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<tr>
<td><strong>Author(s)</strong></td>
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<tr>
<td><strong>Publication Date</strong></td>
<td>2019-03-20</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>BMJ Publishing Group</td>
</tr>
<tr>
<td><strong>Link to publisher's version</strong></td>
<td><a href="http://dx.doi.org/10.1136/bmjopen-2019-QHRN.60">http://dx.doi.org/10.1136/bmjopen-2019-QHRN.60</a></td>
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<td><strong>Item record</strong></td>
<td><a href="http://hdl.handle.net/10379/15043">http://hdl.handle.net/10379/15043</a></td>
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<td><strong>DOI</strong></td>
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Balancing perspectives on intervention feasibility: Using stakeholder views in decision-making

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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 (QV-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]

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 post-test–pre-test design
  - Resulted in greater retention of participants prior to programme

Acknowledgments
- The HSE PCCC Occupational Therapy Services
- The RedDO™ participants
- The general practitioners involved
- Prof. A. Shiel & Prof. L.K. Erlandsson

References: