

# Understanding Stroke Patients' Motivation for Motivation-Driven Rehabilitative Game Design

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**Abstract.** Stroke is one of the major problems in medical and healthcare that can cause severe disability and death of patients especially for older population. Rehabilitation plays an important role in stroke therapy. However, most of the rehabilitative exercises are monotonous and tiring for the patients. For a particular time, they can easily get bored in doing these exercises. The role of patient's motivation in rehabilitation is vital. Motivation and rehabilitative outcomes are strongly related. Digital games are promising to help stroke patients to feel motivated and more engaged in rehabilitative training through motivational gameplay. Most of the commercial games available in the market are not well-designed for stroke patients and their motivational needs in rehabilitation. This study aims at understanding the motivational requirements of stroke patients in doing rehabilitative exercises and living in a post-stroke life. Based on the findings from the literature review, we report that there are many factors that can influence the stroke patients' level of motivation such as social functioning, patient-therapist relationship, goal-setting, and music. These findings are insightful and useful for ideating and designing interactive motivation-driven games for stroke patients. The motivational factors of stroke patients in rehabilitation may help the game designers to design motivation-driven game contexts, contents, and gameplay. Moreover, these findings may help not only game designers but also healthcare professionals who concern stroke patient's motivation in rehabilitative context.

**Keywords:** rehabilitation · motivation · digital games · human-computer interaction · user requirements

## 1 Introduction

Stroke is one of the major medical and healthcare problems that can cause severe disability, partial paralysis, memory loss, and even death of sufferers. According to Burke et al. [1], 85 % of patients live with impaired upper and lower limbs after suffering from stroke. The World Health Organization (WHO) states that every year there are 15 million people who suffer from stroke in the world. Among them, 5 million patients die and another 5 million are living with permanent disability that negatively

impacts their quality of life. Stroke survivors may experience limitations in range of motions, fine motor skills, gross motor skills, reaching, and manipulation. These deficits can dramatically change the patient's daily life that has to be dependent on others (e.g. family members or caregivers) in doing personal management such as showering, feeding, changing clothes, house chores, and ADL (Activities of Daily Living) tasks. Because of these physical limitations after stroke can reduce patient's participation in social and leisure activities, community programs, and work activities [2]. As a result, it may lead to depression, social isolation, and loneliness in life. Rehabilitation training, in which repetitive exercises are involved, can help the stroke patients with motor impairments of lower and upper limbs to overcome the physical limitations following stroke [2]. Rehabilitation is the essential part of the stroke recovery for stroke survivors because repetitive and rehabilitative exercises can support the brain to get sufficient stimuli to remodel and to regain better motor control. Moreover, rehabilitation can help the patients retrain their functional abilities in walking, transferring, balancing, and doing ADLs.

However, stroke therapy involves daily rehabilitative exercises, which include repetitive movements of the affected limbs. Patients typically complain that these exercises are monotonous, tiring, and boring. Chang et al. [2] pointed out that only 31% of patients who have post-stroke motor deficiencies perform the therapeutic exercises as prescribed by the physiotherapists. Early termination of stroke rehabilitation may lead to permanent disability in life. Motivation and therapeutic outcomes are strongly linked [3]. Healthcare professionals generally believe that patient's motivation plays an important role and it can largely determine therapeutic outcomes. There are other factors that can negatively impact on the patient's motivation in rehabilitative process such as lack of social support from family members and friends, expensive fees of stroke therapy, difficulty in travelling to rehabilitative center, and lack of caregiver who can look after them.

