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We Walk: Development of a family-centred behavioural intervention to support regular outdoor walking after stroke

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Publication date:
2021

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):

Morris, J., Brendan, M., Dombrowski, S., Van Wijck, F., & Maggie, L. (2021). *We Walk: Development of a family-centred behavioural intervention to support regular outdoor walking after stroke: Final Report Chief Scientist Office, Scottish Government*. Chief Scientist Office.

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RESEARCH

INFORMATION

We Walk for Stroke: Developing a person-centred intervention to increase outdoor walking after stroke



AIMS

This project aimed to develop We Walk, a 12 week walking programme to promote the uptake and maintenance of outdoor walking after stroke. We Walk supports people with stroke to set meaningful personal walking goals with a walking buddy, to plan with their buddy how to achieve the goals, and to regularly review progress towards goals. Specific aims were to:

- design We Walk with people with stroke, their family and friends
- explore how people with stroke and their walking buddies use We Walk
- gather information from people with stroke and their buddies about their experiences using We Walk, and make adjustments according to their feedback



KEY FINDINGS

People with stroke, their companions and health and exercise professionals helped us design We Walk. In focus groups they told us that:

- We Walk should be delivered face-to-face by a facilitator
- where possible, people with stroke should select their own buddy
- the role of the buddy should be clearly explained
- focusing on personally meaningful walking goals was extremely important
- 21 people with stroke and their walking buddies next piloted the intervention and most reported increased walking frequency and duration, and enjoyment of walking
- Results show that the next step should be a trial to test and measure if We Walk increases walking, improves health outcomes and prevents future stroke
- Participants valued face-to-face delivery, but We Walk could also be adapted for delivery, using a mobile phone app, a website or remote online consultations. Delivery by third sector organisations after health services rehabilitation is complete is appropriate



WHAT DID THE STUDY INVOLVE?

- We evaluated recently published research about challenges to physical activity faced by people with stroke. That information guided us to identify effective techniques likely to support people to address challenges and change their walking behaviour in ways that were meaningful to them
- Rehabilitation professionals helped us identify 23 people with stroke from different backgrounds and at different stages post-stroke. With their 16 companions and 38 rehabilitation professionals they took part in one of six focus groups. Information they provided helped us design We Walk
- Seven international behaviour change experts then reviewed We Walk, and we integrated their recommendations to refine the intervention
- We developed a delivery manual and user handbooks, which were reviewed for person-centredness, usefulness and ease of reading with our patient advisory group
- We pilot tested We Walk with 21 stroke survivors and buddies, obtaining their views on acceptability, and using that feedback to make final refinements for testing in a future trial



WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

In helping us develop We Walk, focus group participants told us:

- Working with a buddy would be helpful
- The buddy must be sensitive to the needs of the person with stroke
- Having personally meaningful, achievable walking goals was important
- Some face-to-face contact with a facilitator who was not a health professional mattered

The 12-week We Walk intervention for people with stroke and buddies was developed to support:

- Shared development of meaningful walking goals and plans
- Monitoring progress using pedometers, diaries and handbooks
- Together reviewing goals, plans and diaries and solving problems
- Finding ways to maintain walking in the long-term



People with stroke and their buddies who pilot-tested the intervention told us:

- We Walk was acceptable, enjoyable and easy to use
- Working well in a reciprocal partnership helped people to get the most from We Walk
- When buddies were volunteers, getting going took longer but We Walk still worked
- Their enjoyment of walking outdoors increased and was important for keeping going
- They noticed improvements in walking, confidence, mood and increases in activity levels

"It's kickstarted a hobby for me, I would never contemplate going for short walks in the past. Now, I would make it part of daily living..."



"It's been successful in that I have improved my walking. I walk more confident. I could go further and longer and I can do a reasonable pace now. So that has all improved really well."



WHAT IMPACT COULD THE FINDINGS HAVE?

People with Stroke

- We Walk was valued and indications are that it could increase walking behaviour to improve mobility, reduce likelihood of secondary stroke and improve quality of life
- Findings indicate a fully powered randomised controlled trial is needed to test the effectiveness of We Walk to change walking behaviour

Policy

- We Walk aligns with third sector organisation aims, fits with their volunteer models and could be rolled out via their services, so is likely to be sustainable in future
- The intervention could be transferrable to other patient groups and the general public

Practice

- Health professionals agreed We Walk was an important post-rehabilitation development for supporting active lives after stroke



HOW WILL THE OUTCOMES BE DISSEMINATED?

- Publications in scientific journals and academic conferences
- Work with stroke charities to share our findings with people with stroke
- Participation in online café science and webinar events with professionals
- Funding will be sought for a feasibility randomised controlled trial



CONCLUSION

- We Walk was valued for its simple but structured approach to providing social support for achieving walking goals, increasing confidence and enhancing enjoyment
- We Walk fills an important gap in post-stroke physical activity support
- Remote delivery and support options need to be considered in future iterations
- We Walk may improve physical and mental health but this needs to be tested and measured



RESEARCH TEAM & CONTACT

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Additional Information

Completed 31/12/20 CSO Project Grant

