

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

Categories	Facilitating factor	Hampering factor
a) Socio-political context	<ul style="list-style-type: none"> • Collaboration with and (financial) support from the local municipality^b • Collaboration and network between SCC and external parties were good and/or improved^b • Possibilities to participate in sports and exercise activities for disabled persons were good and/or enlarged 	<ul style="list-style-type: none"> • Local municipality had ended the financial support^b • Uncertainty about how to continue the RSE programme after 2015^b • Possibilities to participate sports and exercise activities for disabled persons were limited
b) Organization	<ul style="list-style-type: none"> • The content of the programme is in line with organizations' vision and/or wishes^b • (More) structural integration of sports and exercise in rehabilitation care^b • Sufficient sports and exercise facilities within the organization • The support from rehabilitation professionals to implement the programme was good and/or improved^b • Communication and collaboration among departments/professionals were good and/or improved^b • Referral of patients to SCC was a standard procedure of rehabilitation treatment • All members of multidisciplinary team could refer patients to SCC • Availability of (additional) financial resources • Good collaboration between rehabilitation department in hospital and a surrounding rehabilitation centre^{a,b} • Knowledge and visibility of the programme (SCC) were good and/or improved 	<ul style="list-style-type: none"> • No wish to implement the programme^a • Sports and exercise were no key points of attention in hospital care^{a,b} • Limited sports and exercise facilities in hospital^{a,b} • Lack of support from physicians and therapists to implement and execute the programme^{a,b} • Poor communication and collaboration between counsellors and physiotherapists^b • Poor collaboration among involved professionals • Referral of patients to SCC was dependent 1 professional (physician) • Insufficient financial resources to meet organizations' wishes regarding implementation of the RSE programme • Implementation of the programme at more departments/locations of the organization • Changes in organization (such as fusion, reorganizations, staff turnover) • Lack of knowledge and bad visibility of the programme (SCC) within organization
c) Professionals		
• Counsellor	<ul style="list-style-type: none"> • Being committed and enthusiastic to implement the programme^b • Being a member of the multidisciplinary rehabilitation team • Receiving support from colleagues to implement the programme (other counsellors, project leader, managers) • Good skills and knowledge to implement and execute the RSE programme 	<ul style="list-style-type: none"> • Lack of motivation to implement the programme • Being appointed from outside the organization • Limited available time to implement and execute the programme • Lack of support from project leader/managers
• Physician	<ul style="list-style-type: none"> • Actively involved in the implementation of the programme • Enthusiastic to implement the programme • Positive attitude towards the implementation of the programme • Sufficient knowledge of the content and aim of programme 	<ul style="list-style-type: none"> • Lack of time • Negative attitude towards implementation of the programme^a
• Project leader	<ul style="list-style-type: none"> • Being committed and enthusiastic to implement the programme^b • Good skills and knowledge to implement the programme • Working as a counsellor in SCC or being a manager of a department 	<ul style="list-style-type: none"> • Limited available time for the implementation of the programme • High work load • Insufficient knowledge about the content of the programme • Not actively involved in the implementation of the programme
d) Program	<ul style="list-style-type: none"> • Additional value of RSE programme (particularly counselling sessions) was clear^b • Outcomes of the RSE programme on patient level were visible for involved professionals^b • Content of programme was clearly described (Handbook) • Most components of the programme could be reimbursed by insurance companies • RSE programme was easily compatible with current rehabilitation care • A flexible execution of the counselling sessions^b • Motivational Interviewing as basis for conversations 	<ul style="list-style-type: none"> • Program was difficult to understand • Work load was increased due to additional administrative tasks • Reimbursement of counselling sessions was not possible • Adjustment existing working procedures was necessary to implement the programme • Name "Sports Counselling Centre" could lead to wrong expectations • Execution of the ReSpAct study • Planning of telephone based counselling sessions • Protocol of counselling sessions was not suitable for all patients^b
e) Patient	<ul style="list-style-type: none"> • Being in high stages of behaviour change towards physically active lifestyle^b • Committed to participate in sports and exercise activities^b • Positive attitude towards sports and exercise activities^b 	<ul style="list-style-type: none"> • Low stages of behaviour change towards physically active lifestyle^b • Low social economic status^b • Non-western origin • Children/ adolescents
f) Implementation strategy		
• National level	<ul style="list-style-type: none"> • Financial incentives^b • Sharing of knowledge and experiences with other professionals^b • Material provided to implement and execute the programme • (Advisory) support from programme coordinators • Writing project plan, annual plan and reports • Regional and national meetings were inspiring delivered valuable contribution^b • Course in Motivational Interviewing^b 	<ul style="list-style-type: none"> • Period of financial support was too short^b • Writing project plan, annual plans and reports was time-consuming
• Organizational level	<ul style="list-style-type: none"> • Creating awareness and knowledge about the programme (give presentations, sending e-mails, newsletters)^b • Reminding^b • Registration and evaluation of outcomes of RSE programme within organizations • An individual action plan to implement the programme 	

^aOnly in hospital setting. ^bDetailed 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).