

# Evaluating the use of Normalisation Process Theory to explore participants' experiences of a complex intervention in the RETake to work After stroke (RETAKE) trial.

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**Normalisation Process Theory (NPT)** uses 4 constructs: **Coherence, Cognitive Participation, Collective Action, and Reflexive Monitoring** to explore how new healthcare practices are embedded in usual practice (May et al.,2015)

- ❖ Focus is usually on professionals' behaviours.
- ❖ The RETAKE trial used NPT to compare experiences of 23 stroke survivors who received Early Stroke Specialist Vocational Rehabilitation (ESSVR) with 21 recipients of usual care (UC) only.
- ❖ **METHOD:** Longitudinal study using semi-structured qualitative interviews with stroke survivors, nominated carers, and treating occupational therapists. NPT informed the data collection and analysis.
- ❖ **RESULTS:** Analysis of the data revealed differences between the experiences of each set of participants.

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**COHERENCE: Making sense of stroke. Awareness & acceptance of new sets of abilities. Impact of post-stroke impairments on RTW.**

**ESSVR: VR OT intervenes early, gives advice on impact of stroke & RTW. Provides education and emotional support:** *[RETAKE OT] helped me understand what's happened to me better. If I was left to my own devices, I would've gone mad...They speak to you and normalise your feelings - it helped ('Tim' VR).*

**Some UC participants struggled to make sense of their changed abilities post-stroke:** *You sit there thinking, why me? why has this changed? ... I went very depressed very quickly. My doctor [made a referral] but it's an 18-month waiting list...people who've had strokes have got a million and one questions that need answering (AD150UC).*

**COGNITIVE PARTICIPATION: Making sense of what's needed to engage with and commit to ESSVR and/or other health professional support for RTW.**

**ESSVR: VR OT delivers individually tailored VR (work preparation, RTW planning):** *[OT] gave me things to do at home, like hand grips and nuts and bolts ('Gordon' VR)*  
**Communicates** openly in writing with stakeholders about work status; **Coordinates** VR across all sectors :*It's no good speaking to someone new every time, [RETAKE OT] knows what's going on and what's happening ('Ken' VR).*

**In contrast, some UC participants described support aimed at functionality rather than RTW:** *Just because I'm on my feet, it doesn't necessarily mean I'm ready for work.. But as soon as I was on my feet, they discharged me (AD150UC)*  
**and poor communication between services:** *'All of this stuff is just a nightmare and there's no coordination' ('Harry' UC)*

**COLLECTIVE ACTION: Implementing, enacting ESSVR and/or other health professional support for RTW.**

**ESSVR: Mediates workplace adjustments, negotiates phased RTW:** *[OT] came to every meeting with me, she gave me advice of what to do (AD20VR).*  
*[OT]came into work...to say I was coming back but I couldn't do certain things...[like] climbing onto stepladders, I don't do that anymore ('Sean' VR).*

**In contrast, UC participants had to arrange their own RTW:** *If I'd had a go-between between me and my employer that would've eased things greatly...my employer [would] understand better and not made me force myself back [to work] (AD290UC)*

**REFLEXIVE MONITORING: People's individual and collective ongoing appraisal of changes in working practices**

**ESSVR: Explores alternatives where current work cannot be sustained or is not feasible:** *I was employed as a driver...DVLA took my licence back because of [stroke]; there wasn't much else I could do...I'm quite happy with the voluntary work, you're under no pressure, you just work what you want (345VR)*

**In contrast, few UC participants received advice about alternatives:** *My ability to do the job that I was doing has gone and I'm struggling to think about what I can do now...I need to work out what the hell I'm going to do, basically (AD400UC).*

**Conclusion:** NPT is useful for exploring participants' perspectives of complex interventions such as the RETAKE trial. Data suggest that OT support helped stroke survivors to make sense of what support was intended to do and what was needed to make it happen. ESSVR recipients benefitted from individually tailored support using early VR and workplace advocacy. In contrast, for UC participants, this support either did not commence, ended early, and/or was not focussed on VR and RTW, leaving them to make their own adjustments or consider other RTW options.