

Improving the acceptability to enhance the efficiency of stroke rehabilitation procedures based on brain-computer interfaces

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Improving the acceptability to enhance the efficiency of stroke rehabilitation procedures based on brain-computer interfaces

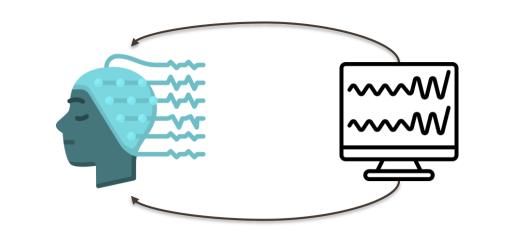
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INTRODUCTION – Why to focus on BCI acceptability ?



Stroke leaves around 40% of surviving patients dependent in their activities of daily living, notably due to severe motor disabilities [1].



BCIs are efficient for improving motor recovery after stroke [2].

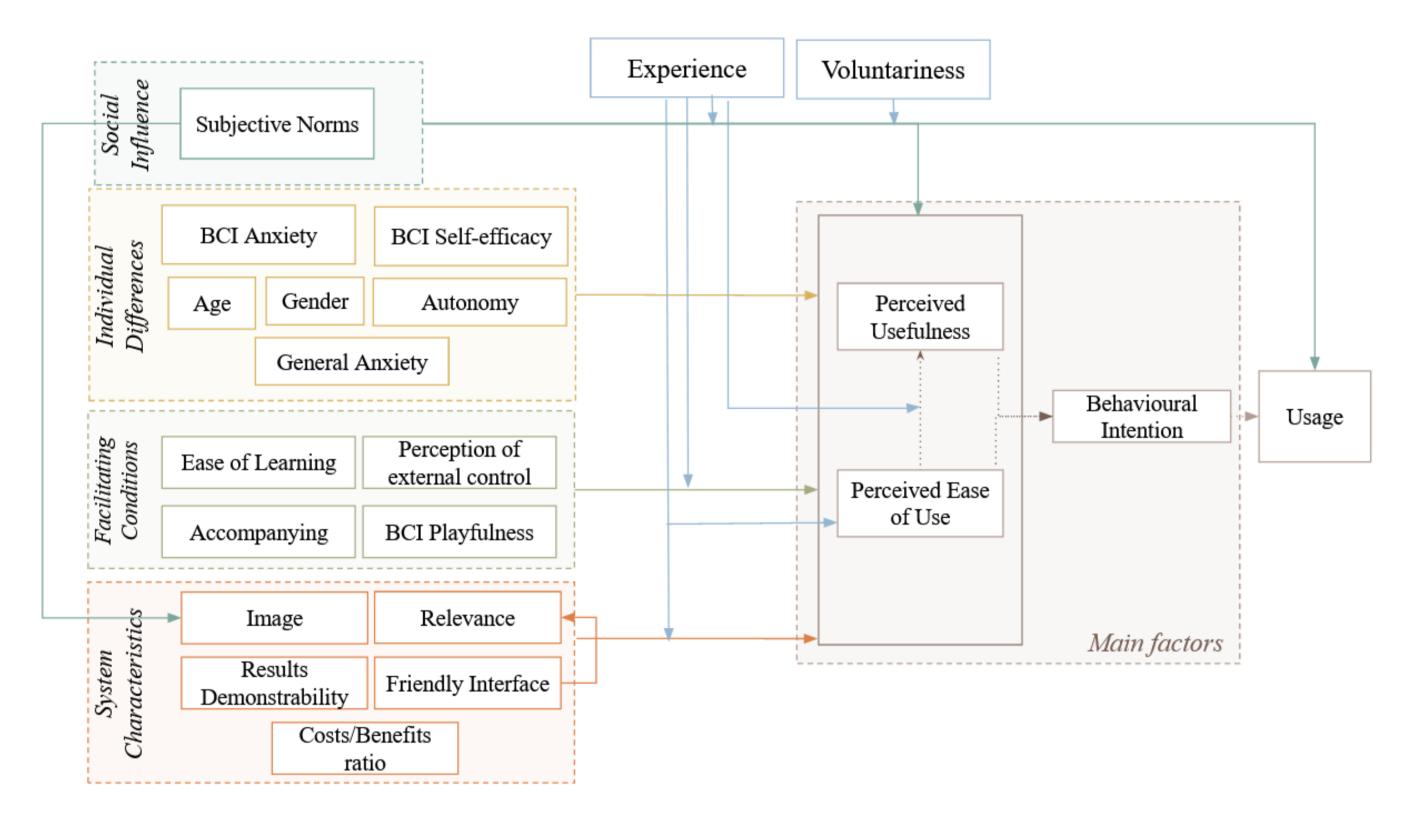
BUT... efficiency is still far from the level required to enable broad clinical use.

AND... technical improvements are not sufficient: Fully optimised BCIs are pointless if patients and clinicians do not want to use them

OBJECTIVE : Identify the factors that influence the intention to use BCIs in order then to: Personalise BCI-based rehabilitation procedures to each patient Better inform clinicians and patients about BCI functioning

> **HYPOTHESIS:** Improving BCI acceptability and acceptance will favour both patients' and clinicians' engagement in the rehabilitation process, reduce anxiety, and result in an increased efficiency of BCI-based stroke rehabilitation procedures.

