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Running Title: “They’ve invited me into their world”: A focus group

“‘They’ve invited me into their world’: A focus group with clinicians delivering a behaviour change intervention in a UK contraceptive service”.

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Abstract

Although teenage conceptions rates in the United Kingdom (UK) have seen a downward trend recently, it remains imperative that contraceptive services for young people continue to improve. To ensure that evidence-based interventions are sustained in clinical practice, it is useful to assess the experiences of those delivering them. This study explores the experiences of sexual health clinicians who were trained to deliver a one-to-one behaviour change intervention aiming to improve contraceptive use in young women. The intervention was set in a UK NHS contraceptive and sexual health service and involved clinicians' facilitating (within one-to-one consultations) the formation of implementation intentions (or 'if-then' plans) that specified when, where and how young women would use contraception. A focus group was conducted with seven clinicians who had delivered the intervention. A thematic analysis of the focus group revealed three overall themes: 1) How the intervention worked in practice; 2) barriers and benefits to delivering the intervention; and 3) positive changes to individual consultation style and wider 'best practice' within the clinic. Our findings show that, with support, clinical staff would be in favour of incorporating if-then planning as a strategy to help promote contraceptive adherence in young women.

Key Words: Implementation intentions, focus group, behavior change intervention, contraception, young women

Introduction

Teenage conception rates in the UK have shown a downward trend in the last decade and are now at the lowest level since records began (ONS, 2012). However, the UK continues to have one of the highest rates of teenage conceptions in Western Europe, which has substantial economic impacts and contributes to widening health inequalities (Paranjothy, 2009).

Research into developing successful methods of improving contraceptive services is important to ensure the sustained decline in teenage conception rates and for the (economic) health and well-being of young people.

We have previously reported on a behaviour change intervention (BCI) that was conducted in a UK NHS contraceptive and sexual health (CaSH) service and was successful in improving contraceptive use in deprived young women using objective measures of service use (Martin et al., 2011). The delivery of the intervention involved clinicians' facilitating (within routine one-to-one consultations) the formation of implementation intentions (or 'if-then' plans: Gollwitzer, 1999) specifying when, where and how young women would use contraception (see Martin et al., 2011 for further details of the intervention). Implementation intentions are a powerful means of translating good intentions into action (Sheeran, 2002; Sheeran & Gollwitzer, 2006). The process of forming an 'if-then' plan creates an association between a specific situation and the desired behaviour, leading to an automatic, swift and efficient behavioural response when the situation is encountered (Webb & Sheeran, 2008). To evaluate the impact of sustaining the provision of the BCI, we were interested in exploring how clinicians experienced the delivery of the intervention in practice.

In the present study, we harnessed the flow of spontaneous discussion stemming from group interaction (Millward, 2006) by conducting a focus group with clinicians who had been trained to deliver the BCI. Using focus groups in applied health research is now a well-established method for elucidating rich in-depth qualitative data (Crossley, 2002; 2003).

Methods

Participants and procedure

Participants were seven sexual health clinicians (4 doctors and 3 nurses) who had completed intervention training and had delivered the intervention in practice. One focus group was facilitated by an independent researcher. The focus group lasted one hour and discussed three topics: 1) Clinicians' understanding of if-then plans, 2) their thoughts on the value of using if-then plans as an approach to improve adherence to contraception, and 3) their views on how easy or difficult if-then plans were to use in their clinical practice. The study was approved by a UK NHS Research Ethics Committee.

Analysis

The audio-recording of the focus group was transcribed verbatim and analysed using thematic analysis (Aronson, 1994). The lead researcher (JM) conducted an initial analysis of the data and listed themes that emerged from the data. A second researcher (PSI) then verified the themes from the transcript and they were revised and refined accordingly after discussion. We triangulated the analysis by verifying, with two participants, that the themes identified reflected the group discussion.

Findings

Three main themes (with sub themes) emerged as follows: 1) How if-then plans work in practice; 2) Barriers and benefits; 3) Positive changes for staff. Quotations from clinicians (C) are provided in italics along with their participant number to indicate the views of focus group members.

