



# A Survey on the Acceptance of Stroke Telerehabilitation Among Rehabilitation Providers and Consumers at St. Luke's Medical Center – Global City and Quezon City

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## INTRODUCTION

- Telerehabilitation refers to the use of telecommunication devices by a rehabilitation professional to provide support, evaluation, and intervention over a distance to persons with disability.
- Prior studies abroad have documented the feasibility and effectiveness of stroke telerehabilitation.
- Locally, telerehabilitation has relatively emerged catalyzed by the need for it during the COVID-19 pandemic.
- The need to evaluate stakeholder acceptance is imperative to guide the implementation of any telemedicine-related endeavor.

## OBJECTIVE

- To determine the acceptance of stroke telerehabilitation among patients, carers, Rehabilitation Medicine physicians, and allied rehabilitation professionals in the Department of Physical Medicine & Rehabilitation at St. Luke's Medical Center – Global City and Quezon City at the height of the COVID-19 pandemic.

## METHODS

- Study Design:** Descriptive and analytical cross-sectional study
- Data Collection:** Data were collected for six months using both online and pen-and-paper self-administered survey, which included questions adapted from the Technology Acceptance Model.
- Sampling:** Purposive sampling
- Study Groups:** 1) Rehabilitation providers (physicians and allied health professionals); 2) consumers (patients and carers).
- Eligibility criteria:** Adult stroke outpatients, legal guardians of the adult stroke outpatients, rehabilitation providers currently employed as staff in the Department of Physical Medicine and Rehabilitation at St. Luke's Medical Center – Quezon City and Global City.
- Sample size:** 76 rehabilitation providers and 77 consumers

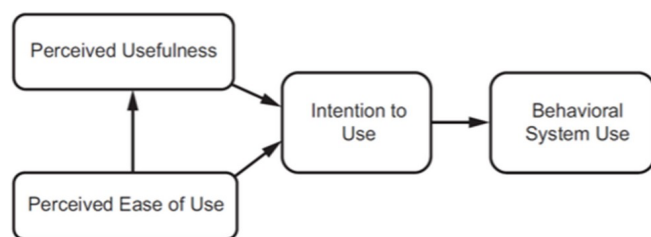


Figure 1. Study framework adopted from the Technology Acceptance Model

## RESULTS

- Total of 73 rehabilitation providers and 10 consumers participated.
- The low response rate of the consumer group could be attributed to the current situation of healthcare system brought about by the COVID-19 pandemic which limits the face-to-face consultation resulting to low turn-out of participants.
- High level of stroke telerehabilitation acceptance (31±7.52) was found among rehabilitation consumers, while a moderate level (35.75±8.67) was found among rehabilitation providers.

Table 1. Level of Acceptance on Stroke Telerehabilitation of Rehabilitation Consumers

Characteristics	Low Acceptance	Moderate Acceptance	High Acceptance	p-value
<b>Age (Years)</b>				
21 - 35	0 (0)	1 (33.3)	2 (66.7)	1.000
36 - 45	0 (0)	0 (0)	0 (0)	
46 and above	1 (14.3)	2 (28.6)	4 (57.1)	
<b>Sex</b>				
Male	1 (20)	1 (20)	3 (60)	1.000
Female	0 (0)	2 (40)	3 (60)	

Table 2. Level of Acceptance on Stroke Telerehabilitation of Rehabilitation Consumers

Characteristics	Low Acceptance	Moderate Acceptance	High Acceptance	p-value
<b>Age (Years)</b>				
21 - 35	4 (8)	26 (52)	20 (40)	0.817
36 - 45	0 (0)	11 (68.8)	5 (31.2)	
46 and above	0 (0)	4 (57.1)	3 (42.9)	
<b>Sex</b>				
Male	0 (0)	18 (51.4)	17 (48.6)	0.049
Female	4 (10.5)	23 (60.5)	11 (28.9)	

Table 3. Fisher Exact Test: Significant Relationship Between Sex and Level of Acceptance

Characteristics	Low Acceptance	Moderate Acceptance	High Acceptance	p-value
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## CONCLUSION

- The moderate and high levels of stroke telerehabilitation acceptance among rehabilitation providers and consumers, respectively, provide initial baseline data in two large, premier, private tertiary hospitals in Manila.
- Results of the study could guide hospital administrators and department managers in planning for possible telerehabilitation service programs amid and beyond the COVID-19 crisis.

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