Research priorities relating to life after stroke: differences in the priorities of health professionals and stroke survivors

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Background

The Top 10 research priorities relating to life after stroke have recently been identified in a rigorous priority setting project, involving stroke survivors, caregivers and health professionals.

We aimed to compare the prioritisation of the 226 unique unanswered research questions identified by stroke survivors and health professionals, through retrospective data analysis.

Data collection

We gathered research questions from key stakeholders; checked submitted questions to identify those currently unanswered by research; used prioritization and consensus methods to reach agreement on a shared Top 10. Figure 1 illustrates the key stages of the prioritisation process.

Methods

Unanswered research questions were sorted by content into representative categories. Data for the personal top 10 priorities were used to objectively determine the combined rank prioritisation for each of the 226 questions for stroke survivors and health professionals. We explored the questions which were placed in the Top 50 of both health professionals and stroke survivors. We also explored the questions which were placed in the Top 50 of stroke survivors, but not health professionals, and vice versa.

Results

Categories of questions prioritised by stroke survivors and health professionals

Stroke survivors (SS) and health professionals (HP) differed in the number of questions prioritised within key categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Questions</th>
<th>%</th>
<th>Questions in SS Top 50</th>
<th>Questions in HP Top 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment &amp; disability</td>
<td>104</td>
<td>46.0%</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td>General rehabilitation</td>
<td>35</td>
<td>15.4%</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Coming to terms with life after stroke</td>
<td>21</td>
<td>9.2%</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Acute care &amp; pharmacology</td>
<td>17</td>
<td>7.5%</td>
<td>4</td>
<td>(</td>
</tr>
<tr>
<td>Risk &amp; prevention of stroke</td>
<td>12</td>
<td>5.3%</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Stroke care setting</td>
<td>12</td>
<td>5.3%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other/unclassified</td>
<td>10</td>
<td>4.4%</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Carers &amp; families</td>
<td>9</td>
<td>3.9%</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Basic care &amp; nursing</td>
<td>6</td>
<td>2.6%</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>226</td>
<td>100.0%</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

Shared priorities of stroke survivors and health professionals

• Sixteen questions were placed in the Top 50 of BOTH the SSs and HPs.
• Four shared priorities relate to speech problems; six to other common problems and interventions after stroke; five to long term management and adjustment to stroke; and one to stroke prevention.
• Seven of the 16 questions placed in the shared Top 50 were within the SS Top 50. Only two of the 16 questions placed in the shared Top 50 were within the HP Top 10; see Table 2.

Discussion

There were some shared priorities between HPs and SSs; however there were some notable differences. In particular:

• HPs were most likely to prioritise questions focussed on impairment & disability.
• SSs prioritised questions covered a wider range of topics than HPs.
• SSs were most likely to place priority on questions relating to mood/emotion, communication and carers/families.
• Health professionals were most likely to place priority on questions relating to upper limb and visual problems.
• Several questions which were top priorities for HPs were not selected as a priority by any SSs.

Conclusions

• There are clear differences in stroke survivor and health professionals prioritisation of research questions.
• Funding bodies and research organisations should ensure that stroke research addresses the priorities of stroke survivors and health professionals. The differences between priorities of these groups makes this challenging.

Key references
