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REVIEW ARTICLE

Older adults' experiences of team-based home rehabilitation – a qualitative scoping review

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ABSTRACT

Purpose: To map and summarise the available knowledge regarding older adults' experiences of team-based home rehabilitation.

Method: The Johanna Briggs Institute (JBI) guidelines for scoping reviews guided the process. Eight databases, eight organisational websites, one registry and Google Scholar were searched. Searches were limited to publications published from 2006 to 2023 in English and Scandinavian languages. Data were extracted from the eligible publications using a data extracting tool developed for this study. Extracted data were condensed and coded into categories.

Results: Seventeen publications, conducted mainly in Scandinavian countries, were included. Older adults' experiences of team-based home rehabilitation were identified and categorised as: home as a rehabilitation context; staff's attitudes, approach and collaboration; the intervention process, content and outcome; and impact of the older adults' own personal conditions.

Conclusions: This scoping review provides insight into older adults' experiences of team-based home rehabilitation. Although the majority were positive towards receiving rehabilitation in their homes there were also negative experiences that need to be further explored. An identified knowledge gap in team-based home rehabilitation research is the lack of cultural aspects. Moreover, there is a need of consensus among researchers on how to report on population, context and content in team-based home rehabilitation.

IMPLICATIONS FOR REHABILITATION

- The home as a context for rehabilitation is experienced as meaningful and valued by older adults
- When the home becomes a workplace, older adults' sense of at-homeness may decrease
- If rehabilitation staff use the home as an arena for partnership, with respect for personal integrity, a person-centred process can emerge
- The outdoor environment is important to consider in home rehabilitation interventions

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Introduction

New strategies are needed to sustain good quality in health and social care settings to meet the needs and challenges of the ageing society [1,2]. One such strategy is home rehabilitation interventions, which are applied around the world to reduce disability in everyday life and to promote independent living [3,4]. Moreover, these home rehabilitation interventions are in line with the policy to support older adults in living at home as long as possible [5] in accordance with many older adults' wishes [4,6]. Research has mainly focused on positive outcomes of home rehabilitation such as improved activities of daily living (ADL), quality of life and less need for home care services [7–10]. There is, however, research that reports less favourable outcomes of home rehabilitation, and studies to date have not confirmed the long-term impact it has [11,12]. There is no consensus neither on how home rehabilitation is defined, named or organised, nor its content and target groups [13]. Lack of consensus makes it difficult to compare and aggregate results [4,14].

Rehabilitation is defined by World Health Organisation as *"a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment"* [3]. Although home rehabilitation interventions differ in content, what often characterises them is that they are time-limited, intensive, team-based (inter- or multidisciplinary), person-centred and goal-directed [4,14,15]. Older adults have greater variability in function and activity capacity than younger people due to different backgrounds, conditions and experiences throughout life [2]. In addition, there are also gender-related factors that can cause differences in health status between men and women, especially in old age [16–18]. Home rehabilitation interventions for older adults must be able to address the diversity

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and complexity of disabilities and activity limitations of the ageing population. Therefore, a team-based approach is recommended [19–21]. Home rehabilitation teams can vary in composition of professionals [14] but practice and research often include occupational therapists (OT) and physiotherapists (PT) [22,23]. OTs support people in the practice of everyday activities such as personal care, household and leisure activities and by reducing environmental barriers with adaptation and assistive devices [24]. PTs support people in improving their strength, mobility and functional ability with, for example, exercise programs and assistive devices [25]. Even if home rehabilitation interventions are offered to adults of all ages, [14] the target group is often older adults [26,27]. In this study, a home rehabilitation intervention was defined as a team-based rehabilitation intervention (i.e., including professional OT and/or PT) that is aimed at community-dwelling older adults and thus excluding institutionalised residential aged care.

For many older adults, the home is associated with independence and autonomy [28]. The home as a training arena also supports continued activity performance and participation for older adults in everyday life [29]. Older adults often experience the home and neighbourhood as a safe and familiar place that promotes empowerment and the maintenance of social contacts [6,30]. However, the home environment may not always be a safe and empowering place for older adults, but can instead be a place of abuse, neglect, conflict [31], and risks and isolation [32]. Accordingly, the home environment has an impact on older adults' experiences as well as the home rehabilitation process. Therefore, although the home environment has the potential to facilitate person-centred practice [19], not all persons may experience person-centred practice, even if many healthcare practices claim to work in a person-centred manner [33].

Research on home rehabilitation interventions has increased in the last decade. However, the scientific knowledge is still limited, for example regarding which components in home rehabilitation affect the individual's results [13] and if there are client groups that benefit more than others and if so, in what way [4]. More importantly, scientific knowledge is also limited when it comes to older adults' experiences of receiving rehabilitation interventions in their homes. As rehabilitation interventions are likely to increasingly take place in older adults' homes, more knowledge is needed on how home rehabilitation is experienced by older adults in order to design sustainable person-centred healthcare for the future. However, to our knowledge, there is no current reviews of qualitative research on older people's experiences of home rehabilitation. Therefore, this study used a scoping review method to map and summarise available knowledge on the experiences of team-based home rehabilitation among community-dwelling older adults.

Methods

This study was conducted according to the JBI methodology for scoping reviews [34] and a protocol is registered at the Open Science Framework https://doi.org/10.17605/OSF.IO/9RG62. This scoping review is part of a larger research project: *Re@home – Evaluation of home rehabilitation for older people: A realist evaluation design* (Forte 2021-01791). The Re@home project aims to evaluate the state of home rehabilitation in relation to scientific evidence and its effectiveness in improving older adults' well-being, participation and ability in daily activities using both quantitative and qualitative methods. The research question and criteria for inclusion of this scoping review fit within the broader frame of the Re@home project. However, this present study focuses only on the qualitative data collected.

Inclusion and exclusion criteria

Participants

This review included publications (i.e., articles, reports or theses) that captured experiences of older adults receiving team-based home rehabilitation interventions in ordinary homes in any geographical location due to disability. Publications regarding persons of 65 years and older were considered since this is a common definition of "older adults" in European countries [35]. However, in the search we set 65 years as the mean to avoid overlooking potentially relevant publications with only a few participants who were younger. Publications based on qualitative data collection with older adults and informal caregivers as proxys considering the perspective of the older adult receiving team-based home rehabilitation were included.

Concept

Home rehabilitation interventions conducted by an interprofessional or multidisciplinary team that overtly included OT and/or PT were considered. This selection was based on the Swedish context where OT and PT are key professions in home rehabilitation, as also recommended in research [22,23]. Home rehabilitation interventions delivered by only one profession were excluded. Interventions targeting solely prevention or promotion, e.g., fall prevention or physical activity promotion, were also excluded because these interventions are mainly aimed at a healthy population.

