Received: 20 January 2022 | Revised: 27 March 2023 | Accepted: 1 April 2023

DOI: 10.1111/opn.12542

International Journal of Older People Nursing WILEY

REVIEW ARTICLE

Supporting older patients in working on rehabilitation goals: A scoping review of nursing interventions

Anne Marie Vaalburg MSc, PhD student, Researcher[1,2] | Petra Boersma PhD, Researcher[1] | Elizabeth M. Wattel MSc, Coordinator[2,3] | Johannes C. F. Ket Medical Information Specialist[4] | Cees M. P. M. Hertogh PhD, MD, Professor, Head[2,3] | Robbert J. J. Gobbens PhD, MScN, FEANS, Professor of Health and Well-being of Frail Elderly[1,5,6,7]

[1]Faculty of Health, Sports and Social Work, Inholland University of Applied Sciences, Amsterdam, The Netherlands

[2]Department of Medicine for Older People, Amsterdam Public Health Research Institute, Amsterdam University Medical Centers, Amsterdam, Netherlands

[3]University Network of Organizations for Care for Older People of Amsterdam University Medical Centers (UNO Amsterdam), Amsterdam, Netherlands

[4]Medical Library, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands

[5]Zonnehuisgroep Amstelland, Amstelveen, The Netherlands

[6]Department Family Medicine and Population Health, Faculty of Medicine and Health Sciences, University of Antwerp, Wilrijk, Belgium

[7]Tranzo, Tilburg School of Social and Behavioral Sciences, Tilburg University, Tilburg, Netherlands

Correspondence
Anne Marie Vaalburg, Faculty of Health, Sports and Social Work, Inholland University of Applied Sciences, De Boelelaan 1109, 1081 HV Amsterdam, The Netherlands.
Email: annemarie.vaalburg@inholland.nl

Funding information
ZonMw

Abstract

Background: Nurses are consistently present throughout the rehabilitation of older patients but are apprehensive about performing goal-centred care in the multidisciplinary team.

Objectives: The aim of this review was to explore working interventions on setting goals and working with goals designed for nurses in geriatric rehabilitation, and to describe their distinctive features.

Methods: We performed a scoping review. We searched MEDLINE and CINAHL through August 4, 2021. Search terms related to the following themes: nurses, rehabilitation, geriatric, goal and method. We used snowballing to find additional. From the selected studies, we systematically extracted data on means, materials and the nursing role and summarized them in a narrative synthesis, using intervention component analysis.

Results: The study includes 13 articles, describing 11 interventions which were developed for six different aims: improving multidisciplinary team care; increasing patient centredness; improving disease management by patients; improving the psychological, and emotional rehabilitation; increasing the nursing involvement in rehabilitation; or helping patients to achieve goals. The interventions appeal to four aspects of the nursing profession: assessing self-care skills incorporating patient's preferences; setting goals with patients, taking into account personal needs and what is medically advisable; linking the needs of the patient with multidisciplinary professional treatment and vice versa; and thus, playing an intermediate role and supporting goal achievement.

Conclusions: The interventions show that in goal-centred care, the nurse might play an important unifying role between patients and the multidisciplinary team. With the support of nurses, the patient may become more aware of the rehabilitation process and transfer of ownership of treatment goals from the multidisciplinary team to the

patient might be achieved. Not many interventions were found meant to support the nursing role. This may indicate a blind spot in the rehabilitation community to the additional value of its contribution.

KEYWORDS
geriatric rehabilitation, goal achieving, goal setting, nursing interventions, nursing role, scoping review

1 | INTRODUCTION

Patients are experts on their own situations, and their participation in their treatment is considered as playing a vital role in their treatment's success (Kvæl et al., 2018). In geriatric rehabilitation, we use joint goal setting between patient and medical professional as a means to encourage patient participation. It will support patients to move from being a passive recipient of care to an active participant in their own rehabilitation process (Revello & Fields, 2015). In addition, joint goal setting might improve patient's motivation to engage in therapeutic activities (Levack et al., 2015).

However, for many older patients, formal goal setting is an unusual activity. Vaalburg et al. (2021) disclose several needs of older patients concerning the setting and achievement of goals: goals need to be meaningful, patients need to be prepared for the process, patients need explanation about their role in the process of setting goals and there should be more emphasis on goal achieving. Developing working interventions and interventions that answer these needs and support effective partnership is important (Holliday et al., 2007).

Nurses, as members of the multidisciplinary team, are most consistently present throughout the rehabilitation. Kirkevold (2010) describes their contribution to the rehabilitation in four functions: the conserving function—intended to ensure the healthiest possible starting position for rehabilitation; the interpretive function—deployed to guide patients through the situation in which they have ended up; the consoling function; and the integrative function—through which the nurse transfers the techniques of therapy into the care and into other, for the patient, meaningful activities (Kirkevold, 2010). As such, the performance of nurses might be a key factor for successful rehabilitation.

However, according to De Vos et al. (2018), nurses experience a lack of confidence in performing their tasks in the multidisciplinary team. One can maybe attribute this to a knowledge gap when it comes to frailty in older people, the specific requirements of interdisciplinary teamwork and communication, to patients' expectations of nurses caring for them rather than being actively involved in rehabilitation and to an absence of clear working interventions (De Vos et al., 2018; Loft et al., 2017). As long as their share in the rehabilitation process remains unclear, the nurses' role in goal setting and achieving with older people will correspondingly remain undefined.

Cameron et al. (2018) indicate that there is a need for interventions for goal setting and achieving if nurses are to play a role in this area. Interventions that are closely linked to the nursing profession and to the multidisciplinary nature of geriatric rehabilitation

Implications for practice

What does this research add to existing knowledge in gerontology?

- This overview of interventions on working with goals in geriatric rehabilitation helps to provide a more accurate picture of nurses' ability to support patients in working on goals.
- The diversity of the found interventions demonstrate the many opportunities the nurse has, to play an intermediate role between the patient and the multidisciplinary team.
- With the support of nurses, increased patient awareness of the geriatric rehabilitation process and transfer of ownership of treatment goals from the multidisciplinary team to the patient might be achieved.

What are the implications of this new knowledge for nursing care with older people?

- This review supports the field of geriatric rehabilitation in working on a clearer role for nurses. Education about this role and the available interventions will raise awareness of this role.
- Some professionals experience goal setting as a time-intensive process, not as an essential prerequisite. Education and at the same time implementing nursing interventions might contribute to overcoming this barrier.

How could the findings be used to influence policy or practice or research or education?

- This scoping review provides leaders in nursing care and nursing education for older people with practical information.
- A full picture of the extent to which we expect older people to exhibit self-regulating behaviour in a professional-dominated setting is lacking. Future research on this topic is needed.
- Interactional skills on patient participation need to be subject of nursing education: learning how to stay away from patronizing and taking over, but at the same time, be aware of and act on patients' need for support.

will strengthen the interpretive and integrative side of its work. As a result, this will help older patients to play an active role in a rehabilitation process that is as much as possible tuned to their personal lives and needs (Bovend'Eerdt et al., 2009; Sharp et al., 2016; Sinclair et al., 2009).

Therefore, the aim of this study was to explore the range of interventions on goal setting and achieving available to nurses in geriatric rehabilitation and describe their distinctive features. An overview of these interventions, the specific goals they aim to achieve, the practices and materials they use and the aspect of the nursing profession they appeal to, will help to provide a more accurate picture of nurses' ability to support older patients in working on goals.

2 | METHOD

For this study, we chose to conduct a scoping review. According to Peters et al. (2020), scoping reviews are particularly appropriate when literature is heterogeneous. They are helpful to identify, map and discuss the characteristics of a concept and we can use them to advance the field (Peters et al., 2020). We followed the methodological framework developed by Arksey and O'Malley (2005) containing five stages: (1) identifying the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting the data, and (5) collating, summarizing and reporting the results.

JK and AMV performed the search for articles (stage 3) using the databases MEDLINE and CINAHL; they did not limit the search with any time restrictions and they completed it on August 4, 2021. The search used related to the following themes: nurses, rehabilitation, geriatric, goals and intervention. We have provided the search terms and strategies in Appendix S1. We found additional articles through snowballing, which refers to using the reference list of a article, the citations to the article or the assigned keywords. The criteria for inclusion of the articles were that the interventions were, if stated, aimed at older persons (≥65 years) and that they described interventions concerning goal setting or goal achieving in physical rehabilitation and not cognitive rehabilitation, however, in line with European consensus about the selection of patients for geriatric rehabilitation described by Van Balen et al. (2019), articles including patients with confusion/delirium or cognitive decline were not excluded; applicable in inpatient rehabilitation settings or starting in the inpatient setting and continuing at the patient's home; described interventions were applicable to the nursing profession; described interventions preferably had a name but in the least listed distinguishable steps and were published in English or Dutch.

