

Voices of Rehabilitation Providers: Talking About Engagement

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Introduction

- Patient engagement in rehabilitation services occurs within relationship
- The rehabilitation provider's actions and perceived values and attitudes influence whether a patient engages or not¹
- Attending to the rehabilitation provider, how they act and why they act as they do is anticipated to contribute to our understanding of patient engagement.

Study Aim

- To explore rehabilitation provider perspectives of engagement, including how they speak of the patient, themselves and their role in engagement.

Method

- **Theoretical perspective:** Symbolic interactionism
- **Participants:** 14 rehabilitation providers
- **Data gathering:** 2 focus groups and 4 individual interviews
- **Data analysis:** Voice Centered Relational Method including Listening Guide and I-Poems^{2,3}

One provider: A multiplicity of voices

Each provider spoke with a range of voices when describing their views of engagement. Each voice represents different ways of working to facilitate engagement and different views of the role of the patient and provider in engagement. Each voice highlights how personal and structural contexts influence engagement practices and perspectives.

Controlling

I was doing a case study on her
We need to do this programme
She was crying and I couldn't help her
I didn't understand what was going on
I was too much on my agenda
The goal was to get the project done
I just have visions of her screaming
through the whole session
You were justifying it as a health issue
We needed to get her mouth clean
You're doing what's good for her
I was in control
I was engaged for the wrong reasons

Relating

We had rapport
We developed a strong relationship
We found a connection
That connectivity
We started sharing each other's stories
Where is the similarity between us?
We needed to springboard into a
relationship so she could get the most
out of it

Responding

We needed to hook him in
Help him see the purpose
It was something he liked
I used things in the environment
It was meaningful for him
Pitching it at the right level

Discussion

- The ways in which providers work appear to be influenced by a number of factors:
 - ❖ Thoughts & feelings about engagement
 - ❖ Perceptions of the patient
 - ❖ Their view of their role in engagement and rehabilitation
 - ❖ How much they emphasised therapeutic relationship
- These factors potentially influenced not just their work but how their patients engaged in rehabilitation.

Clinical Implications

- It is valuable to attend to commonly unspoken aspects of practice, "the things we don't talk about" as one participant said
- This can be helped by:
 - ❖ Acknowledging provider's thoughts and feelings about the patient, their practice and engagement
 - ❖ Considering how these came to be and what their effects might be for engagement practices and patient engagement

Figure 1: I-poems representing voices within the narrative of one rehabilitation provider

References

1. Bright, F., Kayes, N., Worrall, L. & McPherson, K. (in press). A conceptual review of engagement in healthcare: Relevance for rehabilitation. *Disability & Rehabilitation*.
2. Mauthner, N., & Doucet, A. (1998). Reflections on a Voice-Centred Relational Method of data analysis: Analysing maternal and domestic voices. In J. Ribbens & R. Edwards (Eds.), *Feminist dilemmas in qualitative research: Private lies and public texts* (pp. 119-144). London: Sage.
3. Mikel Brown, L., & Gilligan, C. (1992). *Meeting at the crossroads: Women's psychology and girls' development*. Cambridge, MA: Harvard University Press