## 2 Background

Recent studies show that healthcare professionals are more and more interested in using computer games for stroke rehabilitation [1]. In general, video games are known to be an engaging platform for the players and gamers because of entertaining, motivating, and fun activities. Virtual rehabilitation has received a great interest from many researchers and healthcare professionals because it can provide a real world environment (e.g. tennis court in sport game or ski resort in leisure game) where players can forget about their surroundings and situation and pay attention to a task in a simulated virtual environment [5]. By playing digital game-based rehabilitative exercises, stroke patients may have improvements in the upper and lower limb mobility as well as higher level of motivation and fun. Among the commercial games available in the market, Nintendo Wii seems to be the most promising technology to be used as a therapeutic tool in stroke rehabilitation. Because of its low-cost hardware and physical game activities, many researchers have tried to use Wii games in stroke therapy. Basically, Wii encourages game players to use physical movements and natural actions in

gameplay (e.g., playing tennis in Wii Sports). It has gained positive feedback and support from the therapists because of its ease of use, entertaining game contents, and a wide variety of games available which can help patients to perform therapeutic training and physical exercises [6]. Although Nintendo Wii is useful and usable in rehabilitation, there are some usability issues that can be critical to the patients who play the games for rehabilitative purpose. For instance, the players cannot customize the level of difficulties in the game itself to meet the needs of different levels of disability. Besides, it does not convey therapeutic feedback to the patients and it does not monitor the patient's progress in every session. The other game consoles available in the market such as Microsoft Xbox, Sony PlayStation, and Eye Toy are also not designed for rehabilitation and therapeutic training because these games are only targeted for young and healthy users. Furthermore, these games are mainly for fun, entertainment, and recreation. The game content in these game systems is not targeted for stroke patients. Thus, physical movements in the gameplay are difficult and not suitable for stroke patients. As these games are solely aimed for healthy players, the motivational content of the games is also not suitable for the motivational needs of the stroke patients. Therefore, all these gaps between rehabilitative and motivational needs of stroke patients and existing gaming technologies should be bridged. In this study, we aim at understanding and having empathy on the needs of the stroke patients' motivation in rehabilitation for designing rehabilitative games for them.

### **3 Motivational Factors**

To design and develop interactive motivation-driven games for stroke rehabilitation, it is important to understand and to have empathy for the problems, needs, motivation, pain points, and goals of stroke patients. In this study, we conducted a literature review to explore and to understand the motivational factors that can influence stroke patients in rehabilitation. According to the literature, there are many factors that can have an impact on the stroke patients' motivation in doing rehabilitative exercises and living post-stroke life positively. Social and emotional support from family members, patient-therapist relationship, role changes in family, understanding in rehabilitative process, long and short term goals, and music are some of the important motivational elements that can affect the patient's level of motivation in performing and continuing their rehabilitation that can lead to faster recovery from the stroke. Motivation has been variously described in terms of innate and internal drives or needs, inner stimuli and responses, and goals or the directions of the motivation. The motivation concerns the intrinsic and extrinsic conditions responsible for variations in the intensity, quality, and direction of on-going behaviour [7]. To understand a patient's motivation, one must also consider the environmental pressures that can impact on the patient and include the demands of his or her condition after stroke. In fact, there are environmental factors associated with most of the patients' needs or drives. Research on the stroke patients' motivation is necessary to focus either on the inner needs of the patients, or on the environmental pressures and demands.

### 3.1 Social Functioning

Social functioning such as social support, social contact, and social integration, plays in an important role for the post-stroke patients. Social contact and social support may not only improve the physical recovery of the patients but also enhance the level of motivation in rehabilitation. Moreover, it may encourage the stroke patients to actively engage in the rehabilitative training. Patients who receive social support from family members are likely to get higher motivation in rehabilitation. In contrast, socially isolated patients are likely to have less motivation in rehabilitation and they are pessimistic about the post-stroke life. Dombovy et al. [8] state that stroke rehabilitation is the combination and coordination of social, medical, educational, and vocational measures for training a patient to regain the highest level of functional recovery and ability. They continue to say that encouraging the socialization of a stroke patient is one of the factors of well-established principles of rehabilitation for stroke. Santus et al. [9] point out that the family is a natural source of social support for a stroke patient and it may influence his or her functional recovery by providing companionship and an opportunity for a normal life. They highlight that the rehabilitation program should emphasize not only the training for physical improvement but also education of family members and society how to support the patient socially and physically. Deteriorating relationships after the stroke are common phenomena for the stroke patients and social communication remains the most stressful issue. Changes in social activities, vocational interests, and role assignments also affect the family system of a stroke patient. Barry [16] points out that stroke patient's expectations on one hand and his or her significant others' expectations on the other hand can strongly influence on his or her level of motivation. The people who play a key role in the stroke patient's rehabilitation are not only the therapists but also his or her family members, friends, associates in whatever situation or setting he or she may live and work.

