

HOW REALIST RESEARCH APPROACHES SUPPORT EQUITABLE SERVICE DEVELOPMENT FOR PEOPLE FOLLOWING STROKE



AN EARLY INTERVENTION VOCATIONAL REHABILITATION SERVICE EXEMPLAR

R Martin, J Hackney, J Nunnerley, D Snell, S Derrett, J Dunn
University of Otago & Burwood Academy Trust

BACKGROUND

- Improving return to work (RTW) rates for people following stroke is important and complex, with inequitable access to support, service experiences, and employment outcomes evident in Aotearoa, New Zealand.
- Realist approaches to research contribute to an understanding of what works best for who, in what contexts and how [1]. This is done by clarifying underlying causal mechanisms within interventions and programmes, recognising that one intervention (e.g., with inputs that demonstrate high levels of fidelity) will not work in all situations.
- By understanding how and why interventions are expected to work, these inputs [i.e., resources] can then be adapted to new delivery contexts to optimise outcomes.

A QUESTION OF EQUITY

What works for who,
in which contexts, and how?

METHODS

- Using a mix of literature review [3], surveys [4], interviews [5] and focus groups, we developed and refined a mid-range theory explaining how contextual factors and mechanisms of effect within EIVR contributed to proximal and distal RTW outcomes for different people with newly acquired SCI [6].
- We then used confirmatory interviews people following stroke [7], and two co-creation workshops with vocational and health professional stroke experts, to validate the theoretical framework (Figure 1) and identify contextual changes and adaptations needed to transfer the EIVR programme into stroke services in NZ.

RESEARCH AIM

- We used realist research methods to understand how early intervention vocational rehabilitation (EIVR) works, for whom it works best, and the contexts that promote the activation of RTW for people with newly acquired neurological impairments.
- We wanted to understand what worked for people with SCI (who already receive EIVR) so that we could then design a similar service for people following stroke.

A REALIST APPROACH TO COMPLEX INTERVENTION RESEARCH

- When researching complex rehabilitation interventions, there is a need to explore the influence of the context in which intervention are delivered, possible mechanisms of intervention effect, and outcome variations between and within participants.
- Instead of conceptualising interventions as being 'homogenous and fixed ... applied to passive and decontextualised individuals' [2 p515], realist approaches acknowledge human experience on the individual level as being influential to outcomes, and that the observed outcomes will be impacted by the physical and ideological landscapes in which rehabilitation interventions are delivered.

FINDINGS

- The use of realist research methods has allowed us to articulate a more nuanced understanding of how EIVR works, for whom it works best, and the contexts promoting activation of RTW outcomes.
- While the mechanisms of EIVR have been postulated in previous literature, use of realist methods have facilitated explanation of the complex nature of RTW following SCI, including variation in outcomes in response to a range of programme resources.
 - Establishment and maintenance of hope.
 - Establishment of a trusting relationship that identifies an individual's inherent potential, resources and strengths.
 - Providing appropriate support and resources for the individual as they progress through rehabilitation.

Important contexts impacting on the type of resources offered to people at different time points, and in different situations.

FIGURE 1: THEORETICAL FRAMEWORK FOR EARLY INTERVENTION VOCATIONAL REHABILITATION



RESOURCES

- Early conversations messaging that RTW possible.
- RTW goals articulated as part of inpatient rehabilitation goals and reinforced in rehabilitation planning practices.
- Intentional but informal discussions with the individual identifying inherent individual potential, resources and strengths.
- Exploring options about work and mapping out possible pathways to enact vocational identity.
- Identifying support or resources that need to be in place for individual to develop their own RTW-focussed goals and actions
- Exploration of internal schema of disability and psychological coping factors.
- Ongoing vocational support on discharge from EIVR service to ensure growth is maintained and provide support when individual ready to establish more concrete RTW goals.

RESPONSES

- Maintaining a generalised sense of hope that work is possible at some point.
- Consistent positive messaging from all rehabilitation team members about vocational plans and actions, directed towards RTW across rehabilitation journey - establishing and maintaining hope.
- Engagement in RTW conversations (speed and direction governed by individual) by enabling the individual to determine priority of RTW-focused goals within overall rehabilitation process.
- Developing pathways for RTW that are best aligned to individual's capabilities, strengths and vocational identity.
- Improving self-efficacy and providing appropriate levels of support to enable individual to enact pathways towards RTW goals.
- Changing sense of identity.
- Provision of vocational service to continue to foster hope and keep individual thinking about RTW when they are discharged from EIVR.

PROXIMAL OUTCOMES

- Hope
- Self-efficacy

DISTAL OUTCOMES

- Has options for a possible vocational future and some idea of how they might be enacted.
- Successful return to work and able to be sustained.

EIVR SERVICE EVALUATION

- Service user perspectives on equity of access, experience and outcomes.
- Service metrics to monitor:
 - Complexity of employment status - such as change in role/employer/hours.
 - Complexity of individuals' impairments following stroke.
 - Time to onward referral to later vocational rehabilitation services.

What specific aspects of EIVR work for a range of people with newly acquired SCI in Aotearoa New Zealand?

Why do people respond in different ways?

Why are different RTW outcomes achieved?

Level of clarity (or not) about neurological and/or eventual functional status

Individual's prioritisation of work & work-related goals within rehabilitation

Ability (or not) to return to same employer & same/similar work role

Ability (or not) to self-advocate within work role

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Dr Rachele Martin
Rehabilitation Teaching & Research Unit, University of Otago Wellington
Burwood Academy Trust, Christchurch
rachele.martin@burwood.org.nz

Realist approaches allow programme developers to design services, and clinicians to deliver healthcare interventions, in ways that optimise equity of access, service experience and health outcomes of people, and their whanau, following stroke.