

Facilitating Primary Care Practitioners to Improve Outcomes for People With Oropharyngeal Dysphagia Living in the Community: An Ongoing Realist Review

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Abstract : Introduction: Oropharyngeal Dysphagia (OD) affects around 15% of older people, however it is often unrecognised and under diagnosed until they are hospitalised. There is a need for primary care healthcare practitioners (HCPs) to assume a proactive role in identifying and managing OD to prevent adverse outcomes such as aspiration pneumonia. Understanding the determinants of primary care HCPs undertaking this new behaviour provides the intervention targets for addressing. This realist review, underpinned by the Theoretical Domains Framework (TDF), aims to synthesise relevant literature and develop programme theories to understand what interventions work, how they work and under what circumstances to facilitate HCPs to prevent harm from OD. Combining realist methodology with behavioural science will permit conceptualisation of intervention components as theoretical behavioural constructs, thus informing the design of a future behaviour change intervention. Furthermore, through the TDF's linkage to a taxonomy of behaviour change techniques, we will identify corresponding behaviour change techniques to include in this intervention. Methods & analysis: We are following the five steps for undertaking a realist review: 1) clarify the scope 2) Literature search 3) appraise and extract data 4) evidence synthesis 5) evaluation. We have searched Medline, Google scholar, PubMed, EMBASE, CINAHL, AMED, Scopus and PsycINFO databases. We are obtaining additional evidence through grey literature, snowball sampling, lateral searching and consulting the stakeholder group. Literature is being screened, evaluated and synthesised in Excel and Nvivo. We will appraise evidence in relation to its relevance and rigour. Data will be extracted and synthesised according to its relation to Initial programme theories (IPTs). IPTs were constructed after the preliminary literature search, informed by the TDF and with input from a stakeholder group of patient and public involvement advisors, general practitioners, speech and language therapists, geriatricians and pharmacists. We will follow the Realist and Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) quality and publication standards to report study results. Results: In this ongoing review our search has identified 1417 manuscripts with approximately 20% progressing to full text screening. We inductively generated 10 IPTs that hypothesise practitioners require: the knowledge to spot the signs and symptoms of OD; the skills to provide initial advice and support; and access to resources in their working environment to support them conducting these new behaviours. We mapped the 10 IPTs to 8 TDF domains and then generated a further 12 IPTs deductively using domain definitions to fulfil the remaining 6 TDF domains. Deductively generated IPTs broadened our thinking to consider domains such as 'Emotion,' 'Optimism' and 'Social Influence', e.g. If practitioners perceive that patients, carers and relatives expect initial advice and support, then they will be more likely to provide this, because they will feel obligated to do so. After prioritisation with stakeholders using a modified nominal group technique approach, a maximum of 10 IPTs will progress to test against the literature.

Keywords : behaviour change, deglutition disorders, primary healthcare, realist review

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