

A qualitative analysis of health professionals' and managers' definitions of 'developmentally appropriate healthcare for young people'.

AUTHORS:

Albert Farre^{1 2}, Victoria Wood³, Tim Rapley³, Jeremy R Parr⁴, Debbie Reape⁵, Janet E McDonagh⁶

¹ Institute of Applied Health Research, University of Birmingham

² Research and Development, Birmingham Children's Hospital NHS Foundation Trust

³ Institute of Health and Society, Newcastle University

⁴ Institute of Neuroscience, Newcastle University

⁵ Northumbria Healthcare NHS Foundation Trust

⁶ Centre for Musculoskeletal Research, University of Manchester

* This presentation summarises independent research funded by the National Institute for Health Research (NIHR) under the Programme Grants for Applied Research programme: RP-PG-0610-10112. The views expressed in this paper are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

BACKGROUND

The IDAHO study:

- explores factors that enable or inhibit the introduction of Trust-wide **developmentally appropriate healthcare for adolescents and young adults (AYA)**
- **ethnographic** research, including non-participant observation and formal interviews
- Focus on **professionals** (clinicians and managers), **teams** and healthcare **organisations** rather than patients

DATA

- **3 hospitals** across England: paediatric tertiary; adult tertiary; district general
- **103 health professionals** and **72 managers** involved in non-participant observations in clinics, wards and meetings
- formal face-to-face **interviews** with 41 health professionals and 24 managers
- fieldwork across **6 areas** (General Paediatrics, Rheumatology, Diabetes, Trauma and Orthopaedics, Emergency care and Outpatients) in addition to **other locally relevant** specialties, departments and settings

BACKGROUND

- DAH has been described as a key principle underpinning the practice of adolescent medicine (Sawyer & Aroni, 2005; Sawyer, 2003)
- Participants found **difficult to define/describe** DAH

The problem is that you can't define it [DAH]
I think easily (...) So it's very, very difficult as
you can see from me trying to explain
(Health professional, paediatric hospital)

- **Scoping review:**
 - 62 articles used the term DAH
 - No **consistent use** and clear **definition** of the term in the literature

(Farre *et al*, 2015)

OBJECTIVES

1. To explore how **health professionals** and **managers** across institutions who work with young people seek to define DAH.
2. To identify the range of **conceptual dimensions** present in their definitions.

METHODS

- Theme '**conceptualisations of DAH**' was set aside and subjected to **further focused analyses**
- Theme included relevant **field notes** and **interview transcripts**
- **Interview data** were coded and **observational data** were used to inform coding framework and data interpretation.
- **Concept map** and **team data sessions**.
- Coding **refinement** and **team discussions** to establish findings.

RESULTS

- Some participants did **not recognise DAH** as a concept, were unable to offer any specific ideas, or were unable to provide a definition.
- Most of those who were familiar with the concept, found it **difficult to define/describe** DAH.
- Participants provided a **wide range** of definitions/descriptions.
- A core set of 5 **conceptual dimensions** was identified across the definitions and descriptions of DAH that participants provided.
- Some **controversies** were also identified within most dimensions.

RESULTS

Conceptual domains of DAH:

1. Bio-psycho-social development and holistic care →
2. Acknowledgement of AYA as a distinct group →
3. Adjustment of care as the young person develops →
4. Empowerment of the young person by embedding health education and health promotion →
5. Interdisciplinary and inter-organisational work →

CONCLUSIONS

- There is a **lack of a generalised definition of DAH** among health professionals and managers in the UK.
- Despite the wide range of definitions provided by participants, there was a set of **five core interrelated dimensions of DAH** that could be identified:
 1. Bio-psycho-social development and holistic care.
 2. Acknowledgement of AYA as a distinct group.
 3. Adjustment of care as the young person develops.
 4. Empowerment of the young person by embedding health education and health promotion.
 5. Interdisciplinary and inter-organisational work.
- The results can help provide a **foundation to establish a formal definition** of DAH for AYA.

THANKS

to all AYA and parents that kindly agreed to take part in the observations

to all clinicians that took part in the study either by allowing us to interview them or observe them in action (or both)

and to all members of staff who helped us to access and arrange all these

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