

Feasibility and Acceptability of a Self-Management Program for Stroke Survivors: a Mixed-Methods Study

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INTRODUCTION	AIM & METHOD
<p>Stroke is a major cause of long-term disability, requiring strategies that promote autonomy and quality of life.</p> <p>Self-management plays a vital role in rehabilitation, empowering individuals to engage in recovery and maintain progress beyond clinical care¹.</p> <p>ComVida is a culturally adapted self-management program developed to support stroke survivors in Portugal², grounded in the Bridges self-management program³.</p> <p>Core self-management skills:</p> <div style="border: 1px solid #c00000; border-radius: 10px; padding: 5px; background-color: #f0f0f0;"> <ul style="list-style-type: none"> i) Reflection ii) Problem-solving iii) Self-discovery iv) Goal setting v) Taking action vi) Support vii) Knowledge </div>	<div style="display: flex; align-items: center;"> <div> <p>Examine the feasibility and acceptability of the program ComVida (Bridges-PT) within Portuguese post-stroke rehabilitation.</p> </div> </div> <div style="margin-top: 20px;"> <p>Mixed-methods study design</p> <p>Phase 1: Quantitative (pre-post)</p> <ul style="list-style-type: none"> Personalized rehabilitation sessions integrating ComVida workbook; Assessed at baseline, 6 and 12 weeks; Key outcomes assessed: Self-efficacy (SSEQ), physical function (SIS-16), emotional state (HADS) and quality of life (SF-12v2) <p>Phase 2 Qualitative</p> <ul style="list-style-type: none"> Three online focus groups (n=15): stroke survivors, informal caregivers, and healthcare professionals; Reflexive thematic analysis. </div> <div style="margin-top: 20px;"> </div>

RESULTS	CONCLUSIONS																																																																	
<p>1 Quantitative</p> <p>Phase 1 showed significant improvements over 12 weeks in self-efficacy and physical function, alongside a reduction in anxiety/depression.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Difference (95% CI)</th> <th>t</th> <th>p-value</th> <th>Cohen's d (95% CI)</th> </tr> </thead> <tbody> <tr> <td>SSEQ</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>T2</td> <td>2.5 to 9.24</td> <td>3.55**</td> <td><.001</td> <td>0.64 (.25 to 1.02)</td> </tr> <tr> <td>T3</td> <td>6.5 to 11.71</td> <td>7.23**</td> <td><.001</td> <td>1.3 (.81 to 1.77)</td> </tr> <tr> <td>SIS-16</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>T2</td> <td>8.5 to 16.39</td> <td>6.45**</td> <td><.001</td> <td>1.16 (.69 to 1.61)</td> </tr> <tr> <td>T3</td> <td>13.79 to 22.27</td> <td>8.68**</td> <td><.001</td> <td>1.56 (1.02 to 2.08)</td> </tr> <tr> <td>HADS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>T2</td> <td>- 5.59 to -1.05</td> <td>-2.9**</td> <td>.003</td> <td>-.53 (-.91 to -.16)</td> </tr> <tr> <td>T3</td> <td>-8.32 to -3.1</td> <td>-4.47**</td> <td><.001</td> <td>-.52 (-1.2 to -.39)</td> </tr> <tr> <td>SF-12v2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PCS: T1-T3</td> <td>-4.01 to 4.01</td> <td>-.001</td> <td>.99</td> <td>.00 (-.371 to .37)</td> </tr> <tr> <td>MCS: T1-T3</td> <td>-4.31 to 4.34</td> <td>.007</td> <td>.99</td> <td>.001 (-.369 to .372)</td> </tr> </tbody> </table> <p style="text-align: right; font-size: small;">*p<0.05; **p<0.001</p>		Difference (95% CI)	t	p-value	Cohen's d (95% CI)	SSEQ					T2	2.5 to 9.24	3.55**	<.001	0.64 (.25 to 1.02)	T3	6.5 to 11.71	7.23**	<.001	1.3 (.81 to 1.77)	SIS-16					T2	8.5 to 16.39	6.45**	<.001	1.16 (.69 to 1.61)	T3	13.79 to 22.27	8.68**	<.001	1.56 (1.02 to 2.08)	HADS					T2	- 5.59 to -1.05	-2.9**	.003	-.53 (-.91 to -.16)	T3	-8.32 to -3.1	-4.47**	<.001	-.52 (-1.2 to -.39)	SF-12v2					PCS: T1-T3	-4.01 to 4.01	-.001	.99	.00 (-.371 to .37)	MCS: T1-T3	-4.31 to 4.34	.007	.99	.001 (-.369 to .372)	<p>CONCLUSIONS</p> <ul style="list-style-type: none"> ✓ ComVida (Bridges-PT) is feasible and acceptable for stroke survivors in Portugal. ✓ Promising short-term benefits in self-efficacy, functional independence, and emotional well-being. ✓ Supports integrating culturally adapted self-management programs into post-stroke rehabilitation pathways.
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2 Qualitative acceptability Themes	ACKNOWLEDGEMENT
<p>1) The Power of Peer Narratives Stories in the workbook seen as deeply motivating — "if they could, so can I."</p> <p>2) The Power of Decision Survivors valued autonomy in setting their own goals. Step-by-step goal-setting boosted self-efficacy. Professionals shifted language to empower rather than direct.</p> <p>3) Cultural & Rehabilitation Context Paternalistic professional culture identified as a barrier. Caregivers oscillated between protection and enabling.</p> <p>4) Perspectives on Digital Support App valued for flexibility and accessibility. Barriers: digital literacy gaps in older users, technical login issues. Hybrid approach seen as optimal.</p>	<p>The authors appreciatively acknowledge the people with stroke, families and professionals who agreed to participate in this study, and health institutions that collaborated with this research.</p> <p>This poster was financed by Instituto Politécnico de Setúbal</p>
<p><i>"I think the book is very well put together. The testimonials are impeccable because they talk about goals that can be clearly defined. It is extremely interesting and, in a way, it encouraged me to go even further"</i> (U4, GF3)</p> <p><i>"The main change was in the way I communicated, the language I used with patients, and encouraging them to be an active part of their recovery"</i> (PS4, GF2)</p> <p><i>"It's not just about the stroke survivor, it is about us (HCP) because culturally we tend to think: "we do it, we're the ones who know how things are and how they should be done". This work is also a process of deconstruction for ourselves"</i> (PS1, GF2)</p> <p><i>"As we use our phones a lot, it's easier for us in the evening, when we're putting the children to bed. If it's a book, I have to turn on the light"</i> (U2, GF1)</p>	<p>CONTACT INFORMATION</p> <p>Carla M. Pereira carla.pereira@ess.ips.pt School of Health, Polytechnic University of Setúbal, Portugal</p> <p>REFERENCES</p> <ol style="list-style-type: none"> Fryer, C. E., et al. Self-management programmes for quality of life in people with stroke. Cochrane Database of Systematic Reviews 2016. Pereira, C.M. & Jones, F. Building Bridges between People with Stroke, Families, and Health Professionals: Development of a Blended Care Program for Self-Management. <i>J Clin Med</i> 2024; 13: 300. Jones, F., et al. (2016). Feasibility study of an integrated stroke self-management programme: a cluster-randomised controlled trial. <i>BMJ open</i>, 6(1).