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## Plan Overview

*A Data Management Plan created using DMPonline*

**Title:** What are the barriers and facilitators encountered by Physiotherapists when facilitating exercise that would elicit a cardiovascular training effect with survivors of stroke. A generic qualitative study proposal.

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**Template:** DCC Template

### **Project abstract:**

Sedentary behaviour has been shown to be linked to an increased risk of both primary (English et al, 2014) and recurrent stroke (Field et al, 2013). Aerobic exercise reduces the risk of secondary stroke and improves cardiovascular fitness and is a major factor in helping patients to live independently in the community long term (Mead & Van Wijck, 2013). Despite evidence supporting the use of aerobic exercise with patients post stroke a systematic review by Kaur et al (2012) found that patients in acute units and inpatient rehabilitation facilities spent up to 40% of their time, within treatment sessions, inactive. Patients, when engaged in therapeutic activity, were found to be exercising at an intensity too low to illicit a cardiovascular training effect (Kaur et al, 2012). This trend continues on discharge from hospital, were-upon the vast majority of stroke survivors live a highly sedentary lifestyle (English et al, 2014).

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### **Copyright information:**

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# **What are the barriers and facilitators encountered by Physiotherapists when facilitating exercise that would elicit a cardiovascular training effect with survivors of stroke. A generic qualitative study proposal.**

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## **Data Collection**

### **What data will you collect or create?**

The qualitative data generated will be in the form of audio recordings from between 4-10 one to one interviews. Data will be recorded on two of the researchers own digital recording devices, the models of which have yet to be decided. After recording, the data will be transcribed using Microsoft word, on the researchers own password protected laptop, and saved in an 'open text document' format. The volume of data is expected to be quite large as there will be full transcripts from all of the interviews, each of which will last for one hour.

### **How will the data be collected or created?**

Data will be collected through conducting semi-structured, one to one interviews. Most data in this area has been collected through closed question surveys which does not allow for the same analysis of themes. Other research has also been conducted in other countries which do not have an national health service structure.

Prior to starting the interviews, I have written the outline of the interviews with the questions that I wish to discuss which I expect will help me to uncover some general themes. However, due to the nature of the semi-structured interview process, there is a chance that I will collect data on themes that I did not expect. Repeating the interviews several times will hopefully allow some saturation of data and for common themes to occur. During the interviews I will be recording audio on digital recording devices. I will ensure quality and consistency of data by ensuring the same methods of collection across all of the interviews. Data will be anonymised by the researcher by not using identifiable information during discussion. Each participant will be assigned a non-identifying, random number against which all their information will be filed. Any demographic information recorded will be minimal and will not include any names, addresses or places of work.

Any non-anonymised data, such as consent forms will be filled securely and separately from the recorded or transcribed data.

## **Documentation and Metadata**

### **What documentation and metadata will accompany the data?**

Consent forms will be produced and stored separately from the data generated in the interviews to ensure confidentiality.

The only metadata produced will be limited to some demographic information of the interview participants such as time since qualifying, level of qualification held and area of work, i.e. acute, rehabilitation, community etc. The demographic information will not contain specific addresses or names. Collecting the demographic information will allow for comparison between Physiotherapists with certain demographic characteristics, to assess if these characteristics have an effect on themes.

## **Ethics and Legal Compliance**

### **How will you manage any ethical issues?**

All data will be fully anonymised and stored securely on a password-protected laptop and then downloaded onto a password-protected, university OneDrive account. Only me and my University supervisor will have access to any data. To protect privacy no other researchers will have access to the data unless requested and required from the university. Data will be anonymised as detailed previously and stored for seven years, as per the University protocol.

Should any ethical issues arise from the disclosure of sensitive information during the interview process, the researcher will follow standards around disclosure of confidential information as detailed in guidelines from the Health professions council (HPC) and the Chartered society of physiotherapists (CSP). Ethical concerns that compromise patient safety or raise concerns about fitness to

practise will be reported with guidance from the above bodies and documented.

### **How will you manage copyright and Intellectual Property Rights (IPR) issues?**

As the research is being carried out by a single researcher within the institution of the University of Nottingham, the university will have ownership of the copyright of the IPR of any data generated. There will be no creation of a license for its use and reuse. I do not plan to use any existing data as part of my research, so there are no copyright restrictions.

## **Storage and Backup**

### **How will the data be stored and backed up during the research?**

Audio data will be recorded on a digital recording device, a copy will be made and stored on a personal, password protected/ encrypted USB memory stick.

### **How will you manage access and security?**

The recording device will be stored in a locked, secure filing cabinet in my home. Accessible only by myself, the researcher. Data will first be transcribed onto the researcher's password protected personal laptop and accessed only by me. It will then be stored in a university-provided Microsoft OneDrive account, which provides secure data storage and sharing. This will be backed up on a personal, password protected/ encrypted USB memory stick.

## **Selection and Preservation**

### **Which data are of long-term value and should be retained, shared, and/or preserved?**

Transcribed, anonymised data from the one to one interviews will be preserved for seven years as per University policy.

### **What is the long-term preservation plan for the dataset?**

Data will be stored on a university, password-protected OneDrive account, however as access to this will be lost after graduation, it will also be stored on an encrypted USB stick. It will be stored in a locked filing cabinet for seven years as outlined by University policy both on the encrypted USB stick and OneDrive account.

## **Data Sharing**

### **How will you share the data?**

Anonymised, transcribed data will be suitable for sharing on request from the relevant university bodies. This will be shared via university OneDrive accounts, which ensure secure sharing of data.

### **Are any restrictions on data sharing required?**

Audio recordings of one to one interviews will not be shared as they could be potentially identifying and would not respect the confidentiality of participants.

## **Responsibilities and Resources**

### **Who will be responsible for data management?**

The lead researcher (Amy Souchaud) will be responsible for the management, security and quality of data for the duration of the study and afterwards. Data will be collected, processed and transcribed by the lead researcher who will have primary access to data. The project supervisor, (Dr Claire Driver), will also have access to the research data on request. After completion of the study, the University of Nottingham may be granted access to anonymised research data on request for use in other research.

### **What resources will you require to deliver your plan?**

The only additional resources predicted will be the purchase of a recording device to use during the interviews. The estimated cost of this is approximately £50. The storage, processing and archiving of the data should not incur any costs or require any additional resources.