Moving Medicine

Guide to Conducting your own insight conversations

Introduction

Your Hospital is Unique. To change the behaviour of staff in *your* hospital, you'll need to look closely at what's happening there. This means *talking* to your staff and exploring:

- Why conversations about Physical activity aren't happening at the moment? and
- What could change to make them more likely in the future?

This is an information gathering exercise that will help you understand the perceived barriers and motivators for your staff, the experts in the reality of their job!

More importantly, these staff will be the people who will be implementing and working with any changes that *are* made. These conversations provide an invaluable opportunity for harnessing their energy and engagement, which will be a deciding factor in whether these future changes are successful.

1. Identify the Participants

Our first step was to identify the different types of staff to interview. We wanted to embrace the idea that *all* hospital staff are in a position to engage patients in conversations about physical activity and therefore chose to talk to a wide variety of staff.

Our Hospital trust is a large, tertiary referral, Major Trauma centre, University Hospital, split over 4 separate sites. This had some influence over the categories we chose to interview. Our chosen groups included doctors (from Foundation to Consultants), Nurses, Midwives, Occupational Therapists, Physiotherapists, HCAs, Midwives and Managers

Top tips:

- **Grouping staff together depending on environment**
- **Identify areas where you know people will be supportive of your aims**. This is likely to improve your chances of success with recruiting
- You're not just gathering insight: You're starting to **build the will** to make change

You could choose to group staff in any way you feel makes sense for your organisation and the specific objective you have selected.

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2. Engaging Participants

We took a pragmatic, 'snowball' approach, initially engaging existing contacts and asking them to disseminate. In our case, these were either people who were actively involved in our Active Hospitals project or personal contacts, colleagues that we have worked with at some point, past or present, clinically or otherwise.

An **initial email was sent out** with a brief description of the project and what we were asking for (90mins of time to talk to staff).

People who showed interest were **sent more detailed information** about the interview process, invited to ask further questions if they had them and invited to fill in availability for interviews on a Google form.

People who replied initially but then didn't provide me with availability**, got followed up with a telephone call** to check availability with the assumption that they had probably just been too busy to reply!

Top Tips

- **Use your colleagues and contacts** to reach other people in the hospital you may not normally come into contact with.
- **Get buy in** from the senior staff of the people you are trying to reach!
- **Persevere!** Be prepared to follow up with telephone calls and face to face canvassing.
- **Some groups are harder to reach than others.** Think creatively about how to engage these specific groups.
- **Engaging people means empathising** with the challenges they may face in taking part

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3. Arranging the Conversation

So, now you have interested people, how do you go about finding a time when they are all available to meet? We anticipated that this would be difficult and it was certainly one of the more challenging parts of the work!

Hospital staff are, by nature, busy creatures and we were asking them to give up precious time to come and talk to us. They are also, however, caring and kind and interested in improving the health of their patients and we were pleasantly surprised by the level of interest and support from our staff in all settings.

Options

Use a Google form, or similar, to establish initial availability. Even if not everyone fills it in you can use the information to narrow down possible options for others in the group.

Asking groups to arrange a time amongst themselves - this works well if they already know each other and worked well for our Midwife and Therapist groups.

Set a date and hope people show up(!) – we used this for the Junior doctor group who found it much harder to commit to a day and time due to unpredictable clinical commitments.

Examples of hard to reach groups and how we overcame this:

HCAs – Via the 'snowball' approach above we discovered there was an HCA development Nurse. Options then included arranging an interview group at an HCA study day OR contacting all of the Ward sisters to explain what we were trying to do. In the end it took a friendly ward sister to accommodate us on a ward for one day and allowed us to chat to HCAs as they became available.

Junior Doctors – We offered free pizza at the end of a working day (5.30pm) to encourage junior doctors to attend. We were also flexible in our start time and recognised that some would potentially need to leave half-way through the interview (some were on call for the evening) and made it clear that we would still get value from their attendance.

Top Tips

- Find ways to **make it as easy as possible** for Staff to get involved
- Think of times and places where you have **staff in the same place at the same time** (Eg Teaching / Meetings / study days) and arrange to speak to people at these times, before or after.
- **Consider the different working patterns** of certain groups when arranging getting a group together.
- **Offer compensation** for staff's time - Especially those who are less able to take time out of their clinical duties during working hours.
- **Don't be disheartened** if people don't immediately say Yes or are slow to reply, persevere!
- **Be nice, be understanding, be flexible!**
- **We live in a society of information overload** and this is no different for hospital staff.
- Emails can be effective but a **follow up telephone call or dropping into the ward or office** makes a much bigger impact and saves time overall.

