

Clinician perspectives on the feasibility of implementing SBI in cardiology services in Sweden: A qualitative study

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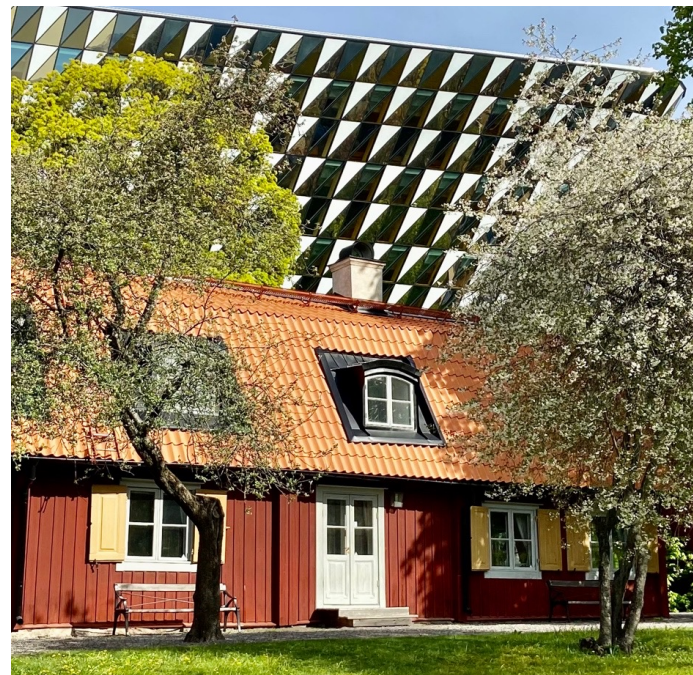
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Researcher characteristics



Scribble maps: L6jrGDu5c7

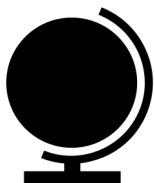


**Karolinska
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Conflicts of interest: none

Background:

Cardiovascular diseases



- Leading cause of morbidity and mortality
- Ischaemic heart disease, arrhythmia, heart failure, stroke
- Primary and secondary prevention key to global public health strategy

Implementation gap

“restrict alcohol consumption to $\leq 100\text{g}$ per week”

“inquire about alcohol in every medical evaluation”



ESC

European Society
of Cardiology

“inform patients that alcohol is energy-dense”

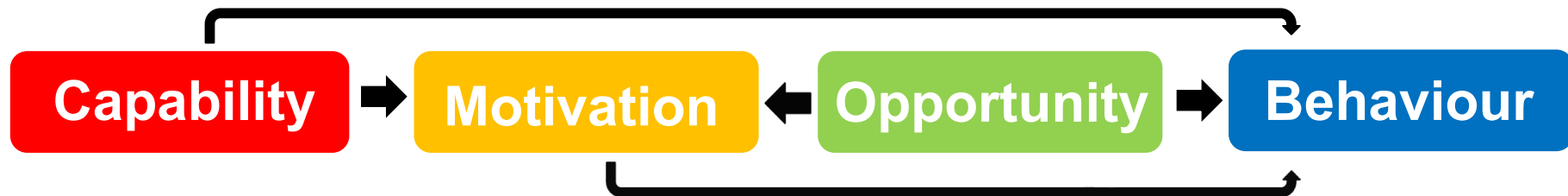
Aim and research question

- To identify barriers and facilitators to implementing alcohol screening and brief interventions (SBI) in cardiology services
- How do clinicians view the feasibility of implementing SBI in cardiology services?