Context

Rural and urban areas worldwide were considered, as well as ordinary homes referring to owned or rented apartment buildings, houses or the corresponding dwellings [36]. Publications regarding rehabilitation interventions in residential care, institutional or sheltered accommodation such as nursing homes, long-term care and short-term care facilities were excluded.

Type of sources

This scoping review considered relevant scientific articles that report on older adults' experiences of team-based home rehabilitation, using qualitative data collections, for example, observations, focus groups and interviews (Table 1). Relevant unpublished studies, policies, guidelines or reports (grey literature) describing older adults' experiences of team-based home rehabilitation, based on qualitative data collections, were also considered.

Data collection

Search strategy

The search strategy had three parts; in the first part, the qualitative scientific articles found in the Re@home project database search were acquired (January 2022, Supplementary Appendix 1). Then, a supplementary search was conducted (October 2022, Supplementary Appendix 2) for additional scientific articles and grey literature. In the last part, an additional search was conducted within the Re@home project (December 2023, Supplementary Appendix 3) where the qualitative scientific articles were obtained. Databases searched in all three phases were Medline (Ovid), Web of Science Core Collection (Clarivate), Cinahl

Table 1. Characteristics of included publications.

Characteristic	Number
Year published	
2006–2010	2
2011–2014	3
2015–2018	5
2019–2023	7
Method	
Semi-structured interviews	17
Recurrent interviews	5
Case study design with interviews	3
Mixed method with interviews	2
Observation and interviews	1
Participants	
Gender	
Only men	1
Only women	1
Both men and women	13
Not reported	2
Main diagnosis	
Stroke	1
Dementia	1
Cardiac diagnoses	1
Hip fracture	1
Varied	6
Not reported	7
Concept	
Intervention	
Reablement	5
Home rehabilitation, not specified	6
Home rehabilitation ESD	1
Home care rehabilitation	1
Everyday rehabilitation	1
Strength and balance exercises	2
Cardiac rehabilitation programme	1
Professions	
OT	16
PT	17
Registered nurse	1
Nurse	9
District nurse	3
Enrolled nurse	2
Nurse assistant	4
Rehabilitation support worker/ assistant	2
Home care personnel/worker	3
Social worker	1
Home helper/ home nurse	5
Health professional/ healthcare worker	2
Social care manager/ officer	5
Context	
Country	
Norway	6
Sweden	6
Denmark	2
United Kingdom	1
USA	1
Australia	1
Geographic location	
Only rural	2
Only urban	7
Both rural and urban	3
Not reported	5
Residence	
Only house	0
Only apartment	3
Both house and apartment	4
Not reported	10
Living arrangement	
Only living alone	1
Only co-habiting	1
Both living alone and co-habiting	12
Not reported	3

Abbreviation: ESD: Early Supported Discharge.

(Ebsco) and SveMed+. Added databases in the supplementary search were AMED, ProQuest Central, Turning Research Into Practice and Scopus (Table 2). The registry searched in the supplementary search was the World Health Organisation International Clinical Trials Registry Platform. Supplementary searches were conducted on organisation websites: the International Association of Gerontology and Geriatrics, the National Institute for Health Care and Excellence (UK), Canada's Drug and Health Technology Agency, the Swedish National Board of Health and Welfare, the Swedish Association of Local Authorities and Regions, the Swedish Association of Occupational Therapists, the Swedish Association of Physiotherapists and the Swedish Agency for Health Technology Assessment of Social Services. A supplementary search was also made on the Google Scholar website. The search strategy in all three parts focused on literature published, between 2006 and 2023. The first initial search without a year limit yielded a very large number of hits. Therefore, the last 15 years were selected as a timeframe to strike a balance between having a manageable number of publications to review while ensuring that we capture the latest knowledge for the purpose of the study. For a more detailed description of Re@home's search strategy, see protocol: https://doi.org/10.17605/OSF.IO/9RG62.

Search terms were combined, with variations based on concept (e.g., rehabilitation, physical therapy, occupational therapy, exercise therapy, ADL), participant (e.g., elderly, senior), context (e.g., home care/home healthcare, independent living) and study design (e.g., qualitative research, randomised clinical trials, review/systematic review/meta-analysis), see search strings in Appendices 1, 2 and 3 for all search terms and variations. The Re@home searches included both qualitative and quantitative methods. In this study, the focus was on qualitative publications only so the supplementary search string was adapted accordingly. The searches focused on publications in English (Re@home searches) and in both English and Scandinavian languages (supplementary search). These languages were chosen based on the language skills of the research group. All searches were conducted by librarian information specialists who developed the search strings in collaboration with the research teams.

Study selection

The identification of relevant sources for the study took place in two parts: (1) identification of scientific articles acquired from the two Re@home searches (AJ) and (2) identification of relevant publications in the supplementary search (AJ). Both parts included the following steps: pilot testing where each of the research team members (AJ, CJT, SF and MEB) independently screened a number of titles and abstracts against established inclusion and exclusion criteria (for a detailed criteria table, see protocol https://doi.org/10.17605/OSF.IO/9RG62. The assessments were compared within the research team and disagreements were resolved through discussion throughout the process. In the second step, the titles and abstracts of the hits were screened against the inclusion and exclusion criteria. In the third step, the full text of remaining potentially relevant publications was obtained and assessed in detail against the inclusion and exclusion criteria. In three cases, the corresponding author of the publications was contacted (by AJ) for clarification before the decision to include or exclude. In some publications, both older adults and staff were interviewed. If the experiences of the older adults were reported clearly separated from those of the staff, these publications were included. A citation search was conducted for the included publications. The first author (AJ) conducted the second and third step of the publication identification and data extraction, and each stage of the process was followed and discussed by the authors CJT, SF and MEB for validation.

Table 2. An overview of databases searched in the search strategy.