Stage 4, charting the data, was done through an intervention component analysis (Sutcliffe et al., 2015), consisting of two steps, the first of which we followed. This step consists of understanding the characteristics of included interventions in detail, if necessary contacting authors to clarify details. Two reviewers (AMV, PB) screened the articles to determine which intervention components to extract, AMV, PB, EW, CH and RG developed a data chart and continuously updated it in an iterative process. To ensure reliability of the results, two reviewers (AMV, PB) independently analysed the first five articles (30%) and AMV subsequently analysed the remainder. AMV and PB analysed three intervention components: firstly, the purpose for which the intervention is designed; secondly, the means by which it seeks to achieve that purpose and as a specification of this point, we reviewed the materials used in the found interventions; and thirdly, the nature of nursing involvement in the interventions.

Additionally, this step in the intervention component analysis consists of an 'effectiveness synthesis' identifying the success and failures of individual studies (Sutcliffe et al., 2015). This synthesis includes a broader view of evidence, differing from the approach in a systematic review. Alongside the described impact of the interventions, the reflections of the authors in the discussion sections of the trial reports were also considered (see Table 1, last column). The underlying idea is that through this we can learn from valuable experiential knowledge.

3 | RESULTS

We identified a total of 915 articles. After screening the titles, abstracts, full texts and correcting for duplicates, 13 articles met the inclusion criteria, describing in total 11 interventions (Figure 1). Table 1 provides a description of the study characteristics.

3.1 | Purpose of the intervention

Table 2 presents a description of the interventions. The interventions found were developed with six different aims: improving multidisciplinary team care, increasing patient-centredness, improving disease management by patients, improving the psychological and emotional rehabilitation, increasing the nursing involvement in rehabilitation and/or helping patients to achieve goals. Three interventions aimed to improve multidisciplinary team care (Abrahamson et al., 2017; Cai et al., 2017; Monaghan et al., 2005; Nazir et al., 2015; Yau et al., 2002). Sharing a common understanding of the goals agreed for each patient as strived for by the *weekly multidisciplinary team (MDT) ward round* is an example of a way of giving that cooperation a positive impetus (Monaghan et al., 2005). The aim of six interventions was to increase patient centredness, or at least patient involvement. (Abrahamson et al., 2017; Cai et al., 2017; Gual et al., 2020; Holliday et al., 2007; Monaghan et al., 2005; Nazir et al., 2015; Ruland et al., 1997; Smit et al., 2018; Van De Weyer et al., 2010). Tailoring nursing decisions to outcomes preferred by individual patients, which is the aim of the refined *Lorensen Scale* (Ruland et al., 1997), is an elaboration of this purpose.

The *nurse-led educative consultation*, described by Dedoncker et al. (2012), aims to improve disease management by patients. Nurse and patient summarize health education imparted during

TABLE 1 Study characteristics.

Author, (year), country, name intervention[a]	The objective of the study	Research method	Participants
Abrahamson et al. (2017) USA Patient-Oriented Interdisciplinary Sub-acute Care (POISe-Care)	To evaluate the feasibility and impact of implementing a person-centred medical care model for post-acute care residents within a skilled nursing facility (SNF)	A mixed-method (qualitative and quantitative) pilot evaluation	Forty patients admitted for rehabilitation with a plan for community discharge, mean age 73. Four staff members (profession not specified)
Cai et al. (2017) USA Patient-Oriented Interdisciplinary Sub-acute Care (POISe-Care)	To determine patients' capabilities of setting goals; to determine the clinical usefulness and practicality of those statements; to determine the priorities of post-acute patient perspectives; and to discuss the feasibility of goal-setting practice and its possible impact among post-acute patients	Over a 6-month period, a total of 40 participants' care opinions were collected during 129 bedside care meetings in which patients were asked to explain their top three goals and top three concerns in their own words. A total of 129 valid POISe-Care meeting templates were reviewed	Forty patients, 78% were between ages 65 and 100. Five patients had the secondary diagnosis: dementia-related behaviours. Residents with severe cognitive impairment as indicated by an initial cognitive screen—the Callahan 6-Item Cognitive Screen11—were not included in the study
Dedoncker et al. (2012) France Nurse-led educative consultation setting Personalized tertiary prevention goals after cardiovascular rehabilitation	To evaluate the perception and long-term effects of an educative consultation performed before cardiac rehabilitation discharge	Patient interviews at 11 ± 1 months, and at 4.2 ± 0.2 years after discharge, to evaluate their satisfaction and assess cardiovascular risk factors (CVRF) control	Fifty patients hospitalised following a coronary artery bypass, mean age 73 (standard deviation 8)
Gual et al. (2020) Spain	To assess the impact of motivational interviewing, as a complement to standard geriatric rehabilitation, on functional improvement at 30 days after admission, compared to standard geriatric rehabilitation alone (study protocol)	Study protocol of a multicentre randomized clinical trial, with blinded outcome assessment	One hundred and thirty-six older (≥60 years) stroke survivors, according to protocol Excluded: Patients with severe post-stroke cognitive impairment (Pfeiffer SMPQ >7 errors)

Setting	Results professionals	Results patients	Author's reflections
An 89-bed skilled nursing facility	Some time and planning constraints. Overall positive experience	A significant ($p < .01$) improvement was noted between admission and discharge on the Care for Chronic Conditions scale and the Patient Activation Measure surveys. A trend towards improved satisfaction on the questions on whether the physician or nurse practitioner understands their needs ($p < .058$) and satisfaction with the physician or nurse practitioner ($p < .048$). Interviews revealed that the model encouraged an environment of respect and honesty in patient communication	Streamlining care by focusing on patient priorities is an efficient means to deliver care. Current team care in skilled nursing facilities is organized around team routines rather than centring on the patient. Most nursing homes operate on relatively tight staffing margins and flat organizational structures that may hinder changing of routines. The facility had a leadership team, including a physician, that championed this change
An 89-bed skilled nursing facility	Does not apply	The majority of patients were able to set goals and express concerns with the encouragement from the care team. Patients' goals were relatively consistent over time, while the patient concerns were more dynamic. Goals were clinically relevant and specific enough for use in guiding the care planning. The common goal 'Successful transition of care' demonstrated the importance of interdisciplinary care and the interdependence of social support with medical care needs	Goal-setting practice is influenced by appropriate reimbursement of care such as time to work individually with patients. Wider dissemination of the intervention may rely on access to advanced practice nurses to serve as team leaders. Patients' cognitive status could slow down the communicating process of goal setting. Patients who have little medical knowledge or have never thought about goals may find it difficult to set goals. The role switching between the medical professional and the patient is culturally unconventional. Evaluating patients' capacity to determine their rehabilitation pathway and the assistance they need from the care team are subject for further research
An inpatient cardiovascular rehabilitation programme	Does not apply	A total of 90.2% of patients had better understanding of the risk factors and causes of their heart condition. A total of 90.2% believed that it had enabled them to adopt a healthier lifestyle. A total of 80.4% of the patients felt more responsible with regard to their heart condition and to the need to change their lifestyle. The consultation with a nurse was perceived as positive by 48.7% of the patients, compared with 4.87% who believed it would have been more appropriate to do it with a doctor; 46.3% had no opinion. Most long-term effects were better than usually reported in the field of multidisciplinary secondary prevention of CVRF	Members of the rehabilitation team need to harmonize their educational approach. This harmonization of information must be structured to ensure that it is implemented in contacts with patients
Geriatric rehabilitation units of three post-acute care hospitals	Not applicable	Not yet available	This project is constructed from a 'triple aim' viewpoint: healthcare, efficiency and person-centred outcomes and experiences

TABLE 1 (Continued)

Author, (year), country, name intervention[a]	The objective of the study	Research method	Participants
Holliday et al. (2007) UK Increased participation	To examine the impact of an increased participation goal-setting protocol in a neurorehabilitation setting	An AB optimized balance block design with each block lasting 3 months, over an 18-month period	Two hundred and one patients The patients in this study are typical of many patients seen by rehabilitation services. However, patients had relatively mild cognitive deficits which may not be applicable to all patients
Van De Weyer et al. (2010) UK Increased participation	To explore rehabilitation professionals' perspectives about the use of two specific forms of goal setting used within the same setting; 'usual participation' and 'increased participation'	A qualitative research approach: focus groups	Fifteen rehabilitation professionals (speech and language therapist, occupational therapist, physiotherapist and nurse, doctor)
Huijben-Schoenmakers et al. (2013) The Netherlands Prescribed exercises based on Stroke Guidelines in workbook	To increase autonomous practice time of patients on the stroke unit of a nursing home	An observational study. Practice time of older stroke patients was compared with the time observed in previous study in same setting using the behavioural mapping method	Seventeen frail stroke patients, mean age of 75.8 (standard deviation 9), of whom 64% indicates to always have cognitive problems) and 17 subjects with the same characteristics who participated in previous observational study, of whom 94% indicates to always have cognitive problems)
Monaghan et al. (2005) UK Weekly MDT ward round	To determine the extent to which three forms of multidisciplinary team (MDT) care in stroke rehabilitation meet the standards set by the United Kingdom National Service Framework (NSF)	A consecutive assessment of three forms of care. Number of documented needs measured. Number of SMART goals measured. Patient and carer involvement measured by documented evidence. Team communication assessed with Team Climate Inventory. Questionnaire to estimate hours spent each week on the MDT round	Three groups of 25 stroke inpatients, mean age 74.8; 72.6; 70.0 two nurses, two physiotherapists andtwo occupational therapists

Setting	Results professionals	Results patients	Author's reflections
An inpatient neurological rehabilitation unit	Does not apply	Phase B patients ('increased participation') set fewer goals, of which significantly more were participation-related. These patients perceived the goals to be more relevant, and expressed greater autonomy and satisfaction with goal setting	If we want patients and their family to contribute to planning the rehabilitation process, structures need to be developed that help them articulate ambitions
An inpatient neurological rehabilitation unit	Five themes were identified: the goal-setting tools; barriers to goal setting; the keyworker role; patient characteristics; and the nature of goals	Does not apply	Experiences of involving the patient in goal setting might positively change values within practice to accommodate the patient perspective. Staff turnover might prevent goal setting from being effective. Rotations and shift work are potential barriers to goal setting. Electronic patient records might solve this issue around team communication. Tightly budgeted therapy time provides too little room for goal setting. Goal setting in which patients' views are incorporated is a 'complex interactional activity'. Staff working in rehabilitation with specific groups of patients, such as those with stroke, or those with greater cognitive impairment, may have different experiences and views about goal setting. The implementation requires planning and preparation, with a requirement for staff education and support
Rehabilitation units of a nursing home	Does not apply	Time spent on therapeutic activities increases significantly from 103.5 to 156.5 min. Patients with more physical possibilities were more active during the day, resulting in a significant positive Barthel Index–therapy time relationship ($r = .73$, $p \leq .001$)	The exercise map made patients more aware of their own contribution to the rehabilitation process. The individual exercise map compelled the entire staff to be aware of patient's exercise goals. Nurses can have a more therapeutic role. This could solve the mismatch between recommended time for effective rehabilitation and actual exercise time. Therapists are not present in weekends and no therapy is provided. Nurses can fill this gap. Nursing home management should facilitate nurses to take this role in the multidisciplinary team in order to achieve a certain level of rehabilitation
A stroke rehabilitation ward	The MDT ward round resulted in significantly ($p < .001$), improved teamworking (team communication, understanding of team objectives and the roles of others in the team). The MDT ward round involved a significant increase in the time costs to each MDT member	The most successful form of care in meeting the NSF guidelines was the MDT ward round in phase three. In comparison to the MDT meetings of phases one and two, there was a significant improvement in the documentation of all patients' needs including medical and nutritional needs ($p < .001$), a significant increase in the number of SMART goals set for each patient ($p < .013$) and significantly more patients were involved in their rehabilitation ($p < .001$), but still only 48%. Very few carers were involved in any of the three phases	Improvement of patient and carer involvement is an issue that needs further consideration. The MDT ward round does not achieve complete success. Not all patients have their objectives and goals agreed with them. It would be impossible to achieve this for all patients due to difficulties in communication and cognition that are common after stroke, however, a 50% rate is not satisfactory

TABLE 1 (Continued)

Author, (year), country, name intervention[a]	The objective of the study	Research method	Participants
Nir et al. (2004) Israel	To examine the effect of a structured, comprehensive nursing intervention on the course of rehabilitation over the first 6 months after a first-ever stroke	A quantitative research approach: FIM™ Instrument to measure patients' functional status Instrumental Activities of Daily Living Scale (IADL) Dietary Habits The stroke Self-Perception of Health Short Geriatric Depression Scale Internal-External Locus of Control Scale Rosenberg Self-Esteem Scale	One hunderd and fifty-five stroke survivors (aged 57–93 years) and 140 carers
Revello and Fields (2015) USA The SMART Goal evaluation method to help implement The collaborative patient goal-setting initiative	A pre- and post-evaluation of an educational intervention	Educational evaluation. Patient audits for adherence to obtaining patient daily goals	40 nurses 63 patients
Ruland et al. (1997) USA Lorensen's Self-Care Capability Scale (refined)	To test a decision-analytic approach as a strategy for formalising subjective judgement, which makes it possible to include patients' own values and preferences in planning patient care	Patient interviews. Healthy adults filled in assessment and provided feedback in a group discussion. Nurse interview	Four Patients (71–73 years) eight healthy older adults participating in a Tai-Chi class 1 clinical nurse specialist
Smit et al. (2018) The Netherlands Collaborative functional goal setting (CFGS)	To explore the feasibility of collaborative functional goal setting (CFGS), that is, using standardized functional measures to set and evaluate functional goals during geriatric rehabilitation	Open in-depth interviews with both the patients and professionals working with the intervention were conducted and qualitatively analysed	A nurse practitioner and two physicians. Five geriatric stroke rehabilitation patients (age 73–87 years). The research was specifically focused on geriatric stroke rehabilitation patients because they wished to test the intervention in patients with a high incidence of cognitive and communicative problems
Yau et al. (2002) Hong Kong Outcome-focused nursing practice	To examine the effect of an outcome-focused nursing practice on goal achievement	A quantitative research approach: evaluation of functional performance	12 patients Mean age: 70.1

[a]Entries in this table are mainly in alphabetical order of author. However, entries describing the same intervention are listed directly below each other.

Setting	Results professionals	Results patients	Author's reflections
The geriatric rehabilitation department (GRD) of a university medical centre	Does not apply	The early effects of the nursing intervention were on functional status (FIM instrument), health behavioural changes (eating habits) and depression, whereas changes in self-perception of health and self-esteem took place 3 months later, after the completion of the intervention programme, possibly indicating an accumulation effect for these variables	The involvement of the caregiver in the intervention provided important support to the patient and made the caregiver an equal partner in achieving the intervention's goal
A mixed medical/surgical and rehabilitation unit (stroke, non-traumatic head injury and spinal cord injury)	Results of nurse adherence in writing SMART collaborative goals increased from 11% pre-education to 63% post-education	Results of the patient audits demonstrated that: 63% of the patients had their goals written on their whiteboard (compared to 11% pre-education), 67% could articulate their goals (compared to 37% pre-education), 67% said their nurse collaborated with them on their goals (compared to 20% pre-education) and 91% said they felt well informed by their nurses and physician (compared to 57% pre-education)	Changing healthcare practice is a complex process that takes months or even years to occur. The unit's educator has become a change agent for increasing adherence with the patient daily goals initiative. Routinely auditing and sharing the results of the audits with the nurses will help sustain the initiative. Education alone may not be sufficient to sustain adherence; it should be combined with follow-up support
A 15-bed medical unit for acute care for older people	Nurse: Tool helpful to get to know preferences, values and perceptions: helpful in clarifying the goals. Tool helpful to get to know strengths and weaknesses in functioning independently. Use of instrument increases patients' awareness and motivation to regain self-care functioning. Patients self-report of their ability to perform ADL might not be optimal in hospital: better perform a pre-hospital visit	Patients: Tool helpful in clarifying goals. It provided important information about their ability to perform independently and to create a shared understanding between nurse and patient. Tool was helpful in making the nurse better understand what was important to them. Shared approach provides an opportunity for increased communication and clarification between patients and nurse. Healthy older adults: important to be highly involved in deciding what is important. Care should be planned based on their needs. Help is needed to determine what is main concern. Instrument somewhat detailed and lengthy	–
Two geriatric rehabilitation wards	Relevance of patient-centred goal setting is emphasized. CFGS regarded as potentially helpful in facilitating the goal-setting process. Use of functional instrument considered particularly supportive in setting and evaluating rehabilitation goals. Professionals experienced several implementation difficulties	According to the patients, the professionals set the goals. A plan was either not presented or the content of the plan was not clear. Patients desired to be involved in the goal-setting process. Wishes about the extent of involvement varied	Goal setting is generally new to patients, therefore, they might have difficulty understanding what is expected of them. The entire multidisciplinary team needs to be trained in the intervention to ensure a uniform and multidisciplinary approach. The training should be regularly updated so it becomes a familiar daily routine. Sufficient time and resources must be made available for the implementation of the intervention
Medical and geriatric rehabilitation centre	Does not apply	10 patients were able to achieve or exceed the standards of their individualized therapeutic goals	The home-based rehabilitation instruction (HRI) sheet meant for patients, also improves communication within the rehabilitation team. Formulating goals requires time for discussion and negotiation of all involved disciplines. An outcome-focused approach helps to realize the effectiveness of a approach. Nurses can play an important role to empower patients as well as members of the rehabilitation team

