

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

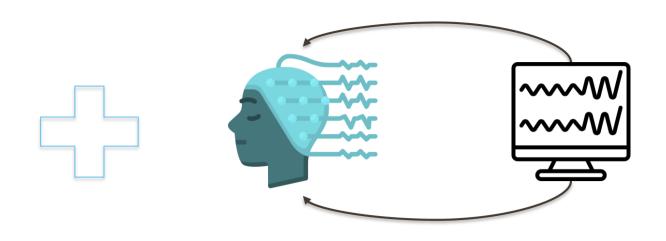
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INTRODUCTION – Why to focus on BCI acceptability?



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.

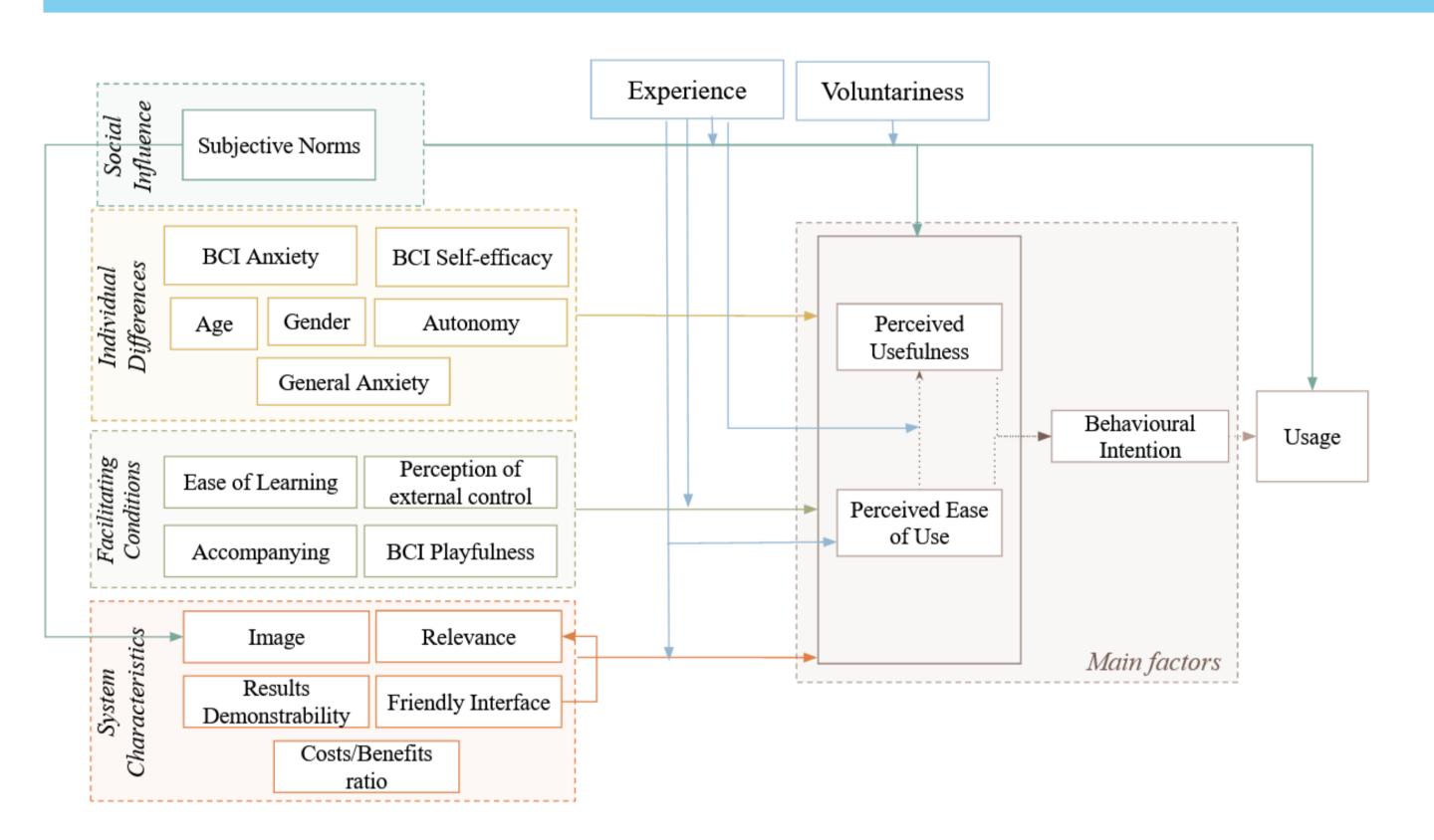
AND... technical improvements are not sufficient: Fully optimised BCIs are pointless if patients and clinicians do not want to use them