Re@home search		Supplementary search
Part 1 January 2022	Part 3 December 2023	Part 2 October 2022
-initial limited search (Medline Ovid)	-updated search on: Medline (Ovid)	-initial limited search with adjusted Re@home search string
-a full search string developed and tested across databases	Web of Science Core Collection (Clarivate)	-a full search string developed and tested across databases and websites
-a final search conducted on databases:	Cinahl (Ebsco)	-a final search conducted on databases:
Medline (Ovid)		Medline (Ovid)
Web of Science Core Collection (Clarivate)		Web of Science Core Collection (Clarivate)
Cinahl (Ebsco)		Cinahl (Ebsco)
SweMed+		SweMed+
		AMED
		ProQuest Central
		Turning Research Into Practice
		Scopus

Extraction and mapping of results

Data with participants' experiences was extracted into a Microsoft Excel spreadsheet using a data extracting tool developed by the authors based on the JBI data extraction template [34]. First, data were extracted (AJ) from the results sections/themes of the included publications. The data consisted of verbatim quotes, sentences and content that were clearly linked to the older adult's own experiences of team-based home rehabilitation. Content clearly linked to adults under 65 were not extracted. Then the extracted data were condensed into key findings. Thereafter, the key findings were coded, the codes being kept close to the text and themes (Table 3). Lastly, the coded key findings were mapped into categories based on similarities between the codes (Table 4). According to the JBI method guidelines for scoping reviews [34], a quality appraisal of the included publications was not required. The first author (AJ) conducted the data mapping, which was then checked and discussed by authors CJT, SF and MEB for validation.

Results

Search results

The database and register searches identified a total of 262 qualitative publications. Other sources such as websites and organisation sites provided a further 120 publications. A citation search added further two publications and one known publication resulting in a total of 385 publications. After duplicate removal and screening of titles and abstracts based on exclusion criteria a total of 186 potentially relevant publications were retrieved for a full-text assessment. Based on the inclusion criteria for this study 169 publications were excluded, resulting in a total of 17 publications that were reviewed, see flow chart over selection process (Figure 1). Of the 17 publications included, three had a few participants under the age of 65 [30,37,46]. Of the total number of participants included in the review ($n = 205$), eight participants were younger than 65, see Table 5 for the age range of the included publications.

Characteristics of included publications

A summary of the 17 included publications is presented in Table 5. These publications were all articles published in peer-reviewed scientific papers and all except one (Norwegian) were in English. No grey literature met the eligibility for inclusion. Most publications had a Scandinavian origin, and the majority were conducted in Norway ($n = 6$) and Sweden ($n = 6$) (Table 1). The majority of included publications were published between 2015 and 2023 and all used semi-structured interviews for data collection. Regarding participants and context, several publications lacked description of gender, main diagnosis, geographic location, residence and living arrangement. The most common geographical locations reported were urban areas (Table 1).

Review findings

The mapping and summarising of the older adults' experiences of team-based home rehabilitation resulted in four categories (Table 4)*; Home as a rehabilitation context, Staff attitudes, approach and collaboration, The intervention process, content and outcome* and *Impact of older adults' own personal conditions.* These are described below.

Home as a rehabilitation context

Experiences of receiving rehabilitation in the home environment were clearly expressed in the included articles. Some perceived their home as the most suitable and meaningful environment to train in [37,38,43,49]. Being in a well-known familiar context with the opportunity to continue everyday life with significant others enabled independence, autonomy and well-being [30,37]: *"I am more active at home. If I was somewhere else, it would be as 'they' wanted; here is the way 'I' want to, that's actually important for me"* [30,p.1586]. It was also convenient not having to go anywhere to receive rehabilitation which was highly appreciated [52]. The physical indoor environment could for some be a barrier (e.g., stairs) when participating in everyday activities [43] but then serve as a natural arena where abilities were tested, trained and challenged [37]. Physical barriers could also prevent the older adult from leaving home on their own, contributing to isolation and a feeling of loneliness [42] and hinder rehabilitation process. The outdoor environment and nature facilitated the rehabilitation, but the weather could sometimes be a barrier by creating slippery and obstructed walkways [38,39] or being too hot for exercising [52].

Social relationships in the home were important for, security, structure in ADL, and satisfaction and joy in life [39,44]. Engagement by family members, friends and neighbours in the team-based home rehabilitation was therefore highly appreciated, giving motivation to and facilitating training, activity and participation [30,37,40,41,52]: *…"I'll be able to teach her [my sister]…it'll be someone to carry on doing the exercises with, to keep the motivation up"* [52,p 655]. However, not all carer support was experienced as helpful: *"I'm not sure that it [prompts from his partner to do the exercises] motivates me"* [40,p.11], and some expressed guilt and not wanting to be a burden to their family [38,49].

Staff attitude, approach and collaboration

Perceptions of home rehabilitation staff were described in a majority of the included articles. The older adults described the staff in positive terms, such as being positive, friendly, empathic and respectful, keeping integrity, and creating a sense of involvement and equality [37–39,43,45,49]: *"It became a little more…family-like if you say"* [45,p.502]. The older adults were also motivated by the staff, who encouraged them to have a sense of ownership and responsibility for the rehabilitation process. The older adults felt that the staff pushed and challenged them, and this, together

Table 3. Example of extracted main result/themes, condensed main result/themes, key findings and coded key findings.

Extracted main results/themes	Condensed main result/ themes	Key findings	Coded key findings	Coded key findings	Coded key findings
Patient theme (1) self-awareness – They explained the importance of self-management strategies such as taking daily weights. As a result, patients were more likely to make lifestyle changes (2) nutrition reinforcement – appreciated that the RN emphasised the specifics of a heart healthy diet, RN helped them better understand what foods to eat and what to limit. nutrition teaching tool. (3) motivation for physical activity – physical therapy goals, Patients who had been accustomed to regular exercise seemed to be the most motivated and optimistic about returning to their prior level of functioning. The clinicians were instrumental in helping them achieve these goals. "The discipline of having someone come [to the home], that's really encouraging" (Feinberg et al. 2018)	Self-management strategies helped to make lifestyle changes. Gaining knowledge and understanding important for self-awareness. Patient accustomed to exercise more motivated and optimistic to reach prior function. Clinicians' instrumental for achieving goals – home visits encouraging	Self-management strategies helps lifestyle changes. Knowledge and understanding important for self-awareness. Patient accustomed to exercise more motivated and optimistic. Clinicians' instrumental for achieving goals. Home visits encouraging	Self-management strategies, gaining knowledge, self-awareness	Staff explains and encourage	Accustomed to exercise

with their trust in the staff's skills, knowledge and ability, was instrumental to the experience of progress [30,37,39,41,43–46,48]. It was also considered important that the team members were a complement to each other: *"…It was good that it [contact with PT] complemented what [the home care workers] were doing – or they complemented what she was doing* [52,p.655].