Evans et al. [11] advocate that social support and functional rehabilitative outcome after stroke are positively linked, suggesting that the support and involvement of family members in rehabilitation are important to speed up the recovery from the stroke. Although family encouragement was one of the factors that can positively affect the stroke patient's motivation, pushing too hard to make improvements in rehabilitation can lead to lower level of patient's motivation in therapeutic training [3]. In addition to this, overprotection can reduce the patient's level of motivation. Social connection with family members and friends is an important factor for patients after stroke but it is very challenging for them to communicate with other people such as understanding what people say, expressing their emotions, talking to other people, walking, eating out, and shopping. It can make the stroke patients feel depressed, discouraged, disconnected, and isolated at a time when they need more social support from family members, friends, and relatives [10]. It is true to say that everyone needs social support and stroke patients cannot be excluded from their social needs. There are many ways that family members and friends can socially support the stroke patients such as companionship from family members, peer's support in rehabilitation, sharing information about stroke rehabilitation and recovery, trying new things for them, listening to their concerns and frustration, sharing their stories, keeping connection with old friends, helping in social

outing, participating in social events and activities, and making new friends. Shimoda and Robinson [12] state that a lack of social support can prevent the stroke patients from regularly attending rehabilitative training or lead to a lack of motivation in doing rehabilitative exercises. Most stroke patients can get their motivation through interaction with their beloved ones such as playing with their grandchildren (e.g. inter-generational games), eating out with partners, going cinema with their friends, and socializing with neighbours [13]. Krause et al. [17] states that in general, social support covers the terms such as affective support, information support, and tangible support [17].

### **3.2 Patient-Therapist Relationship**

One of the most important motivating factors is the use of the therapist's relationship with the patient as a form of bringing about the patient's recovery, readjustment, and rehabilitation after stroke [16]. The relationship between the stroke patient and the therapist forms one of the motivational elements in rehabilitation. Maclean et al. [3] mention that if a therapist has low expectations of how a patient will perform in rehabilitative tasks, it may cause a negative effect on the patient's motivation. Positive feedback, support, and encouragement from the therapist are important for the stroke patients to gain confidence and positive emotions in rehabilitation. The therapists can encourage stroke patients to feel more confident and motivated to continue to do rehabilitative exercises in the process of stroke recovery whereas giving confusing messages to the patients about the role of therapists in rehabilitation could lead to unnecessary misunderstanding in therapy and it may negatively impact on the patient's motivation in continuing rehabilitation process. The therapist can increase the motivation of stroke patients by striking up a rapport with patients and discussing about their lives before and after stroke [3]. Generally, the therapists not only help the patients improve in physical rehabilitation but they can also consult the patient's social and family issues. Therefore, the relationship between therapists and stroke patients are crucial in stroke rehabilitation.

### **3.3 Setting Relevant Rehabilitative Goal**

Post-stroke rehabilitation is described as a long-term process where the patient and the healthcare team try to get an agreement on the activities to be focused and the goals to be achieved through interaction, negotiation, and collaboration between the stroke patient and the healthcare professionals such as doctors, therapists, and caregivers. Setting a relevant rehabilitative goal can positively affect on the stroke patient's motivation. However, the goals should be meaningful, realistic, achievable, and measurable. The smaller goals for stroke patients should be related to real-life goals which are meaningful, achievable, and realistic. Moreover, the personalized rehabilitation goals may enhance the level of motivation of stroke patients in rehabilitation. These personalized goals may vary from patient to patient. For example, a particular stroke patient may want to re-enter into the working life or to drive a car when he or she recovers from the stroke whereas another stroke patient may want to be more independent in doing ADLs.

