



*National Institute for  
Health Research*



# Recovery-orientated practice: the staff perspective

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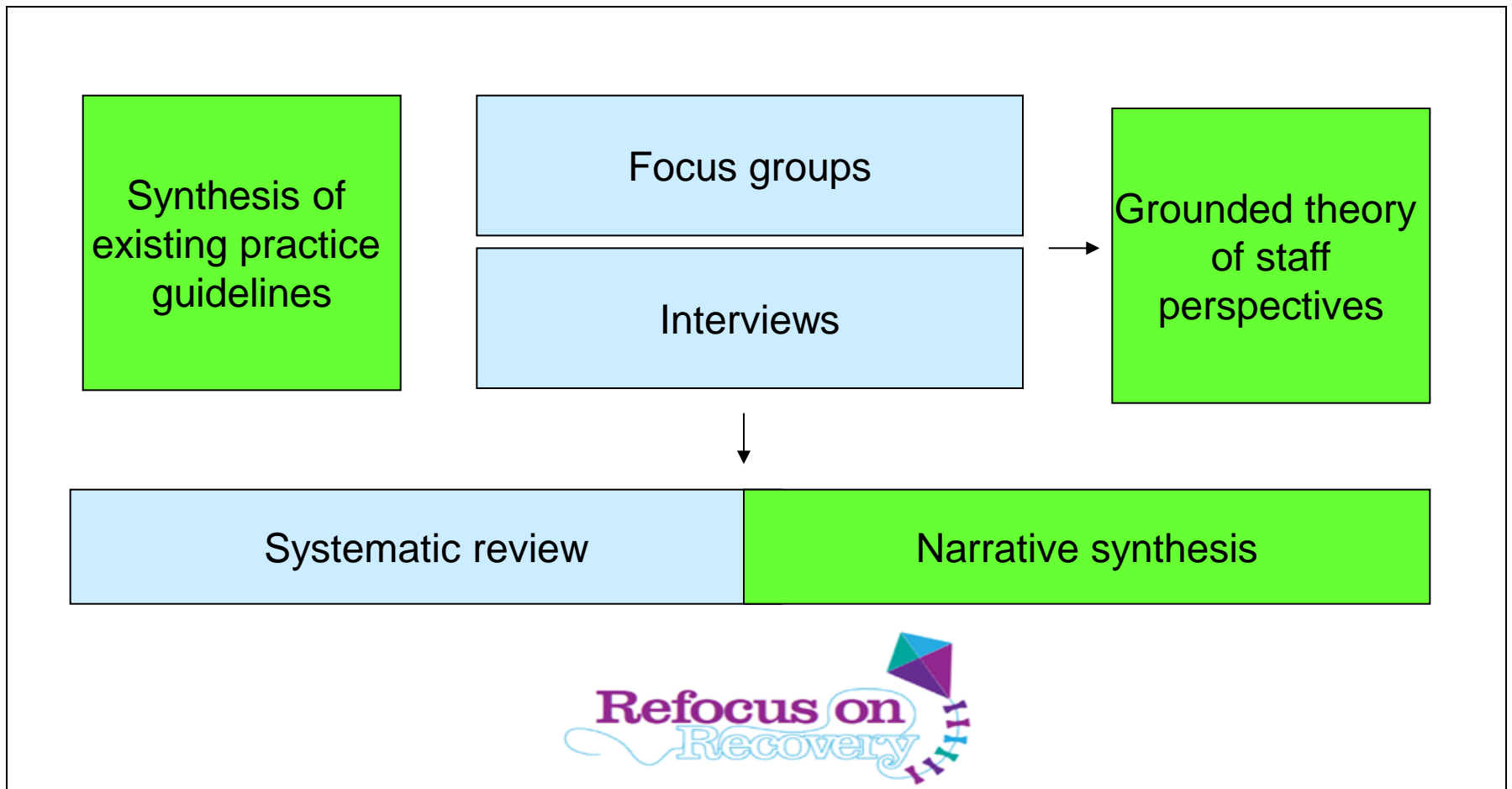
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**LONDON**



# Presentation outline

- Research context
- Rationale and aims
- Methodology and methods
- Grounded theory
- Future research

