties in with the discussion later (page 37) that none of the
therapists challenged the strength of evidence on which they made the changes
to service – could this be because they were not well versed with research
methods and accepted it without question and not as they authors suggest
because they did understand the evidence? The acceptance of evidence was
mentioned as not reported. The authors do not have any evidence to support
their assertion and should therefore also discuss alternative explanations.

7) Disappointingly some of the interesting findings in the results are not covered
in the discussion, such as therapists concerns about using assistants, carers
capabilities and patient capabilities. These are interesting and important considerations if evidence based interventions, particularly those that are resource intensive, are to be implemented and should be discussed.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'