

# Qualitative Inquiry for Model System Centers Part I: Design and Study Selection

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# Quantitative Research

vs

# Qualitative Research



## Owning Your Limitations

- The eventual realities that many of you have or will face are the **inherent limitations** of your common practice and methods that cannot provide the knowledge or answers that you seek.
- I would argue that only through the recognition of those constraints, and a conscious effort to circumvent them, can you fully achieve the **totality of your exploration.**



## Why use Qualitative Research in PM&R?

- As scientists who work in PM&R, most of our research focuses on improving quality of life, functional independence, and health outcomes for **people (humans)** who live with disabilities.
- Qualitative inquiry can provide you with a deeper understanding of human behavior, experiences, and phenomena with rich and nuanced data that **cannot be captured with numbers.**



## Qualitative Research as the Lodestar of my Work

- Interpretative phenomenological analysis of barriers and facilitators to community exercise after TBI **launched my research journey.**
- Consistently identified needs and hidden perspectives that are rooted in the voices of **community stakeholders.**
- Prevailed as one of my strongest assets across my collaborative work at **Spaulding-Harvard TBIMS** and **North Texas TBIMS.**



## **Agenda Part I: Design and Study Selection**

- **Designing a Qualitative Study**
- **Interpretive Frameworks / Worldviews**
- **Five Main Qualitative Designs**
- **Making Connections in PM&R**



## **Agenda Part II: Study Conduct and Production**

- **Rigor and Trustworthiness**
- **Qualitative Data Collection**
- **Qualitative Data Analysis**
- **Quality Control and COREQ**



## Designing a Qualitative Study (Creswell & Poth, 2025)

The comprehensive version involves...

- Starting with an issue or problem of interest.
- Examining the literature in that area.
- Posing research questions.
- Gathering and analyzing data.
- Writing up the findings.

**If only it were that simple!**



## Designing a Qualitative Study (Creswell & Poth, 2025)

The complex version really begins with...

- Assumptions,
- A worldview,
- A possible theoretical lens, and
- Studying research problems that examine the meaning individuals or groups ascribe to social or human problems.

**So, where do you begin?**



## Philosophical Assumptions and Interpretive Frameworks

- Qualitative research is shaped by the beliefs and philosophical assumptions that we bring as researchers.
- The training and academic path we take, the scholars we engage with, the field of study we investigate, and our own social identities (e.g., race, gender) inform these beliefs and assumptions.
- Then, as researchers we apply these beliefs and assumptions through the interpretive frameworks or theories we use in our work.

(Creswell & Poth, 2025)



# Philosophical Assumptions and Interpretive Frameworks

As a process, **strong qualitative research** flows from...

- Philosophical assumptions to
- Interpretive lens, and on to the
- Procedures involved in the

Study of social or human problems.

(Creswell & Poth, 2025)





Mass General Brigham

## Spaulding Rehabilitation

### Step 1

#### **The Researcher as a Multifaceted Subject**

- What perspectives and experiences do you bring to your research?

### Step 2

#### **Philosophical Assumptions and Interpretive Frameworks**

- How do your beliefs guide your actions as a researcher?

### Step 3

#### **Research Strategies and Approaches**

- How do your philosophical and theoretical frameworks inform your choice of research approaches?

Adapted from Cresswell and Poth, 2025 p. 20; Denzin and Lincoln (2018a), Table 1.1, p. 18.



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## Philosophical Assumptions

The philosophical stances we adhere to have a direct impact on the interpretive frameworks we choose to use as a research lens, including our...

- Ontology
- Epistemology
- Axiological, &
- Methodology

These stances directly impact the research approaches and research methods we use to collect, analyze and disseminate data.

(Creswell & Poth, 2025)



## Philosophical Assumptions in Qualitative Inquiry

- **Ontological** – nature of reality? Research embraces idea of multiple realities. Evidence is compiled through varying or multiple perspectives.
- **Epistemological** – what is knowledge? Understood through subjective experiences of people in natural environments. Thus, both *researchers* and people being *researched* are interrelated.
- **Axiological** – role of values? Research is value laden and bias is always present, therefore, both are reported.
- **Methodological** – research process? Use inductive logic, study topics in context, and use emerging designs.