# Research context and study design

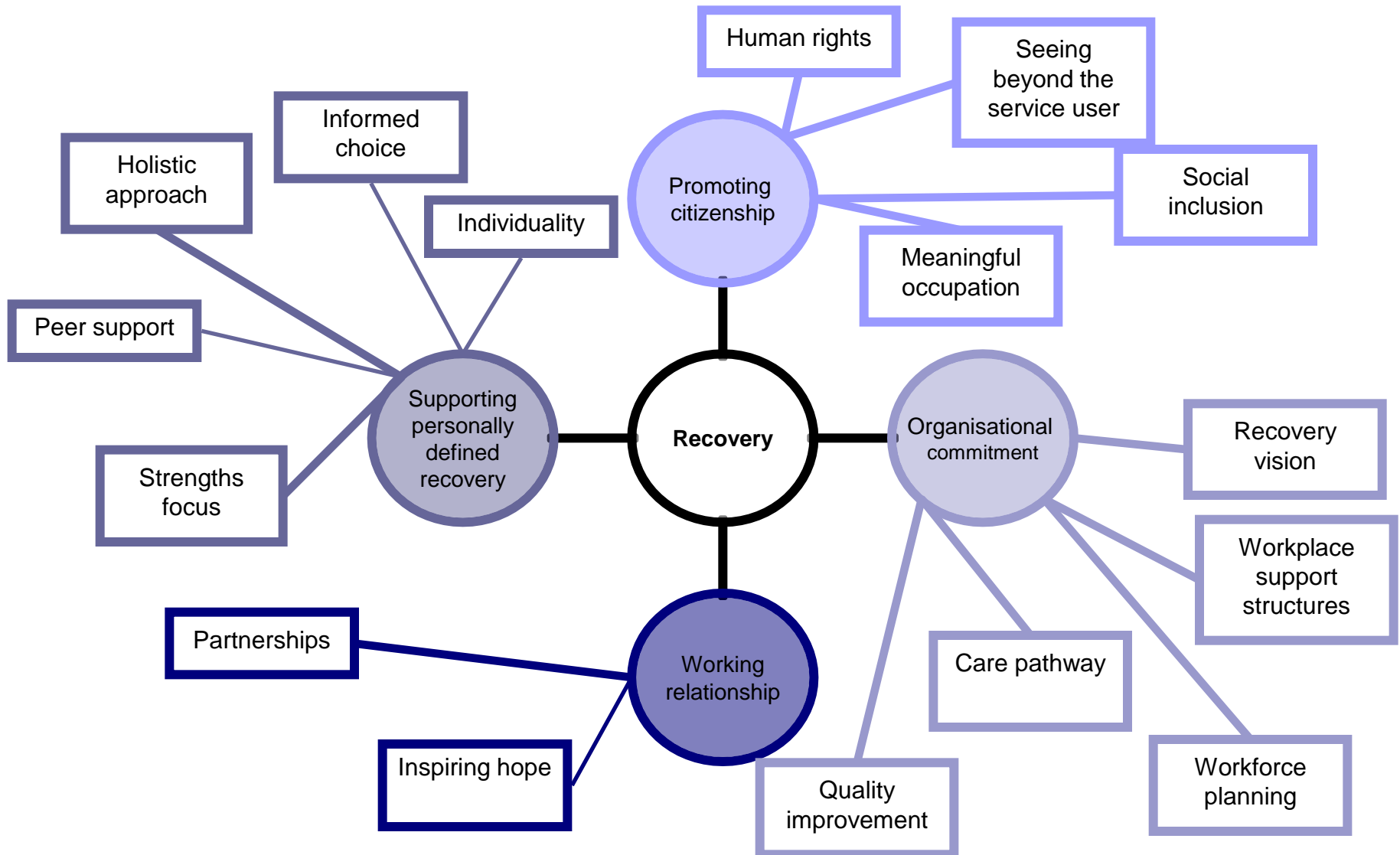




# Study rationale

- ❑ How is recovery-orientated practice implemented?
- ❑ Staff perspectives missing

