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| Host department: Nottingham |
| Project Title: |
| Developing a reasonable adjustment tool for people with long-term health conditions. |
| Proposed supervisory team: |
| Professor Kathryn Radford (Professor in Rehabilitation Research- University of Nottingham [UoN]) ; Dr Roganie Govender (NIHR Clinical Lecturer in Speech & Language Therapy – University College London); Dr Blanca De Dios Perez (Senior Research Fellow - UoN)  Other supervisors: Dr Louise Thomson (Associate Professor in Occupational Psychology); Dr Aislinn Bergin (Assistant Professor Mental Health Research) |
| Potential for cross consortium networking and educational opportunities: |
| Dr Roganie Govender is a speech and language therapist with a PhD in behavioural science and health, who specialises clinically in the assessment and management of dysphagia, voice and swallowing rehabilitation in patients with head and neck cancer. Dr Govender’s interests are in the application of behavioural science to complex health interventions, and their implementation, with expertise in behaviour change and stakeholder engagement. This expertise, combined with the University of Nottingham (UoN) expertise in vocational rehabilitation for people with complex health conditions (e.g. stroke, multiple sclerosis, brain injury, mental health), and developing and evaluating complex rehabilitation and workplace interventions (Radford, Thompson) and healthcare technologies (Bergin, Radford), occupational psychology (Thompson) and computer science (Bergin) offers an exceptional networking and educational opportunities.  Alongside the existing SPCR network of clinical academics in primary care, Nottingham hosts a new NIHR HRC in Rehabilitation [NIHR HealthTech Research Centre for Rehabilitation | NUH](https://www.nuh.nhs.uk/rehab-hrc/) and the ESPSRC-funded rehabilitation technologies network [Rehabilitation Technologies Network (rehabtechnologies.net)](https://www.rehabtechnologies.net/) and is the academic lead for the National Rehabilitation Centre [Home - National Rehabilitation Centre](https://nationalrehabilitationcentre.nhs.uk/), offering a world-class community and infrastructure to develop rehabilitation technologies. |
| Project description: |
| In the UK, 46,000 people with illness or disabilities are “managed out” of work every year (1). Sickness absence and working age ill health incurs significant economic burden, estimated at £100 billion annually (2). Unfortunately, people with disabilities become unemployed at twice the rate of people without disabilities (3), and this is ever-increasing since the Covid-19 pandemic. In fact, in December 2022, over 2.5 million people were off work in the UK due to sickness (4).  Under the Equality Act 2010, people with certain illnesses or disabilities (e.g., multiple sclerosis, cancer, mental health problems) are legally entitled to reasonable adjustments (i.e., modifications to the work environment or duties to remove or reduce the disadvantage related to their condition) (5). Unfortunately, even though employers are legally required to provide reasonable adjustments, employees with disabilities do not always receive them due to employers’ lack of knowledge of health conditions, support, and or fear of conversations about the impact of illness at work (1). Line managers report a lack of knowledge and skills about implementing reasonable adjustments needed to enable a sustainable return to work for people with long-term health conditions who have experienced periods of absence (6,7).  This leads to a failure to implement reasonable adjustments, which can detrimentally affect whether people with illness or disabilities remain at work. Evidence shows that tools to support decision-making for occupational health staff supporting employees with mental disorders can positively impact return-to-work rates (8). However, limited evidence exists on tools available to support the decision making around reasonable adjustments  Aims: To develop, implement, and evaluate a reasonable adjustment decision tool to support people with long-term health conditions remain at work.  Methodology: This PhD includes three main studies:  Study 1: Systematic Review.  The systematic review will explore the existing literature on tools used to support people with long-term health conditions (e.g., stroke, multiple sclerosis, diabetes) to make decisions around reasonable adjustments, understand the context in which these tools are used and their acceptability. The tools identified will be classified according to health conditions and target user/s (i.e., employer, healthcare professional, employee).  Study 2: Development of Reasonable Adjustment Decision Tool.  Following identifying and classifying existing tools, the project will explore whether there is a need to develop a new tool or adapt and evaluate an existing one. Key stakeholders (employers, healthcare professionals, Department for Work and Pension representatives, and people with long-term health conditions) will be recruited for semi-structured interviews to explore their views on the need and use for a reasonable adjustment decision tool, identify key users for the tool, and inform the development or adaptation of the tool.  The tool will be developed by combining theory and evidence-based research and informed by the behaviour change wheel to map the intervention components to key behaviour change strategies.  Study 3: Usability and feasibility testing.  Mixed-methods feasibility testing to explore the feasibility and acceptability of using the reasonable adjustments decision tool and the barriers and enables to implementation. Forty people with long-term health conditions experiencing difficulties in remaining or returning to work, their employers (where involved), and a designated healthcare professional will be recruited.  Participants will complete a booklet of standardised questionnaires at the beginning and end of the intervention and at three months post-intervention to explore the impact of the tool on outcomes of relevance such as return to work rates, work instability, quality of life and the impact of symptoms (e.g., cognition, fatigue) at work. Participants will also be asked to complete an interview to explore the barriers and enablers to implementation and the acceptability of the tool. |
| Indicative project costs: Approximately £129,510 |
| We have estimated up to £100,810 FTE to cover the salary of a full-time clinical academic PhD student. An additional £10,000 has been included for tuition fees, travel, attending a national (Year 1: Society for Research in Rehabilitation) and international conference (Year 3: TBC), and training on behaviour change and intervention development. We have also estimated £18,700 in research costs, including £10,000 for co-design and production of the toolkit, £3,000 for patient and public involvement activities, £1,000 for travel to visit participants, £3,000 for vouchers for research participants, £100 for Dictaphones, £600 for printing materials, £1,000 for transcription costs. |
| Training and development provision by host: |
| The student will be hosted by SPCR’s Centre for Rehabilitation and Ageing Research, in our Centre for Doctoral Training in Rehabilitation and Healthcare Research (CDT RHR), alongside other clinical-academic PhD students. They will join our active PGR support group, and have access to our seminar series, libraries, sports, cultural and health facilities.  Formal training: The PhD candidate will develop skills in conducting systematic reviews, interviews, and mixed-methods research through The University of Nottingham’s Researcher Academy training combined with training in Behaviour Change Interventions (UCL) and Implementation Science (Kings College London). |
| Informal training: The supervisory team includes experts in intervention development using co-design, disability rights, behaviour change, implementation, vocational rehabilitation, and computer sciences. The candidate will learn how to use software (e.g., NVivo), and present their research and specialist seminars on intervention development methods. |
| **PPIE:** The scholarship includes funding for PPI activities. Both centres (UoN & UCL) have access to networks of PPI representatives. The PhD candidate will have access to networks of PPI representatives through the University of Nottingham Medical School, SPCR, CRAR, HRC Rehab, National Rehabilitation Centre (linked to UoN) and other condition-specific groups (MS, stroke, etc). |