Using Normalization Process Theory to facilitate sustainable practice change: the MOVE family violence screening trial in Maternal Child Health nurse clinics.

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CRICOS Provider 00115M

Background / rationale

Intimate partner violence

Significant, wide spread public health issue (Garcia-Moreno et al., 2006; WHO, 2013)

17% Australian women experience some form of violence in lifetime (ABS, 2012)

Risk increased in child bearing years (ABS, 2012)

Screening for intimate partner violence

Screening controversial- limited evidence for universal screening, but some support for targeted screening, for example with pregnant women (Taft et al., 2013; WHO, 2013)

Screening rates low ~15-30% (Stayton & Duncan, 2005)

Identified barriers to screening (Beynon et al., 2013; Feder et al., 2009)

Background / rationale

Sustainable family violence screening

Greater identification and support for abused women needed

Achievable through sustained screening and care

Limited research on sustainability of screening programs (O'Campo et al., 2012; Taft et al., 2013)

Implementation theory can facilitate sustainability of complex interventions such as **MOVE** (May & Finch, 2009)

Improving Maternal & Child Health nurse care for vulnerable mothers

MOVE: An MCH nurse-designed model of care for recent mothers experiencing family violence

MOVE design: Cluster randomised controlled trial

MOVE context: Victorian MCH service

MOVE aims:

That more MCH nurses in the MOVE than comparison arm:

- Screen for family violence
- Have mothers disclose/discuss violence (safety plans)
- Refer abused mothers to appropriate support agencies

To measure family violence prevalence among mothers attending MCH centres and identify any harm from screening

What is MOVE?

move

Improving maternal & child health care for vulnerable mothers

Normalization process theory
(May et al 2009)
http://www.normalizationprocess.org/

Intervention Nurse consultant input (PAR)

Consensus model for IPV screening and referral care

Nurse and stake-holder Feedback: Interim/Impact

Multi-method RCT evaluation

Systematic review

***Government data retrieval**
***Women's outcomes survey (10,000 women)**

What is NPT?

"Normalization Process Theory provides a conceptual framework for understanding and evaluating the processes (implementation) by which new health technologies and other complex interventions are routinely operationalized in everyday work (embedding), and sustained in practice (integration)"
(May et al., 2010)

What is NPT?

A social theory to describe ACTION or ***work*** performed (Finch et al., 2013)

Work of implementation is operationalised through four mechanisms

Four constructs / principles

- Coherence - sense making work
- Cognitive participation - participation work
- Collective action - enacting work
- Reflexive monitoring- appraisal work (May, 2009)

Using NPT to ...solve complex implementation problems

How did MOVE use implementation theory and knowledge exchange process to enhance implementation and sustainable practice?

Normalization Process Theory

- Design
  - *PAR used concepts to frame questions for MCH teams to discuss and feedback once a month*
- Implementation
  - *Intervention model incorporated strategies for all four constructs*
- Evaluation
  - *Online survey and interviews designed and analysed around NPT constructs*

Using NPT in MOVE

Design

- Using NPT to think through issues of implementation when planning and designing the RCT
- Participatory action research with 4 intervention group MCH nurses during the design phase (6 months)
- MCH nurses co-designed resources and considered all four NPT constructs

E.g. Coherence- is the MOVE intervention easy to describe? is it clearly distinguished from the usual screening at 4weeks? Will it fit with the existing goals and activity within the LGA?

Intervention model

NPT used in the development of the actors roles eg. NM/TL/ FVLW and the recommendations in the MOVE Clinical Practice Guidelines used during the intervention

- **Coherence-** NM role, team discussion, recommended opportunities for rehearsing scenarios
- **Cognitive participation-** nurse generated checklist, screen at 3-4m fits with existing framework, links with FVLW/NM
- **Collective Action-** TL provides ongoing training new grads/staff, nurses safety procedures, TL link to organisational context, enacting resources
- **Reflexive monitoring-** team leader / NM tasks chart audits, client surveys, access to clinical supervision

MOVE results

- MOVE teams inquired at higher rates (53.9% cf 23.9%)
- MOVE teams trebled the rate of safety planning (4.2% cf 1.4%)
- No difference in referral rates which were low
- 12.6% women reported partner violence in the past 12 months (CAS)
- No harm identified

Implications for policy and practice

A nurse designed, theory informed model can increase FV inquiry and treble safety planning rates, but not referrals

Process evaluation using NPT

NPT based process evaluation in MOVE- How do we explain our results?

- All NPT constructs incorporated into the construction of the nurse survey questions and key stakeholder interviews