# Recovery Practice Framework



# Research questions

- Meaning
- Translation
- Implementation





# Methodology and methods

- Grounded theory

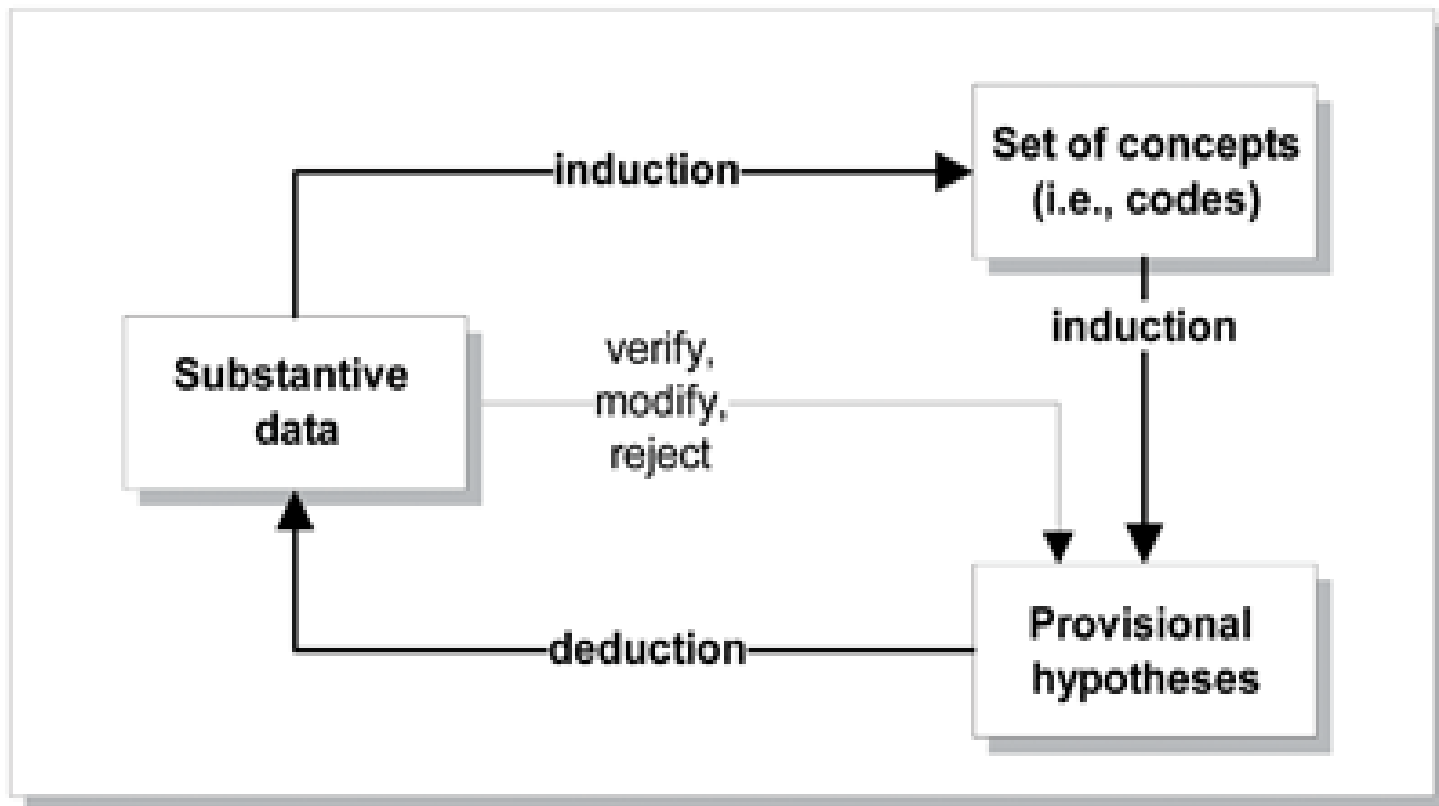
- Focus groups

- To stimulate group interaction and discussion
  - Devised one topic guide for staff and team leaders

- Interviews

- To explore individual practice level
  - Devised two interview guides: staff and team leaders, senior managers

# Grounded theory data collection and analysis loop







# Collecting the data

- Focus groups and interviews conducted where most convenient for participants
- Questions adapted according to suitability
- Focus groups/interviews recorded and transcribed verbatim

# Analysing the data

(Strauss & Corbin, 1990)

- Inductive analysis
- Constant comparison
  - Open coding
  - Axial coding
  - Selective coding
- Reflective and theoretical memos






# Participants

- Front-line practitioners and team leaders working in community mental health teams
- Senior NHS Trust managers
- Five NHS Mental Health Trusts
  - Attempt to represent different regions and to contrast rural with urban practice



# Recruitment

- Purposive sampling
  - Actively seek variation and diversity
  
- Theoretical sampling
  - Follow concepts emerging from data
    - Senior managers
    - Work experience

