



Commentary

Making the case for change: What researchers need to consider when designing behavior change interventions aimed at improving medication dispensing

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Summary

There is a growing emphasis on behavior change in intervention development programmes aimed at improving public health and healthcare professionals' practice. A number of frameworks and methodological tools have been established to assist researchers in developing interventions seeking to change healthcare professionals' behaviors. The key features of behavior change intervention design involve specifying the target group (i.e. healthcare professional or patient cohort), the target behavior and identifying mediators (i.e. barriers and facilitators) of behavior change. Once the target behavior is clearly specified and understood, specific behavior change techniques can then be used as the basis of the intervention to target identified mediators of behavior change. This commentary outlines the challenges for pharmacy practice-based researchers in targeting dispensing as a behavior when developing behavior change interventions aimed at pharmacists and proposes a definition of dispensing to consider in future research.

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Introduction

There is a growing emphasis in the literature on the importance of behavior change in interventions seeking to improve public health and healthcare professionals' clinical practice.^{1,2} Frameworks of professional change have been developed to assist researchers in understanding healthcare professionals' behaviors in any given clinical context and identifying mediators of such change.^{3,4} These frameworks have been linked to established taxonomies of behavior change

techniques (BCTs) which provide a method of specifying intervention content.⁵

With an increasing number of medications being prescribed at the population level and predicted increases in the size of the older patient cohorts wherein polypharmacy and multimorbidity are highly prevalent,⁶ the prescribing and dispensing of medication constitute two important target behaviors for interventions seeking to ensure that patients receive appropriate medical treatment. However, previous interventions targeting polypharmacy⁷ and multimorbidity⁸ in

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older persons do not appear to have given due consideration to the importance of targeting healthcare professionals' behaviors during intervention development.

Although progress has been made in investigating physicians' behaviors in both primary and secondary care settings using established frameworks of behavior change as the basis for intervention development,^{9,10} there is a deficit of related research investigating pharmacists' dispensing behavior. In light of the significant expansion of the pharmacist's professional role in recent years, as well as growing recognition of their potential to make a significant contribution to appropriate prescribing and use of medicines,^{11,12} it is likely that pharmacists will feature more prominently in healthcare interventions as both intervention recipient and deliverer. Hence, there is a need to consider how dispensing can be targeted as part of a behavior change intervention. This requires examination of the overall development process for behavior change interventions targeting healthcare professionals.

Incorporating psychological theory into the development of behavior change interventions targeting healthcare professionals

The Medical Research Council's (MRC) framework on complex interventions advocates the use of evidence and theory during intervention development.¹³ The use of theory in intervention development can help to target causal determinants of behavior and behavior change, thus making the intervention more likely to be effective.¹⁴ A recognized limitation of the MRC framework is that it does not provide guidance on how theory can be incorporated into the intervention development process.⁴ Thus, the challenge for researchers in pharmacy practice and other healthcare-related research disciplines seeking to develop behavior change interventions lies in navigating their way through the vast range of existing psychological theories and using these theories to understand target behaviors. To assist researchers across different disciplines, particularly those from a non-health psychology background, an overarching theoretical framework known as the Theoretical Domains Framework (TDF) has been developed.³ The TDF distils psychological theory relevant to behavior change in healthcare professionals into theoretical domains which are considered to be mediators (i.e. barriers and

Table 1
List of TDF domains³

Knowledge	Beliefs about consequences
Skills	Beliefs about capabilities
Motivation and goals	Social influences
Memory, attention and decision processes	Emotion
Social/professional role and identity	Behavioral regulation
Environmental context and resources	Nature of the behaviors

facilitators) of behavior change.³ The framework's twelve theoretical domains are listed in [Table 1](#). Qualitative interviews based on the TDF provide an established method to explore the target group's perceptions of each of the domains and how they impact on the target behavior.¹ This allows researchers to identify key mediators involved in changing target behaviors and to incorporate a theory-base into interventions. Quantitative methods (i.e. questionnaires) also have been used to apply the TDF during intervention development.¹⁵

Using a TDF-based approach, identified mediators of behavior change can be mapped to specific BCTs as part of a systematic approach to develop behavior change interventions ([Table 2](#)). For example, as part of a project looking at implementation of guideline recommendations for the management of acute low back pain, French et al¹⁶ conducted TDF-based focus groups with GPs and found that knowledge of guidelines was one of several barriers affecting the target behavior (i.e. implementation). This mediator of behavior change was then mapped to a BCT (i.e. information provision, thereby mapping to the 'Knowledge' domain) which was subsequently incorporated into the intervention.

Defining dispensing as a behavior

For any intervention seeking to change healthcare professionals' behavior, it is vital to have the target behavior clearly defined at the outset. Behavior has been defined as "*the product of individual or collective human actions, seen within and influenced by their structural, social and economic context*".¹⁷ The difficulty in conceptualizing dispensing as a behavior is that it has not previously been defined explicitly in behavioral terms.

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