



## TOPIC GUIDE: HEALTH PROFESSIONALS

### Section 1. Normalisation Process Theory for implementing interventions

'I'm going to ask you some questions about the hydrotherapy intervention and the service here'

#### *Coherence (meaning and sense-making by professionals):*

Is the intervention easy to describe when you're talking to patients and professionals?

Is it clearly distinct from other interventions?

Does it have a clear purpose for patients and professionals?

Do you think patients and professionals have a shared sense of its purpose?

What benefits do you think the intervention will bring; to whom?

Are these benefits likely to be valued?

Does the intervention fit with the overall goals and activity of your organisation?

#### *Cognitive participation (commitment and engagement by professionals)*

Do patients and professionals think the hydrotherapy service is a good idea?

Do they see the point of the hydrotherapy service?

Are patients and professionals prepared to invest time, energy and work in it?

#### *Collective action (the work professionals and patients do to make the intervention function)*

How has the hydrotherapy service affected your work;

What effect has it had on your consultations and communication with patients and carers?

How does it impact on the way that health professionals in the unit relate to each other?

How compatible is the trial with existing work practices?

Does it seem to be the right thing to be doing?

It is perceived as valid... as useful?

Who needs to be involved in hydrotherapy?

How do we get them informed them and link up with them?

Does rolling out a hydrotherapy service mean health professionals learning new skills or doing things differently?

Do all individuals involved in hydrotherapy have the right set of skills?

What impact does the hydrotherapy service have on:

the division of labour in your unit

resources

responsibility between different professional groups?

Does a rigorous protocol for hydrotherapy challenge professional autonomy over working practices?

Does the hydrotherapy service impact on case load and allocation of work?

Who has the power to make the hydrotherapy service happen?

Do you think the system wants the hydrotherapy service to happen?

Do we need to and, if so, how can we divert resources to the hydrotherapy service?

#### *Reflexive Monitoring (professionals reflect on or appraise the intervention)*

How are users likely to perceive the intervention once it's been on-going for a while?

Is it likely to be perceived as advantageous for patients or staff?

Will it be clear what effects the intervention has had?

Can patients and professionals contribute feedback about study procedures?

Can the intervention procedures be adapted/improved on the basis of experience?

‘Thank you, is there anything else you want to say about the hydrotherapy service?’

## **Section 2. Normalisation Process Theory for optimisation of trial parameters**

‘I’m going to ask you some questions about the trial and its procedures now’

‘First of all, do you have any general comments about the trial?’

### ***Coherence (meaning and sense-making by professionals):***

Is the trial easy to describe when you’re talking to patients and professionals?

Is it clearly distinct from other trials?

Does it have a clear purpose for patients and professionals?

Do you think patients and professionals have a shared sense of its purpose?

What benefits do you think the trial will bring; to whom?

Are these benefits likely to be valued by professionals and patients who might take part in the main trial?

Does the trial fit with the overall goals and activity of your organisation?

### ***Cognitive participation (commitment and engagement by professionals)***

Do patients and professionals think the trial is a good idea?

Do they see the point of the trial easily?

Are they prepared to invest time, energy and work in it?

### ***Collective action (the work professionals and patients do to make the trial function)***

How do the trial procedures affect your work; do they promote or impede it?

What effect has the trial had on your consultations?

Does participation in the trial require extensive training for staff involved?

How compatible is the trial with existing work practices?

What impact does it have on division of labour, resources, power, and responsibility between different professional groups?

### ***Reflexive Monitoring (professionals reflect on or appraise the trial)***

How are users likely to perceive the trial once it’s been on-going for a while?

Is it likely to be perceived as advantageous for patients or staff?

Will it be clear what effects the study has had?

Can users/staff contribute feedback about study procedures?

Can the study procedures be adapted/ improved on the basis of experience?

‘Thank you, have you got any other comments you’d like to make?’