- 
- ❑ What helps you/your team to support recovery?
  - ❑ What prevents or hinders you/your team from supporting recovery?
  - ❑ What solutions would you recommend to address these identified barriers?
- 
- ❑ What are your priorities and goals for practice?
  - ❑ What does recovery mean to you?
  - ❑ Describe an example where you/your team has supported a person's recovery

<b>Profession (n,%)</b>		
Psychiatrist	2 (3%)	2 (6.25%)
Nurse	40 (61.5%)	16 (50%)
Social worker	7 (11%)	2 (6.25%)
OT	9 (14%)	5 (16%)
Psychologist	1 (1.5%)	2 (6.25%)
Support worker	6 (9%)	3 (9%)
Other	0	2 (6.25%)
Total	65	32
<b>Team (n,%)</b>		
Recovery & support	19 (29%)	18 (56%)
Assertive outreach	13 (20%)	1 (3%)
Early intervention	11 (17%)	4 (13%)
Rehabilitation	3 (5%)	0
Senior management	0	7 (22%)
Other	10 (15%)	1 (3%)
Works across teams	9 (14%)	1 (3%)
Total	65	32

# Open coding

I: Is there anything else that you want to say about recovery?

P: I get it. I just don't know it's always black and white if that makes sense. I think it's something that can be interpreted lots of different ways by lots of different people and we've all got our own ways of doing it – and that's as a Trust. That's two parts isn't it, on an individual basis and what we can do in terms of the demands on us from the people we work for.

Agree with 'recovery' approach

Different things to different people

Individual interpretation of recovery

Competing priorities

# Axial coding using paradigm

- Conditions
  - Competing priorities
- Context
  - Recovery-in-practice
- Action/interaction
  - Staff role perception
- Consequences
  - Multiple meanings





# Selective coding using story line

We all want the same thing...to support recovery – but the concept has different meanings at different levels of the system (and between different actors within the system) – and the ‘definition’ has been lost. All seeking to achieve something different called ‘recovery’, more often than not according to own priorities or priorities imposed by the system not the service user.