## Interpretive Frameworks / Worldviews

- We apply our **philosophical assumptions** in our studies through the interpretive frameworks or worldviews that we ascribe to – “a basic set of beliefs that guide action” (Guba, 1990, p. 17).
- **Interpretive frameworks:** “paradigms or beliefs that the researcher brings to the process of research, or they may be theories or theoretical orientations that guide the practice of research” (Cresswell & Poth, 2025, p. 25).
- We will focus on four and their relevance to rehabilitation research:  
**Postpositivism, Constructivism, Transformative, and Pragmatism.**



## Postpositivism (Creswell and Poth, 2025)

- Approach has “elements of being reductionist, logical, empirical, cause-and-effect oriented, and deterministic based on a priori theories” (p. 26).
- Postpositivism is common in fields like the health sciences where qualitative data is collected to support quantitative findings.
- In practice, this implies a focus on rigorous methods of data collection and analysis, with the possible use of computer assisted technology.
- Employs various approaches to ensuring validity (e.g., member checking, frequency counts, triangulation, saturation, etc.).



## **Postpositivism** (Creswell and Poth, 2025)

- Anchored in traditional forms of research that focus on testing theories, which are often associated with quantitative approaches.
- Objective realities are emphasized, biases are controlled, and complex ideas are reduced to smaller variables that can be tested.
- While complete objectivity is not achievable, all efforts must be made to produce valid and reliable data.
- Research output: often a scientific report in support of quantitative.



## Postpositivism (Creswell and Clark, 2011)

- **Ontology:** single reality – rejecting / failing to reject hypothesis.
- **Epistemology:** impartiality – collecting data objectively.
- **Axiology:** unbiased – member checking to eliminate bias.
- **Methodology:** deductive – testing a pre-established theory.



## **Constructivism** (Creswell & Poth, 2025)

- The goal of this approach is to seek a deeper understanding of the world in which we live and work.
- People actively construct understanding of the world through experience, reflection, and interactions.
- We develop these subjective meanings of our experience, and these meanings are varied and multiple.
- Researcher relies, as much as possible, on multiple views and subjective meaning is both socially and historically negotiated.



## **Constructivism** (Creswell & Poth, 2025, p. 27)

- Questions are broad and general so the participants can “construct the meaning of a situation.”
- The role of the researcher is to “make sense of or interpret the meanings other have about the world.” Reality is co-constructed.
- Patterns of meaning are developed inductively using multiple interviews, observations, and text analysis.
- The research output or product is often written in a more literary style.



## **Constructivism** (Creswell and Clark, 2011)

- **Ontology:** multiple realities – providing quotes for different perspectives.
- **Epistemology:** closeness – collecting data in context.
- **Axiology:** biased – transparently displaying biases and interpretations.
- **Methodology:** inductive – building patterns / theories from participant views.



## **Transformative** (Creswell & Poth, 2025, p. 28)

- Transformative frameworks are often used when working with marginalized individuals or groups.
- This frameworks suggests that “knowledge is not neutral, and it reflects the power and social relationships within society”
- The purpose is not only to co-construct knowledge to make sense of society but to aid the people you are working with to improve society.
- The focus, therefore, is often on “the issues facing marginalized groups” (e.g., oppression, dominance).



## **Transformative** (Creswell & Poth, 2025)

- Research contains an action agenda for reform to help change the lives of participants and the world in which they live.
- This framework has helped to shape research approaches such as participatory action research and action research.
- The research output and dissemination is created in a way to impact real social change (e.g., tool-kits, action plans, co-created policy briefs).



## **Transformative** (Creswell and Clark, 2011)

- **Ontology:** political reality – research findings negotiated with participants.
- **Epistemology:** collaboration – participants actively involved.
- **Axiology:** negotiated – bias negotiated between research and participant.
- **Methodology:** participatory – participants involved in all stages.



## **Pragmatism** (Creswell & Poth, 2025, p. 27)

- Research focuses on the “outcomes of research, actions, situations, and consequences of inquiry rather than the antecedent conditions.”
- Pragmatists are not married to “any one system of philosophy and reality”
- Researchers value the many different approaches to collecting and analyzing data, will often employ multiple methods of data collection to best answer the research question.
- A pragmatic approach is often linked to mixed methods research.



## Pragmatism (Creswell & Poth, 2025)

- This approach values solving real world problems using the most effective method(s) at the researcher's disposal.
- For example, in PM&R if you are interested in better understanding the experience of patients testing a new wearable device,
- You would employ a pragmatic framework to understand both the mechanical/software functionality (quantitative) of the device and the social/personal experience with its use (qualitative).



## Pragmatism (Creswell and Clark, 2011)

- **Ontology:** singular and multiple realities – hypotheses and perspectives.
- **Epistemology:** practicality – what works best.
- **Axiology:** multiple stances – bias and unbiased perspectives.
- **Methodology:** combining – quantitative and qualitative data mixed.



