Goal setting and strategies to enhance goal pursuit for adults with acquired disability participating in rehabilitation (Review)

Levack WMM, Weatherall M, Hay-Smith EJC, Dean SG, McPherson K, Siegert RJ

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2015, Issue 7

http://www.thecochranelibrary.com

WILEY

[Intervention Review]

Goal setting and strategies to enhance goal pursuit for adults with acquired disability participating in rehabilitation

William MM Levack[1], Mark Weatherall[1], E. Jean C Hay-Smith[1], Sarah G Dean[2], Kathryn McPherson[3], Richard J Siegert[3,4]

[1]Rehabilitation Teaching and Research Unit, Department of Medicine, University of Otago, Wellington, New Zealand. [2]University of Exeter Medical School, University of Exeter, Exeter, UK. [3]School of Rehabilitation and Occupation Studies, Auckland University of Technology, Auckland, New Zealand. [4]School of Public Health and Psychosocial Studies, Auckland University of Technology, Auckland, New Zealand

Contact address: William MM Levack, Rehabilitation Teaching and Research Unit, Department of Medicine, University of Otago, Mein St, Newtown, PO Box 7343, Wellington, 6242, New Zealand. William.levack@otago.ac.nz.

Editorial group: Cochrane Consumers and Communication Group.
Publication status and date: New, published in Issue 7, 2015.
Review content assessed as up-to-date: 25 March 2014.

Citation: Levack WMM, Weatherall M, Hay-Smith EJC, Dean SG, McPherson K, Siegert RJ. Goal setting and strategies to enhance goal pursuit for adults with acquired disability participating in rehabilitation. *Cochrane Database of Systematic Reviews* 2015, Issue 7. Art. No.: CD009727. DOI: 10.1002/14651858.CD009727.pub2.

ABSTRACT

Background

Goal setting is considered a key component of rehabilitation for adults with acquired disability, yet there is little consensus regarding the best strategies for undertaking goal setting and in which clinical contexts. It has also been unclear what effect, if any, goal setting has on health outcomes after rehabilitation.

Objectives

To assess the effects of goal setting and strategies to enhance the pursuit of goals (i.e. how goals and progress towards goals are communicated, used, or shared) on improving health outcomes in adults with acquired disability participating in rehabilitation.

Search methods

We searched CENTRAL, MEDLINE, EMBASE, four other databases and three trials registers to December 2013, together with reference checking, citation searching and contact with study authors to identify additional studies. We did not impose any language or date restrictions.

Selection criteria

Randomised controlled trials (RCTs), cluster-RCTs and quasi-RCTs evaluating the effects of goal setting or strategies to enhance goal pursuit in the context of adult rehabilitation for acquired disability.

Data collection and analysis

Two authors independently reviewed search results for inclusion. Grey literature searches were conducted and reviewed by a single author. Two authors independently extracted data and assessed risk of bias for included studies. We contacted study authors for additional information.

Main results

We included 39 studies (27 RCTs, 6 cluster-RCTs, and 6 quasi-RCTs) involving 2846 participants in total. Studies ranged widely regarding clinical context and participants' primary health conditions. The most common health conditions included musculoskeletal disorders, brain injury, chronic pain, mental health conditions, and cardiovascular disease.

Eighteen studies compared goal setting, with or without strategies to enhance goal pursuit, to no goal setting. These studies provide very low quality evidence that including any type of goal setting in the practice of adult rehabilitation is better than no goal setting for health-related quality of life or self-reported emotional status (8 studies; 446 participants; standardised mean difference (SMD) 0.53, 95% confidence interval (CI) 0.17 to 0.88, indicative of a moderate effect size) and self-efficacy (3 studies; 108 participants; SMD 1.07, 95% CI 0.64 to 1.49, indicative of a moderate to large effect size). The evidence is inconclusive regarding whether goal setting results in improvements in social participation or activity levels, body structure or function, or levels of patient engagement in the rehabilitation process. Insufficient data are available to determine whether or not goal setting is associated with more or fewer adverse events compared to no goal setting.

Fourteen studies compared structured goal setting approaches, with or without strategies to enhance goal pursuit, to 'usual care' that may have involved some goal setting but where no structured approach was followed. These studies provide very low quality evidence that more structured goal setting results in higher patient self-efficacy (2 studies; 134 participants; SMD 0.37, 95% CI 0.02 to 0.71, indicative of a small effect size) and low quality evidence for greater satisfaction with service delivery (5 studies; 309 participants; SMD 0.33, 95% CI 0.10 to 0.56, indicative of a small effect size). The evidence was inconclusive regarding whether more structured goal setting approaches result in higher health-related quality of life or self-reported emotional status, social participation, activity levels, or improvements in body structure or function. Three studies in this group reported on adverse events (death, re-hospitalisation, or worsening symptoms), but insufficient data are available to determine whether structured goal setting is associated with more or fewer adverse events than usual care.

A moderate degree of heterogeneity was observed in outcomes across all studies, but an insufficient number of studies was available to permit subgroup analysis to explore the reasons for this heterogeneity. The review also considers studies which investigate the effects of different approaches to enhancing goal pursuit, and studies which investigate different structured goal setting approaches. It also reports on secondary outcomes including goal attainment and healthcare utilisation.

Authors' conclusions

There is some very low quality evidence that goal setting may improve some outcomes for adults receiving rehabilitation for acquired disability. The best of this evidence appears to favour positive effects for psychosocial outcomes (i.e. health-related quality of life, emotional status, and self-efficacy) rather than physical ones. Due to study limitations, there is considerable uncertainty regarding these effects however, and further research is highly likely to change reported estimates of effect.

PLAIN LANGUAGE SUMMARY

Goal setting for adults receiving clinical rehabilitation for disability

Background

Goal setting is considered a key part of clinical rehabilitation for adults with disability, such as in rehabilitation following brain injuries, heart or lung diseases, mental health illnesses, or for injuries or illnesses involving bones and muscles. Health professionals use goals to provide targets for themselves and their clients to work towards. In this review we summarise studies that have investigated what effect, if any, goal setting activities have on achieving good health outcomes following rehabilitation.

Results

This review found 39 studies published before December 2013, involving a total of 2846 participants receiving rehabilitation in a variety of countries and clinical situations. The studies used a wide range of different approaches to goal setting and tested the effectiveness of these approaches in a number of different ways. Overall these studies provide very low quality evidence that goal setting helps patients achieve a higher quality of life or sense of well-being and a higher belief in their own ability to achieve goals that they choose to pursue. There is currently no consistent evidence that goal setting improves people's functional abilities after rehabilitation or how hard they try with therapeutic interventions during rehabilitation.

Insufficient information exists to say whether goal setting increases or reduces the risk of adverse events (such as death or re-hospitalisation) for people involved in rehabilitation. Because of the variety of approaches to studying goal setting in rehabilitation and because of limitations in the design of many studies completed to date, it is very possible that future studies could change the conclusions of this review. We also need more research to improve our understanding of how components of the goal setting process (such as how difficult goals are, how goals of therapy should be selected and prioritised, how goals are used in clinical practice, and how feedback on progress towards goals should be provided) contribute or do not contribute to better health outcomes.