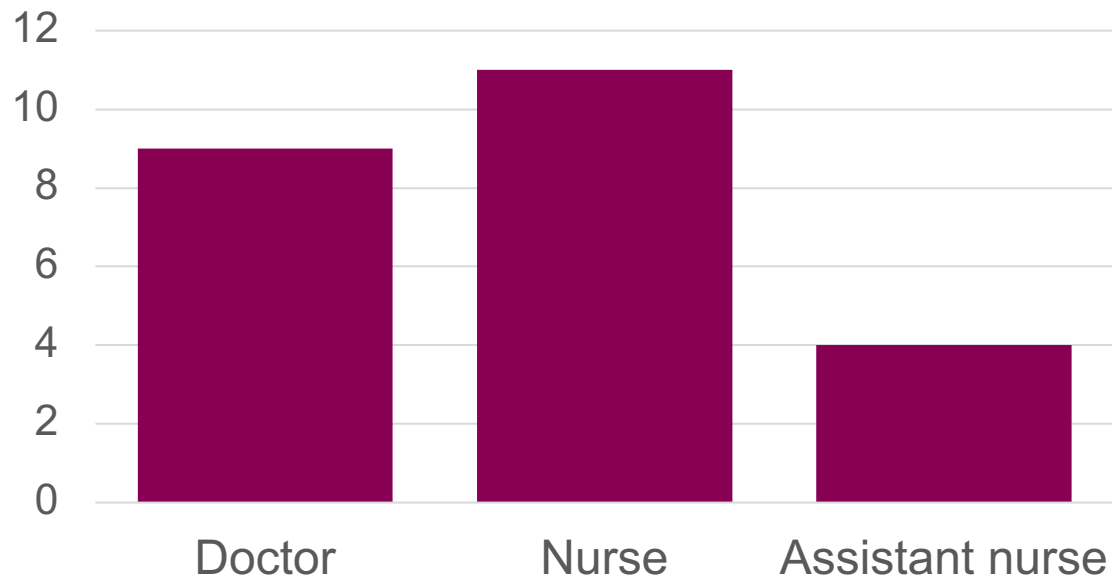
Methods

- Individual, semi structured interviews
- Purposive sample of cardiology clinicians
- Variation in profession, experience and workplace
- Reflexive thematic analysis, applying **COM-B** system

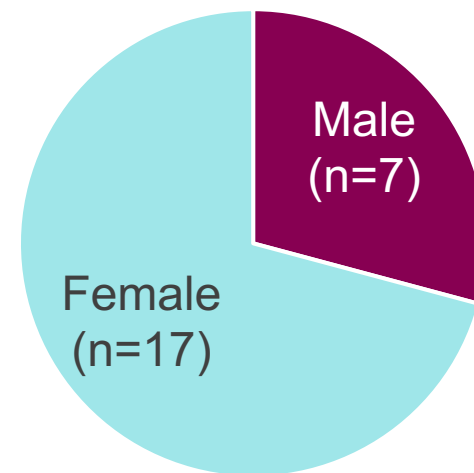


Participants (N=24)

