MIXED-METHODS STROKE-SURVIVOR AND CARER ACCEPTABILITY STUDY

Is a one-off, individualised 'Life after Hospital' Psychoeducation intervention acceptable to stroke-survivors and carers?

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INTRODUCTION

The National Guidelines for Stroke (2023) states that stroke survivors should receive tailored information, adapted to individual needs[1]. However, inadequate access to information is one of the most commonly reported unmet needs after stroke, particularly during the transition from hospital to home[2]. Active information provision, such as Psychoeducation, involves a dynamic exchange between the clinician and recipient and may improve knowledge, satisfaction and psychological outcomes more effectively than passive information (e.g. leaflets)[3] .

This study evaluated the acceptability of a single, dynamic, individualised Psychoeducation session called 'Life after Hospital' delivered by a multidisciplinary team (MDT) clinician to stroke survivors and carers before discharge.

METHODS

Design and setting

This mixed-methods, single-group quality-improvement study was conducted on an 11-bed post-acute stroke rehabilitation ward in South East England. It evaluated acceptability of the intervention to stroke survivors and carers. It was not designed to establish effectiveness.

Intervention

A multidisciplinary team of physiotherapists, occupational therapists, speech and language therapists or a clinical psychologist delivered one 60-minute session before discharge. The clinician tailored an aphasia-friendly booklet and discussion to the survivor's symptoms, social circumstances and likely care needs. Carers were invited to attend where appropriate.

Participants

Of 124 eligible patients, 64, including those with aphasia/ cognitive impairment, received the intervention. Participants completed the Patient Activation Measure (PAM)[4] before the session, immediately afterwards and one month after discharge. An aphasia-friendly questionnaire also assessed acceptability.

Analysis

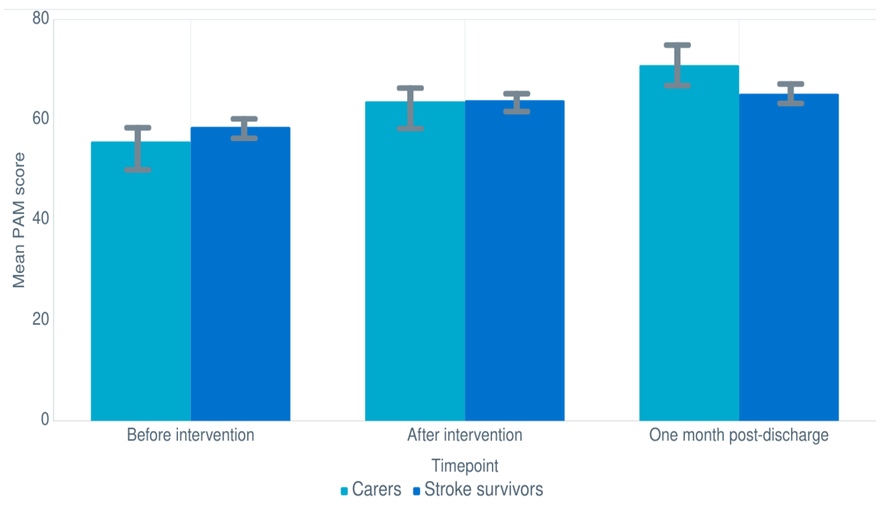
Changes in PAM scores were analysed using linear mixed-effects models with Tukey-adjusted contrasts, while free-text responses were analysed using inductive thematic analysis[5]. Survivors with aphasia or cognitive impairment were included, with carers supporting or completing measures where required.

RESULTS

Quantitative indicators of acceptability

Among patients, PAM scores increased from baseline immediately after the session (adjusted mean difference = 5.32, 95% CI [1.50, 9.14], p = .003) and remained significantly higher at one month (6.56, 95% CI [1.48, 11.63], p = .007). Among carers, PAM scores also increased immediately after the session (7.91, 95% CI [1.47, 14.35], p = .011) and were higher at one month (15.20, 95% CI [7.89, 22.51], p < .001). These changes indicate engagement consistent with acceptability, but cannot be attributed to the intervention because the study had no control group.

Average PAM score by timepoint



+6.56 PAM score
Stroke survivors at one month (p = .0066).

+15.20 PAM score
Carers at one month (p < .0001).

Questionnaire responses at one month

88% reported that the session remained helpful.

100% reported that the booklet remained informative.

96% reported that they were likely to use the information.

100% reported that involving a family member was helpful.*

*Among respondents who attended with a family member.

Qualitative indicators of acceptability

Three themes were identified from free-text responses collected immediately after the intervention and at one month follow up:

1 Participants valued personalisation by someone knowledgeable.

Tailored information delivered by a clinician who knew the survivor's circumstances was an important factor in stroke survivor acceptability.

2 Knowledge reduced emotional overwhelm.

Knowing what support was available reduced uncertainty and provided reassurance, even when participants had not yet needed to use the services described.

3 Stress remains despite information provision.

Despite finding the intervention acceptable, some survivors and carers remained affected by isolation, symptoms, service navigation and the practical demands of discharge.

DISCUSSION

This mixed-methods evaluation suggests that the intervention was acceptable to stroke survivors and carers. PAM scores increased immediately after the session, remained higher for stroke survivors and continued to rise for carers at one month. These patterns indicate engagement consistent with acceptability rather than efficacy and align with participants' reports of feeling better informed.

Participants valued personalised information delivered by a clinician familiar with their circumstances. Positive perceptions at one month suggest that survivors and carers continued to draw on this information after discharge. All respondents who attended with a family member found their involvement helpful, supporting the need to consider patient-carer dyads in the intervention. However, reported ongoing stress and difficulties in accessing services demonstrate that information alone cannot meet the complex support needs arising after discharge.

REFERENCES

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