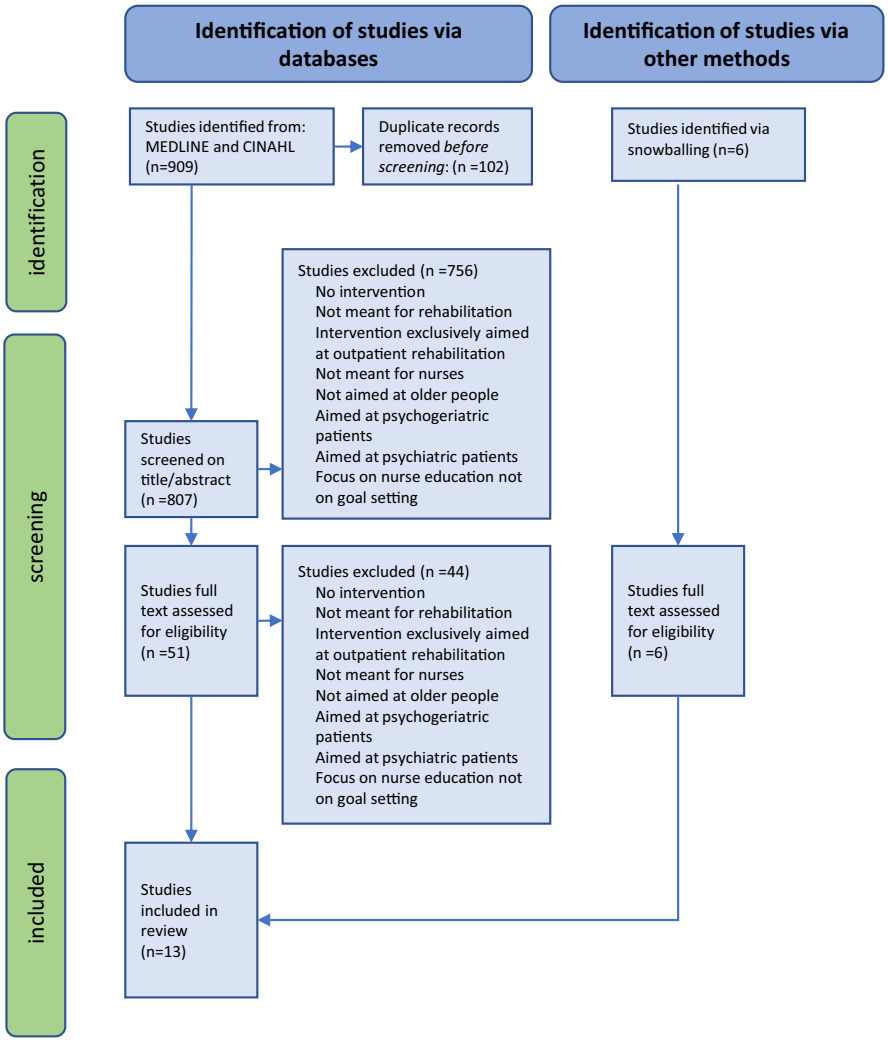

FIGURE 1 Flow chart of the search strategy.

admission and anticipate health-related behaviour after discharge from the rehabilitation clinic (Dedoncker et al., 2012). Both Nir et al. (2004) and Gual et al. (2020) focus on psychological and emotional aspects of rehabilitation. The *structured nursing intervention* does this through teaching coping strategies and preventing feelings of impotence (Nir et al., 2004). Huijben-Schoenmakers et al. (2013) and Revello and Fields (2015) both aim at increasing nursing involvement in rehabilitation. Revello and Fields' intervention Revello and Fields (2015) does this, for example, through daily goal setting between patient and nurse. Interventions developed by Huijben-Schoenmakers et al. (2013) and Yau et al. (2002) assist patients in adhering to their rehabilitation practice programme. The *home-based rehabilitation instruction (HRI) sheet* creates a condition for compliance by ensuring that patients understand the instructions (Yau et al., 2002).

3.2 | Descriptions of the intervention and accompanying materials

Dedoncker et al. (2012), Nir et al. (2004) and Yau et al. (2002) created interventions to support the patient to continue the rehabilitation at home, starting with an inpatient preparation. Using the *nurse-led educative and goal-setting consultation* the nurse, just before discharge from cardiac rehabilitation, rehearses lifestyle knowledge transferred in educational sessions with the patient and subsequently asks the patient to formulate lifestyle goals to work on at home (Dedoncker et al., 2012). This model uses a prevention information sheet consisting of two components: a reiteration part of cardiovascular risk factors and advice, and a box in which the patient is required to described his/her goals with regard to the acquired lifestyle style advice. The *structured nursing intervention* consists of 12 weekly sessions, starting in the Geriatric Rehabilitation Department and continuing at home after discharge, and is meant to enable discharged older patients to carry out their post-discharge rehabilitative treatment plan. A guidebook addressing common problems that arise after stroke, containing goals and a guide to achieving those goals, supports the intervention (Nir et al., 2004). Yau et al. (2002) developed a protocol for the *home-based rehabilitation instruction sheet* development to help patients achieve goals after discharge.

Two interventions focus on the assessment of physical functioning (Ruland et al., 1997; Smit et al., 2018). Ruland et al. (1997) refined the *Lorensen's Self-Care Capability Scale*, a nursing instrument,

comprising 13 dimensions of patient's self-care, to systematically assess patients' capability to care for themselves, with an extra step asking patients their opinion and collaborating with them in the goal-setting process. In the *collaborative functional goal setting*, patient and professional jointly set rehabilitation goals that can be assessed and evaluated by a standardized functional measurement instrument, either the Barthel Index or the Utrecht Scale for Evaluation of Rehabilitation (Smit et al., 2018).

Two interventions describe interventions providing support by the nurse in achieving goals (Huijben-Schoenmakers et al., 2013; Revello & Fields, 2015). Huijben-Schoenmakers et al. (2013) developed an exercise workbook based on Clinical Nursing Rehabilitation Stroke Guidelines to support patients to work on their goals. The exercise book is often attached to the patient's wheelchair. In the *collaborative patient goal-setting initiative*, the nurse supports the patient in setting 1–2 goals he or she hopes to achieve in the following 24-h period. The nurse writes the goals on the whiteboard in the patient's room (Revello & Fields, 2015).

Two interventions provide a guidance path for goal setting and personalization (Gual et al., 2020; Holliday et al., 2007; Van De Weyer et al., 2010). The *motivational interviewing intervention* consists of four sessions of motivational interviewing, in which nurse and patient work collaboratively on a personalized rehabilitation plan complementing standard rehabilitation (Gual et al., 2020). The *increased participation* model described by Van De Weyer et al. (2010) and Holliday et al. (2007) encompasses a workbook for the patient explaining the goal-setting process, a keyworker accompanying the patient in this process and team meetings with the patient present.

Finally, the *Patient-Oriented Interdisciplinary Sub-acute Care (POISe-Care) model* (Abrahamson et al., 2017; Cai et al., 2017) and the *weekly MDT ward round* (Monaghan et al., 2005) concern interdisciplinary team care meetings with the patient present and invited to express their goals.

3.3 | The nursing role

The 11 interventions appeal to different aspects of the nursing profession: assessing self-care skills, setting goals with the patient, linking the needs of the patient with multidisciplinary professional treatment and vice versa and thus playing an intermediate role and supporting goal achievement.

In the *collaborative functional goal setting*, the nurse assesses patients' functional status and shares the scores in the multidisciplinary team meeting (Smit et al., 2018). With the help of the refined *Lorensen's Self-Care Capability Scale*, the nurse assesses the self-care skills together with the patient. In the case of the nurse and patient disagreeing about the importance of a certain self-care function or the desired outcome, the nurse helps the patient make an informed decision (Ruland et al., 1997).

Setting goals with the patient is part of five interventions (Dedoncker et al., 2012; Gual et al., 2020; Holliday et al., 2007; Nir et al., 2004; Revello & Fields, 2015; Ruland et al., 1997; Van De Weyer et al., 2010). A specific aspect of the *collaborative patient goal-setting initiative* is helping patients to make goals realistic and achievable (Revello & Fields, 2015).

Linking the needs of the patient with multidisciplinary professional treatment and vice versa, is a role the nurse has in at least five interventions. In Huijben-Schoenmakers' intervention, the nurse consults physiotherapists and occupational therapists to adjust the exercises to the preferences of the patient (Huijben-Schoenmakers et al., 2013). In the *motivational interviewing* (MI) *intervention* (Gual et al., 2020), the nurse debriefs with the rehabilitation team pre- and post- each MI session, to tailor and adjust the rehabilitation plan. In the *increased participation intervention*, the nurse, as one of the possible keyworkers, is the patient's advocate during the goal-setting meetings: 'the keyworker helps to understand and articulate the patient's aspirations at this meeting' (Van De Weyer et al., 2010, p. 1425). Through the *nurse-led educative and goal-setting consultation*, the nurse harmonizes the information given by different professionals (Dedoncker et al., 2012). In the *outcome-focused nursing practice*, nurses unify the rehabilitation programmes of the different team members into the *home-based rehabilitation instruction sheet* (Yau et al., 2002).

Through planning and scheduling on the one hand and emotional support on the other, the nurse aims to support goal achievement in at least six interventions. Supported by the exercise book, the nurse in Huijben-Schoenmakers' intervention coordinates and facilitates the exercises within the daily activities and care of the patient, exercises with the patient and encourages each patient to follow their exercise regime closely and exercise autonomously (Huijben-Schoenmakers et al., 2013). In the *collaborative patient goal-setting initiative* (Revello & Fields, 2015), the nurse aims to support goal achievement by each evening writing the goals on the whiteboard in the room, sharing them with colleagues through reports and as a team making an effort to see that the goals are met by, for example, ensuring necessary resources are available to meet goals.