## Qualitative Variations in Theory (Creswell & Creswell, 2023)

- Theory may be used to explain behavior and attitudes with variables, constructs, and hypotheses.
- A theoretical lens can provide an orientation for the study (e.g., feminist perspective, racialized discourse, critical theory, queer theory, disability).
- Theory may also be the endpoint to explain unknown phenomena and logically result from an inductive process (e.g., Grounded Theory).
- Finally, some qualitative studies do not employ theory and rather build the essence of experience from participants (Phenomenology).



# Five Qualitative Approaches to Inquiry (Creswell & Poth, 2025)

- Narrative Research
- Phenomenology
- Grounded Theory
- Ethnography
- Case Study



## Narrative Research (Creswell & Poth, 2025)

Narrative refers to a text or discourse with focus on the stories told by individuals, with origins from history and literature to anthropology.

In this context, **narrative** can be both the **method** and **phenomenon** of study.

- Purports to collect data about life stories/experiences of 1-2 individuals and chronologically ordering their meaning (e.g., in life course stages).

### Types of Studies

- **Analysis of Narratives:** descriptions of themes across stories.
- **Narrative Analysis:** collection of events configured into a story.
- **Variety of Practices:** biographical study, autobiography, life history, oral history, experience or personal story, testimonies, etc.



## Procedures for Narrative Research (Creswell & Poth, 2025)

- Narrative research is appropriate choice if interested in capturing detailed stories of life experiences for a small number of people.
- Select people with stories or life experiences to share and spend extended time with them collecting data.
- Collect information through multiple forms of data (e.g., diaries, field notes, interviews), in addition to context for these stories.
- Analyze data and reorganize stories into some framework by “restorying” in collaboration with participants.



## Applying Narrative Research in PM&R (CoPilot Assisted)

Types of discourse in healthcare/rehabilitation could include:

- Narrative: Telling Patient/Provider Stories.
- Procedural: Medical Tasks or Rehab Treatments.
- Expository: Descriptive Information (e.g., Scan/Image).
- Conversational: Rapport-Building in Rehab Practice.
- Persuasive: Motivating Patients, Clinical Decision-Making.

**Why choose Narrative Research and what are the Challenges?**



## **Phenomenology** (Creswell & Poth, 2025)

- Describes the nature, essence, and meaning of a phenomenon for several people's shared lived experience.
- Move away from scientism and return to traditional philosophy.
- Philosophy without presuppositions (suspending all judgement).
- Intentionality of consciousness always directed toward objects and refusal subject-object dichotomy with meaning of experience.

### **Types of phenomenology research**

- Hermeneutic Phenomenology and Interpretation
- Transcendental Phenomenology and Bracketing



## Procedures for Phenomenology Research (Creswell & Poth, 2025)

- Phenomenology is appropriate choice to obtain an in-depth understanding of a common/shared experience.
- Identify phenomenon of study and recognize broad philosophical assumptions of different phenomenological approaches.
- Data collection, through in depth and multiple individual interviews with broad questions about the phenomenon.
- Phenomenological data analysis involves structural, textual, and conceptual descriptions to develop clusters of meaning to present essence of phenomenon.



## Applying Phenomenology in PM&R (Copilot Assisted)

Phenomenology in healthcare/rehabilitation could include:

- Understanding lived experience of impairment and/or recovery.
- Informing intervention design and adaptation (barriers/facilitators).
- In depth examining of participation, identity, and/or meaning.
- Capturing perspectives across rehab continuum/trajectory.
- Complementing quantitative outcomes to explain change/no change.

**Why choose Phenomenology and what are the Challenges?**



## Grounded Theory Research (Creswell & Poth, 2025)

- Rooted in sociology from the 1960s by Brian Glaser & Anselm Strauss.
- Moves beyond qualitative description to generate a theory or schema, with theory-development grounded in data.
- Researcher generates explanation of a process, action, or interaction from the views of many participants (Corbin & Strauss, 2008).
- Key elements involve theoretical sampling and constant comparative method.

### Types of Grounded Theory

- Systematic procedural approach (Strauss & Corbin)
- Social constructivist approach (Charmaz)



## Procedures for Grounded Theory Research (Creswell & Poth, 2025)

- Grounded theory is a good choice if there is no available theory.
- Questions will focus on how participants experience the process through interview, documents, audiovisuals.
- For enough information to “saturate model,” 20-60 interviews may be required.
- Constant comparative methods involves open coding, axial coding, and selective coding in model development, and possibly through a conditional matrix.
- The result is a substantive-level theory close to a specific problem or population.



