

Abstract

Stroke is amongst the most prevalent long-term health conditions globally, and older adults (OAs) are at greater risk of stroke occurrence. Stroke can have a life-altering impact for individual stroke survivors (SSs) and those around them. Physical activity (PA) can prevent recurrent strokes and improve rehabilitation outcomes, yet in the UK opportunities are limited. Within community stroke rehabilitation (SR), policy/guidance recommends rehabilitative support from professional multidisciplinary teams, friends, and family. Recommendations for PA specifically tailored to OA SSs are sparse, despite the unique challenges OAs face in maintaining an active lifestyle. In this thesis, figurational sociology was selected to help investigate how the intended actions of individual people can, over time, unintentionally influence the PA support offered to, and received by OAs in community SR.

Findings from an initial scoping review indicated that OAs' PA needs are under-acknowledged in guidance. Few long-term stroke-specific PA programmes were identified, and scant sources were later-life specific. Conceptualisations of PA-based information were largely underpinned by biomedical perspectives focusing on improved function and independence, rather than PA needs and experiences. Importantly, the review recognised the salience of professionals' PA knowledge and referral practice, and input from family/friends, in facilitating provision and support.

Two qualitative studies, analysed using a figurational sociological framework, involved 12 semi-structured interviews with professionals supporting PA post-stroke. A figurational mapping activity helped identify bonds of association between professionals, services, guidance, SSs, and their families. Eight interviews were then conducted with OA SSs and two of their partners, applying a biographical mapping tool to explore changes to relationships, and embodied PA experiences post-stroke. Data were analysed via reflexive thematic analysis.

Five overarching themes were abductively developed from the professionals' data, representing how professionals enter their roles, and the hierarchies that exist within the SR figuration. The consequences of collaborative and contested relationships within and between professionals, family members, and external elements such as SR policy/guidance, were apparent. Professionals'

conceptualisations of PA emphasised how social structures surrounding SR underpin OA SSs' experiences of PA through the body after stroke. The emphasis on self-management of PA after stroke highlighted how professionals remain interdependent with SSs when providing them with support. Three overarching themes were identified from the SS interviews, presenting key interdependencies present within the SR journey and how these influence PA provision and experience. Participants' embodied experiences of navigating PA post-stroke influenced PA engagement, as did perceptions of habitus pre- and post-stroke.

The thesis findings highlight how interdependent individuals involved in the SR journey strongly influence both PA provision and experiences via intended actions, which can also lead to unintended consequences. Unequal balances of power exist within SR figurations, which shape professional practice and SSs' experience surrounding PA. The use of figuration sociology offers novel theoretical insights about *how* relationships within community SR influence PA provision and experiences of support, and how habitus influences OA SSs' long-term commitment to re-engage with PA immediately post-stroke and beyond. Such findings may help practitioners to implement support more appropriate for OA SSs PA needs.

Abstrakt

Stroke (apopleksi/slagtilfælde) er blandt de mest udbredte langvarige helbredstilstande globalt, og ældre voksne har øget risiko for forekomst af stroke. Stroke kan have livsændrende indvirkning på individer som overlever stroke og deres pårørende. Fysisk aktivitet kan forebygge tilbagevendende stroke og forbedre effekten af rehabilitering, men i Storbritannien er aktivitetstilbud til denne målgruppe begrænsede. Inden for det som i Storbritannien kaldes "community stroke rehabilitation" (hvilket dækker over den rehabilitering, som tilbydes efter hospitalsudskrivelse) anbefaler policy/vejledninger støtte til rehabilitering fra professionelle, multidisciplinære teams, venner og familie. Anbefalinger om fysisk aktivitet specifikt tilpasset ældre voksne som har overlevet stroke er sparsomme, på trods af de unikke udfordringer de står overfor i forhold til at opretholde en aktiv livsstil. I denne afhandling er figurationssociologi anvendt til at undersøge, hvordan individers intenderede handlinger over tid kan komme til at få ikke-intenderet indflydelse på den hjælp til facilitering af fysisk aktivitet, som tilbydes og modtages af ældre voksne i community stroke rehabilitation.

Fund fra et indledende scoping review indikerede, at ældre voksnes behov for fysisk aktivitet ikke bliver tilstrækkeligt inkluderet i vejledninger. Få langvarige strokespecifikke fysisk aktivitetstiltag blev identificeret, og der var begrænsede kilder specifikt angående ældre voksne. Konceptualiseringer af informationen om fysisk aktivitet var i vid udstrækning baseret på biomekaniske perspektiver med fokus på at forbedre funktionsevne og selvstændighed frem for at omhandle behov og erfaringer vedrørende fysisk aktivitet. En central pointe i reviewet var at både professionelles viden om og henvisningspraksis angående fysisk aktivitet og input fra familie/venner havde betydning for faciliteringen af mulige tilbud og støtte.