e.g. **Coherence** measures in survey questions

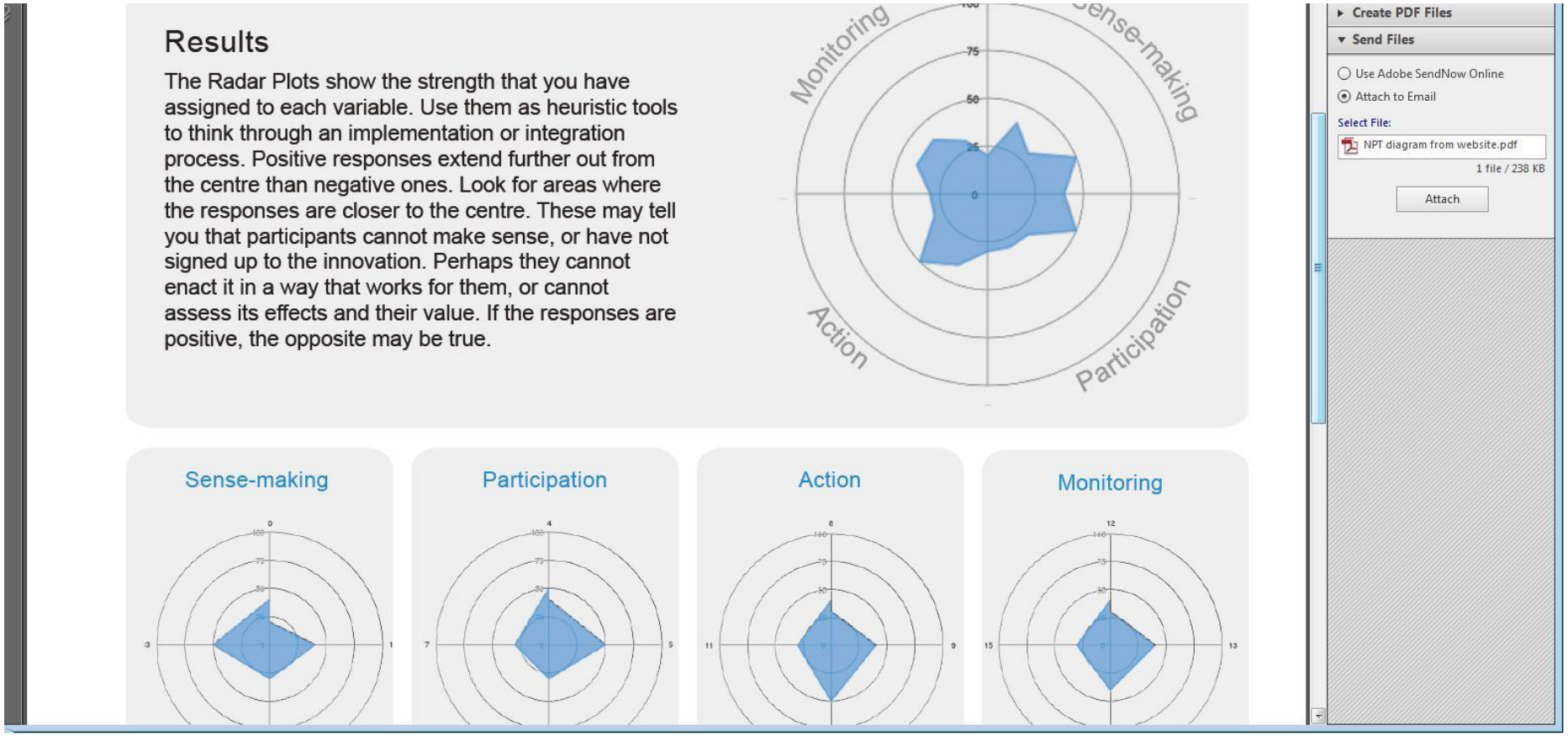
- It is important to screen all women for FV
- MCH nurse interventions can make a difference to the lives of women and children experiencing FV
- It is part of my job to have the time to support women experiencing FV

Process evaluation using NPT cont.

Analytic triangulation using NPT

- Inductive, then deductive coding to NPT
- Contextual proposition statements linked to NPT constructs
- Ideal vs Real conditions for normalization of the MOVE model
- Use of NPT tool kit
  http://www.normalizationprocess.org/

NPT tool kit - http://www.normalizationprocess.org/



MOVE 2-Two year follow up study of MOVE

Are MCH nurses continuing to use the MOVE model and screen/support women and children experiencing abuse, two years on from MOVE?

Data collection

- Routine screening, safety planning and referral data from LGAs
- Online MCH nurse survey
- 14 stakeholder interviews

Preliminary results

Has our comprehensive implementation plan paid off?

Sustained safety planning- MOVE 2

	MOVE year (T0) n =22,888 clients		Two years post MOVE (T2) n =24,656 clients	
	Safety plans	Referrals	Safety plans	Referrals
MOVE teams	**4.2 %** (962)	**0.6 %** (143)	**5.9 %** (1452)	**0.9 %** (225)
Comparison teams	**1.4 %** (402)	**0.7 %** (201)	**1.4 %** (415)	**0.9 %** (263)

Conclusion

Sustainable FV screening and improved outcomes using NPT

MOVE successful outcomes in part due to:

- established partnerships with knowledge users
- participatory action research
- evidence based, strong design
- incorporation of an implementation theory (NPT) into all stages of the trial

Theory informed, nurse centred model has led to improved and sustained outcomes in areas such as

- Nurse - client interaction
- Increased and sustained safety planning with women
- Collaboration with FV services

Acknowledgements

Participating MCH Nurse Teams:

Maribyrnong, Melton, Moreland , Hobson's Bay, Brimbank, Darebin, Whittlesea and Yarra

Participating Family Violence Services:

Women's Health West

Berry Street Family Violence services

move

Improving m
& child heal
for vulnerabl

Funding:

Australian Government
Australian Research Council

VicHealth

Supported by the Victorian Government

Victoria
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Thank you

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