# Theoretical memos

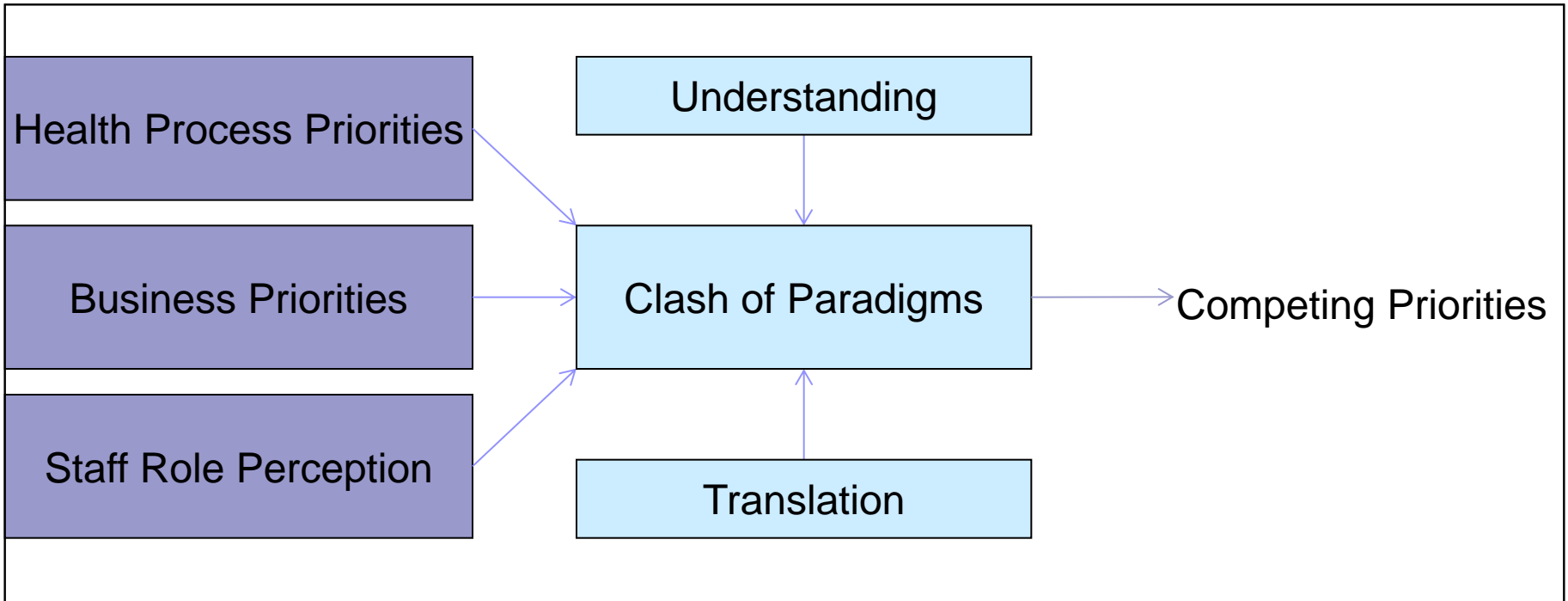
06/04/11 Coding notes

Barrier to implementation = complexity in defining recovery. How can we research implementation when it is not clear 'what' we are implementing?