METHODS – Design, implementation and evaluation of a BCI acceptability model for stroke rehabilitation



Our model of BCI acceptability based on acceptance models from the literature (TAM3 [3] and UTAUT2 [4])

We created a questionnaire in order to evaluate the validity of our model and to quantify the influence that the different factors had on our target factors:

- Perceived usefulness (PU)
- Perceived ease of use (PEoU)
- Behavioural intention (BI)

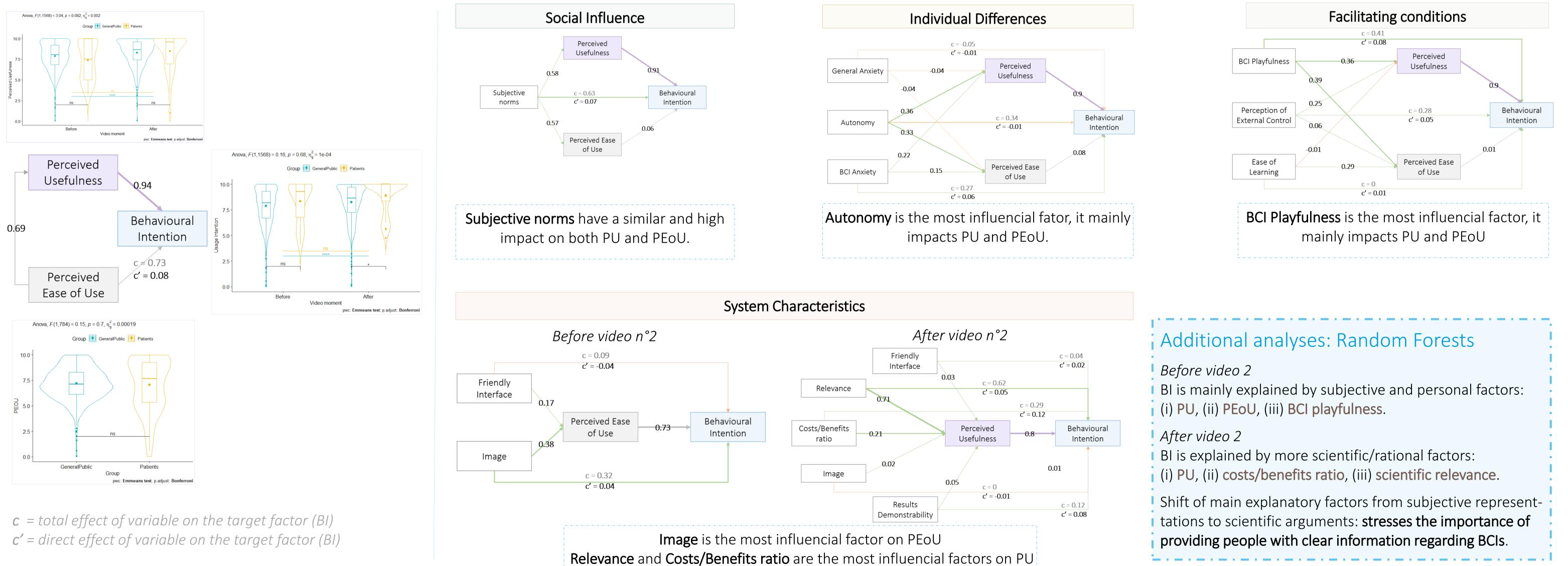
Each factor was assessed by 3 items minimum. Participants rated each item on a visual analog scale ranking from "Strongly disagree" (score=0) to "Totally agree" (score=10). We also included explanatory videos in order to inform people about BCIs.

Example item - Subjectives norms : "People who are important to me would be in favour of using BCIs for rehabilitation"

Strongly disagree - 0		10 - Totally agree		
Items related to factors:	Video n°1:	Items related to factors:	Video n°2:	Items related to factors
- Relationship with	General	- Social Influence	Relevance	-System Characteristics
technology	functioning of BCIs	- Individual differences	of BCIs for reha-	- Individual differences
- Individual differences		- System Characteristics	🔷 bilitation, 👎	-Facilitating conditions
-Knowledge of BCIs		- Facilitating conditions	based on scientific	- PU + BI
		- PU, PEoU & BI	literature	

RESULTS – Important impact of PU on the intention to use & providing people with comprehensive information

We collected data of 753 persons (general population – sample representative of the French population). Below, we show descriptive analyses and mediation analyses, the aim of which is to estimate and quantify the causal relationships between factors.



FUTURE WORK – Modeling the acceptability of post-stroke patients and clinicians

. Continue the inclusions: questionnaires and interviews with post-stroke patients (N=33 so far) and clinicians.

. Design and implement personalised rehabilitation procedures based on our results (e.g., in terms of tasks, feedback and support provided by the caregivers). . Design and implement multimedia content to better inform clinicians and the general population about BCIs, as well as fight false representations.

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