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



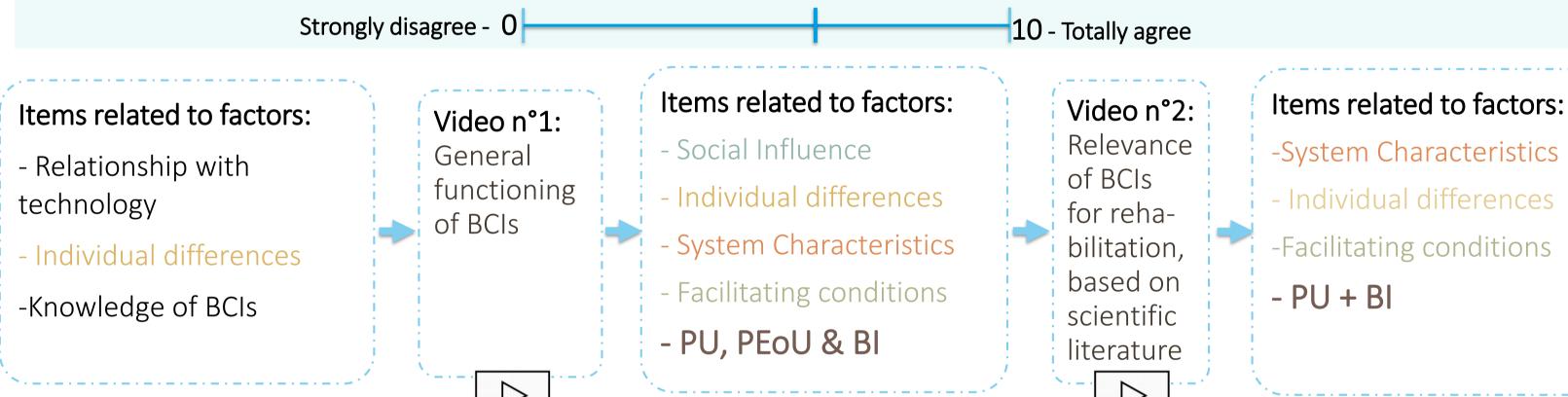
We created a questionnaire in order to evaluate the validity of our model and to quantify the influence that the different factors had on our target factors:

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

Individual Differences

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.