## Applying Grounded Theory in PM&R (CoPilot Assisted)

Grounded Theory in healthcare/rehabilitation could include:

- Explaining rehabilitation processes.
- Understanding behavior and decision-making.
- Developing theories grounded in clinical realities.
- Informing intervention development and implementation.

**Why choose Grounded Theory and what are the Challenges?**



## **Ethnographic Research** (Creswell & Poth, 2025)

- Purports to describe and interpret shared patterns of values, behaviors, beliefs, and language across a culture-sharing group (Harris, 1968).
- Involves extensive observation through complete immersion in the day-to-day lives of people under study.
- Study the meanings of behavior, language, and interactions of group.

### **Types of Ethnography**

- Realist ethnography is traditional objective account of participants at site.
- Critical ethnography advocates emancipation of marginalized groups.



## Procedures in Ethnographic Research (Creswell & Poth, 2025)

- Ethnography is appropriate choice to describe a cultural group and explore their beliefs, language, behaviors, and social issues.
- There is no single way to conduct ethnography but good to identify a a cultural-sharing group and select the cultural themes/issues to be analyzed.
- Determine type of ethnography and gather information where group lives/works through fieldwork (observation, interviews, surveys, elicitation, etc.)
- The result will include a cultural portrait of the group with a working set of rules or patterns, that possibly advocate for their needs.



## Applying Ethnography in PM&R (CoPilot Assisted)

Ethnography in healthcare/rehabilitation could include:

- Studying rehabilitation as a social and organizational practice.
- Examining interactions among patients, clinicians, and healthcare systems.
- Understanding participation and engagement in context.
- Revealing mismatches between policy, protocol, and practice.
- Studying everyday life with disability beyond the clinic.

**Why choose Ethnography and what are the Challenges?**



## Case Study Research (Creswell & Poth, 2025)

- Study an issue explored through one or more cases in a bounded system (setting/context) or multiple bounded systems over time.
- Involves multiple sources of information (observations, interview, audiovisuals, documents, reports).
- Case study research has long history across many disciplines, with quantitative and explanatory, exploratory, and descriptive qualitative approaches.

### Types of Case Study typically distinguished by size

- *Single Instrumental Case Study*: one issue with one illustrative case.
- *Collective Case Study*: one issue with multiple illustrative cases.
- *Intrinsic Case Study*: focus on case itself as a unique/novel situation.



## Procedures in Case Study Research (Creswell & Poth, 2025)

- Good choice when researcher has clear identified case with boundaries and seeks a deeper understanding or comparison across cases.
- Identification of case(s) such as individual, individuals, program, event, activity, with an array of possibilities, including purposeful sampling.
- Data collection is extensive and from multiple sources (e.g., 6: documents, archives, interviews, direct/participant observation, artifacts; Yin, 2014)
- Holistic analysis (includes entire case) or embedded analysis (specific aspects of case) through both within-case and cross-case analyses.
- With “meaning of the case” or “lessons learned” as a final product.



## Applying Case Study Research in PM&R (CoPilot Assisted)

Case Study in healthcare/rehabilitation could include:

- Examining individual rehabilitation trajectories.
- Evaluating or refining complex rehabilitation interventions.
- Understanding implementation and context in real-world setting.
- Integrating multiple patient/caregiver/clinician perspectives.
- Identifying mechanisms of change or informing outcome selection.

**Why choose Case Study and what are the Challenges?**



# (Un)doing gender in a rehabilitation context: a narrative analysis of gender and self in stories of chronic muscle pain

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## Abstract

*Purpose:* To explore how gender appears in the stories of self-told by men and women undergoing rehabilitation for chronic muscle pain. *Method:* The material, which consists of qualitative interviews with 10 men and 6 women with chronic neck pain, was analyzed from a gender sensitive perspective using narrative method. The analysis was inspired by Arthur Frank's typologies of illness narratives (restitution, chaos and quest). *Findings:* The women's stories displayed selves that were actively trying to transcend their former identity and life conditions, in which their pain was embedded. Their stories tended to develop from "chaos", towards a quest narrative with a more autonomous self. The selves in the men's stories appeared to be actively seeking a solution to the pain within a medical context. Framed as a restitution narrative, rooted in a biomedical model of disease, the voice often heard in the men's stories was of a self-dependent on future health care. Our findings contribute greater nuance to a dominant cultural conception that men are more independent than women in relation to health care. *Conclusion:* Understanding the significance of gender in the construction of selves in stories of chronic pain may help to improve the health care offered to patients suffering from chronic pain.