Therefore, a goal that can link to individual needs and wants may positively impact on the stroke patient's motivation and engagement in rehabilitation. Therapists and caregivers need to help the stroke patients to achieve the smaller goals of therapy such as better movements of limbs followed by the bigger goals such as re-integrating into community and going back to work [13].

### **3.4 Rehabilitative Setting and Environment**

Rehabilitative environment is regarded as one of the important factors for patients' motivation in rehabilitation. Generally, it involves well-designed and patient-friendly rehabilitation room, communal meals, and group training sessions where the stroke patients can share their experiences about rehabilitation and learn each other's progress in training, are the positive factors of motivation that fasten recovery from stroke. Almost every stroke patient has to go through a rehabilitation process after they have gone through an acute hospital. They have to spend most of their time at a rehabilitation centre before they regain the functional abilities of the impaired limbs. Therefore, the role of the rehabilitative environment such as a rehabilitation training room, a setting of the gymnasium, and people in this environment, is important for the stroke patients to feel comfortable, convenient, and secure. In addition to personal factors such as health history and condition, gender, role changes in family, sex, social background, and educational background, individual patient's motivation may be impacted also by environmental influences that involve physical condition, social and emotional condition, and individual attitudes for rehabilitation [18].

### **3.5 Information from Healthcare Professionals**

Highly motivated patients feel that education and information provided by the healthcare professionals can change their thinking about therapy. They may see it as not only a helpful solution but also the necessity of an important role in stroke rehabilitation [14]. Before a particular patient starts his or her rehabilitation program, it is important for the therapists to explain the information about rehabilitation and therapeutic exercises. In this way, the patients can understand the process of rehabilitation and the benefits of the exercises. Moreover, understanding the process of rehabilitation and its benefits can enhance the patients' level of motivation and engagement in rehabilitation. The information of rehabilitation process from the therapists and their explanation are important for the stroke patients to understand their condition, process, and progress very well, and which may lead to a higher motivation in rehabilitation and faster recovery from stroke.

### **3.6 Meaningful Rehabilitative Task**

Occupational therapy (OT) includes relearning skills for doing activities of daily living for the patients to get independence in their daily lives. For example, personal grooming, showering, toileting, meal preparation, and money management are some of

the ADL tasks in occupational therapy. These OT exercises are meaningful and they reflect the social lifestyles of the stroke patients. By doing activity based exercises (e.g., ADL-based rehabilitative exercises), the patients may feel motivated and more engaged in the exercises. Flores et al. [15] advocate that meaningful tasks should be integrated into the rehabilitation. By doing meaningful rehabilitative tasks, patients can get a direct relationship between the use of impaired limbs in the therapeutic training and the use in their activities of daily living.

### **3.7 Individual Needs and Customization**

As motoric impairment can be different from one patient to another, successful rehabilitative program requires personalization or customization for the individual patients to address their problems, to meet their needs, and to adapt individual's motoric level. Adaptability is one of the important factors for individual patients so that the difficulty level can be increased when the patient's motoric abilities improve in a particular period [15]. Understanding individual stroke patient's needs, focusing on personalized or customized motivation, looking beyond simple fun elements to provide engaging and correct upper or lower limb movements and activities are the difficult challenges in stroke rehabilitation.

### **3.8 Positive Feedback from Therapist**

The encouragement from medical professionals such as doctors, therapists, and nurses, plays a vital role in stroke rehabilitation. Often, the therapists have to not only explain the information about rehabilitation but support them with positive feedback so that the patients can feel more confident, motivated, and engaged in what they are doing. The feedback from the therapist to the patients should be positive to encourage them to actively engage in the rehabilitation. It may help them feel more motivated in performing the rehabilitative tasks and encourage them to be more engaged, active, and confident. Feedback plays an important role in rehabilitative training to maintain and sustain the motivation of individual patient during the rehabilitation process. Extrinsic feedback or external response can encourage the persistence to perform better in a situation of physical education [19].