The three-pronged approach of the *increased participation* intervention (i.e. goal-setting workbook, assigned keyworker and presence of the patient in the goal-setting meetings) resulted, among others, in short-term goals as 'stepping stones', reset on two- or three weekly cycles (Holliday et al., 2007), thus clarifying the path towards the long-term goal. In the *outcome-focused nursing practice*, nurses assess the ability of the older patient in understanding and performing the prescribed regimen and transforms requirements into achievable goals as perceived by patients and carers using lay language (Yau et al., 2002). In the *structured nursing intervention*, the nurse provides psychosocial and emotional support to patient and carer (Nir et al., 2004). This is also the case in the *motivational interviewing intervention* in which the nurse strives to enhance motivation by evoking strengths and abilities (Gual et al., 2020).

Abrahamson et al. (2017), Cai et al. (2017) and Monaghan et al. (2005) do not address the specific duties of the nurse on the team. In the *POISe-Care model*, the entire team, including the nurse, is focused on making the rehabilitation process as insightful as possible for the patient (Abrahamson et al., 2017).

TABLE 2 Interventions characteristics.

Author(s), (year), country, name intervention[a]	Intervention goal	Intervention description	Accompanying materials for patients or professionals	Nursing role in intervention
Abrahamson et al. (2017) USA Cai et al. (2017) USA Patient-Oriented Interdisciplinary Sub-acute Care (POISe-Care)	Patient-centredness. Team development	1. Biweekly interdisciplinary care plan meetings, scheduled at time of patient's preference and held in patient's room; 2. patient selection of health-related goals; 3. use of lay language; 4. team accountability to the patient for patient care preferences; 5. monthly care team meetings on team's performance	On admission, patient receives information about the model with details of his or her own role in the success of his or her care. Patient receives a 'CEO Report' (information from the meeting to refresh memory or share with family). A structured communication guide for team members to ensure that bedside meetings cover all of the necessary components and that each team member is given an opportunity to provide input within their area of expertise. Two whiteboards in the practitioner office to help team members review meetings and remaining tasks related to the action items resulting from these meetings	Nurse is one of the multidisciplinary team members. Specific deployment of the nurse is not discussed
Dedoncker et al. (2012) France Nurse-led educative consultation setting, Personalized tertiary prevention goals after cardiovascular rehabilitation	Tertiary prevention: improve management of disease by patient after cardiac events	Final consultation with nurse at end of cardiovascular rehabilitation programme in which patient and nurse summarize the information provided during the stay Patients set goals to control their CVRF	Information sheet used to assess patient's understanding of their condition and to establish a programme with goals for the future. Copy of the information sheet is sent to the patient's general practitioner (GP), to obtain long-term involvement. Copy is given to the patient	Summarize the information provided during the stay. Check whether patients are aware of their individual problems to be addressed to improve their health risk
Gual et al. (2020) Spain Motivational interviewing (MI) intervention	To empower, motivate and engage the person in planning and participating in the rehabilitation plan	Four sessions of motivational interviewing by nurses: 1. Engage the stroke survivor in his/her care; 2. collaborative co-creation of a personalized rehabilitation plan, complementing the routine geriatric rehabilitation; 3. reinforce engagement and adherence to the plan to maintain behaviour change and functional improvement at 3 months	Personalized rehabilitation plan agreed between stroke survivors and nurses based on stroke survivor's goals, needs, preferences and capabilities	Creating engagement with the stroke survivor by exploring his/her preferences, values and goals, as well as his/her knowledge and expectations about stroke rehabilitation and recovery. Enhancing motivation by evoking strengths and abilities. Follow-up and reinforcement. Adapting the plan to the improved abilities and to home setting. Debriefing with other disciplines

TABLE 2 (Continued)

Author(s), (year), country, name intervention[a]	Intervention goal	Intervention description	Accompanying materials for patients or professionals	Nursing role in intervention
Holliday et al. (2007) UK Van De Weyer et al. (2010) UK Increased participation	Involving patients in goal setting	Prior to admission: patient given three-stage workbook that explains goal-setting process in detail. Day of admission key worker (assigned to every patient) interview focused on patient experience to facilitate advocate role within goal setting. Week of admission key worker works with patient to complete workbook. Friday of admission week goals set by therapists and patient working together. Patient present in goal-setting meetings	Patient workbook in three sections: 1. Prioritize activity and participation domains; 2. identify specific tasks within those domains they wish to work on; 3. determining goals to achieve within time frame of rehabilitation admission	Support patients working through goal setting workbook. Be patients' advocate in multidisciplinary team meeting
Huijben-Schoenmakers et al. (2013) The Netherlands Map with prescribed exercises based on Stroke Guidelines	Increase practice time of patients through nursing involvement	Each week exercises based on four interventions from the Clinical Nursing Rehabilitation Stroke Guidelines are adapted to individual goals, interests and rehabilitation level of the patient	Exercises are documented in exercise map mostly fixed to wheelchair of patient	Adapt exercises to the individual goals, interests and rehabilitation level of the patient with physiotherapists and occupational therapists. Exercise with the patient. Encourage patients to follow exercise regime closely. Coordinate and facilitate the exercises within the daily activities and care of the patient. Inform the multidisciplinary team about the individual progress. Update exercise map weekly according to the needs of the patient
Monaghan et al. (2005) UK Weekly MDT ward round	Improve multidisciplinary team (MDT) care for stroke patients By meeting UK National Service Framework standards: 1. Clearly documenting plans; 2. involve patients and carers; 3. all professionals share common understanding of goals agreed for each patient	Weekly MDT ward round at the foot of each patient's bed using a form to enhance documentation of patients' needs (self-care, bowel, urine, cognition, communication, mood, nutrition and medical problems), their goals and their involvement with rehabilitation. Patients' relatives and/or carers were invited to attend	Form for team members to enhance documentation of patients' needs, goals and involvement with their rehabilitation. The form lists all potential problems so that relevant problems can be circled, alongside whether the problem has changed. The form has prompts to note whether patients and their carers were involved in their therapy, alongside prompts for goals to be set and monitored	Nurse is one of the MDT members. Specific deployment of the nurse is not discussed

(Continues)

TABLE 2 (Continued)

Author(s), (year), country, name intervention[a]	Intervention goal	Intervention description	Accompanying materials for patients or professionals	Nursing role in intervention
Nir et al. (2004) Israel Structured nursing intervention	To improve the physical, psychological and emotional rehabilitation during the first 6 months after stroke through a structured, comprehensive nursing intervention added to routine rehabilitation	The student nurse meets with the patient and carers once a week, for 12 consecutive weekly sessions of 1–2 h each. Beginning in the first week after admission to the Geriatric Rehabilitation Department and continues at home after discharge. The nursing intervention focuses on the affective, cognitive and instrumental domains. Affective domain: creating an atmosphere of mutual trust between the patient, the carer and the student nurse. Cognitive domain: the patient's perception of illness, and understanding of the rehabilitation process. Instrumental domain: increasing the patient's self-care skills for accepting responsibility for his or her own health status	A guidebook based on Orem's model of self-care containing topics that address common problems that arise after stroke. Each topic contained goals, a guide to achieving those goals and a feedback form. The feedback form was used to evaluate the extent to which the aims of the meeting were achieved	Open channels of honest and sensitive communication. Provide information and knowledge of the disease. Teach coping strategies. Give practical tools that allow older persons to solve problems. Prevent feelings of impotence. Together with each patient set goals that are both meaningful and realistic. Be present after discharge from hospital and involve carer
Revello and Fields (2015) USA The collaborative patient goal-setting initiative	Better patient outcomes through nurse and patient collaborative goal setting	1. Each day the nurse supports patient setting 1–2 goals he or she hopes to achieve in the following 24-h period. The goals were to be realistic and achievable; 2. the following evening, if one or both of the goals were not met, the patient could elect to continue the previous goals or develop new ones; 3. the patient's nurses on other shifts and any therapists working with the patient acknowledged the goals with the patient and made an effort to see that the goals were met. This procedure continued until the patient was discharged	Whiteboards in patients' rooms. A written guideline of the initiative is available on the hospital intranet	Set SMART goals with patients. Determine whether necessary resources are available to meet goals. Evaluate goal achievement with patients
Ruland et al. (1997) USA Lorensen's Self-Care Capability Scale (refined)	Tailoring nursing-care decisions to desired outcomes as preferred by individual patients	1. Patient is asked to name areas that he/she perceives as the predominant problems and to indicate which are most important to relieve; 2. nurse and patient assess performance on each self-care function with the help of Lorensen's Self-Care Capability Scale LSCS; 3. together select desired level of functioning and evaluate progress	The Lorensens Self-Care Capability Scale (LSCS) comprises 13 dimensions of patient's self-care abilities	Assess patients' strengths and weaknesses in functioning independently. Elicit patients' preferences. Help patients make informed decisions. Involve patients in planning their care. Evaluate progress together with patients