The home environment also seemed to promote a more equal relationship between the older adults and staff [37,43]: *"It's my home ground so the roles are a bit different [then the hospital] … that puts me more in control"* [37,p.307]. In contrast, some expressed feelings of limited autonomy or felt that their integrity was not respected, when their home was transformed into the staff's workplace, thereby erasing the physical and psychological boundaries of the home [49]. Collaborative approaches were sometimes new and confusing for the older adults. An older man, for example, said that he was not used to staff asking for his opinion, he wanted concrete answers and put the responsibility on the staff: "[encouraged to walk around without a rollator] *And then off you went on your own. But if you fell, it wasn't your problem. It was really the responsibility of the teacher, or the person teaching you"* [47,p.624]. One study reported that loneliness was a subject that was difficult to address in team-based home rehabilitation. Due to this, some older adults expressed uncertainty about the intervention and sensed a hidden agenda from the staff: *"I don't know why the therapist came here…I don't know the purpose she had… Some of them come to go for a walk. Then we went for a walk. But I usually walk on my own, so I don't really need them"* [42,p.5]. However, for some, the staff represented the only social network they had.

The intervention's process, content and outcome

In addition to experiences related to the home environment, a majority of the articles described experiences of the process, content and outcome of the intervention. The possibility to formulate their own goals facilitated the older adults' motivation and made the rehabilitation process meaningful for them [30,41,43]. Goals could be related to ADL as well as physical functions inside and outside the home, regarding social interaction, outdoor activities and hobbies [41].

Being involved in planning the content of rehabilitation was considered significant [38]. In contrast, the intervention was sometimes experienced as something already decided for them by others: *"They just came. I must to be sure have said yes"* [46,p.1082], and something that they were pressured to do [44]. Maintaining power and control over their daily lives during the intervention, meant for some participants that fights and struggles were necessary: *"I do as I have been told, but not always gladly"* [50,p.267].

Supervision and frequent visits by the staff were reported to be a big motivating factor for the older adults and were highly appreciated [30,38,40,43,44,52]: *"I knew they were coming and I believe it is very positive, that you in a way recover faster"* [30,p.1586]. Some older adults underlined the value of being able to choose the time of day for visits and their number, thus controlling the schedule [43]. For some older adults, however, the frequent visits were inconvenient due to a lack of control regarding the schedule [46] or the intensity of the visits [39].

Assistive products and technologies for personal use in daily living, communication, personal indoor/outdoor mobility and transportation were considered prerequisites for rehabilitation as well as adaptation of environment [38,43,44,49]. Accordingly, service delays, for example lack of immediate availability of a wheelchair, restricted the individuals' ability to move around, and the lack of information contributed to risky situations [38].

Training in everyday activities was considered to be very important for some [39,41] but there were also experiences that training consisted of physical exercises, not activities of everyday life [30]. Moreover, for some older adults, the intervention did not always match needs and expectations [39]: *"I can say honestly that I am very sad since I did not receive the rehabilitation (…) physiotherapy"* [39,p.523]. Self-management strategies, routines and clear self-instructions for exercising independently were considered important for self-awareness, self-confidence and persistence over time [48,49,52], but some older adults also felt that these burdened them with too much responsibility to exercise by themselves [49].

Few publications included experienced outcomes. Outcomes mentioned were for example improved functioning, gaining insights and new faith in one's own resources and feelings of re-mastery [41,44,51,52] and a sense of freedom [43]: *"I could not believe I could do these exercises which were given to me at my age, but I mastered them"* [52,p.655]. Over time, one man experienced that performing exercises on his own at home was monotonous and the physiotherapist arranged for him to continue training at

Table 4. The coded key results of older adults' experiences of team-based home rehabilitation mapped into categories.

Categories	Coded key result	Source
Home as a rehabilitation context		
	Home as a training arena	Lou et al. 2017 [37]
	Outdoor environment, supporting relationships	Randström et al. 2012 [38]
	Familiar surroundings and nature, social motivation	Östlund et al. 2019 [39]
	My stuff, my people	Hjelle et al. 2017 [30]
	Carer support with exercise	Hancox et al. 2019 [40]
	Relatives as helpers and psychological support	Jokstad et al. 2016 [41]
	Physical home isolates	Lykke et al. 2019 [42]
	Home a facilitator and barrier, social relationships important	Johansson et al. 2021 [43]
	Social network supportive	Moe & Brinchmann 2016 [44]
	Home convenient as no travels needed, weather a barrier, informal support important	Walsh et al. 2023 [43]
Staff attitudes, approach and collaboration		
	Staff caring skills	Gustafsson et al. 2019 [45]
	Staff skills and competence	Jokstad et al. 2020 [46]
	Expectations and collaborations with staff	Vik et al. 2009 [47]
	Staff motivational work	Moe and Brinchmann 2016 [44]
	Staff explain and encourage	Feinberg et al. 2018 [48]
	Staff knowledgeable, accessible, emphatic, equal relationship	Lou et al. 2017 [37]
	Staff friendly, empathic, create involvement	Randström et al. 2012 [38]
	Skilled staff show respect, listen	Randström et al. 2013 [49]
	Professional skilled, kept integrity	Östlund et al. 2019 [39]
	To be challenged and valued by staff	Jokstad et al. 2016 [41]
	Team encouragement, co-operation	Hjelle et al. 2017 [30]
	Hidden agendas, loneliness difficult to address	Lykke et al. 2019 [42]
	Trusting relationship, part of a team, security and motivation	Johansson et al. 2021 [43]
	Home as workplace	Randström et al. 2013 [49]
	Relationship with committed staff that complement each other	Walsh et al. 2023 [43]
The intervention process, content and outcome		
	Self-management strategies, gaining knowledge, self-awareness	Feinberg et al. 2018 [48]
	Power and control, require fights and struggle	Vik et al. 2008 [50]
	Mastery, gaining faith	Jokstad et al. 2016 [41]
	Supervision, visits, memory support, a purpose facilitates	Hancox et al. 2019 [40]
	Intervention unexpected, inconvenient visits	Jokstad et al. 2020 [46]
	Frequent home visits, exercises, transition to peers	Randström et al. 2013 [51]
	Visits valued, physical strengthening, obligations, adaptations	Moe & Brinchmann 2016 [44]
	Assistive products/technology, supervision, involvement	Randström et al. 2012 [38]
	Clear self-instructions, more supervision needed	Randström et al. 2013 [49]
	Everyday activities, supervision, goals, regular visits	Hjelle et al. 2017 [30]
	Goals do not always match, too intense, everyday activity	Östlund et al. 2019 [39]
	Formulating goals, training in everyday activities important	Jokstad et al. 2016 [41]
	Targeted training, frequent visits, control schedule, freedom, adaptation	Johansson et al. 2021 [43]
	Supervision, ongoing routine, increased confidence and improvement key motivator	Walsh et al. 2023 [43]
Impact of the older adults' own personal conditions		
	Routines, adherence, beliefs	Hancox et al. 2019 [40]
	Personal responsibility – take control	Randström et al. 2013 [51]
	Determination, willpower evolves	Hjelle et al. 2017 [30]
	Accustomed to exercise	Feinberg et al. 2018 [48]
	Health factors impact success	Walsh et al. 2023 [43]

a gym. There, he met peers, which made him realise that he was not alone in his situation [51].