## Keywords

Femininity, gender, masculinity, muscles, pain

## History

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## ► Implications for Rehabilitation

- Patients tell stories that powerfully communicate their particular illness experiences.
  - Cultural expectations of femininity and masculinity play a significant role with regard to how the patients construct their stories, which may be important to health professionals' perceptions of the patients' problem.
  - Health care professionals should listen carefully to the patient's own story and be sensitive to the significance of gender when trying to understand these people's health problem.
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# COVID-19's impact on a community-based physical activity program for adults with moderate-to-severe TBI

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## ABSTRACT

**Purpose:** Physical activity (PA) is proposed for long-term problems after traumatic brain injury (TBI) with mood, quality of life, and participation. However, COVID-19 mitigation strategies resulted in widespread closures of community-based fitness centres, including one housing a peer-assisted PA program (TBI-Health). The purpose of this study was to provide an in-depth exploration of COVID-19's impact on the TBI-Health program for adults with moderate-to-severe TBI and determine how their PA behaviours could be supported in the pandemic.

**Methods:** Interpretative phenomenological analysis was employed to collect and analyze data from semi-structured Zoom-facilitated interviews with seven female and nine male adults with moderate-to-severe TBI (including program participants and mentors).

**Results:** Three major themes were identified. *Need for PA after TBI* included specific benefits of PA after TBI and desire for an adapted PA program. *Lasting Impacts of the TBI-Health Program* identified belonging to the TBI-Health community, benefits, and knowledge transfer from the program. *Resilience and Loss through the Pandemic* comprised the repercussions of COVID-19, loss of the PA program, adapting PA to the pandemic, and resilience after TBI.

**Conclusion:** This study provides insights about impacts of participating in community-based peer-assisted PA programs after moderate-to-severe TBI and ways to support PA in unforeseen circumstances.

## > IMPLICATIONS FOR REHABILITATION

- Our community-based peer-assisted physical activity program for adults with moderate-to-severe traumatic brain injury (TBI) promoted a range of daily and social activities.
- Outdoor group-based physical activity programs provide physical activity and social opportunities for adults with moderate-to-severe TBI when indoor physical activity is restricted.
- Community-based peer-assisted physical activity programs can assist with posttraumatic growth after moderate-to-severe TBI.

## ARTICLE HISTORY

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## KEYWORDS

Traumatic brain injury;  
COVID-19;  
physical activity;  
community;  
program



# Regaining independence: a grounded theory study of the process of rehabilitation changes in patients with hemiplegic stroke

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## ABSTRACT

**Background:** Research focusing on the rehabilitation experiences of stroke patients in China remains limited. Understanding their recovery journey is essential for improving care strategies and enhancing patients' well-being. This study aimed to explore the psychosocial mechanisms and processes underlying the rehabilitation of hemiplegic stroke patients.

**Methods:** This study employed a constructivist grounded theory approach to understand the rehabilitation experiences of 13 hemiplegic stroke patients, recruited via theoretical sampling for in-depth interviews. Data were analyzed concurrently using the constant comparison method until theoretical saturation was reached, culminating in the construction of a theoretical model explaining their process of change.

**Results:** During the transition from illness to rehabilitation, hemiplegic stroke patients struggled with the lack of independence. With the support of a multidimensional system, these patients can partially regain independence.

**Conclusion:** This study revealed that the development of a holistic supportive services model can help patients receive timely and effective positive support. In future rehabilitation services, the multidimensional service model needs to be considered, and various facilitating factors should be improved to provide comprehensive and systematic rehabilitation services to patients.

## ARTICLE HISTORY

Received 31 July 2025




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## KEYWORDS

Poststroke; rehabilitation; independence; multidimensional system; grounded theory



# An ethnographic study exploring person-centred nutrition care in rehabilitation units

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## ABSTRACT

**Purpose:** Person-centred care (PCC) is an essential component of high-quality healthcare across professions and care settings. While research is emerging in subacute nutrition services more broadly, there is limited literature exploring the person-centredness of nutrition care in rehabilitation. This study aimed to explore person-centred nutrition care (PCNC) in rehabilitation units, as described and actioned by patients, support persons and staff. Key factors influencing PCNC were also explored.

**Materials and methods:** An ethnographic study was undertaken across three rehabilitation units. Fifty-eight hours of field work were completed with 165 unique participants to explore PCNC. Field work consisted of observations and interviews with patients, support persons and staff. Data were analysed through the approach of reflexive thematic analysis, informed by PCC theory.