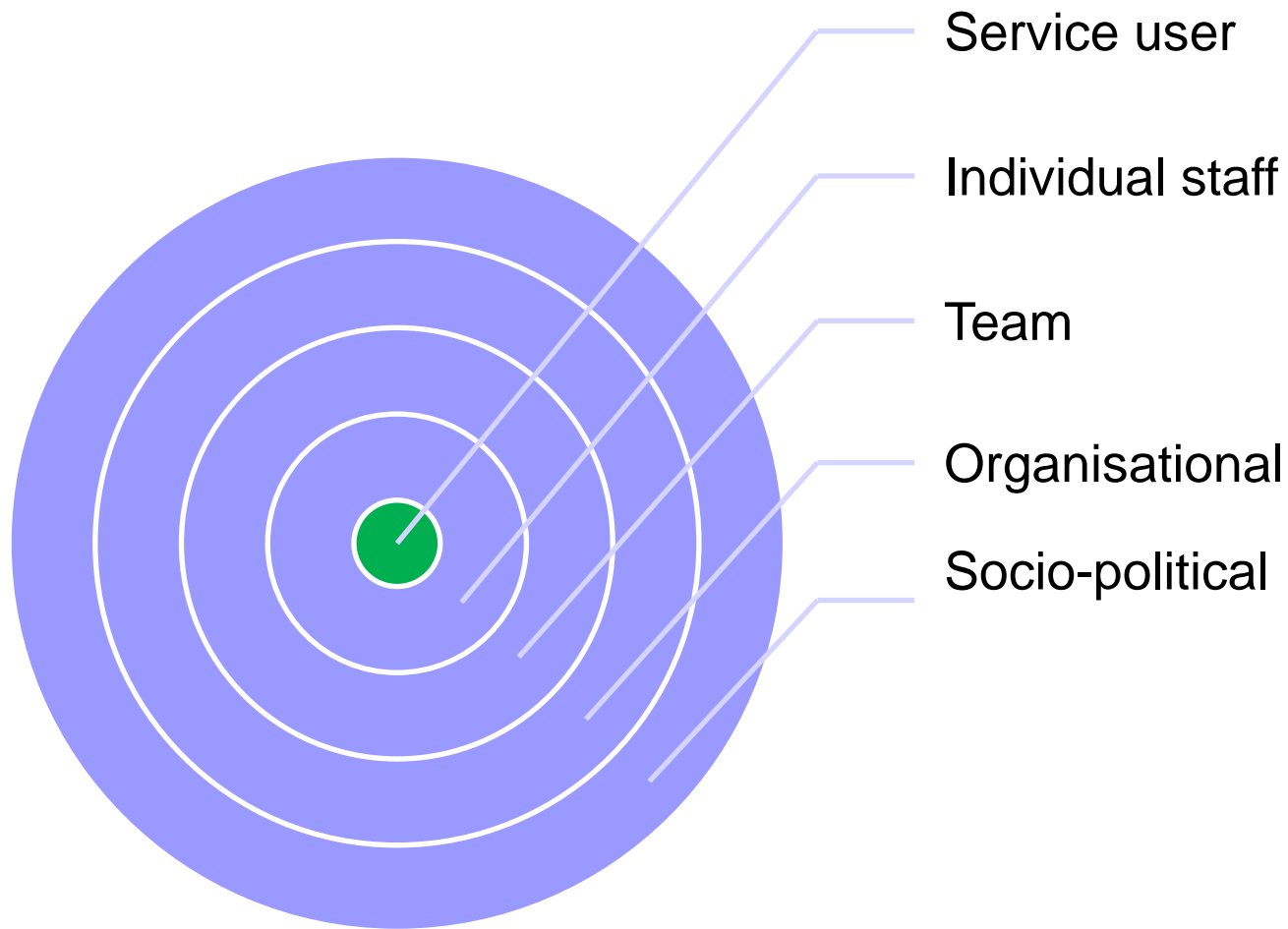
14/08/11 Trainer interview – context

Is implementing recovery different to implementing any other complex intervention? Do the many meanings complicate it's use?