TABLE 2 (Continued)

Author(s), (year), country, name intervention[a]	Intervention goal	Intervention description	Accompanying materials for patients or professionals	Nursing role in intervention
Smit et al. (2018) The Netherlands Collaborative functional goal setting (CFGS)	Facilitate the process of jointly setting goals by the use of a measurement instrument	1. On admission, nurse completes Barthel Index (BI) or functional items of the Utrecht Scale for Evaluation of Rehabilitation (fUSER); 2. test scores are presented in multidisciplinary meeting (MDM); 3. multidisciplinary team set functional goals. Goals are presented as target scores by physician/nurse practitioner; 4. goal-setting meeting with patient and physician/nurse practitioner. Patient is invited to set their own functional goals; 5. shared decision-making in defining the patient's goal between patient and physician; 6. prior to every 2 weekly MDM, new functional assessment is conducted by nurse; 7. during MDM, the functional goals and assessment target scores will be reviewed; 8. physician/nurse practitioner inform patient about the outcome of MDM; 9. patient can be discharged when goals are met	Two standardized functional measurement instruments: the Barthel Index and the Utrecht Scale for Evaluation of Rehabilitation	Nurse assesses patients' functional performance with BI or functional items of the fUSER and presents results in MDM, prior to setting goals in MDM
Yau et al. (2002) Hong Kong Outcome-focused nursing practice	To facilitate the multidisciplinary team in delivering interventions in an integrated manner. To help patients achieve goals after discharge	A pre-discharge planning programme to enable discharged older patients to carry out their post-discharge rehabilitative treatment plan effectively and to achieve their treatment goals in their home environment	Protocol for home-based rehabilitation instruction (HRI) sheet development: instruction on how to make a home-based instruction sheet in layman terms	Nurses facilitate joint work towards the HRI. Nurses consolidate rehabilitation programmes advanced by each team member. Nurses assess the ability of the older patient in understanding and performing the prescribed regimen. Nurses facilitate the transforming of requirements into achievable goals as perceived by patients and carers. As case manager, maintain telephone contact after discharge to facilitate compliance

[a]Entries in this table are listed in alphabetical order of author. However, entries describing the same intervention have been combined.

3.4 | Impact of the interventions

Table 1 presents the results of the included studies. In this section, we pay attention to the described impact of the interventions as well as the author's reflections (Table 1). We list four: patient awareness of the rehabilitation process; patient ownership; required skills; and time, money and implementation issues.

3.4.1 | Patient awareness of the rehabilitation process

Research on four interventions reports benefits in terms of mutual understanding and as a possible effect of mutual understanding: increased patient awareness of the rehabilitation process (Table 1; Dedoncker et al., 2012; Huijben-Schoenmakers et al., 2013; Revello & Fields, 2015; Ruland et al., 1997). The *nurse-led educative and goal-setting consultation* resulted in a majority of the participating patients' better understanding risk factors and feeling more responsible for their progress (Dedoncker et al., 2012). The *collaborative goal-setting initiative* led to increasingly more patients that could articulate their goals and felt well informed (Revello & Fields, 2015). Huijben-Schoenmakers's workbook led to more time spent on therapeutic activities, including autonomous time (Huijben-Schoenmakers et al., 2013).

3.4.2 | Patient ownership

Keyworkers using the *increased participation* intervention experience a transfer of ownership of treatment goals from the team to the patient, and some also linked this to increased motivation. The workbook used in this intervention played a role in supporting the patient to create individual, more context-based, goals (Van De Weyer et al., 2010). Abrahamson et al. (2017) describe similar positive impressions of the *POISe-Care model*: 'it empowers our residents to own what is going on and to want more' (Abrahamson et al., 2017, p.542). The majority of the *increased participation* group of patients reported that they choose their own goals, whereas patients of the 'usual practice' group mostly reported that the professionals asked them to agree to team-formulated goals (Holliday et al., 2007, p. 579). Patients in Smits' study reported that professionals mainly set the goals. A plan was either not presented to them or the content of the plan was not clear. Patients expressed a desire to be involved in the goal-setting process, but their wishes about the extent of involvement varied (Smit et al., 2018).

3.4.3 | Required skills

With regard to professional skills, some keyworkers working with the *increased participation intervention* experienced not having expertise within the area of mobility as a barrier to the identification of appropriate goals. Furthermore, nurses experienced that a number of patient characteristics had an impact on both their role and the goal setting (Cai et al., 2017; Smit et al., 2018; Van De Weyer et al., 2010). Van De Weyer et al. (2010) therefore suggest that education is needed in the complex interactional skills required to manage patient-focused goal setting. Nurses who perform the *motivational interviewing method* (Gual et al., 2020) received training in motivational interviewing and nurses who perform the *structured nursing intervention* (Nir et al., 2004) received instruction in rehabilitative geriatric care, communication and family care.

3.4.4 | Time and implementation issues

As it comes to barriers to work with an intervention time was mentioned four times (Abrahamson et al., 2017; Monaghan et al., 2005; Van De Weyer et al., 2010; Yau et al., 2002). Some professionals experience goal setting as a time-intensive process that comes at the expense of rehabilitation itself (Abrahamson et al., 2017; Van De Weyer et al., 2010). This can be especially the case when therapy time is tightly budgeted (Abrahamson et al., 2017; Cai et al., 2017; Smit et al., 2018; Van De Weyer et al., 2010). Van De Weyer et al., 2010 also mention problems with continuity, linked to shiftwork. Factors that promote implementation are, among others, advanced practice nurses as team leader (Cai et al., 2017), education and support by, for example, a unit educator (Revello & Fields, 2015) and nursing home management facilitating nurses to take their role in the multidisciplinary team (Huijben-Schoenmakers et al., 2013).

4 | DISCUSSION

The aim of this study was to explore the range of interventions on goal setting and achieving available to nurses in geriatric rehabilitation, and to describe their distinctive features. Such interventions might strengthen the interpretive and integrative roles of the rehabilitation nursing profession as described by Kirkevold (2010) and as a result may support patients in playing an active role in their rehabilitation process.

We could only identify 11 interventions, of which seven were explicitly meant for nurses. However, this scoping review identified useful elements regarding the nursing contributing to patient-centredness and team collaboration—both important features when striving for quality of care in today's rehabilitation (Aadal et al., 2013; Karol, 2014). This study has uncovered several important research and educational topics concerning the nursing role and required skills when it comes to working with goals.

The first remarkable finding is that the *structured nursing intervention* (Nir et al., 2004) is the only intervention that has family involvement as a key component. Other interventions allow for family involvement, but it is always linked to the involvement of the patient. Loft et al. (2019) emphasizes the importance of involving relatives for two reasons: first, patients want to discuss what is going on

together with their family; and second, they need help keeping track of all the information given. Galvin et al. (2011) found that increased family involvement reduced carer strain and facilitated transition to the home setting. Kirkevold (2010) explains that the integrative function also entails assisting people who survived stroke back into their lives by helping them and their relatives plan for their future situation. The vital role of family should be incorporated in interventions and the skills involved in working with them need to be part of nursing education.

The second remarkable finding is that only two interventions, the *collaborative functional goal setting* (Smit et al., 2018) and the refined *Lorensen's Self-Care Capability Scale* (Ruland et al., 1997) focus specifically on the nurse's role in assessing patients' abilities. An assessment could help to understand the problems experienced by the patient and possibly support the joint formulation of goals. Some keyworkers working with the *increased participation intervention* experience not having expertise within the area of mobility as a barrier to the identification of appropriate goals. As Van De Weyer et al. (2010) suggest, it might be more feasible to let the keyworker take on the role of patient advocate in the goal-setting process, instead of striving for the nurse to set appropriate goals by nurses themselves. It is precisely this integrating and interpreting role that is paramount and well reflected in most other interventions, although shaped in many different ways. For example, both the *nurse-led educative consultation* (Dedoncker et al., 2012) and the *home-based rehabilitation instruction sheet* (Yau et al., 2002) declutter the multiple messages from the separate allied health professionals and help the patient translate them to (home) goals. However, Dedoncker et al. (2012) does this via an educational session while in Yau's intervention (Yau et al., 2002), the nurse writes an aggregated instruction. We tend to conclude that there are multiple ways at several moments during the rehabilitation process for the nursing profession to support patient's in working on their goals, there might not be a preferred intervention. More important it is for the nurse to be aware of this central role and of the available interventions. Education about these multiple ways and corresponding interventions will support nurses in mastering this role. Two educational programmes demonstrate the effectiveness of this multifaceted approach, namely *Rehabilitation 24/7* (Loft et al., 2018) and the *SMART Goal Evaluation Method* (Revello & Fields, 2015). Both interventions focus on strengthening the nursing staff possibilities to incorporate rehabilitation practices into their daily routine through, among others, working systematically with patients' goals. Target behaviours of the *Rehabilitation 24/7* course are: talking with and involving patients systematically in the goals every day and every shift; documenting process and progress in the medical record; making sure always to know the patient's goals—long term and short term—before starting the care session; using a language to tell patients' relatives what they are doing in the rehabilitation (Loft, n.d.). The *SMART Goal Evaluation Method* is aimed at writing SMART goals and collaborating with patients to achieve them. Both educational programmes show positive results: nursing staff experience increased focus on their role and functions in rehabilitation practice (Loft et al., 2018) and patients feel better informed and experience that the nurse collaborates with them (Revello & Fields, 2015).