1. How if-then plans work in practice

i) *Planning in 'stages'*

Before planning, clinicians '*took it a few stages back*' to allow a young woman to explicitly acknowledge her intention to have sex, and needed contraception "*...they're actually planning*

to have sex...and it's linking the two things together...” (C6). Making this link was the first ‘stage’ in forming if-then plans to use contraception successfully. The second ‘stage’ was to verify the behaviours that were involved in using contraception. The process of “*analysing the practicalities*” of pill taking and “*addressing the nitty gritty*” (C7) facilitated the realisation that the pill regimen was complex and this allowed clinicians to address barriers to taking the pill.

ii) *Habit formation*

Clinicians understood if-then plans in terms of creating good habits (“*For me, it's about helping habits develop*” C2). Implementation intentions are likened to “instant habits” (Gollwitzer, 1999) and clinicians facilitated plans that linked pill taking to a habitual behaviour (e.g. “*...something really simple like putting your knickers on in the morning*” C2) thus, the situation in which the existing habit was performed became the critical cue to initiate action for a ‘new’ habit.

iii) *Routine*

Forming if-then plans helped clinicians “*...pick up the more chaotic ones*” (C5) who had not organised their pill-taking into a routine (“*This might be the first organised thing they've ever done*” C6). Developing a ‘routine’ was considered to be critical for adherence: “*...only people who establish a routine are likely to use it reliably and consistently*” (C7).

iv) *Responsibility*

Clinicians believed that delivering the intervention allowed them to share responsibility for using contraception reliably (“*...I'll help you but you also help me and together, we can actually put this plan together*” C5). Also, addressing the reality of having sex and using contraception helped young women to take ‘command’ of their own behaviour: “*...you can have some control over your life and these kind of things don't just randomly happen to you*” (C1).

2. Barriers and benefits

i) *Pill vs. condoms*

Clinicians agreed that forming if-then plans to take the pill was a valuable approach; however disagreements arose for condom use. On the one hand, there were complex behaviours involved: “...condom use...is not just about forming a habit; it’s all about the relationship and all about the negotiating and the self-esteem...” (C2). However, planning was useful in addressing barriers: “*But I find using implementation intentions with condoms useful in getting down to ... what are the barriers to condom use ... especially with the young ones...*” (C1)

ii) *If-then wording*

Clinicians agreed that the ‘if-then’ wording of plans did not always make sense: “*Yes, sometimes it’s really bad English and I’m thinking ‘Ooo, that doesn’t fit with my grammar!’*” (C2). Clinicians interpreted ‘if’ to mean that something might or might not happen, rather than ‘if’ a person was in the specified situation: “*IF is suggesting that you might or you might not... it’s not saying I definitely will*” (C4) “*Yes...you want to be something that does happen*” (C1). Clinicians agreed that ‘when-then’ wording would be just as effective: “*So it’s ... ‘When I have a cup of tea in the morning, then I’ll take my pill’. Not if have a cup of tea in the morning*” (C2); “*And it’s ‘When I clean my teeth in the morning, then I take my pill’*” (C4).

iii) *Adaptation*

Clinicians adapted the protocol according to what faced them in the consultation room. If engaging young women in planning was difficult, clinicians “*adapted to what’s going on between you and an individual*” (C3). Clinicians found it especially difficult to rehearse plans in practice where rehearsal seemed ‘silly’ and ‘unnatural’.

3. Positive changes for staff

i) *Shifts in consultation style*

It seemed that intervention training had inadvertently altered the consultation style of clinicians whereby there was a shift after the intervention training: *“Well, this is the change, we just sit there don’t we and let them do all the work. We help them along.”* (C3), *“...you actually allow the patient to ... express themselves more...”* (C7). The following quote illustrates the increase in clinicians’ empathy with young people:

“... it’s actually brought me into their world, whereas [before] they were just sitting in my world ... they’ve invited me into their world, I can see now, the difficulties that they’re having ...and I’m in there with them and I’m right there in the moment ...” (C5)

ii) Enhanced inter-professional communication

The intervention training sparked ongoing discussion between clinicians about how they addressed the ‘patients’ best interests’: clinicians were open to the possibility that relying solely on information-giving, without behavioural strategies, was ineffective: *“I’ve got down to the chase: what’s the most important thing they’re going to go away and do today? And it’s taking the bloomin’ thing isn’t it?”* (C3).

Discussion

This study provided insight into the views and experiences of family planning clinicians delivering a BCI in practice. Clinicians described how they delivered the intervention in practice, and outlined the barriers they encountered. The strengths of the intervention were discussed in terms of positive individual changes for clinicians and the beginnings and benefits of sharing good practice. This process translated into the delivery of a more ‘person-centred’ (and evidence-based) approach that would enhance engagement and decision-making with young women (indeed, these attributes are considered essential ‘quality standards’ outlined in recent NICE guidelines for contraceptive services: NICE 2016). Our findings show that, with support, clinical staff would be in favour of incorporating if-then planning as a strategy to help promote contraceptive adherence in young women.

We note shortcomings to the current study that limit the generalisability of our findings. Only motivated clinicians volunteered to take part in the focus group therefore the sample was limited in terms of size and breadth of opinion, and the focus group may only represent a partial analysis of the experiences of clinicians who delivered the intervention.

Despite its limitations, this study offers valuable insights into the views and experiences of clinicians delivering the intervention and added to the overall picture of how the intervention worked in practice, how it benefited young women, and how it enhanced the practice of clinicians themselves.

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