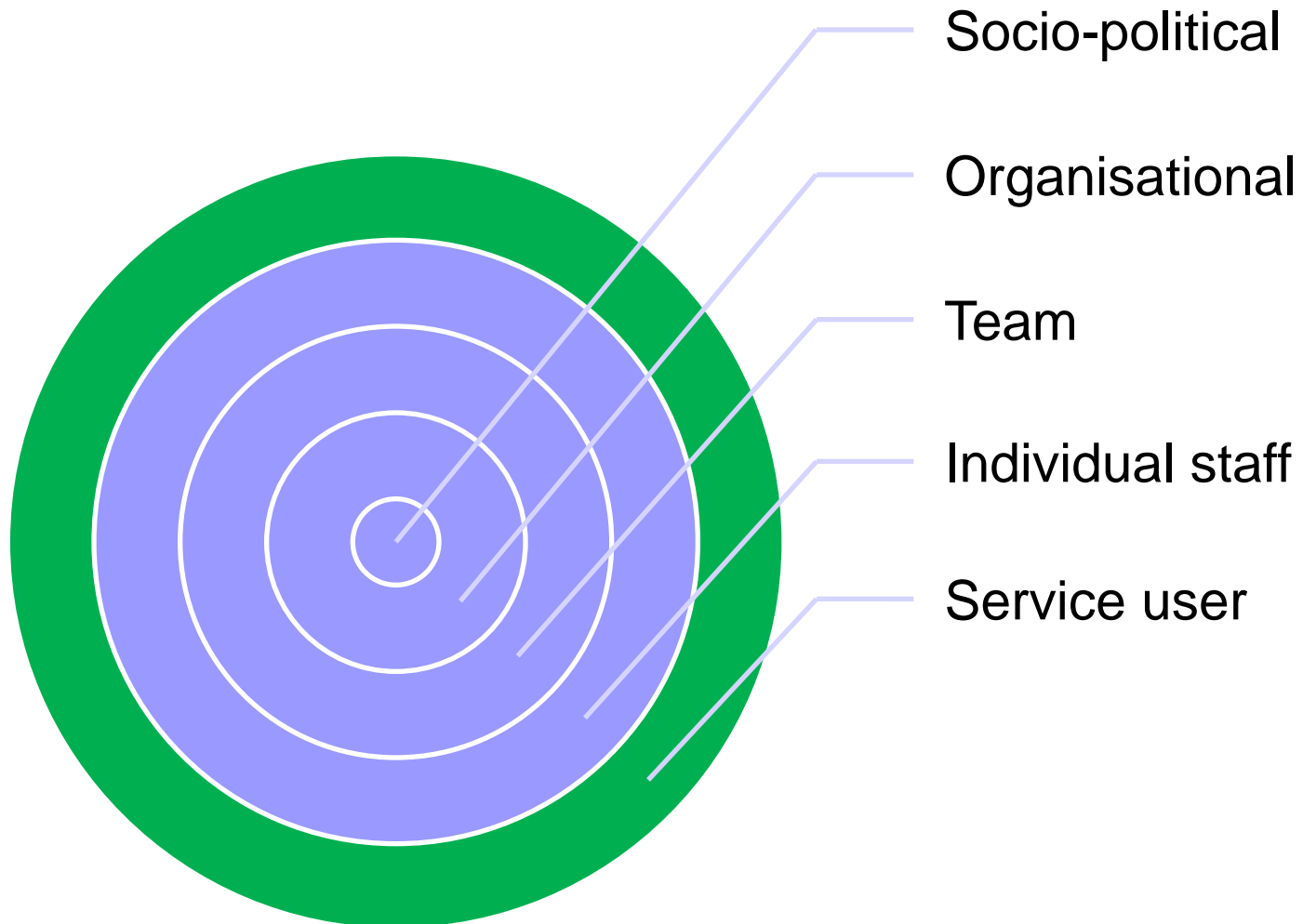
# Grounded theory



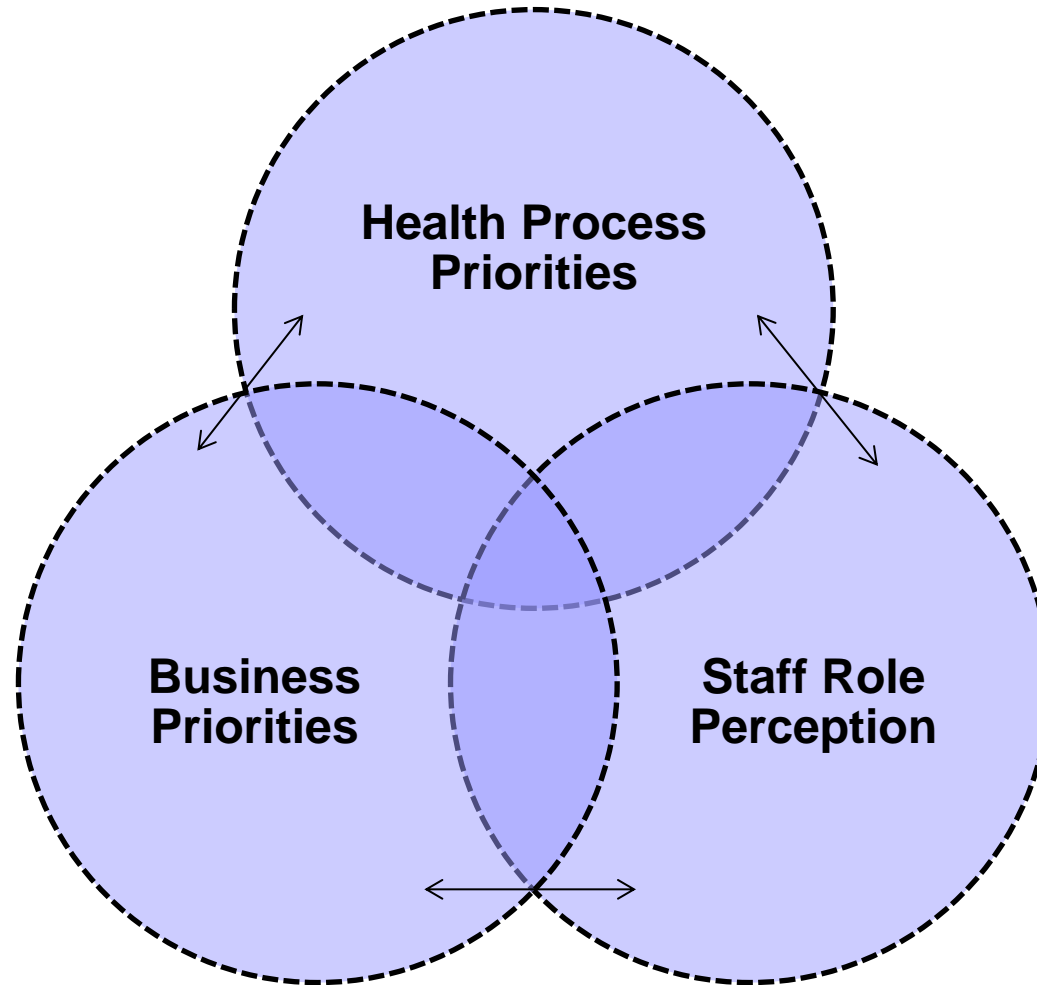
# Competing priorities across system levels



# Competing priorities across system levels



# Sub-categories





# Health process Priorities

- Recovery sits within a health infrastructure where its' meaning is shaped by hierarchy, clinical tasks, professional language and medicalisation
- Relationship of recovery to the statutory clinical obligation of risk management
- Service structures focus on diagnosis



# Business Priorities

- Competing government and commissioning priorities
- Funding priorities drive organisational decisions
- Performance and compliance targets compete with recovery
- Focus on efficiency and productivity and not on quality of care
- Recovery has become synonymous with throughput, discharge, and 'moving on'