Impact of own personal conditions

In some studies, the older adults related how their experiences were formed by their own personal conditions in the home rehabilitation process. Willpower and determination were considered as driving forces that evolved during the process [30] and it was important to take personal responsibility for rehabilitation [30,51]: *"I have the responsibility to train to get better. There is no one else who can do it"* [30,p.1586]. Past experiences of exercise had an impact on adherence [40], as it seemed that older adults accustomed to regular exercise were highly motivated: *"I used to do workouts at the gym and on the treadmill, so [my PT and I] are trying to get me back to that"* [48,p.194]. A study reported that the ability to create daily routines was important for adherence to exercise programmes. Not all older adults wanted or had the ability to create daily routines, however: *"I don't like routines. They irritate me…[being] …controlled from afar"* [40,p.10], which affected the progress of the rehabilitation. Health issues such as pain, fatigue and shortness of breath also impacted the older adult's engagement and, in the end, program success [52].

Discussion

The purpose of this study was to map and summarise the available knowledge regarding older adults' experiences of team-based home rehabilitation. The main findings show that available knowledge of older adults' experiences of team-based home rehabilitation is related to the home environment as a context for rehabilitation; the staff attitudes, approach and collaboration; the intervention process, content and outcome; and the older adults'

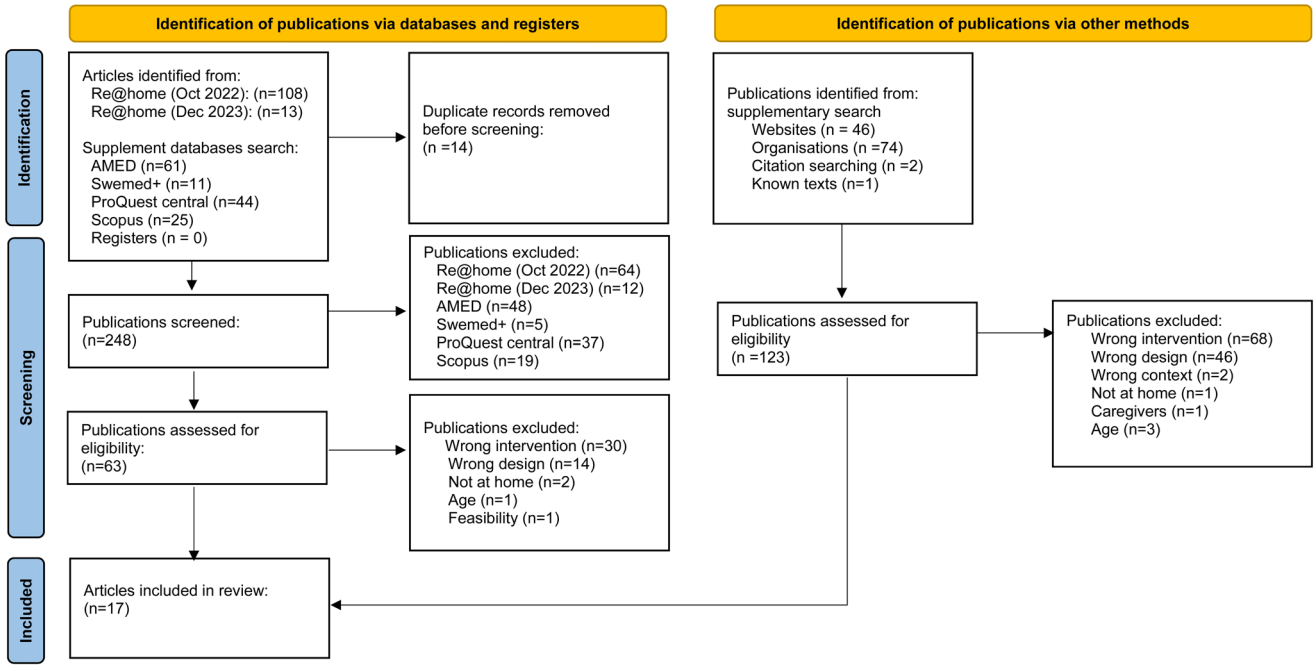

Figure 1. PRISMA diagram describing the flow of the selection process.

own personal conditions. The results also show that research on older adults' experiences of team-based home rehabilitation is scarce, mostly conducted in Scandinavian countries and often lacks a clear description of population, content and context.

Characteristics of included articles

This scoping review only identified a few studies in line with the study aim, that is considering older adults experiences, and the studies were mostly conducted in recent years. As we are moving towards a person-centred healthcare, there needs to be more research exploring older adults experiences of team-based home rehabilitation in order to support the development of collaborative and inclusive rehabilitation practice [33]. The most common geographical locations reported were urban areas indicating that there is a lack of qualitative research from rural areas. Many of the included studies did not report on specific contexts such as geographic location, residence or living arrangement, so the contexts remain partly unclear. It was also difficult in some studies to determine which of the professions did what and to what extent. Because home rehabilitation interventions can be organised and delivered in so many different ways, lack of information about the context and content of interventions adds to the difficulty of summarising and aggregating the results [14]. To be able to systematically analyse qualitative research for building scientific knowledge about home rehabilitation interventions, agreement on how to report on population, content and context in home rehabilitation research is desirable. Attempts at creating an internationally accepted definition of home rehabilitation, e.g., initiated by Metzelthin et al. [14], is important in order to build stronger evidence in the field.

Review findings

Majority of the included studies found that the home environment as a rehabilitation context was highly appreciated by the older adults. This finding can be explained by the experience of home as a safe and familiar place [6,53] where the knowledge and experience of "finding their way around" provided a sense of security [53]. The meaning of home can be described as the social home where different people interact within the sphere of the home, the physical home with its design, furnishings and location, and the emotional home in how older adults relate to their home and surroundings [54]. Our study identified that the physical, social and emotional home environment as a context for rehabilitation could have both positive and negative aspects.