### **3.9 Music for Rehabilitation**

Everyday many people expose music for different reasons such as relaxation, interest, and motivation. Generally, people use music to achieve different types of goals in everyday life such as to motivate in doing exercises, to get relaxation, to pass time when driving for long hours or taking bus for long distance. Music is an interesting area for the healthcare professionals and researchers to study on how it may affect the stroke patient's motivation in therapeutic way. Music therapy may be effective in reducing negative emotions such as anger, depression, and anxiety, whereas promoting positive affections such as happiness, joy, and pleasant. Music Therapy can be used as listening

therapy for the stroke patients to listen to a list of songs that caregiver or music therapist has selected for them to match a mood or to bring back memories [13]. Music can trigger the positive emotions of the stroke patients that may lead to more engagement in doing rehabilitative exercises. Music can be used as a healing tool in the social and personal context that can have a positive impact on the emotion of individual patient who is recovering from a stroke. Moreover, it can enable social interaction between the therapist and the patient or among a group of people in a rehabilitative training session [20]. Music may affect the physical, mental, and social components of the post-stroke rehabilitation process in many ways such as therapeutic listening and rhythmic movements.

### 3.10 Recreational Activities for Stroke Patients

Recreational activities such as playing digital games or board games, singing songs, participating in social outings, and going out for shopping, are recognized as motivational elements for the stroke patients that enable better social connection and re-integration with peers, friends, therapists, and communities. By participating in recreational activities, the stroke patients may regain a sense of social reintegration and better social ties with other people. Moreover, it may overcome the issues of social isolation and depression and it may help the stroke patients to feel more motivated in rehabilitation training and improve their quality of life. There are many benefits of leisure activities that can positively affect individual well-being and quality of life. Recreational activities also help the stroke patients to enhance their physical and mental health condition, together with personal growth and social communication. Leisure activities are suitable for everyone who can experience positive moments from doing these activities regardless of what state of health he or she is in. While the types of the recreational activities a person has done before the stroke might be different from the leisure activities that he or she is currently doing in post-stroke life, the feeling of wellbeing that one gets from these recreational activities will not be different [21].

## 4 Discussion

Understanding the stroke patient's motivation in doing rehabilitative exercises is an important step in designing digital games for stroke patients and rehabilitation. Thus, the findings from understanding motivational elements of stroke patients in rehabilitation can be applied as design inputs and considerations in the game design process. According to the literature review, social functioning such as social ties with friends, peers, and family members and social communication, is one of the most important motivational factors for the stroke patients to get motivated in doing the rehabilitative exercises which is why it is one of the most important design inputs for designing a game for stroke rehabilitation. In designing a digital game for rehabilitative purpose, we can design multiplayer game where two or more players can play the game together so that they can socially connect with each other through the gameplay. By playing multiplayer games, the stroke patients can build up the social ties with peers and have a



mutual understanding between patients in a similar situation. Moreover, not only the patients but also the therapists or other healthcare professionals can monitor or even participate in the multiplayer game. To achieve the idea of improving socialization of the stroke patients, we can also design intergenerational games for them to maintain the social connection between the patients and their family members. According to Llyod [24], intergenerational communication between older adults and younger generation can decrease the prevalence of ageing and it can considerably support to improve the mental health and physical well-being amongst the elderly group. With regard to the digital game-based socialization, Theng et al. [25] insist that generally computer-mediated games can provide inter-generational gameplay (e.g. Multiplayer Sport Games). Moreover, it can support entertaining and socializing features that are used as tools to promote positive mental health, social health, and physical well-being of the older adults. To design digital games for stroke patient's rehabilitation, the concept of "Patient-Therapist relationship" can be used as a basis for the relationship between virtual therapist and the player. Virtual therapist can be a narrator or a virtual coach in the rehabilitative training in the game itself. In addition to this, the customization of the avatar's identity selected by the player can be integrated in the game so that the player may have stronger connection to the virtual therapist in the game. According to Kenny et al. [26], Virtual Human Agent technology has been used by the researchers to develop 2D or 3D characters that are used in virtual reality games and applications. For example, these virtual characters can be designed as virtual therapists, virtual nurses, and caregivers in the context of stroke rehabilitation.

