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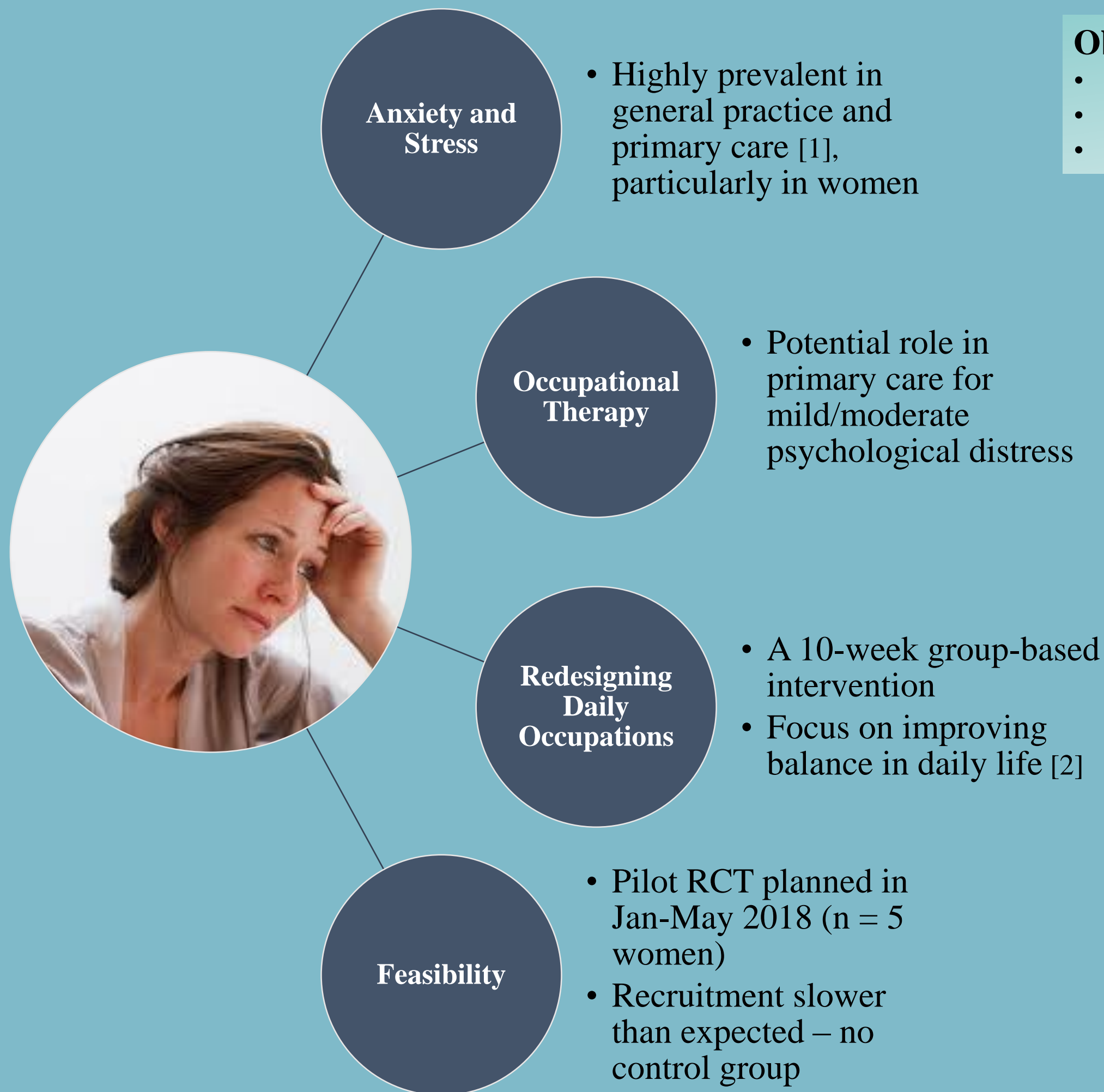
# Balancing perspectives on intervention feasibility: Using stakeholder views in decision-making