# Staff role perception

- Many staff understand recovery as defined by organisational priorities
- Where recovery is tied to procedural elements of the intervention more so than interactional elements

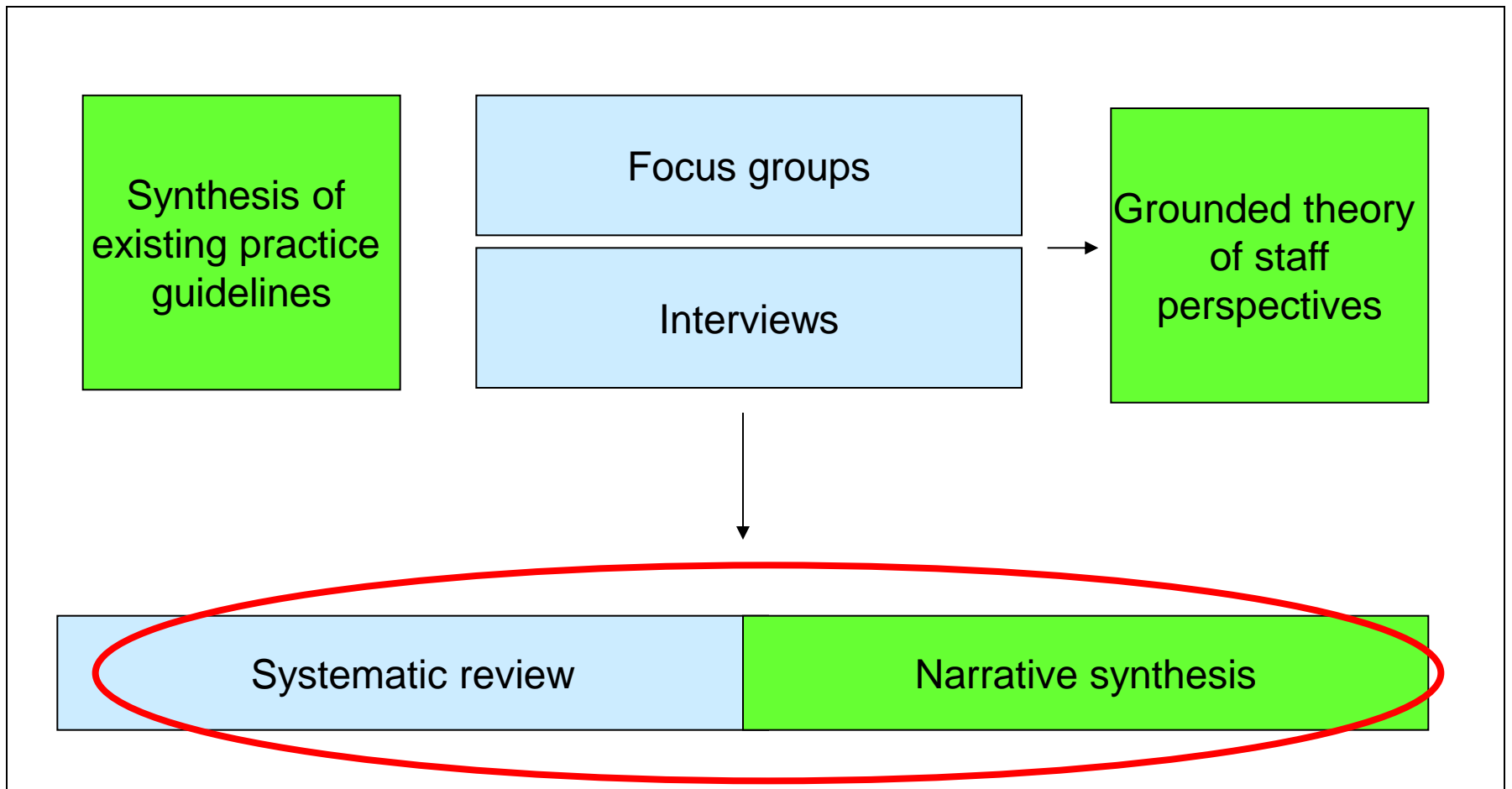


# Staff role perception

- Although staff report frustrations with the organisational focus and feel constrained by the system, a few have found ways of balancing statutory demands and fulfilling service user priorities
- Their understanding often influenced by personal values and professional maturity (sense of self) and different conceptualisations that individual staff have of their role

# Future research

Understanding and implementation informed by competing priorities



# Thank you

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