Afhandlingen består af to kvalitative studier, analyseret ud fra et figurationssociologisk perspektiv, der involverede 12 semistrukturerede interview med professionelle, som faciliterede fysisk aktivitet efter stroke. En figurationel kortlægningsaktivitet bidrog til at identificere såkaldte "bonds of association" (interdependensforhold) mellem professionelle, tjenester, vejledninger, dem som har overlevet stroke og deres familier. Derefter blev otte ældre voksne som har overlevet stroke interviewet, og i to af interviewene deltog deres partner. Interviewene

inkluderede brugen af et biografisk kortlægningsværktøj, som havde til formål at undersøge ændringer i relationer og kropsliggjorte oplevelser med fysisk aktivitet efter stroke. Data blev analyseret med reflektiv tematisk analyse.

Fem overordnede temaer blev udviklet abduktivt ud fra de professionelles data. Temaerne repræsenterede, hvordan professionelle træder ind i deres roller samt de hierarkier, der eksisterer i community stroke rehabilitation-figurationen. Det var tydeligt, at både kollaborative og udfordrende relationer mellem professionelle, familiemedlemmer og eksterne elementer så som community stroke rehabilitation-policy/vejledninger havde konsekvenser. Professionelles konceptualiseringer af fysisk aktivitet fremhævede, hvordan de sociale strukturer som omgiver community stroke rehabilitation underbygger de ældre voksne som har overlevet strokes kropslige oplevelser af fysisk aktivitet. Det fokus der blev lagt på selvstyret fysisk aktivitet efter stroke belyste, hvordan professionelles roller forbliver interdependente med dem som har overlevet stroke, når de yder støtte til dem. Tre overordnede temaer blev identificeret i interviewene med dem som har overlevet stroke. Disse temaer præsenterer centrale interdependenser i community stroke rehabilitation-rejsen, og hvordan disse har indflydelse på udbuddet af og oplevelserne med fysisk aktivitet. Deltagernes kropsliggjorte oplevelser af at navigere i fysisk aktivitet efter stroke havde indflydelse på engagementet i fysisk aktivitet, lige så vel som deres opfattelser af habitus før og efter stroke havde det.

Afhandlingens fund belyser, hvordan interdependente individer som er involveret i community stroke rehabilitation-rejsen har stærk indflydelse på både udbuddet af og oplevelsen af fysisk aktivitet igennem intenderede handlinger, som også kan lede til ikke-intenderede konsekvenser. Der findes ulige magtbalancer i community stroke rehabilitation-figurationerne, som skaber professionelles praksis og dem som har overlevet strokes oplevelser vedrørende fysisk aktivitet. Brugen af figurationssociologi har givet nye teoretiske indsigter i, *hvordan* relationer inden for community stroke rehabilitation har indflydelse på udbuddet af fysisk aktivitet og oplevelsen af støtte, og hvordan ældre voksne som har overlevet strokes habitus har indflydelse på deres langsigtede forpligtelse til at gen-engagere sig med fysisk aktivitet umiddelbart efter stroke og fremadrettet. Disse fund kan hjælpe praktikere med at implementere støtte på en måde, som passer bedre til ældre voksne som har overlevet strokes fysiske aktivitetsbehov.

Contents

Abstract	i
Abstrakt	iii
Acknowledgements	v
Contents	vi
List of figures	xii
List of Tables	xiii
Abbreviations List	xiv
Chapter One: Thesis Introduction	1
1.1 Stroke: an interdependent health event.....	2
1.2 The interdependence of stroke risk factors.....	5
1.3 The current context of community stroke rehabilitation	9
1.4 Representations within the literature of physical activity after stroke	13
1.5 The need for a sociological perspective: figurational theory	17
1.6 Thesis aims and structure overview	21
Chapter Two: The Scoping Review	24
2.1 Chapter introduction	25
2.2. Study rationale and scoping review overview	25
2.3 Scoping review research questions	28
2.4 Method.....	29
2.4.1 The initial search strategy.....	29
2.4.2 Eligibility criteria.....	30
2.4.3. Inclusion and exclusion criteria.....	31
2.4.4 Information sources	33
2.4.5 Search	34
2.4.6 Selection of sources of evidence	34
2.4.7 Data charting process.....	36
2.4.8 Synthesis of results	36

2.5 Results.....	37
2.5.1 Selection of sources of evidence	37
2.5.2 Characteristics of sources of evidence	38
2.5.3 Source characteristics depicting age characteristics, stroke rehabilitation contexts, and stroke-specific programmes.....	41
2.5.3.1 Age characteristics	41
2.5.3.2 The stroke rehabilitation context.....	42
2.5.3.3 Stroke specific programmes	42
2.5.3.4 Comorbidities with stroke	48
2.5.4 Results of synthesis.....	49
2.5.5 Level of agreement and contestation between sources.....	55
2.6 Scoping review discussion.....	58
2.7 Reflexivity within the scoping review process	63
2.8 Chapter conclusion.....	69
Chapter Three: Literature Review	70
3.1 Chapter introduction	71
3.2 Conceptualising stroke rehabilitation	71
3.2.1 The medicalisation of stroke in rehabilitation.....	71
3.2.2 A biopsychosocial approach to understanding stroke.....	73
3.2.3 The person-centred approach to stroke rehabilitation	76
3.3 Physical activity for health after stroke	77
3.3.1 Experiences of physical activity after stroke	80
3.4 Conceptualising ageing	82
3.4.1 Ageing as a medicalised concept	82
3.4.2 How physical activity is conceptualised for older adults	85
3.5 Figurational theory.....	88
3.5.1 Health, physical activity, ageing and figurational research	88
3.5.2 The Civilizing Process	90

