Reviewer’s report

Title: Implementing a framework for goal setting in community based stroke rehabilitation: A process evaluation.

Version: 1 Date: 31 January 2013

Reviewer: William Levack

Reviewer’s report:

1. Is the question posed by the authors well defined?
The paper is a report on an evaluation of the implementation of new service initiative, so is not conducive to a ‘research question’ in the sense of study hypothesis per se. However, the AIMS of the study are clearly outlined, and appropriate for the purposes of such an evaluation.

2. Are the methods appropriate and well described?
I found the method comprehensive, and that these addressed the major issues I wanted to know about prior to reading the results of this evaluation.

3. Are the data sound?
In general, the data appears sound. The key qualitative themes are appropriately supported by evidence from the interview extracts. The analysis of the data is largely descriptive (as opposed to interpretative), but this is expected given the objectives of the research and the methods used. Methods of peer coding of data, exploration of codes that did not fit expectations, and peer review of the emerging analysis add to the credibility and trustworthiness of the reported findings.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
In general, yes. One minor issue (a minor essential revision) is that it is somewhat unclear what proportion of stroke admissions are represented in the study data. We are told that approximately eight stroke referrals were made to the team each month (i.e. approximately 48 over the six month period of implementation of the G-AP framework??). But we are told that the G-AP framework was only used with 23 people with stroke, 15 of whom were invited to participate in the study, of whom eight agreed to participate in the study. So were less than the expected 48 people with stroke admitted to the service or were not all people with stroke offered the G-AP framework as part of their rehabilitation? Basically, I would be interested in know how many people with stroke in the six month period of the evaluation COULD HAVE received the G-AP framework, and if some were not, why they were not. That would help me estimate how representative the eight cases were.

In fact, a discretionary revision would be to describe the demographic
characteristics of stroke patients admitted to the service in general, and the demographic characteristics of the study participants, as this would also help understand how representative their data might be.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Again, in general, yes. The findings and discussion did raise some further questions for me that the authors (at their discretion) may wish to address. Firstly, I was very interested in the notion of evaluating the participants' confidence to achieve set goals as this is an emerging issue of importance for goal setting in rehabilitation (relating to self-efficacy). I also wondered if, in addition to confidence, whether it would be a good idea in the future to also evaluate participant COMMITMENT to achieving set goals. This is an issue highlighted by Locke and Latham as another important moderator of the effects of goals on human behavior, and one that is seldom if ever addressed in a health care context. Patient commitment to achieve negotiated goals is often just assumed to be high, but like self-efficacy it may possible range from patient to patient from high to low levels of commitment.


I also wondered about the idea of allowing goals where no coping plans were required because no barriers to the action plans were identified. I wanted to know how examples of these situations could occur because my suspicious (perhaps incorrectly?) was that if the health professionals were so certain that a goal could be achieved (i.e. there were no barriers), perhaps it did not really count as a rehabilitation goal at all? If the target end-point is just going to happen, wouldn’t this then just be a ‘task’ to complete, not a goal? Alternatively, perhaps the issue here is that health professionals need more help with identifying possible barriers to goal completion and possible solutions to those barriers. (This was a part in the G-AP process that the health professionals struggled with after all.) I wondered whether for instance patient motivation or level of striving were regularly identified as potential barriers, and whether these were discussed with patient, with strategies put in place to help patients stay motivated and focused on achievement of their goals.

6. Are limitations of the work clearly stated?

Yes, this is covered in a section towards the end of the discussion. Again, I wonder whether the representativeness of the study population was another limitation worth mentioning. Usually, discussions of representativeness or generalizability are inappropriate for qualitative studies, but this report also includes some quantitative data (on numbers completing various aspects of G-AP process etc), so representativeness is somewhat implied.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Yes and no. Some aspects of the findings are more novel than others. The information on how health professionals responded to requirement to develop coping plans and evaluate patient confidence to achieve selected goals explores new concepts. Also relatively novel is the comparison of health professional views and patient views of whether non-attainment of goals is demotivating or not. It was also interesting to read about the case involving a person who found all the paperwork for the G-AP method too complicated. Less new is the notion of a goal process that involves a cycle going from assessment to goal planning to plan implementation to re-evaluation of outcomes; problems with cognitive or communicative impairments on patient participation in goal planning and the use of family members as proxy goal negotiators in these contexts; and the notion of progress toward goals facilitating patient motivation – like ‘stepping stones’ guiding progress. These concepts have previously been discussed as far back as the 1990’s, so it might be worth acknowledging this earlier work that has provided the foundation to studies and new goal processes like the ones outlined in this paper. Examples of such earlier work include:


As a bit of an aside, the reports on the concerns that the health professionals had regarding patients not achieving goals reminded me a little of the paper by Wiles et al. (2004) which looked at how physiotherapists have difficulty with management of disappointment when patients do not fully achieve their objectives/goals in stroke rehabilitation, and how this impacts on the relationships and communication between physiotherapists and their patients at the time of discharge from rehabilitation services. I wondered if the authors might be interested in looking at the potential connection between Wiles et al’s (2004) paper and their own.


8. Do the title and abstract accurately convey what has been found?
Yes.

9. Is the writing acceptable?
Some minor typographic or syntax errors were noted:
- Two ‘that’s in the last sentence of the first paragraph in the Background section.
- The first sentence under the heading ‘Decision making’ in the result section needs re-written. There seems to be a problem with syntax here.
- p. 10 ‘Information relevant to each stage of the GA-P framework was implemented was extracted using a data matrix’…would be clearer if the words ‘was implemented’ were removed from the sentence.

- Page 28, second paragraph, sixth line: “… people recovering FORM stroke’ # should be ‘from’.

I also recommend all contractions (e.g. ‘didn’t’, ‘hadn’t’ etc) be replaced with full words (e.g. ‘did not’, ‘had not’ etc) …just a writing style thing. I also recommend as a writing style issue, that all numbers under ten be written as words rather than numerals.

A minor issue: The term ‘deviant cases’ (p.11) to refer to cases that did not fit the emerging analysis(?) sounded a little pejorative to me. How about referring to these as ‘contradictory cases’ or ‘cases that did not fit the emerging analysis’ or referring to this processes of analysis as ‘negative case analysis’…?

I also don’t think the website for the MRC needs to be included in the body of the article itself. This could be included as a citation, and included in the reference list instead.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.