**Results:** Themes generated were: (1) tensions between patient and staff goals; (2) disconnected moments of PCNC; (3) the necessity of interprofessional communication for PCNC; and (4) the opportunity for PCNC to enable the achievement of rehabilitation goals.

**Conclusions:** PCNC was deemed important to different stakeholders but was at times hindered by a focus on profession-specific objectives. Opportunities exist to enhance interprofessional practice to support PCNC in rehabilitation. Future research should consider the system-level factors influencing PCNC in rehabilitation settings.

## ARTICLE HISTORY






Received 8 December 2022  
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Accepted 25 August 2023

## KEYWORDS

Person-centred care; rehabilitation; nutrition therapy; dietetics; qualitative research; ethnography



# Exploring a peer-based physical activity program in the community for adults with moderate-to-severe traumatic brain injury

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## ABSTRACT

**Primary Objective:** To explore the experiences of program mentors, participants, and employees involved in a peer-based physical activity (PA) program for adults with moderate-to-severe TBI, being piloted by a community fitness center, to develop the program as a measurable intervention.

**Research Design:** We adopted an exploratory case study approach through an interpretivist paradigm, which focused on discovering realities about the peer-based PA program across the study participants' views, backgrounds, and experiences.

**Methods and Procedures:** Semi-structured focus groups and individual interviews were conducted with nine adult program participants (3 peer mentors, 6 participants), and three program employees. Inductive content analysis was used to develop themes about their perceived experiences.

**Main Outcomes and Results:** 44 open-codes were grouped into 10 subthemes and three final themes: 1) program impacts identified the importance of the program in daily life and resulting psychological, physical, and social outcomes; 2) program characteristics highlighted program leaders, accessibility, and social inclusion; 3) program sustainability included program adherence, benefits for the center, and the program's future.

**Conclusions:** Perceptions of program experiences and outcomes identified how peer-based PA for adults with moderate-to-severe TBI can lead to meaningful activities, functioning better, and buy-in from all parties. Implications for research and practice related to supporting health-related behaviors after TBI through group-based, autonomy-supporting approaches are discussed.

## ARTICLE HISTORY

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## KEYWORDS

Traumatic brain injury; peer; physical activity; community; program



## Select Questions from Constituents to get this discussion going!

- Why do all qualitative studies seem to result in themes?
- Are multiple coders needed for objectivity and qualitative rigor?
- What is the best way to engage different scientists for novel insight?
- Can you use artificial intelligence in qualitative analysis?



# Thank You!

**Let's discuss more questions and different ways you can apply qualitative inquiry to future model system studies.**

**And please contact us directly for guidance and collaborations!!!**

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**Stay tuned next month...**

## **Agenda Part II: Study Conduct and Production**

- **Rigor and Trustworthiness**
- **Qualitative Data Collection**
- **Qualitative Data Analysis**
- **Quality Control and COREQ**



# Disability Identity: Exploring Narrative Accounts of Disability

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Moravian College

**Objective:** To review a type of narrative identity, *disability identity*, which is a potentially important topic concerning the social psychology of disability. Disability identity entails a positive sense of self, feelings of connection to, or solidarity with, the disability community. A coherent disability identity is believed to help individuals adapt to disability, including navigating related social stresses and daily hassles. Attention to disability narratives will enable rehabilitation psychologists to develop detailed theories and plan empirical investigations aimed at exploring the psychosocial applications of disability identity. **Method:** We examined six narratives (e.g., articles, chapters, books, blogs) written by people with disabilities in order to identify excerpts illustrating disability identity. **Results:** Using themes drawn from disability-identity research (i.e., communal attachment, affirmation of disability, self-worth, pride, discrimination, personal meaning), we categorized excerpts from the narratives. **Conclusion:** By highlighting positive aspects of disability identity, the study of disability narratives can inform persons with and without disabilities about how individuals live with disabilities. We discuss reasons rehabilitation researchers and practitioners should consider disability identity and narratives in their respective efforts.

