Reviewer's report

Title: Providing opportunity for long term rehabilitation to people with stroke in a developing country: Findings from focus group discussions.

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Reviewer: Jacqui Morris

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This study examined views of stroke survivors and health professionals about services for rehabilitation after stroke in Malaysia. The study provides a descriptive account of perceptions about such services. Although the analysis is fairly superficial, the study does identify gaps in the services and important factors that matter to participants and that will assist in planning future services. However the issues raised are likely to be mainly of local interest. The study would benefit from more structured comparison and evaluation of views from the different groups of participants and from provision of more detailed contextual information about the health service and policies in that country for the benefit of an international audience.

Major Compulsory

1. Study Aim: The stated aim of the study is explore perceptions of long-term rehabilitation and strategies for its provision in developing countries. However they do not define exactly what they mean by long-term rehabilitation. Throughout the paper they discuss types of rehabilitation - lack of rehabilitation after acute rehabilitation, hospital rehabilitation, community based rehabilitation centres and home rehabilitation, without defining exactly what the function of rehabilitation in these settings would be. Rather than discussing the services only in terms of long-term duration it would be more useful to define the services in terms of their function – what they are trying to achieve – basic independence and performance of ADL, or broader recovery in relation to participation in life roles. The terminology is further complicated by referral to ‘long-term stroke’.

2. It would also be helpful within the introduction to provide some more detailed background information and context for the health service provision in Malaysia. What services are currently available, how they are funded, what the policy directives are in relation to rehabilitation and what the service shortcomings are known to be. This would provide the reader with a better understanding of the context of the study. Lumping developing countries together as an entity is not helpful, given the diversity that exists in different countries.

3. Sampling and recruitment There were no inclusion criteria provided for professionals. The sample seems to have been identified by the managers, rather than through any purposive sampling criteria. Justification of the sampling approach should be provided

4. Analysis as reported used a constant comparative analytical approach to
compare the interpretations of the researchers. Constant comparison is usually conducted to continually compare specific incidents in the data as part of the descriptive/explanatory process of developing concepts within grounded theory. The analysis reported in this study is a thematic analysis that is entirely descriptive of views of participants. It does not seek to explore or explain why these views were held, the impact of participants’ context on their views or to derive explanatory concepts. It is therefore difficult to see how constant comparison was used as normally described in the literature (Lincoln and Guba, 1985). The authors should reconsider the terminology used and describe the analysis and thematic.

5. Most of the literature referred to is appropriate, however the accuracy of their use of some references is questionable. The study by Rimmer (19) refers to access to fitness centres in which stroke survivors can exercise, not therapy centres where they receive therapy. This is possibly a mistake in translation, but it not accurate.

6. The title does not entirely reflect the study and its findings – I don’t think the study is so much about providing opportunity as about seeking views.

7. The abstract is also not entirely accurate. In the paper, family therapy raised as a possibility with a number of concerns and caveats as to its feasibility. The data did not entirely suggest that it was acceptable because of numerous barriers that were identified.

Discretionary Methods
8. The number of participants in the professional focus group was large – larger than would be expected for in-depth exploration. The authors mention in the discussion that some participants were disinclined to speak – the large group number may be a reason that they have not acknowledged.

9. Reasons for the focus groups meeting twice was not fully justified – other than stating that respondent validation occurred at the beginning of the second meeting. Had analysis taken place by the second meeting? More clarification would be useful about the purpose and conduct of the second groups.

Data Analysis
10. The descriptive nature of the analysis means that further exploration and evaluation of findings is warranted that is not provided – for example, the overprotective attitudes of family is an important finding, but the authors do not present any possible explanations for these attitudes and the reader is left asking what these findings mean in the cultural context of the study setting. More explanatory analysis should be conducted.

11. Comparison of the views of the survivors and the health professionals would also have been useful so that attitudes and beliefs can be addressed when new services are being developed.

Discussion and conclusions
12. Throughout the discussion I find myself wondering again about what is meant by some of the terminology. Some definitions would be helpful – what exactly is meant by community-based rehabilitation centre – is this for in-patients, out-patients, base for home therapy?

13. Overall the discussion supports the findings. I would like to see more discussion of the policy context for rehabilitation/healthcare professional employment in Malaysia and to funding structures, and how these can be addressed or changed, since without those, I suspect it is unlikely that services will change.

**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'