In relation to the social home, the findings show that most older adults had positive experiences of the rehabilitation staff's presence in their homes. The older adults said that the staff's approach created a sense of familiarity and partnership and that they perceived the staff as competent and skilled. However, some also experienced that the boundaries of their private sphere were erased, bringing feelings of limited autonomy and disregarded integrity. This is in line with other studies showing that when professionals work in one's home, the private sphere is changed [55], leading to some older adults feeling like a guest in their own homes [56]. There is a loss of *at-homeness*, meaning that the feelings of connection, familiarity and security associated with their emotional home were jeopardised [6,54,57]. Having a person's home as a workplace places high demands on the staff. In the home, the staff also face a unique context for each visit and performing an intervention can thus be more challenging than at an institution [58]. A respectful attitude and approach from the staff are prerequisites to avoid intrusion into the older adults' private sphere. Research shows that when dialogue takes place around the older adults' kitchen table [59] and when professional friendship between the staff, the older adult and the next of kin is developed [55] the balance of power can be equalised. Such friendship and empowerment were experienced by several older adults in this review.

Although the perspectives from relatives were not within the scope of this review, it became clear that it is difficult to separate these perspectives from each other as they are so closely related to each other in the home environment. For many older adults, their significant others provided motivation and happiness in life

Table 5. Summary of the included publications.

Authors	Type of text/Source/Design	Title	Study aim	Population Size; *n*/Age; Mean (range) Gender; Male, Female/Diagnose	Content intervention/ Professions	Context country/ Geographic location/ esidence/Living arrangement/	Key results The studies themes/categories
Gustafsson et al. 2019 [45]	Published article/ Scandinavian Journal of Caring Science/ Semi-structured interviews	"Best fit" caring skills of an interprofessional team in short-term goal-directed reablement: older adults' perceptions	To illuminate older adults' perceptions of multi-professional team's caring skills as success factors for health support in the short-term goal-directed reablement	*n* = 23/ >65 years/ Not described/ Not described	Time-limited, goal-oriented reablement, not specified/ Nurse, trained enrolled nurse, PT, social worker, OT, social assessment officers/care managers	Sweden/ Central areas/ Not described/ Not described	A motivating caregiver A positive atmosphere-creating caregiver A human fellowship-oriented caregiver A caregiver that goes beyond the expected
Hancox et al. 2019 [40]	Published article/ PLoS ONE [Electronic Resource]/ Semi-structured interviews	Factors influencing adherence to home-based strength and balance exercises among older adults with mild cognitive impairment and early dementia: Promoting Activity, Independence and Stability in Early Dementia (PrAISED)	To explore barriers and facilitators influencing PrAISED participants' adherence to the home-based strength and balance exercises.	*n* = 20/ 76.6 (68–91)/ 16 M, 4 F/ Dementia	Individually tailored programme of strength and balance exercises (OTAGO). Functionally orientated therapy/ PT, OT, rehabilitation support workers	United Kingdom/ Not described/ Not described/ 5 living alone,15 co-habiting	Routine Practical and emotional support Memory supports Past experiences of sport and exercise
Hjelle et.al. 2017 [30]	Published article/ Health and Social care in the community/ Semi-structured interview	Driving forces for home-based reablement; a qualitative study of older adults' experiences	To describe how older adults in Norway experience participation in reablement.	*n* = 8/ 79 (64–92)/ 4 M, 4 F/ Varied	Early, time-limited, intensive, goal-oriented interdisciplinary rehabilitation. Tailored to participants' goals. Training in daily activities, adaptations, exercise programmes/ OT, PT, home-care personnel	Norway/ Rural municipality/ House, apartments/ 6 living alone, 2 co-habiting	My willpower is needed Being at home with my stuff and my people The reablement team is important for me Training is physical exercises, not everyday activities
Feinberg et al. 2018 [48]	Published article/ Geriatric Nursing/ Semi-structured interview	A Mixed Methods Evaluation of the Feasibility and Acceptability of an Adapted Cardiac Rehabilitation Program for Home Care Patients	To examine the feasibility and acceptability of the HHH program among patients and clinicians, and explore the impact of the intervention on patient self-care and knowledge of heart disease.	*n* = 28/ 83.9 (SD 8.4)/ Not described/ Cardiac diagnoses	Interdisciplinary CR program. Exercise plan, nutrition counselling, self-management education, patient teaching tools/ RN, OT, PT	USA/ Not described/ Not described/ Not described	Self-awareness Nutrition reinforcement Motivation for physical activity
Jokstad et al. 2020 [46]	Published article/ Journal of Multidisciplinary Healthcare/ Recurrent semi-structured interviews	Control as a Core Component of User Involvement in Reablement: A Qualitative Study	To explore user involvement in reablement from users' perspectives from the beginning of an intervention.	*n* = 10/ 80.7 (62–93)/ 4 M, 6 F/ Not described	Activity mapping and physical assessment. Individual, written rehabilitation plans with goals and daily activities. Six-week intervention. The team and users together summarise the intervention process/ OT, PT, nurses and health professionals.	Norway/ Urban municipality/ Not described/ 6 living alone, 4 co-habiting	Positive, but with a "Wait and See" Attitude Professionals Have Goals, Users Have Dreams Desire to Control Schedule and Activity Regaining Faith in One's Own Capacity and Strengthening One's Dreams Keep Going, Hold on to Your Dreams

(*Continued*)

Table 5. Continued.