**Keywords:** identity, narrative identity, disability identity, social psychology of disability



Article

# Interpretative Phenomenological Analysis of Community Exercise Experiences after Severe Traumatic Brain Injury

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## ABSTRACT

Traumatic brain injury (TBI) is a major public health concern due to its growing incidence and resulting long-term or lifelong impairments. Exercise is a non-stigmatising approach proposed to alleviate the physical, cognitive, social, and emotional consequences after TBI. We used Interpretative Phenomenological Analysis (IPA) to explore the exercise experiences of seven individuals living with a severe TBI, 5–31 years after rehabilitation. We engaged in semi-structured interviews with the participants and we used IPA to explore their post-TBI exercise experiences outside of the clinical setting. Based on our analysis, we found three themes encompassed how TBI-related impairments affected the participants' abilities, self-perceptions, and perspectives on life. The participants also identified optimal environments for exercise participation, as well as perceived physical, social, and psychological effects of exercise. Future recommendations include developing community-based exercise programmes to assist with social reintegration and exploring the full range of benefits obtainable from exercise after a TBI.



# Exploring needs, barriers to, and facilitators of rehabilitation exercise following revision hip replacement – A grounded theory study

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## ABSTRACT

**Purpose:** Evidence on rehabilitation after revision total hip replacement (THR) is inadequate and development of rehabilitation interventions is warranted. Even so, little is known about patients' experiences with revision THR rehabilitation. This study aimed to explore patients' rehabilitation exercise experiences after revision THR.

**Materials and methods:** Using constructivist grounded theory, we conducted semi-structured qualitative interviews with twelve patients with completed or almost completed rehabilitation exercise after revision THR. Data collection and analysis were a constant comparative process conducted in three phases; initial, focused, and theoretical.

**Findings:** From the data, we generated a substantial theory of the participant's circumstances and ability to integrate rehabilitation exercise into their everyday life after revision THR. Four categories were constructed based on patients' experiences in different contexts: hesitance, fear avoidance, self-commitment, and fidelity.

**Conclusions:** This study highlighted that patients' expectations, past experiences, attitudes, trusts, and circumstances interact to influence engagement and adherence to rehabilitation exercise and described four categories relating to the integration of revision THR rehabilitation exercise into their everyday life. Clinicians should be aware of and account for these categories during rehabilitation exercise. Tailored individual rehabilitation exercise interventions and clinician approaches to optimize engagement and adherence are needed among patients with revision THR.

## ARTICLE HISTORY

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## KEYWORDS

Experiences; motivation; physiotherapy; qualitative research; rehabilitation; revision total hip replacement; therapeutic relationship



# What's So Great About Rehabilitation Teams? An Ethnographic Study of Interprofessional Collaboration in a Rehabilitation Unit

Lynne B. Sinclair, MA (Ad Ed), Lorelei A. Lingard, PhD, Ravindra N. Mohabeer, PhD

**ABSTRACT.** Sinclair LB, Lingard LA, Mohabeer RN. What's so great about rehabilitation teams? An ethnographic study of interprofessional collaboration in a rehabilitation unit. *Arch Phys Med Rehabil* 2009;90:1196-201.

**Objective:** To explore team structures, team relationships, and organizational culture constituting interprofessional collaboration (IPC) in a particular rehabilitation setting; to develop a description of IPC practice that may be translated, adapted, and operationalized in other clinical environments.

**Design:** An ethnographic study involving: Field observations: 40 hours, over 4 weeks, daily activities, 7 interprofessional meetings, 3 care planning meetings, 1 business meeting, and 3 family meetings; Individual observations: a physiotherapist, an occupational therapist, and a social worker individually observed for 45 minutes to an hour; and Interviews: 19 participants, 11 professions, 27 informal, 5 formal interviews. Data analysis consisted of an iterative process involving coding field notes for themes by 3 members of the research team by qualitative analysis software.

**Setting:** Single inpatient spinal cord rehabilitation care unit in a Canadian urban academic rehabilitation hospital.

**Participants:** Purposive convenience sample of core team, more than 40 professionals: psychiatrist, over 21 nurses, 3 physiotherapists, 3 occupational therapists, 2 social workers, chaplain, psychologist, therapeutic recreationist, program assistant, program manager, pharmacist, advanced practice leader, 6 students (1 pharmacy, 4 registered nurse, and 1 psychology), and on-site community organizations. After university and hospital ethical approvals, all staff members were recruited to participate in the study.

**Interventions:** Not applicable.

**Main Outcome Measures:** Not applicable.

**Results:** Recurrent examples of IPC fit 2 dominant themes: team culture (divided into leadership, care philosophy, relationships, and the context of practice) and communication structures (both formal and informal).

**Conclusions:** IPC practice in rehabilitation care is supported by clinical, cultural, and organizational factors. This understanding of daily IPC work may guide initiatives to promote IPC in other clinical team settings.