With regard to the setting a relevant and achievable goal in the rehabilitation, we can account this as a goal-based game for the stroke patients. It is important that the goals are realistic and achievable and meet the individual's needs. In designing a goal-based game, we can allow the player to set a particular goal to achieve at particular levels or to get certain ranks or to earn certain points or scores in the game. In this way, the player can feel more motivated and engaged in the gameplay. Well-maintained and clean rooms, friendly social interaction, and stroke patient friendly facilities are amongst the important settings in the rehabilitative context that can have an impact on the level of motivation. For the game design, game environment or context should be more realistic and familiar to the players and should reflect their social lifestyle. By designing a game environment reflecting the stroke patients' social lifestyle, it can help them to feel more engaged in the game itself, which can improve the level of their motivation. For example, we can design a virtual shopping game environment in which the players can do shopping activities that they used to do before the stroke. Pyae et al. [27] advocate that in designing game for stroke patients, game environment should be meaningful and it should reflect the player's social background.

Information provided by the healthcare professionals such as doctors, therapists, and nurses, is important for the stroke patient in stroke rehabilitation. In the game design, we can use this concept as a help system; for example, virtual training by a virtual therapist, and information provided by a virtual nurse or caregiver on how to conduct the game. In addition, a virtual character (e.g. virtual therapist) can provide the progress of the gameplay, game scores, and game incentives in real-time during the gameplay. Physical therapy focuses on regaining strength and mobility of the upper or lower limbs by doing therapeutic exercises whereas occupational therapy focuses on

relearning real activities (e.g. ADL, community reintegration, personal management and cognitive skills) that a patient has lost after suffering from the stroke. These ADL-based tasks are basically meaningful and realistic to the patients. In a game environment, we can also include real world tasks in the game activities. For example, we can design a cooking game for the stroke patients where they can prepare and cook the meal and at the same time, they perform therapeutic movements followed by cognitive skills such as choosing the right ingredients for the food and manage the cooking time. Furthermore, we can design a game that based on real-world activities such as simulation for driving a car, virtual shopping tasks, use of mobile phone or ATM or public phone, purchase of a public transport ticket, and other social activities. According to Pyae et al. [27], by playing meaningful game tasks, the stroke patients may feel more engaged, motivated, and active in the rehabilitative training.

In stroke rehabilitation, the individual needs may vary from patient to patient. Thus, the therapists and nurses have to customize the rehabilitation based on the individual requirements and goals. As a game design consideration, it is important to implement the player's personalization and customization in the game itself such as user profile, game levels, game scores, and ranks. When designing games for stroke patients, we can customize the game-based therapeutic activities or tasks to reflect the individual needs and resistances such as strength, mobility, and endurance of upper limbs. User profile, avatar customization, and game level setup (e.g. easy, hard, and master) can be included in the game design which allows the therapists or the patients to customize the games to meet their individual needs. By achieving certain levels the players may feel more engaged and motivated in the gameplay. Real-time game feedback is considered as one of the most important elements in general game design. In stroke rehabilitation, positive feedback from therapists in rehabilitative training should encourage the stroke patients. In the game design, it should emphasize giving positive and encouraging feedback such as progression level, positive feedback in audio or visual display by the game itself, and certain scores as incentives for the players in whatever situation they are. By getting encouraging feedback or incentives from the game, the players may actively involve in the gameplay and it is bound to increase their level of motivation. Music therapy is helpful for stroke survivors not only for entertaining but also for therapeutic purpose. Since music can be used as an emotionally stimulating tool, music therapy can also help to enhance or maintain one's mental health and physical well-being, communication, social well-being, and quality of life [23]. The role of music is vital in designing digital games. The background music and audio feedback form important game elements to judge if a particular game is interactive, engaging, and enjoyable. When designing and developing interactive games for stroke patients, it is important to choose the right genre of music and audio feedback so that the patients feel more engaged and active in the gameplay. Finally, recreational activities (e.g. chess games, singing games, shopping games, card games, and puzzle) can be integrated into the game design to improve the stroke patient's motivation in the gameplay.