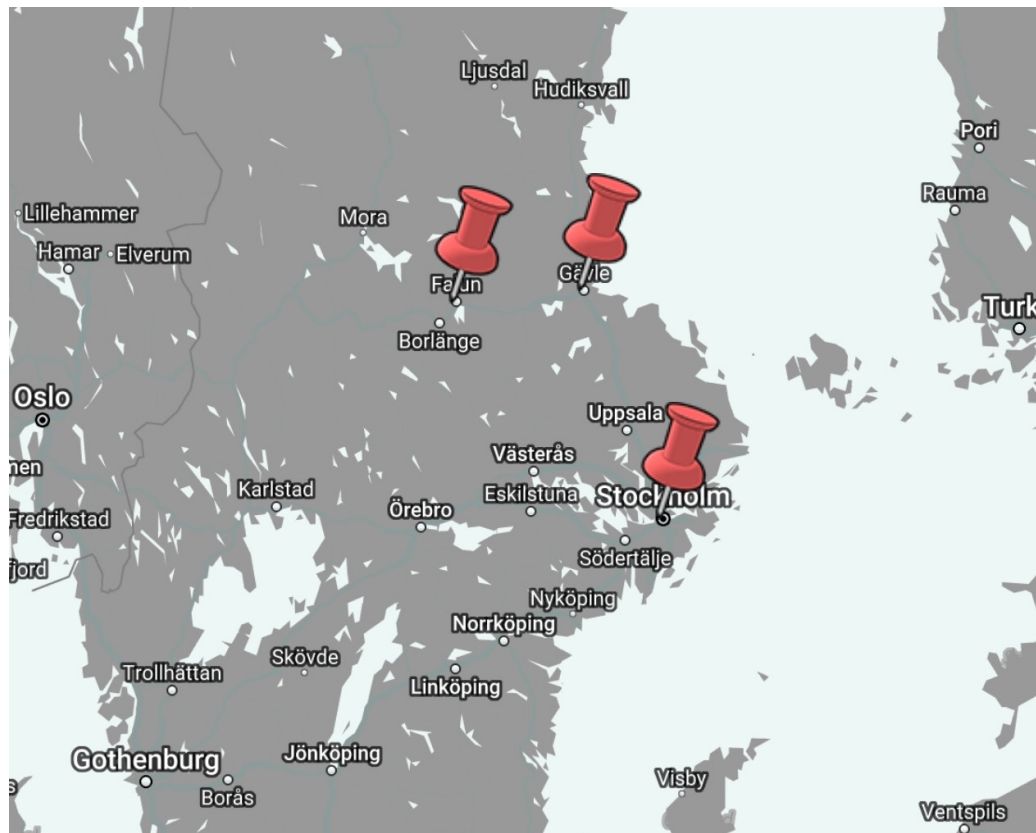
Profession



Sex



Study setting

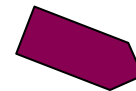


Results – codes and themes

Capability



6 barriers
5 facilitators



Opportunity



5 barriers
4 facilitators



Motivation



13 barriers
7 facilitators



**4
themes**

Theme 1: Uncharted territory

Seeing a need for action in addressing alcohol use but lacking a roadmap for the implementation of SBI within cardiology

*“It’s very rare that I go to one of the specialists and they ask... I don’t think they have ever said, “yes, and alcohol consumption?”
(Marcus, junior doctor)*



(names are pseudonyms)

Theme 1 continued: Uncharted territory

Limited awareness
of key concepts
E.g. Hazardous
drinking vs. alcohol
dependence



“I’m not sure that we have a clear structure on what to do when someone has hazardous [alcohol] use – I don’t really have any tools. We are probably better at dealing with other risk factors.”
(Kristina, mid-grade nurse)

Theme 2: Cardiology as a cardiovascular specialty

Prioritizing tasks according to established roles. E.g., managing acute cardiovascular instability and ‘traditional’ cardiovascular risk factors

“It’s more important to address diet, exercise and smoking. [...] Even if alcohol is discussed, it’s not something that you push as much.” (Johanna, senior nurse)



Theme 2 continued: Cardiology as a cardiovascular specialty



“We doctors are more focused on the various medications and other treatments that are available. Cardiology nurses work more with non-pharmacological methods and lifestyle factors.” (Filip, consultant cardiologist)

Theme 3: Alcohol stigma

A sensitive topic which staff avoid discussing due to perceived social undesirability. Emphasis on building therapeutic alliance, label avoidance



“The word ‘alcohol’ is somewhat loaded. When you have created a relationship with a patient [...] you care so much about that relationship that you do not want to risk harming it.” (Karin, consultant cardiologist)




Theme 4: Window of opportunity

Opportunities such as patients' increased motivation for change following cardiovascular events and scope for follow up within routine cardiology care.



“Patients who have had heart attacks are usually very motivated. [...] They have repeated follow-up appointments – so the next time they come, you can ask, “how’s it going with alcohol?” (Amanda, senior nurse)

Conclusions and implications

- Clinicians see a need for SBI 
- Opportunities exist within routine cardiology care 
- Several barriers must be addressed 
- Strategies may include:
 - Senior clinician engagement
 - Improved clinical pathways
 - Clinicians dedicated to alcohol prevention in cardiology services



Thank you



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