### Table III. Facilitating and hampering factors to the implementation of the "Rehabilitation, Sports and Exercise" programme

<table>
<thead>
<tr>
<th>Categories</th>
<th>Facilitating factor</th>
<th>Hampering factor</th>
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</table>
| **a) Socio-political context** | • Collaboration with and (financial) support from the local municipality<sup>b</sup>  
• Collaboration and network between SCC and external parties were good and/or improved<sup>a,b</sup>  
• Possibilities to participate in sports and exercise activities for disabled persons were good and/or enlarged<sup>a</sup> | • Local municipality had ended the financial support<sup>b</sup>  
• Uncertainty about how to continue the RSE programme after 2015<sup>b</sup>  
• Possibilities to participate sports and exercise activities for disabled persons were limited                                                                 |
| **b) Organization**      | • The content of the programme is in line with organizations’ vision and/or wishes<sup>b</sup>  
• (More) structural integration of sports and exercise in rehabilitation care<sup>b</sup>  
• Sufficient sports and exercise facilities within the organization<sup>a,b</sup>  
• The support from rehabilitation professionals to implement the programme was good and/or improved<sup>b</sup>  
• Communication and collaboration among departments/professionals were good and/or improved<sup>b</sup>  
• Referral of patients to SCC was a standard procedure of rehabilitation treatment<sup>a</sup>  
• All members of multidisciplinary team could refer patients to SCC<sup>a,b</sup>  
• Availability of (additional) financial resources<sup>b</sup>  
• Good collaboration between rehabilitation department in hospital and a surrounding rehabilitation centre<sup>a,b</sup>  
• Knowledge and visibility of the programme (SCC) were good and/or improved<sup>b</sup>  | • No wish to implement the programme<sup>a</sup>  
• Sports and exercise were no key points of attention in hospital care<sup>b</sup>  
• Limited sports and exercise facilities in hospital<sup>a,b</sup>  
• Lack of support from physicians and therapists to implement and execute the programme<sup>a,b</sup>  
• Poor communication and collaboration between counsellors and physiotherapists<sup>b</sup>  
• Poor collaboration among involved professionals<sup>a</sup>  
• Referral of patients to SCC was dependent 1 professional (physician)<sup>b</sup>  
• Insufficient financial resources to meet organizations’ wishes regarding implementation of the RSE programme<sup>b</sup>  
• Implementation of the programme at more departments/locations of the organization<sup>b</sup>  
• Changes in organization (such as fusion, reorganizations, staff turnover)<sup>b</sup>  
• Lack of knowledge and bad visibility of the programme (SCC) within organization<sup>b</sup>  |
| **c) Professionals**     | • Being committed and enthusiastic to implement the programme<sup>b</sup>  
• Being a member of the multidisciplinary rehabilitation team<sup>b</sup>  
• Receiving support from colleagues to implement the programme (other counsellors, project leader, managers)<sup>b</sup>  
• Good skills and knowledge to implement and execute the RSE programme<sup>b</sup>  
• Referral of patients to rehabilitation service was standard procedure in rehabilitation treatment<sup>a</sup>  
• All members of multidisciplinary team could refer patients to SCC<sup>a,b</sup>  
• Availability of (additional) financial resources<sup>b</sup>  
• Good collaboration between rehabilitation department in hospital and a surrounding rehabilitation centre<sup>a,b</sup>  
• Knowledge and visibility of the programme (SCC) were good and/or improved<sup>b</sup>  | • Lack of motivation to implement the programme<sup>b</sup>  
• Being appointed from outside the organization<sup>b</sup>  
• Limited available time to implement and execute the programme<sup>b</sup>  
• Lack of support from project leader/managers<sup>b</sup>  |
| **d) Program**           | • Additional value of RSE programme (particularly counselling sessions) was clear<sup>b</sup>  
• Outcomes of the RSE programme on patient level were visible for involved professionals<sup>b</sup>  
• Content of programme was clearly described (Handbook)<sup>b</sup>  
• Most components of the programme could be reimbursed by insurance companies<sup>b</sup>  
• RSE programme was easily compatible with current rehabilitation care<sup>b</sup>  
• A flexible execution of the counselling sessions<sup>b</sup>  
• Motivational Interviewing as basis for conversations<sup>b</sup>  | • Program was difficult to understand<sup>b</sup>  
• Work load was increased due to additional administrative tasks<sup>b</sup>  
• Reimbursement of counselling sessions was not possible<sup>b</sup>  
• Adjustment existing working procedures was necessary to implement the programme<sup>b</sup>  
• Name “Sports Counselling Centre” could lead to wrong expectations<sup>b</sup>  
• Execution of the ReSpAct study<sup>b</sup>  
• Planning of telephone based counselling sessions<sup>b</sup>  
• Protocol of counselling sessions was not suitable for all patients<sup>b</sup>  |
| **e) Patient**           | • Being in high stages of behaviour change towards physically active lifestyle<sup>b</sup>  
• Committed to participate in sports and exercise activities<sup>b</sup>  
• Positive attitude towards sports and exercise activities<sup>b</sup>  | • Low stages of behavior change towards physically active lifestyle<sup>b</sup>  
• Low social economic status<sup>b</sup>  
• Non-western origin<sup>b</sup>  
• Children/adolescents<sup>b</sup>  |

<sup>a</sup>Only in hospital setting. <sup>b</sup>Detailed description is included in main text. SCC: Sports Counselling Centre; RSE: Rehabilitation, Sports and Exercise; ReSpAct study: Rehabilitation, Sports and Active lifestyle study. The ReSpAct study is designed to evaluate the RSE programme (4, 5).