Authors	Type of text/Source/Design	Title	Study aim	Population Size; *n*/Age; Mean (range) Gender; Male, Female/Diagnose	Content intervention/ Professions	Context country/ Geographic location/ esidence/Living arrangement/	Key results The studies themes/categories
Lou et al. 2017 [37]	Published article/ Scandinavian Journal of Caring Science/ Semi-structured interviews	Early supported discharge following mild stroke: a qualitative study of patients' and their partners' experiences of rehabilitation at home	To investigate how mild stroke patients and their partners experience and manage everyday life in a context of Early Supported Discharge	*n* = 22/ 68.5 (41–79)/ 15 M, 7 F/ Stroke	ESD stroke teams at regional hospitals. Individualised, home-based rehabilitation. Rehabilitation plan. 1–4 visits depending upon needs. After that, referral to community-based rehabilitation services if needed/ Nurse, PT, OT	Denmark/ Central Denmark region/ Not described/ 0 lived alone, 22 co-habiting	Home as a healing place The flow of everyday life Professional safety net
Lykke & Handberg 2019 [42]	Published article/ Global Qualitative Nursing Research/ Semi-structured interview	Experienced Loneliness in Home-Based Rehabilitation: Perspectives of Older Adults With Disabilities and Their Health Care Professionals	To describe and interpret perspectives of older adults with disabilities and their health care professionals (HCPs) on experienced loneliness during home-based rehabilitation	*n* = 7/ (70–89)/ 1 M, 6 F/ Not described	Home care rehabilitation program, max 10 weeks. Offered to persons who experience challenges in managing and coping their everyday life/ Nurses, OT, PT, home care workers	Denmark/ Rural/ Not described/ 6 living alone, 1 co-habiting	Unspoken pain Gatekeeping Emotions Resignation Awaiting Company
Randström Björkman et al. 2012 [38]	Published article/ Disability and Rehabilitation/ Interviews	Impact of environmental factors in home rehabilitation – a qualitative study from the perspective of older persons using the Inter-national Classification of Functioning, Disability and Health to describe facilitators and barriers	To explore older people's experience of environmental factors that impact on their activity and participation in home rehabilitation.	*n* = 10/ 79 (68–93)/ 3 M, 7 F/ Varied	Home rehabilitation after discharge from hospital/ PT, OT, RT, nurse assistant, home help, a home help officers	Sweden/ A small city in surrounding countryside/ House, apartments/ 9 living alone, 1 co-habiting	Products and technology Natural environment and human-made changes to environment Support and relationships Attitudes Services, systems and policies
Jokstad et al. 2016 [41]	Published study/ Tidsskrift For Omsorgsforskning/ semi-structured interviews	Eldres erfaringer med hverdagsrehabilitering Mestring og muligheter – krav og støtte i et dynamisk samspill	To supplement the limited knowledge about everyday rehabilitation from the user's perspective by describing and exploring some elderly people's experiences with everyday rehabilitation	*n* = 5/ 81.4 (74–85)/ 3 M, 2 F/ Not described	Time-limited. Inter-disciplinary mapping. Rehabilitation plan together with user. Individually adapted training program, practice of daily activities. Ongoing evaluation, adjustment of goals and measures/ OT, PT, nurse and healthcare worker	Norway/ A large urban municipality/ House, apartments/ 2 living alone, 3 co-habiting	To gain faith in one's own possibilities and resources. To be challenged and valued. Experience of mastery.
Randström Björkman et al. 2013 [51]	Published study/ Journal of Nursing Education and Practice/ a case study, repeated interview	"I have to be patient" – A longitudinal case study of an older man's rehabilitation experience after hip replacement surgery	To describe an older man's rehabilitation experience after a hip replacement surgery	*n* = 1/ 78 years/ 1 M, 0 F/ Hip fracture	Municipal home rehabilitation by multidisciplinary team/ PT, OT, RN, nurse assistant, home help, a home help officers	Sweden/ Near a small city/ Apartment/ 1 living alone	Having feelings of despair Being in charge Having rehabilitative support

(*Continued*)

Table 5. Continued.

Authors	Type of text/Source/Design	Title	Study aim	Population Size; *n*/Age; Mean (range) Gender; Male, Female/Diagnose	Content intervention/ Professions	Context country/ Geographic location/ esidence/Living arrangement/	Key results The studies themes/categories
Moe & Brinchmann 2016 [44]	Published study/ Grounded Theory Review: An Inter-national Journal / Interviews and observations	Optimising Capacity – A Service User and Caregiver Perspective on Reablement	To generate a grounded theory of service users' and their caregivers' experiences of reablement services.	*n* = 17/ (70–94)/ 3 M, 14 F/ Not described	Physical training and adaptive equipment to strengthen actions the individual defines as important. Time-limited and person-centred/ Nurses, OT, PT, and nurse assistants	Norway/ Rural and urban areas/ 16 living alone, 1 co-habiting	Appreciating a push Physical strengthening Adapting the environment Building confidence
Johansson et al. 2021 [43]	Published study/ Health Science Reports/ Interviews	Valuable aspects of home rehabilitation in Sweden: Experiences from older adults	To explore valuable aspects of home rehabilitation experienced by older adults	*n* = 9/ 78.9 (73–96)/ 5 M, 4 F, Not described	Time-limited (maximum 12 weeks) goal-oriented home rehabilitation/ OT.PT and rehabilitation assistants	Sweden/ Not described/ Not described/ 4 living alone, 5 co-habiting	Advantages of a familiar home environment Relation-building encounters with competent professionals Creation of a tailor-made rehabilitation
Randström Björkman et al. 2013 [51]	Published study/ Journal of Rehabilitation Medicine/ recurrent interviews	Activity and participation in home rehabilitation: older people and family members perspective	To explore older people's and their supporting family members' experiences of home rehabilitation with a focus on activity and participation.	*n* = 6/ 82 (66–92)/ 4 M, 2 F/ Varied	Home rehabilitation by municipal multidisciplinary teams/ PT, OT, RN, nurse assistant, home helper, home-help officers	Sweden/ A small city in surrounding countryside/ House, apartment/ 2 living alone, 1 co-habiting	Living with a frail body Striving for well-being in daily life Feeling dependent in daily life Striving to be at home
Vik et al. 2009 [47]	Published study/ Disability and Rehabilitation/ A case-oriented design, recurrent interviews	Encountering staff in the home: Three older adults' experience during six months of home–based rehabilitation	To explore and describe how older adults who received home-based rehabilitation perceived the staff during a period of 6 months when they received rehabilitation.	*n* = 2[1]/ 72 and 82 years/ 1 M, 1 F/ Varied	Time-limited. Rehabilitation team twice a week + visits from home helpers or home nurses/ Nurses, OT, PT, home helpers or home nurses	Norway/ Large town, community/ Apartment/ 1 living alone, 1 co-habiting	Differences and variation in perceptions of the staff' Experiences and encounters with the staff Expectations for the future daily life The participants need and tasks relating to their disability
Vik et al. 2008 [50]	Published study/ Canadian Journal Of Occupational Therapy/ A case-oriented design, recurrent interviews	Agency and engagement: Older adults' experiences of participation in occupation during home-based rehabilitation	To explore the experience of participation in occupation from the perspective of older adults with disabilities during the period when they received home-based rehabilitation	*n* = 2[1]/ 72 and 82 years/ 1 M, 1 F/ Varied	Time-limited. Rehabilitation team twice a week + visits from home helpers or home nurses/ Nurses, OT, PT, home helpers or home nurses	Norway/ Large town, community/ Apartment/ 1 living alone, 1 co-habiting	Continuing to be an agent in daily life Life itself is the agent
Östlund et al. 2019 [39]	Published study/ Educational Gerontology/ Semi-structured interview	Older adults' experiences of a reablement process. "To be treated like an adult, and ask for what I want and how I want it"	To explore older adults' descriptions of interactional needs related to autonomy in life. The purpose was also to explore the importance of significant others in the reablement process.	*n* = 23/ 83.7 (73–92)/ 0 M, 23 F/ Not described	Time-limited, intensive homebased rehabilitation by an interprofessional team. Intensive everyday rehabilitation visits. Rehabilitation activities and practices based on user-specific goals focusing on regaining autonomy in life/ Nurse, enrolled nurse, PT, social worker, OT, social assessment officers/care, managers	Sweden/ Central areas of a middle to large municipality/ Not described/ Not described	Transitional relations with interprofessional staff Stable relationships with neighbours, relatives, and loved ones Acceptance of ageing and death as a natural departure

(*Continued*)

Table 5. Continued.