After considering all the motivational factors that can have an impact on the stroke patient's level of motivation and rehabilitative outcome, we can suggest game design guidelines and ideas for designing and developing interactive games for stroke patients and rehabilitation. Table 1 lists the motivational factors of stroke patients and game design inputs and considerations for the game designers.

**Table 1.** Indication to the game design principles.

Motivational Factors	Game Design Consideration
Social Functioning	<ul style="list-style-type: none"> <li>• Multiplayer game</li> <li>• Intergenerational game</li> <li>• Virtual friend</li> <li>• Video chat in game</li> <li>• Social-networking game</li> </ul>
Patient-Therapist Relationship	<ul style="list-style-type: none"> <li>• Virtual therapist</li> <li>• Virtual nurse</li> <li>• Virtual Coach</li> </ul>
Goal Setting	<ul style="list-style-type: none"> <li>• Level design</li> <li>• Perceivable and achievable goals</li> </ul>
Rehabilitative Setting and Environment	<ul style="list-style-type: none"> <li>• Game theme and scenery</li> <li>• Difficulty of the game</li> <li>• Complexity of the game</li> </ul>
Information from Healthcare Professionals	<ul style="list-style-type: none"> <li>• Game tutorials</li> <li>• Game introduction</li> <li>• Help system</li> <li>• Computer-controlled assistant</li> </ul>

## 5 Conclusion

We listed motivational factors of stroke patients' rehabilitation based on the literature. The factors are useful and insightful when designing digital games for stroke patients and their rehabilitation. We outlined game design considerations based on the motivational factors. At the moment, we are implementing motivation-driven functional games, which will be followed user testing and evaluation with stroke patients and therapists. This practical work will help us to evaluate and improve the approach we have outlined in this paper.

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## References

1. Burke, J.W., McNeill, M.D.J., Charles, D.K., Morrow, P.J., Crosbie, J.H., McDonough, S.M.: Designing Engaging, Playable Games for Rehabilitation. In: International Conference Series On Disability, Virtual Reality And Associated Technologies (ICDVRAT) (2010)
2. Chang, Y.J., Cheang, S.F., Huang, J.D.: A Kinect-Based System for Physical Rehabilitation. A Pilot Study for Young Adults with Motor Disabilities. *Research in Development Disabilities*, 32, 2566-2570 (2011)