A third finding is the difference between interventions in the way they strive for patient involvement. Some interventions let the patient take the lead in identifying problem areas to ensure that the goals that arise from the problems are individually tailored (Ruland et al., 1997; Van De Weyer et al., 2010). Other interventions work from problem lists that professionals have drawn up (Monaghan et al., 2005). The *POISe-Care intervention* goals are drawn up by professionals and health related but made relevant through the use of lay language (Abrahamson et al., 2017). The goals set in the *collaborative patient goal-setting initiative* are said to be informal and not part of patients' medical records, and thus are more patient-centred, but they seem largely health related (e.g. having a soft stool within 1 h of suppository given; will administer my own insulin injection, Revello & Fields, 2015, p.322) and patients receiving the *motivational interviewing intervention* follow a standard rehabilitation programme but with personal goals added (Gual et al., 2020). Goals need to be meaningful (Vaalburg et al., 2021). If patients are unable to see their relevance, the rehabilitation goals identified by the professionals may lose their meaning and subsequently their motivational power (Kirkevold, 2010). Multiple studies have included participants with cognitive problems (Cai et al., 2017; Gual et al., 2020; Holliday et al., 2007; Huijben-Schoenmakers et al., 2013; Smit et al., 2018). Further research among professionals could clarify the reasons for using prescribed goals. Are they being used because of the sometimes limited cognitive abilities of older people to set their own goals or to ensure that the patient's goals fit within the rehabilitation professional's possibilities? Further research is also required to investigate through interviews with patients in geriatric rehabilitation the content and language of 'relevant' goals. This could clarify if the nursing role is to help patients formulate their own goals or to translate professional goals into patient's language or world of experience.

Similar to the admission phase, the nature of patient-input seems to differ in the actual rehabilitation phase. The nurse, in consultation with the physiotherapist and occupational therapist, adapt Huijben-Schoenmakers' exercises (Huijben-Schoenmakers et al., 2013). Patients do not seem to be actively involved. In the *POISe-Care model* 'the interdisciplinary team was accountable to report on progress made toward patient goals and care preferences, and patients received a document entitled the "CEO Report"' (Abrahamson et al., 2017, p. 540). Although we endorse the importance of keeping patients informed and helping them refresh their memory, the words 'accountable' and 'CEO Report' somehow create an impression of a passive patient waiting for rehabilitation. This highlights the complexity of the phenomenon of patient participation in geriatric rehabilitation. A full picture of the extent to which we expect older people to be able to exhibit self-regulating behaviour in a professional-dominated setting or whether they need ongoing support in doing so, is lacking. This should be the subject of further research.

Not only does the nature of the intervention influence the way patients are involved, but also the characteristics of the patient themself might also play a role. Keyworkers in the *increased participation model* experienced that not all patients are evenly competent in participating in the process of formulating their goals—for example, patients with a sudden onset of an illness (Van De Weyer et al., 2010). This is confirmed by Thompson's (2007) framework of patient participation. This shows that for patients in an acute phase of their disease, or with less knowledge and confidence or a strong trust in medicine, it can be difficult to actively participate. When it comes to required skills, Van De Weyer et al. (2010) mention the ability to work together with a variety of patients with different needs as a key attribute for rehabilitation. Our recommendation is to make these complex interactional skills subject of nursing education, how to stay away from patronizing and taking over but at the same time be aware of and act on patients' need for support.

All interventions were subject to research, and the studies in which we investigated the experiences of professionals reveal another important signal when it comes to required skills. Some professionals experience goal setting as a time-intensive process, not as an essential prerequisite and part of the treatment (Abrahamson et al., 2017; Van De Weyer et al., 2010). Educational programmes like *Rehabilitation 24/7* and the *SMART Goal Evaluation Method* seem necessary to overcome this misunderstanding. Through the training, nurses come to realize that working on goal setting and patient involvement may require an investment of time, but could lead to important improvements in patients' outcome (Loft et al., 2018). Ideally, training should go hand in hand with implementing interventions that are patient-oriented. The strength of the combination is shown by the following statement from a keyworker in the *increased participation* intervention. Attending a goal-setting meeting with patients being present proved a challenge. On the other hand, changing back from *increased participation* to *usual participation* (i.e. patient not present) for some felt inappropriate: '…it almost became rude not to have the patient present. It actually felt like we were making our own assumptions about their status, rather than having them involved' (Van De Weyer et al., 2010, p.1423).

5 | LIMITATIONS

This scoping review has some limitations. First, we only included studies from research databases and did not access databases providing grey literature. Second, we did not perform the second step of the intervention component analysis (Sutcliffe et al., 2015) because interventions differed too much to compare outcomes based on characteristics. Third, we cannot state conclusions about the effectiveness of the interventions because we did not assess or exclude articles based on their research quality. Finally, most of the articles included lacked a comprehensive description of the intervention. We did reach out to the authors and in some cases received additional information; however, it is possible that our overview of means and materials and nursing role is incomplete.

6 | CONCLUSION

The greater aim of this scoping review was to advance the field of geriatric rehabilitation by contributing to a clearer role for nurses in that field. The diversity of the found interventions demonstrate the many opportunities the nurse has to play an intermediate role between the patient and the multidisciplinary team. With the support of nurses, increased patient awareness of the geriatric rehabilitation process and transfer of ownership of treatment goals from the multidisciplinary team to the patient might be achieved. The nursing profession should be aware of this central role. Nurses working in geriatric rehabilitation might require additional training in goal setting and achieving. This should go hand in hand with implementing interventions.

AUTHOR CONTRIBUTIONS

AMV, PB, RG, EW and CH were involved in the conception and design of this study. AMV and HK conducted the data collection and AMV commenced the data analysis. Thereafter, all authors were involved in the data analysis process and the article preparation and confirm responsibility for this study.

ACKNOWLEDGEMENTS

This research was supported by ZonMw Grant 516022517 (awarded to Robbert Gobbens).

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interests.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

ORCID

Anne Marie Vaalburg https://orcid.org/0000-0003-1951-1655
Petra Boersma https://orcid.org/0000-0003-3790-6263
Elizabeth M. Wattel https://orcid.org/0000-0002-7822-1511
Johannes C. F. Ket https://orcid.org/0000-0002-1909-3150
Cees M. P. M. Hertogh https://orcid.org/0000-0003-3081-1245
Robbert J. J. Gobbens https://orcid.org/0000-0001-6225-5189

REFERENCES

Aadal, L., Angel, S., Langhorn, L., Pedersen, B. B., & Dreyer, P. (2013). Nursing roles and functions addressing relatives during in-hospital rehabilitation following stroke. Care needs and involvement. *Scandinavian Journal of Caring Sciences*, *32*(2), 871–879. https://doi.org/10.1097/JNN.0b013e31828a3fda

Abrahamson, K., Myers, J., & Nazir, A. (2017). Implementation of a person-centered medical care model in a skilled nursing facility: A pilot evaluation. *Journal of the American Medical Directors Association*, *18*(6), 539–543. https://doi.org/10.1016/j.jamda.2017.03.001

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *Null*, *8*(1), 19–32. https://doi.org/10.1080/1364557032000119616

Bovend'Eerdt, T. J., Botell, R. E., & Wade, D. T. (2009). Writing SMART rehabilitation goals and achieving goal attainment scaling: A practical guide. *Clinical Rehabilitation*, *23*(4), 352–361. https://doi.org/10.1177/0269215508101741

Cai, Y., Abrahamson, K., Nazir, A., Edwards, N., & Richards, E. (2017). Goal setting practice within a patient-centered model of post-acute care. *Annals of Long-Term Care*, *25*(3), 29–35.