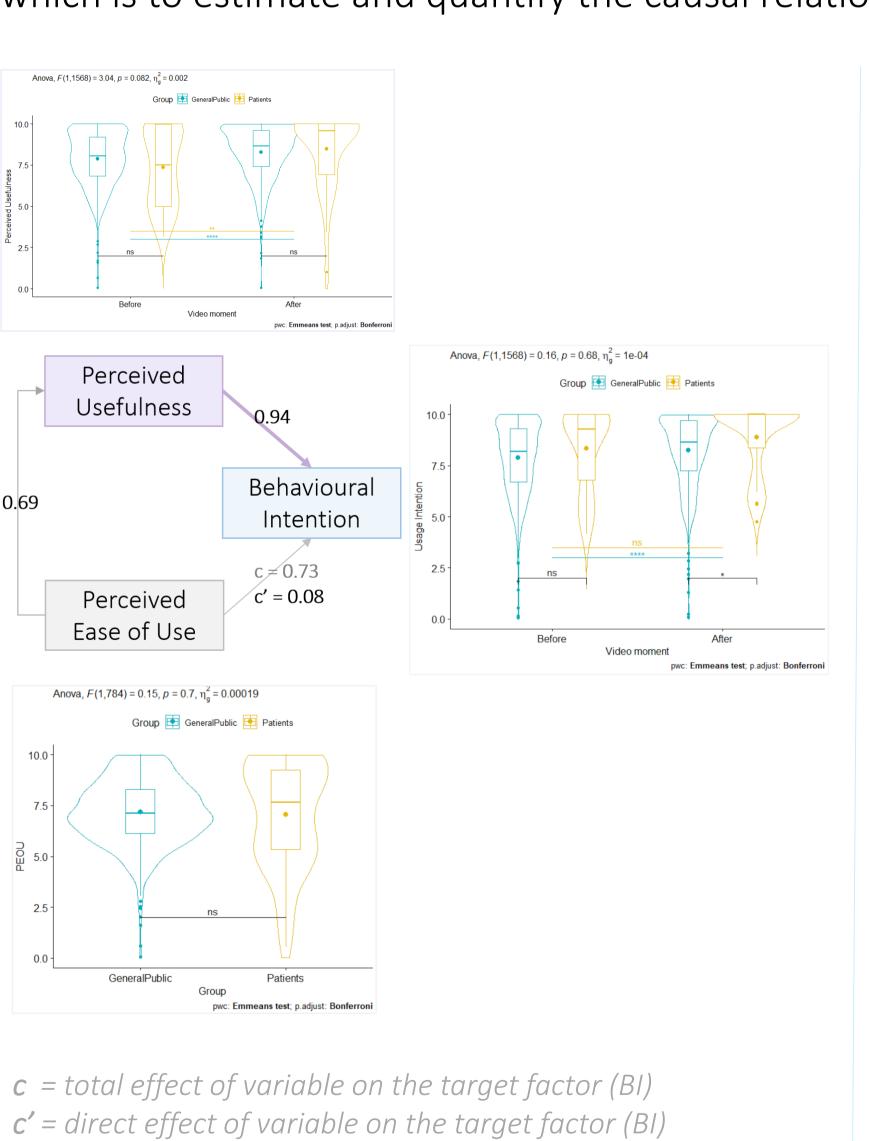
Example item - Subjectives norms: "People who are important to me would be in favour of using BCIs for rehabilitation"