3. Maclean, N., Pound, P., Wolfe, C., Rudd, A.: The Concept of Patient Motivation: A Qualitative Analysis of Stroke Professionals' Attitudes. *Stroke* **33**, 444–448 (2002)
4. Shen, Y., Ong, S.K., Nee, A.Y.C.: An Augmented Reality System for Hand Movement Rehabilitation. In: Proc. iCREATE '08, pp. 189–192 (2008)
5. Halton, J.: Virtual Rehabilitation with Video Games. A New Frontier for Occupational Therapy. *Occupational Therapy Now*, vol. 9(6), pp. 12–14 (2008)
6. Anderson, F., Annett, M., Bischof, W.F.: Lean on Wii: Physical Rehabilitation With Virtual Reality and Wii Peripherals. *Annual Review of CyberTherapy and Telemedicine* **8**, 181–184 (2010)
7. Maclean, N., Pound, P., Wolfe, C., Rudd, A.: Qualitative Analysis of Stroke Patients' Motivation for Rehabilitation. *Bmj* 2000, 321 (7268):1051–1054 (2000)
8. Domboyy, M.L., Sandok, B.A., Basford, J.R.: Rehabilitation for Stroke: A Review. *Stroke* **17**, 363–369 (1986)
9. Sanntus, G.A., Ranzenigo, A., Caregnato, R., Maria, R.I.: Social and Family Integration of Hemiplegic Elderly Patients 1 Year after Stroke. *Stroke* **21**, 1019–1022 (1990)
10. Recovery after Stroke: Social Support, [www.stroke.org](http://www.stroke.org)
11. Evans, R.L., Matlock, A.-L., Bishop, D.S., Stranahan, S., Pederson, C.: Family Intervention After Stroke: Does Counseling or Education Help? *Stroke* **19**, 1243–1249 (1988)
12. Shimoda, K., Robinson, R.G.: The Relationship between Social Impairment and Recovery from Stroke. *Psychiatry* **61**, 101–111 (1998)
13. Finding Motivation after Stroke or Brain Damage, <http://sueb.hubpages.com/hub/Finding-Motivation-after-Stroke-or-Brain-Damage>
14. White, G.N., Cordato, D.J., O'Rourke, F., Mendis, R.L., Ghia, D., Chang, D.K.: Validation of the Stroke Rehabilitation Motivation Scale: A Pilot Study. *Asian J Gerontol Geriatr* **7**, 80–87 (2012)
15. Flores, E., Tobon, G., Cavallaro, E., Cavallaro, F.I., Perry, J.C., Keller, T.: Improving Patient Motivation in Game Development for Motor Deficit Rehabilitation. In: Intl. Conf. on Adva.in Comp. Entert, Tech., ACM, 381–384 (2008)
16. Barry, J.: Patient Motivation for Rehabilitation. *Cleft Palate J.* **2**, 62–68 (1965)
17. Krause, N., Frank, J.W., Dasinger, L.K., Sullivan, J.J., Sinclair, S.J.: Determinants of Duration of Disability and Return-to-work After Work-related Injury and Illness: Challenges for Future Research. *AMJ Industrial Med* **40**(4), 464–484 (2001)
18. Holmqvist, L.W., Koch, L.: Environmental Factors in Stroke Rehabilitation, Being in Hospital itself Demotivates Patients. *British Medical Journal* **322**, 1501–1502 (2001)
19. Van-Vliet, P.M., Wulf, G.: Extrinsic Feedback for Motor Learning after Stroke: What is the Evidence? *Disabil Rehabil* **28**, 831–840 (2006)
20. Knight, A.J., Wiese, N.: Therapeutic Music and Nursing in Poststroke Rehabilitation. *Rehabilitation Nursing* **36**(5), 200–215 (2011)
21. Leisure and Participation Information for Patients and Families, [www.strokeengine.org](http://www.strokeengine.org)
22. Roth, E.A., Wisser, S.: Music Therapy: The Rhythm of Recovery. *The Case Manager* **15**(3), 52–56 (2004)
23. Music Therapy, [www.strokeengine.ca](http://www.strokeengine.ca)
24. Lloyd, J.: The State of Intergenerational Relations Today. ILC-UK (2008)
25. Theng, Y.L., Chua, P.H., Pham, T.P.: Wii as Entertainment and Socialization Aids for Mental and Social Health of Elderly. In: Proc. CHI'12 Extended Abstracts, (New York: ACM), 691–702
26. Kenny, P., Parsons, T., Gratch, J., Rizzo, A.: Virtual Humans for Assisted Healthcare. In: 1st Int. Conf. on Pervasive Technology Related to Assistive Environments 1–4, ACM Press, New York (2008)

27. Pyae, A., Tan, B.Y., Gossage, M.: Understanding Stroke Patients' Needs for Designing User-Centered Rehabilitative Games. Proceedings of the 7th Annual International Conference on Computer Games Multimedia and Allied Technologies, pp.151-156 (2013)
28. Mao, J.Y., Vredenburg, K., Smith, P.W.: User-centered Design Methods In Practice: A Survey of the State of the Art. Proc. Center for Advanced Studies on Collaborative Research, pp. 12 (2001)
29. Boulet, G.: Rapid Prototyping: An Efficient Way to Collaboratively Design and Develop E-Learning Content, [http://www.guyboulet.net/site/docs/Rapid\\_prototyping.pdf](http://www.guyboulet.net/site/docs/Rapid_prototyping.pdf)
30. Malmivirta, H.: Art as Bridge for Personal and Professional Growth. Acta Universitatis Tamperensis 1629. Tampere: Juvenes Print
31. Malmivirta, H.: Yellow cottage and patch of potatoes. In: Malmivirta, H., Kivelä, S. (eds.) Art and Culture – Keys for better Brain health. Turku University of Applied Sciences. Education materials 89. Turku University of Applied Sciences, 91– 26 (2014)