Cameron, L. J., Somerville, L. M., Naismith, C. E., Watterson, D., Maric, V., & Lannin, N. A. (2018). A qualitative investigation into the patient-centered goal-setting practices of allied health clinicians working in rehabilitation. *Clinical Rehabilitation*, *32*(6), 827–840. https://doi.org/10.1177/0269215517752488

De Vos, A. J. B. M., van Balen, R., Gobbens, R. J. J., & Bakker, T. J. E. M. (2018). Geriatrische Revalidatiezorg: De juiste dingen goed doen [Geriatric rehabilitation care: Doing the right things right]. *Tijdschrift Voor Gerontologie En Geriatrie*, *49*(1), 12–21. https://doi.org/10.1007/s12439-017-0232-6

Dedoncker, A., Lejeune, C., Dupont, C., Antoine, D., Laurent, Y., Casillas, J., & Gremeaux, V. (2012). Nurse-led educative consultation setting personalized tertiary prevention goals after cardiovascular rehabilitation: Evaluation of patient satisfaction and long-term effects. *Rehabilitation Nursing*, *37*(3), 105–113. https://doi.org/10.1002/RNJ.00042

Galvin, R., Cusack, T., O'Grady, E., Murphy, T. B., & Stokes, E. (2011). Family-mediated exercise intervention (FAME): Evaluation of a novel form of exercise delivery after stroke. *Stroke*, *42*(3), 681–686. https://doi.org/10.1161/STROKEAHA.110.594689

Gual, N., Pérez, L. M., Castellano-Tejedor, C., Lusilla-Palacios, P., Castro, J., Soto-Bagaria, L., Coll-Planas, L., Roqué, M., Vena, A. B., Fontecha, B., Santiago, J. M., Lexell, E. M., Chiatti, C., Iwarsson, S., & Inzitari, M. (2020). IMAGINE study protocol of a clinical trial: A multi-center, investigator-blinded, randomized, 36-month, parallel-group to compare the effectiveness of motivational interview in rehabilitation of older stroke survivors. *BMC Geriatrics*, *20*(1), 321. https://doi.org/10.1186/s12877-020-01694-6

Holliday, R. C., Cano, S., Freeman, J. A., & Playford, E. D. (2007). Should patients participate in clinical decision making? An optimised balance block design controlled study of goal setting in a rehabilitation unit. *Journal of Neurology Neurosurgery and Psychiatry*, *78*(6), 576–580. https://doi.org/10.1136/jnnp.2006.102509

Huijben-Schoenmakers, M., Rademaker, A., & Scherder, E. (2013). Can practice undertaken by patients be increased simply through implementing agreed national guidelines? An observational study. *Clinical Rehabilitation*, *27*(6), 513–520. https://doi.org/10.1177/0269215512469119

Karol, R. L. (2014). Team models in neurorehabilitation: Structure, function, and culture change. *NeuroRehabilitation*, *34*(4), 655–669. https://doi.org/10.3233/NRE-141080

Kirkevold, M. (2010). The role of nursing in the rehabilitation of stroke survivors: An extended theoretical account. *ANS. Advances in Nursing Science*, *33*(1), E27–E40. https://doi.org/10.1097/ANS.0b013e3181cd837f

Kvæl, L. A. H., Debesay, J., Langaas, A., Bye, A., & Bergland, A. (2018). A concept analysis of patient participation in intermediate care. *Patient Education and Counseling*, *101*(8), 1337–1350. https://doi.org/10.1016/j.pec.2018.03.005

Levack, W. M., Weatherall, M., Hay-Smith, E. J. C., Dean, S. G., McPherson, K. M., & Siegert, R. J. (2015). Goal setting and strategies to enhance goal pursuit for adults with acquired disability participating in rehabilitation. *The Cochrane Database of Systematic Reviews*, (7), CD009727. https://doi.org/10.1002/14651858.CD009727.pub2

Loft, M. I. (n.d.). *Behaviour change in complex intervention research*. [PowerPoint Slides]. https://dsr.dk/sites/default/files/2429/behaviour_change_in_complex_intervention_research_v_mia_loft.pdf

Loft, M. I., Esbensen, B. A., Kirk, K., Pedersen, L., Martinsen, B., Iversen, H., Mathiesen, L. L., & Poulsen, I. (2018). Nursing staffs self-perceived outcome from a rehabilitation 24/7 educational programme: A mixed-interventions study in stroke care. *BMC Nursing*, *17*(1), 17. https://doi.org/10.1186/s12912-018-0285-z

Loft, M. I., Martinsen, B., Esbensen, B. A., Mathiesen, L. L., Iversen, H. K., & Poulsen, I. (2019). Call for human contact and support: An interview study exploring patients' experiences with inpatient stroke rehabilitation and their perception of nurses' and nurse assistants' roles and functions. *Disability & Rehabilitation*, *41*(4), 396–404. https://doi.org/10.1080/09638288.2017.1393698

Loft, M. I., Poulsen, I., Esbensen, B. A., Iversen, H. K., Mathiesen, L. L., & Martinsen, B. (2017). Nurses' and nurse assistants' beliefs, attitudes and actions related to role and function in an inpatient stroke rehabilitation unit: A qualitative study. *Journal of Clinical Nursing*, *26*(23–24), 4905–4914. https://doi.org/10.1111/jocn.13972

Monaghan, J., Channell, K., McDowell, D., & Sharma, A. K. (2005). Improving patient and carer communication, multidisciplinary team working and goal-setting in stroke rehabilitation. *Clinical Rehabilitation*, *19*(2), 194–199. https://doi.org/10.1191/0269215505cr837oa

Nazir, A., Bernard, B., Myers, J., & Abrahamson, K. (2015). Can patients be the CEO of their skilled nursing stay? Description of a person-centered model of sub-acute care. *Journal of the American Medical Directors Association*, *16*(11), 905–907. https://doi.org/10.1016/j.jamda.2015.06.022

Nir, Z., Zolotogorsky, Z., & Sugarman, H. (2004). Structured nursing intervention versus routine rehabilitation after stroke. *American Journal of Physical Medicine & Rehabilitation*, *83*(7), 522–529. https://doi.org/10.1097/01.phm.0000130026.12790.20

Peters, M. D. J., Marnie, C., Tricco, A. C., Pollock, D., Munn, Z., Alexander, L., McInerney, P., Godfrey, C. M., & Khalil, H. (2020). Updated methodological guidance for the conduct of scoping reviews. *JBI Evidence Synthesis*, *18*(10), 2119–2126. https://doi.org/10.11124/JBIES-20-00167

Revello, K., & Fields, W. (2015). An educational intervention to increase nurse adherence in eliciting patient daily goals. *Rehabilitation Nursing: The Official Journal of the Association of Rehabilitation Nurses*, *40*(5), 320–326. https://doi.org/10.1002/rnj.201

Ruland, C. M., Kresevic, D., & Lorensen, M. (1997). Including patient preferences in nurses' assessment of older patients. *Journal of Clinical Nursing*, *6*(6), 495–504. https://doi.org/10.1111/j.1365-2702.1997.tb00346.x

Sharp, S., McAllister, M., & Broadbent, M. (2016). The vital blend of clinical competence and compassion: How patients experience person-centred care. *Null*, *52*(2–3), 300–312. https://doi.org/10.1080/10376178.2015.1020981

Sinclair, L. B., Lingard, L. A., & Mohabeer, R. N. (2009). What's so great about rehabilitation teams? An ethnographic study of interprofessional collaboration in a rehabilitation unit. *Archives of Physical Medicine and Rehabilitation*, *90*(7), 1196–1201. https://doi.org/10.1016/j.apmr.2009.01.021

Smit, E. B., Bouwstra, H., van der Wouden, J. C., Wattel, L. M., & Hertogh, C. M. P. M. (2018). Patient-centred goal setting using functional outcome measures in geriatric rehabilitation: Is it feasible? *European Geriatric Medicine*, *9*(1), 71–76. https://doi.org/10.1007/s41999-017-0011-5

Sutcliffe, K., Thomas, J., Stokes, G., Hinds, K., & Bangpan, M. (2015). Intervention component analysis (ICA): A pragmatic approach for identifying the critical features of complex interventions. *Systematic Reviews*, *4*(1), 1–13. https://doi.org/10.1186/s13643-015-0126-z

Thompson, A. G. H. (2007). The meaning of patient involvement and participation in health care consultations: A taxonomy. *Social Science & Medicine*, *64*(6), 1297–1310. https://doi.org/10.1016/j.socscimed.2006.11.002

Vaalburg, A. M., Wattel, E., Boersma, P., Hertogh, C., & Gobbens, R. (2021). Goal-setting in geriatric rehabilitation: Can the nursing

profession meet patients' needs? A narrative review. *Nurse Forum*, *56*(3), 648–659. https://doi.org/10.1111/nuf.12562

Van Balen, R., Gordon, A. L., Schols, J. M., Drewes, Y. M., & Achterberg, W. P. (2019). What is geriatric rehabilitation and how should it be organized? A Delphi study aimed at reaching European consensus. *European Geriatric Medicine*, *10*(6), 977–987. https://doi.org/10.1007/s41999-019-00244

Van De Weyer, R. C., Ballinger, C., & Playford, E. D. (2010). Goal setting in neurological rehabilitation: Staff perspectives. *Disability and Rehabilitation*, *32*(17), 1419–1427. https://doi.org/10.3109/09638280903574345

Yau, D. C. N., Lam, M. C. C., Lung, M. K. W., Chow, A. Y. H., Yung, N. S. Y., Chui, T. Y., & Leung, A. C. T. (2002). Outcome-focused nursing practice in geriatric day-rehabilitation service: Facilitating elderly patients to achieve therapeutic goals. *Hong Kong Nursing Journal*, *38*(4), 33–38.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Vaalburg, A. M., Boersma, P., Wattel, E. M., Ket, J. C. F., Hertogh, C. M. P. M., & Gobbens, R. J. J. (2023). Supporting older patients in working on rehabilitation goals: A scoping review of nursing interventions. *International Journal of Older People Nursing*, *00*, e12542. https://doi.org/10.1111/opn.12542