Implementing multiple behaviour change interventions after health checks in primary care: A qualitative study

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Aim and methods

- Examine the experience of healthcare professionals (HCPs) to identify perceived barriers and facilitators to implementing multiple behaviour change interventions in primary care.
- Semi-structured interviews with HCPs recruited from general practices in two boroughs in South London.
- The Theoretical Domains Framework (Cane et al. 2011) informed the development of the topic guide.
- Framework analysis.
Results

Thirty HCPs took part in the study. The sample included GPs (n=10), nurses (n=10), healthcare assistants (n=7) and managers (n=3).

Main themes:

- Conceptualisation of health behaviour change;
- Views about behaviour change interventions in primary care;
- Views about the health check programme.
Complexity of behaviour change:

Patient’s ability to change their behaviour is perceived to be hindered by limited resources and societal structure.

The need to make the environment supportive of healthy behaviours, and subsequently patients will be able to change.

“Environmental and societal factors hinder people from changing their behaviour, they’re fighting a losing battle.”
Beliefs about the intervention consequences

Doubt about the intervention outcomes in terms of changing behaviour (lack of evidence, lack of confidence in patients making changes).

“Whether it makes any difference at all to their lifestyle - as we know from the evidence, it doesn’t. In fact, it makes things worse... it’s just a waste of time.”

Beliefs about the intervention’s consequences were closely linked to HCPs emotions towards implementing the intervention.
The health check programme consists of several steps

Difficulty in implementing all the health check steps within one consultation.

A further challenge was described in terms of discussing the results of the checks’ several components, including CVD-risk score, in limited time.

“I think it’s virtually an impossible explanation to give. To say somebody, “You have a risk in the next decade of dying,” it’s impossible. It’s just impossible to say to somebody, “Your QRISK is...this is based on a population sample.”
Conclusions

- There were doubts about the effectiveness of behaviour change interventions in primary care.

- Greater emphasis on promoting behaviour change through supportive environments and external lifestyle services may improve intervention outcomes.