



Behaviour change practices in exercise referral schemes: Developing realist programme theories of implementation

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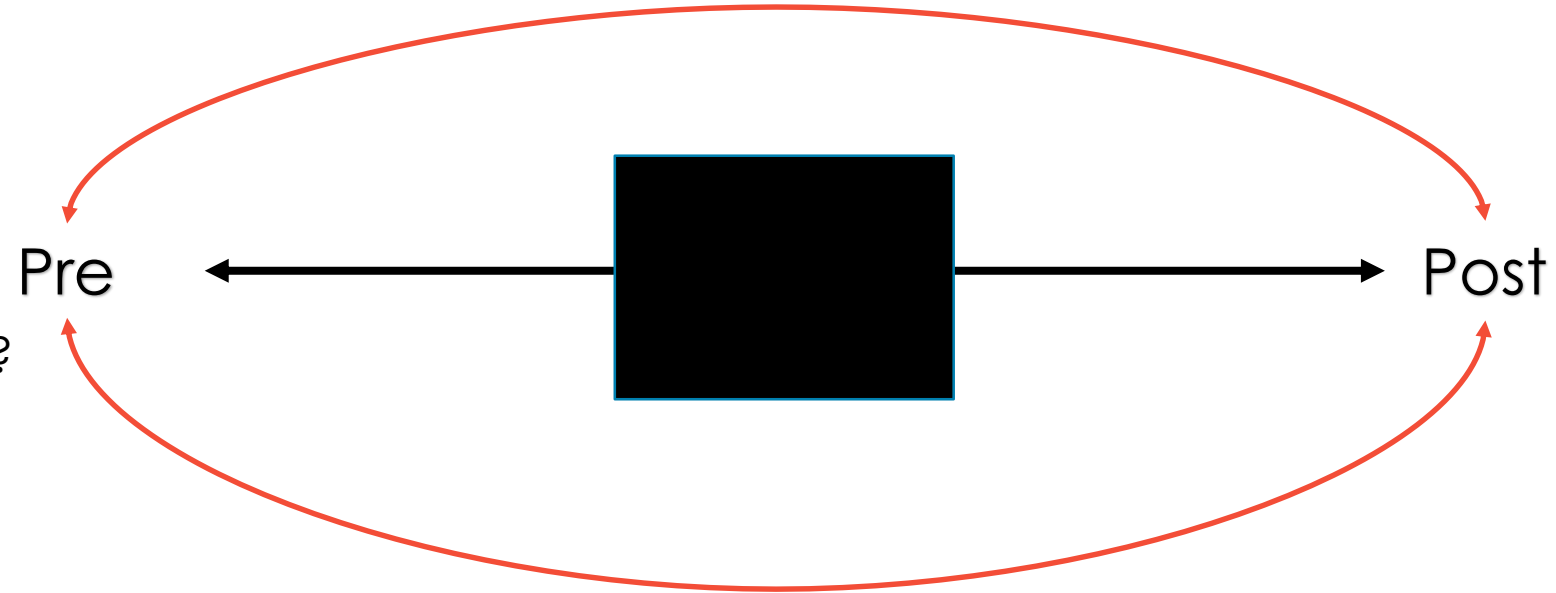
@johnjdowney

PARADIGMS

Biomedical model

Programme

- What is it?
- What are the intervention elements?
- How do they work?
- How are we targeting them?
- What will change?
- Who is likely to benefit and why?



Complexity
congruent logic....
Real life is messy!!!!

CURRENT STUDY

Realist evaluation

- Theory driven evaluation
- Focus on generative causation to understand how and for whom something works
- Theorise about invisible mechanisms and tests CMO configurations
- Middle range theorising
- Reusing conceptual frameworks

Focused ethnography

- Researching culture/ day to day
- Observation heavy
- Can be from within culture
- Culture can be unbounded
- Co-production
- What is remembered by the actors

RESULTS

- If the culture, and practitioner characteristics, are conducive to behaviour change approaches and the service offers planning, engagement activities, monitoring, and a learning climate, then practitioners' motivation and capability will increase improving implementation.
- If the practitioners work in teams, the provision of collaborative learning opportunities would then increase the motivation to implement behaviour change practices.
- If there is integration with, and understanding of the service from, GPs the provision of communication channels and external change agents would then increase the motivation to implement behaviour change practices.
- If the top down culture and staff characteristics are conducive to behaviour change practices, the provision of an opinion leader and their engagement activities in implementation will then impact the motivation of practitioners to implement behaviour change practices.

FUTURE DIRECTIONS & IMPLICATIONS

- Resources

- Clear protocols of how to practice behaviour change
- Service structure for behaviour change
- Training, mentoring, observations, reflections and feedback, CPD, and feedback loops
- Learning climate that includes team meetings, role modelling, a space to exchange ideas and receive feedback and benefit from vicarious learning
- There should be developed communication channels with GPs including calls, documentation, clear two way feedback and integrated care
- Established manager who undertakes activities to engage those in implementation through role modelling and being a knowledge source, expectations for practice, behaviour change champion and support figure, and show commitment to this approach

- Culture

- Values holistic evaluation
- Stable business model with local involvement and insight
- Clear aims and service design to meet patient's needs
- Commit to operation instead of solely trying to secure contracts.
- Staff working in schemes should possess a drive to help people and a natural empathetic approach
- Work in teams
- GPs referring to the schemes need to be integrated, understand and value the schemes, and be skilful in behaviour change.