**Key Words:** Collaboration; Communication; Ethnography; Health care team; Interprofessional relations; Rehabilitation.

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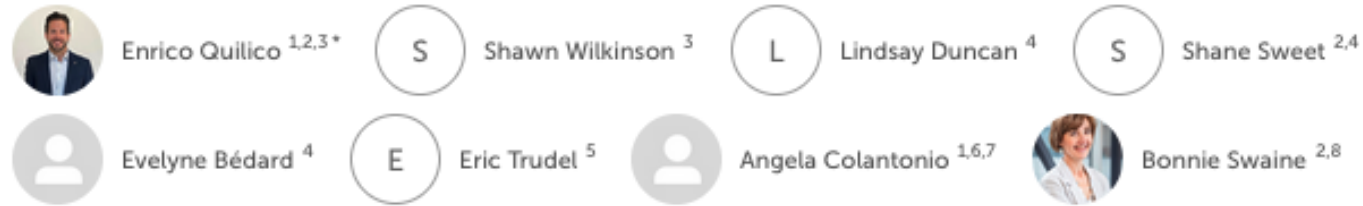
**Q**UANTITY OF CARE in physical medicine and rehabilitation is dependent not only on competent individual clinicians, but also on effective team collaboration among health care professionals working in teams.<sup>1</sup> In Canada, recent government reports have highlighted the importance of collaborative practice to ensure improved health care.<sup>2,3</sup> Effective IPC is defined as a process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence the client/patient care provided.<sup>4</sup> IPC has been found to improve patient outcomes in specific patient care areas, including geriatrics, rehabilitation, and orthopedics.<sup>1,5,6</sup> IPC has also been associated with improved patient safety and fewer deaths.<sup>7,8</sup> However, there is limited empirical evidence of the actual working practices of effective IPC and strategies for fostering these in clinical teams. Recent literature articulates the complexity and difficulty of team functioning in the care of complex patients, suggesting factors that promote and constrain team cohesion as professionals work to collaborate and communicate.<sup>9-11</sup> The purpose of this qualitative case study was to describe the collaborative practices found in the day-to-day work of a rehabilitation care unit. (This project is part of a large Health Canada-funded university and academic hospital partnership; the study also includes general internal medicine wards and primary care clinics.) This setting was selected to explore the basis for a widely held belief that the multiprofessional team is the cornerstone of rehabilitative philosophy, and therefore that rehabilitation care is a site of strong IPC.<sup>1,12,13</sup> Further, we intended to use our findings to support the development of a situated tool for furthering IPC in rehabilitation care. This ethnographic study of a CTU offers richly textured descriptive accounts of the culture of situated IPC practice.<sup>14</sup>

## Purpose

This case study explores some of the team structures, team



## Participatory co-creation of an adapted physical activity program for adults with moderate-to-severe traumatic brain injury



**Background:** Research about using physical activity (PA) to improve health, quality of life, and participation after moderate-to-severe traumatic brain injury (TBI) is receiving growing attention. However, best-practices for maintaining PA participation after TBI have yet to be defined. In this context, a team of researchers and stakeholders with a moderate-to-severe TBI (including program participants and peer mentors) participated in a co-creation process to optimize a 9-month, 3-phased, community-based, adapted PA program named TBI-Health.

**Purpose:** The study aimed to provide a detailed account of the participation in and co-creation of a new TBI-Health Program to enhance sport and exercise participation for adults with moderate-to-severe TBI. Specifically, we carried out an in-depth exploration of the perceived experiences and outcomes of users over one cycle of the program to assist the co-creation process.

**Methods:** An interpretive case study approach was used to explore the experiences and outcomes of the participatory co-creation within and across phases of the TBI-Health program. A purposeful sample of fourteen adults with moderate-to-severe TBI (program participants  $n = 10$ ; peer mentors  $n = 4$ ) were involved in audio-recorded focus groups after each program phase. Reflexive thematic analyses within and across the phases identified three higher-order themes.

**Results:** Program Participation included barriers, facilitators, sources of motivation and suggested modifications to optimize the program; Biopsychosocial Changes highlighted perceived physical, psychological, and social outcomes, by self and others, that resulted from program participation; PA Autonomy emphasized transitions in knowledge, sex- and gender-related beliefs, and abilities related to exercise and sport participation.

**Conclusions:** Study findings suggest the TBI-Health program can increase autonomy for and reduce barriers to PA for adults with moderate-to-severe TBI, which results in increased PA participation and important physical, psychological, and social benefits. More research is needed about the TBI-Health program with larger samples.

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