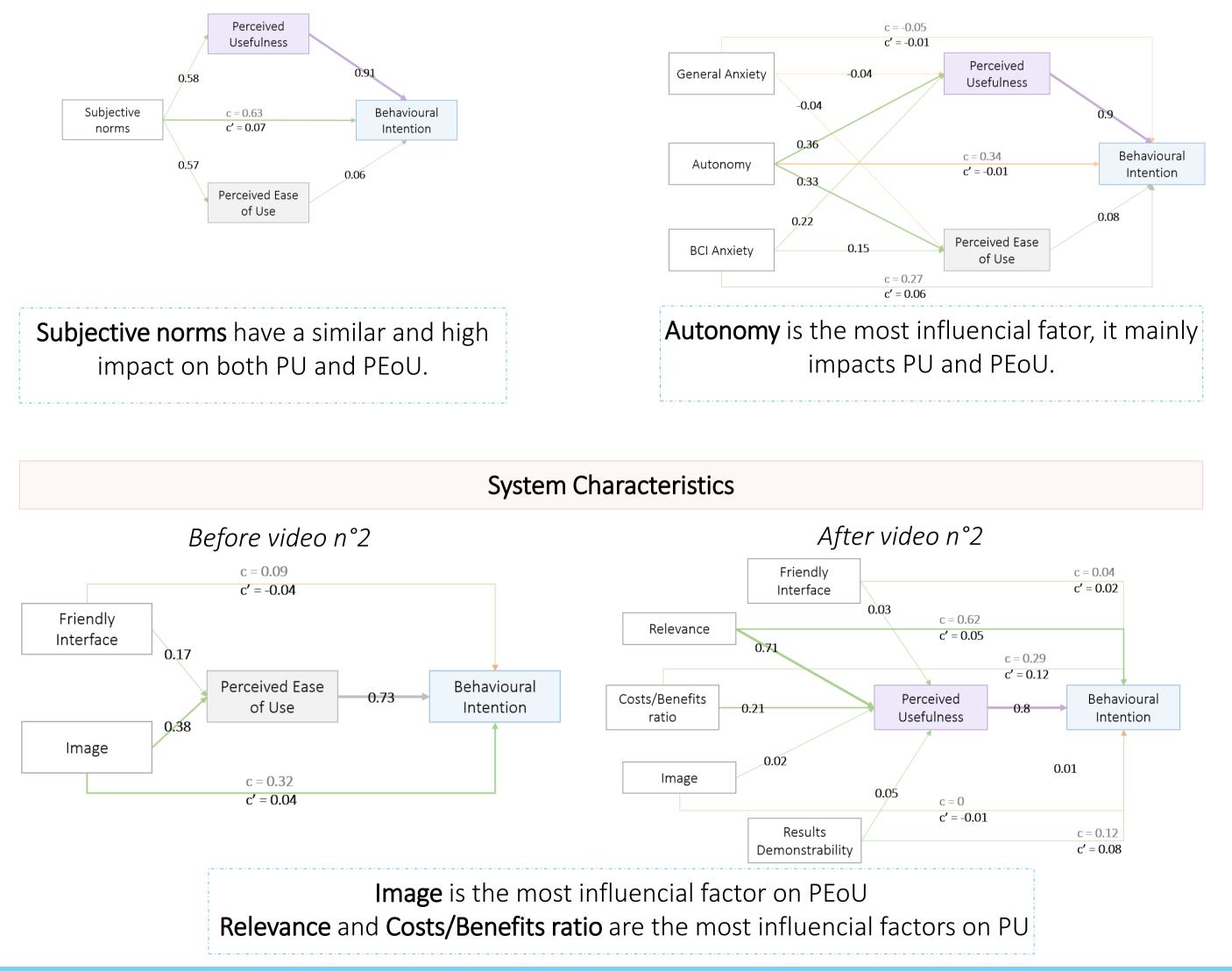


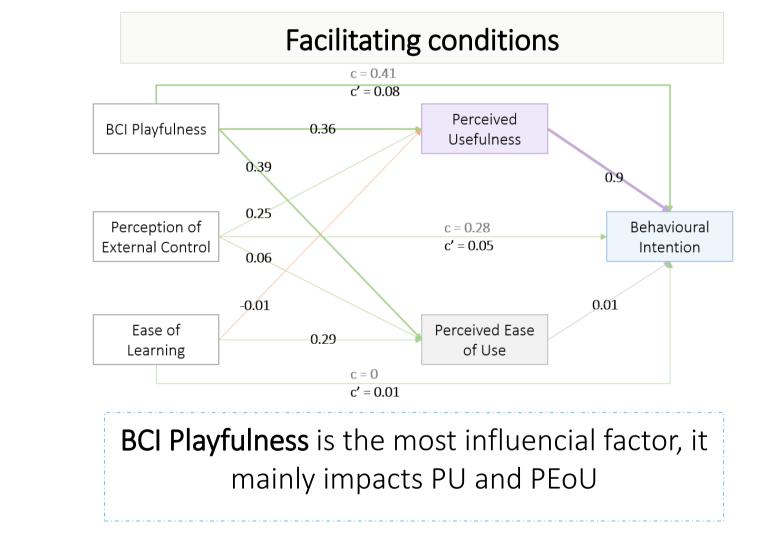
Our model of BCI acceptability based on acceptance models from the literature (TAM3 [3] and UTAUT2 [4])

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.







Additional analyses: Random Forests

Before video 2

BI is mainly explained by subjective and personal factors: (i) PU, (ii) PEoU, (iii) BCI playfulness.

After video 2

BI is explained by more scientific/rational factors: (i) PU, (ii) costs/benefits ratio, (iii) scientific relevance.

Shift of main explanatory factors from subjective representtations to scientific arguments: stresses the importance of providing people with clear information regarding BCIs.

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

Social Influence

- . 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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