Jackie Fox<sup>1</sup>, Lena-Karin Erlandsson<sup>2,3</sup> & Agnes Shiel<sup>1</sup>

<sup>1</sup>Discipline of Occupational Therapy, National University of Ireland, Galway, Ireland,

<sup>2</sup>Department of Health Sciences, Lund University, Lund, Sweden,

<sup>3</sup>School of Health and Welfare, Halmstad University, Halmstad, Sweden



## Objectives:

- To understand the feasibility and acceptability of ReDO™ from the perspective of stakeholders
- To understand the study processes better
- To use this information in decision-making to plan future intervention evaluation/development

## Methodology:

- A mixed-methods feasibility study incorporating a process and outcome evaluation [3].
- Women with anxiety/stress recruited through their general practitioner
- 10-week programme (Redesigning Daily Occupations – ReDO™) facilitated by two primary care occupational therapists
- Quantitative outcomes measured pre-intervention, post-intervention and at 3-month follow-up
  - Level of difficulty functioning in daily activities (WHODAS 2.0 [4])
  - Psychological distress (Depression Anxiety & Stress Scale [5])
  - Mastery (Pearlin-Schooler Mastery Scale [6])
  - Occupational value (OVal-pd [7])
  - Perceived health (EQ-5D-5L [8])

## Use of Qualitative Methods

- In-depth qualitative interviews carried out with all stakeholders to better understand feasibility/acceptability/outcomes/demand
  - 5 female participants of the ReDO™ group
  - 2 Occupational therapists (OTs) (group facilitators)
  - 9 General practitioners (GPs) (referrers and treating clinicians)
- Data analysis
  - Guided by principles of qualitative evaluation research [9]
  - Evaluation coding – influenced by research questions, but allowed for emergence of unanticipated themes [10]



## Inclusion Criteria

- Felt to be too restrictive by primary care GPs
- “I think it was that the actual exclusion criteria made it trickier”* (GP)



## ReDO™ programme and session duration

- 10-week length felt to restrict recruitment by GPs but was very acceptable to participants and OTs
  - “It’s a pity we hadn’t another ten weeks!”* (Participant)
  - “It was a lot. Two hours long”* (GP)
  - “She {patient} said there was no way she could touch that”* (GP)



## Response to the intervention – qualitative and quantitative outcomes

- Trends towards improvement on the outcome measures
- Personal and family-level positive changes reported by participants
  - “The thing that clicked for me was realising that you can put yourself first every now and again”* (Participant)
  - “I’m more relaxed. I just focus on the activity that I’m doing”* (Participant)



## Acceptability of methodology

- Mixture of views from GPs about the acceptability of randomisation
  - “The whole randomisation.....some people find that difficult.....to accept that”* (GP)
- Length of time to recruit sufficiently for control group led to a high level of dropout



## Perception of equipoise

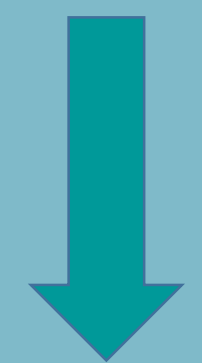
- ReDO™ intervention viewed by GPs and OTs as already effective (lack of equipoise)
  - “It was a nice option for us to have. To say to people, you know? Because there is a real lack of services”* (GP)
- Research study viewed as an opportunity to receive services in an under-resourced area

## Conclusions and Decision-making

Stakeholder perspectives can be used to;

- Assess feasibility
- Generate solutions
- Assist in making decisions about ongoing research that considers both the needs of a future trial and real-world considerations [11]

The Redesigning Daily Occupations programme was acceptable, well-received and showed potential for improving outcomes. However, recruitment was difficult and inclusion criteria were restrictive.



## Ongoing Research

9 women were referred for a second round of ReDO™ (Feb-May 2019)

## Changes to methodology

- Recruitment via GPs and self-referral
  - Resulted in quicker recruitment rate
- Wider inclusion criteria
  - Resulted in broader range of women taking up the intervention
- Change from an RCT design to a pre-test – post-test design
  - Resulted in greater retention of participants prior to programme

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- The ReDO™ participants
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