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4. Frame the Conversation

Here's how we framed our conversations:

We know that many patients can benefit from increasing their Physical activity

We also know that staff can play a vital role in encouraging this by initiating conversations about physical activity

The reality is that those conversations don't always happen and there are many reasons *why* those conversations don't happen in practice.

It's that reality that we would really like your expert input on. You understand more than anyone the context you work in and the pressures that you face.

We are not interested in persuading you to do anything differently. What we would really like is to understand a bit more about the everyday reality of staff in roles like yours.

Top tips:

- Use a similar structure to the one above to introduce the subject
- Avoid framing it in a way that implies another thing will be added onto an already too long list of things to do, that they should have been doing this already or that they, individually, are wholly responsible for not already doing this!

5. Plan for the Conversation

Be prepared for conversations which **follow the energy and interests of the staff** you're talking to and which don't therefore follow a strict, pre-set sequence of questions.

The conversations should be **'semi-structured'**, ensuring you cover a broad range of relevant topics, and avoid getting fixated on one narrow area of concern.

Have a broad check-list of big questions you want to cover before the interview is finished and base that check-list on what we already know about the topic in hand.

In this case, the underlying topic is: why are people doing what they do at the moment, and what could change.

Fortunately for us, there's a lot of pre-existing research and theory around those questions. The framework we used is COM-B, which states that, for somebody to behave (B) in a certain way they need not just the motivation (M) but also the capability (C) and opportunity (O) (Michie et al., 2011)

The COM-B framework is a great way of prompting yourself to explore the full range of factors involved in behaviour: not just individual factors, like motivation and skill level, but also the influences of the social and physical context on behaviour.

And one last thing: before you start exploring why conversations about physical activity don't happen, **it is probably worth asking what conversations *do already* happen**. Apart from yielding lots of useful insight about what's already there to build on, this helps avoid unhelpful framings of the topic.

References:Michie S, van Stralen, MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Science (2011) 6:42

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6. Capture the Conversation

However you run the conversations, you'll need to make sure you leave with some kind of record of what was said. Don't rely on remembering everything – because you won't!

Audio-recording conversations may be the best way to get a *faithful* record of everything that is said, BUT there are some clear drawbacks too.

First, you need to be very careful to stay on the right side of Data Protection rules, and to get full and genuinely informed consent for recording.

Secondly, you may need to manage legitimate anxieties about what will happen to recorded material, which could constrain what people say.

Thirdly, you'll have to be ready to handle the material that comes out at the end: listening back to recordings takes time, while transcribing is time-consuming and potentially costly.

For many purposes, therefore, taking notes as you go along may be a better solution – especially if someone else can come along with you to take the notes, so you can focus on the conversation. You can always supplement notes made during the conversation with further notes written *immediately* after it finishes.

7. Reflect on the Conversation

Staff are experts in their own realities. They're ideally placed to give a first-hand, ethnographic perspective on what's going on and what could change.

At the same time, they're human beings: and human beings have blind spots. We fail to spot critical factors in our physical and social contexts, especially if we've grown used to them. And we can also be very wrong about ourselves.

The things you hear from staff are valuable evidence, but it's evidence that needs interpretation. To help you do that, it can be useful to compare it to other sources of evidence. For example, you might look at what you've heard in the light of the COM-B framework; or compare it to the points we've set out on this website; or compare what different groups of staff say in the same context; or even go and spend some time in that context yourself, to form your own impressions.

Finally, as you pull start to draw some tentative conclusions about what's going on and what needs to change, remember that you too are human, and have your own blind spots. They can never be eliminated, only challenged by others. Which is one reason why you need to continue the conversation...

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8. Continue the Conversation

Maintain contact with the staff you've been speaking to. They will be the people who will be implementing and working with any changes that are made. Their energy and engagement will be a deciding factor in whether those changes are successful. They are the people who may need to adjust their behaviour.

So it makes sense to take your initial conclusions about what's going on and what could change back to them. What have you got wrong? What have you missed? Where might you be onto something? And what could it mean in practice?

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