Authors	Type of text/Source/Design	Title	Study aim	Population Size; *n*/Age; Mean (range) Gender; Male, Female/Diagnose	Content intervention/ Professions	Context country/ Geographic location/ esidence/Living arrangement/	Key results The studies themes/categories
Walsh et al. 2023 [52]	Published study/ Australian Journal of Primary Health/ Semi-structured interviews	Home care worker-supported exercise program to address falls: a feasibility study	To investigate the feasibility and acceptability of the By Your Side (BYS) program, a PT-led (in-person and online) and home care worker-supported OEP (ortago exercise program)	*n* = 12/ 82 (69–70)/ 3 M, 9 F/ Varied	Time limited, OEP program delivered by PT and supported by home care workers. Supervision individualised and aligned with routine visits (extra time allocated). The physiotherapist attended 4 sessions in-home or *via* remote technology/PT, Home care workers	Australia/ Not described/ Not described/ 2 living alone, 10 co-habiting	Confidence, commitment and companionship critical for engagement Environmental and health factors impact program success Drivers and barriers to going it alone A new role for, and learning from, the home care worker

Abbreviations: PT: physiotherapist; OT: occupational therapist; RN: registered nurse.

and were resources in their rehabilitation at home. Almost all spoke positively about relatives' support, but this was not true for everyone. Also, some older adults experienced themselves as a burden to their relatives. This highlights the fact that home rehabilitation interventions can, besides changing one's relationship to the home, also result in changed relationships and roles that may not be desired by the older adult and their relatives [60]. It is vital to consider these potentially changed relationships when planning and delivering team-based home rehabilitation services.

The findings also showed, in line with previous research [61], that the physical home can sometimes have a negative impact on older adults' ability to participate in everyday life and social activities. Stairs, for example, can hinder home rehabilitation due to the lack of an elevator [58] which can make it difficult to leave home and, in turn, can lead to loneliness and isolation. Social participation outside the home is not always addressed in team-based home rehabilitation [42,62], suggesting that guidelines are needed to help staff to understand and identify barriers and facilitators for social participation in each older adult's unique situation.

Most home rehabilitation initiatives claim to work in a person-centred manner. However, some studies' results reveal that not all older adults seemed to have experienced a person-centred practice [33,63]. Some older adults did not have the opportunity to influence the planning of the team-based home rehabilitation such as the number of visits and time of day they occurred, and some of the goals and interventions did not correlate with the older adult's expectations and needs, which caused feelings of inconvenience and frustration. According to McCormack et al. [63], shared decision-making based on the older adults' values and norms is an important part of a person-centred process. This review's findings raise the question of how team-based home rehabilitation interventions are organised and delivered and also what content facilitates a person-centred outcome that is valued by the individual [13].

Most of the included studies were conducted in Scandinavian countries. No study reported the origin (e.g., country of birth) of the interviewed participants and almost no study described the language spoken during the interviews. However, in some studies, the authors excluded persons who did not speak the native language of that country. The use of interpreters was not reported in any study. This indicates that all interviews were conducted in the native tongue. Scandinavian countries today are multicultural contexts, and cultural factors could influence how older adults experience team-based home rehabilitation [64]. Importantly, this cultural diversity is neither considered nor sufficiently reflected in the included studies. Research has for example shown that for some immigrant groups, less physical activity in older age is seen as a natural part of life or that physical activity is not appropriate for women [65]. There are also different cultures of care in comparison with Westerner's norms of independence, with interdependent family roles [66]. Two studies included in our review addressed cultural aspects of loneliness in their discussion [39,42] and in the results section of one study [39] it was revealed that at least one of the participants was a migrant, otherwise there seems to be a lack of a culture perspective in qualitative team-based home rehabilitation literature. Against the background of an increasingly ageing multicultural population, there is a gap in scientific knowledge when it comes to cultural diversity in team-based home rehabilitation interventions.

Limitations and strengths

A strength of this review is the use of a systematic and standardised method for conducting a scoping review according to

JBI [34]. The search strategy was broad, encompassing several databases and other grey literature sources and was conducted by two information specialists, increasing the likelihood of finding relevant texts for this review. The rather small number of studies included in this review can be seen as a limitation. The decision to only include studies with OT and/or PT may have reduced the sample size due to the fact that not all home rehabilitation interventions, either in research or practice, include these professions in the team [67]. This decision could also explain why no grey literature met the inclusion criteria and why the included studies were conducted mainly in Scandinavian countries. The decision was made in accordance with Swedish healthcare (the authors' context) where OT and PT are the core practitioners in home rehabilitation teams [68] and recommended by research [22,23]. Thus, there might be qualitative research on older adults' experiences that did not meet the inclusion criteria for this study. Some articles included participants under the age of 65, which can be considered a limitation. However, the majority of participants in these articles were over 65, so by including these articles, their experiences could be captured. Also, content clearly linked to younger participants was not included in the analysis, so the vast majority were 65 years of age and older in this review. As our last search date was December 2023, there is a risk that more recent research was not included. However, only one additional article was found to be relevant to include from the second compared to the first search, and this did not change neither the review results nor the conclusions. This suggests that research within the scope of this review is less likely to change rapidly, and consequently the risk of missing new evidence could be considered low [69]. The first author conducted most of the study selection, data extraction and data mapping, which increased the risk of selection bias. To increase inter-reliability, pilot testing with all authors was conducted before each step and the authors CJT, SF and MEB followed every step of the analysis process for validation.

Conclusions

Knowledge of older adults' experiences of team-based home rehabilitation is related to the home as a rehabilitation context where the staff's approach, the process and content of the intervention and their own personal conditions can influence the experience of a person-centred intervention. This review shows that although the majority of older adults are positive towards team-based home rehabilitation there are also negative aspects in relation to the physical, social and emotional home that need to be further explored. To be able to summarise and synthesise knowledge in qualitative home rehabilitation research, a consensus on how to report on population, context and content is needed. An identified knowledge gap in team-based home rehabilitation research is the lack of consideration of cultural aspects.

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