3.5.3 The Society of Individuals.....	91
3.5.4 The body, the emotions, and the habitus.....	94
3.5.5 The Loneliness of the Dying	99
3.5.6 The Established and the Outsiders.....	100
3.6 Chapter conclusion.....	102
Chapter Four: Methodology and Methods	104
4.1 Chapter introduction	105
4.2 Research design.....	105
4.3 Theory and methodology in figurational sociology.....	106
4.4 Figurational sociology and philosophy.....	109
4.4.1 Figurational sociology and reflexivity	111
4.4.2 Researcher ‘verstehen’ (subjectivity).....	112
4.5 Methods.....	115
4.5.1 Ethical considerations and challenges in phases two and three.....	115
4.5.2 The research context.....	117
4.5.3 Recruitment	118
4.5.4 Data collection methods	122
4.6 Data analysis	128
4.7 Research quality appraisal	131
4.8 Chapter conclusion.....	134
Chapter Five: Phase 2: Professionals	135
5.1 Chapter introduction	136
5.2 Professional-created figurational map	136
5.3. Reflexive thematic analysis: phase two	143
5.4 Development of professional roles within community stroke rehabilitation	144
5.4.1 Hierarchy of roles are interdependent with practice.....	144
5.4.2 Socialisation into professional roles.....	148

5.5 Collaborative working facilitates physical activity within community stroke rehabilitation.....	151
5.5.1 Effective communication supports physical activity provision.....	151
5.5.2 Effective multidisciplinary team working	154
5.5.3 Professionals perspectives on the benefit of PA support from family	158
5.6 Constraining relationships within community stroke rehabilitation.....	160
5.6.1 Contestations between family and physical activity.....	160
5.6.2 Challenging relationships with external services and partners	162
5.6.2 Interdependence of organisational practice and policy.....	165
5.7 Conceptualisations of physical activity post-stroke for older adults.....	169
5.7.1 A functional focus for physical activity after stroke	169
5.7.2 The purpose and use of physical activity post-stroke	171
5.7.3 The role of age in the context of physical activity after stroke	175
5.8 Moving towards a self-managed approach: empowerment and interdependence	178
5.8.1 Encouraging long-term, independent physical activity post-stroke .	179
5.8.2 Professionals are still 'involved' with self-managed physical activity	183
5.9 Chapter conclusion.....	185
Chapter Six: Phase Three: Older Adult Stroke Survivors.....	186
6.1 Chapter introduction	187
6.2 Interdependencies in the process of physical activity and stroke rehabilitation.....	188
6.2.1 Interdependencies within the context of stroke rehabilitation	188
6.2.2 Professional support throughout stroke rehabilitation.....	190
6.2.3 Interdependencies between family, friends, and other SSs.....	194
6.2.4 Barriers to physical activity in the context of community stroke rehabilitation	197

6.3 Embodied and processual experiences of physical activity after stroke in later life.....	199
6.3.1 Embodied challenges to engagement with physical activity after stroke	200
6.3.2 Positive embodied experiences later in the stroke journey	203
6.3.3 Embodied feelings of ageing, stroke, and physical activity	205
6.4 “I would like to be normal again”: The role of habitus in physical activity for community stroke rehabilitation	208
6.4.1 Habitus: physical activity before the stroke.....	209
6.4.2 Stroke survivors' conceptualisations of physical activity	211
6.4.3 Habitus: Perceptions of physical activity post-stroke	212
6.5 Chapter conclusion.....	216
Chapter Seven: General Discussion.....	217
7.1 Chapter introduction	218
7.2 Thesis overview and integrated discussion	218
7.3 Limitations and further directions	228
7.5 Thesis and discussion conclusion	231
7.6 The researcher’s journey	233
References.....	236
Appendices.....	286
Appendix A: A description of the pathology of stroke	287
Appendix B: Finalised scoping review search strategy (databases only) and returns.....	288
Appendix C: PRISMA-ScR reporting checklist.....	289
Appendix D: Scoping review data charting and extraction table (adapted from McFeeters et al., 2022)	291
Appendix E: Scoping review: Overview of all included sources by author, source type, aims, and descriptive findings (i.e., stroke rehabilitation physical activity context, ages provided, stroke severity, onset since stroke).....	295
Appendix F: Reflexivity examples.....	304

Appendix G: Participant information sheet and consent form: phase two....	310
Appendix H: Participant information sheet and consent form: phase three .	316
Appendix I: Risk assessment for phases two and three	322
Appendix J: Interview schedule for phase two.....	327
Appendix K: Interview schedule for phase three.....	330
Appendix L: Example figuration map	333
Appendix M: Example biographical map	334
Appendix N: Thematic analysis example coding table (theme three, subtheme two from phase two).....	335