RON INTERNATIONAL NURSING
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A modified, real-time technological Delphi study: collaborating with health visitors to

Content

Guidance on conducting a Delphi study Basic principles and procedures Challenges of conventional Delphi

Modifications

Process

Examples of findings

Some of the benefits, challenges and limitations of a modified, real-time technological Delphi

4 basic principles of a Delphi technique

Anonymity

Iteration

Controlled feedback of responses to all group members

responses

Belton et al (2019)

Planning & Design

Conventional Delphi (part 2)

The optimum number of rounds required to maintain engagement of participants is 2-3, with 2 rounds considered sufficient when the items are prepared in advance by the researcher e.g from literature reviews (Trevelyan & Robinson, 2015).

Whilst there are variations in the definition of consensus, the expectation is usually that at least 70% of panelists concur that the item (whatever it is) should be included.

Challenges of conventional Delphi technique

The potential for the production of an unmanageable number of items if these items are generated by the participants

Participant uncertainty regarding whether their contribution will make a difference

Variable interpretation by the participants of the items under consideration with limited or no opportunities for darification and discussion

Lack of individual accountability for the views expressed that might predispose to poorly considered or flippant contributions

The delay between rounds of responses that can undermine motivation and participation and leads to high rates of attrition and

Concern that the process stifles innovation and potentially leads to an outcome that represents

(Goodman, 1987; Foth et al, 2016)

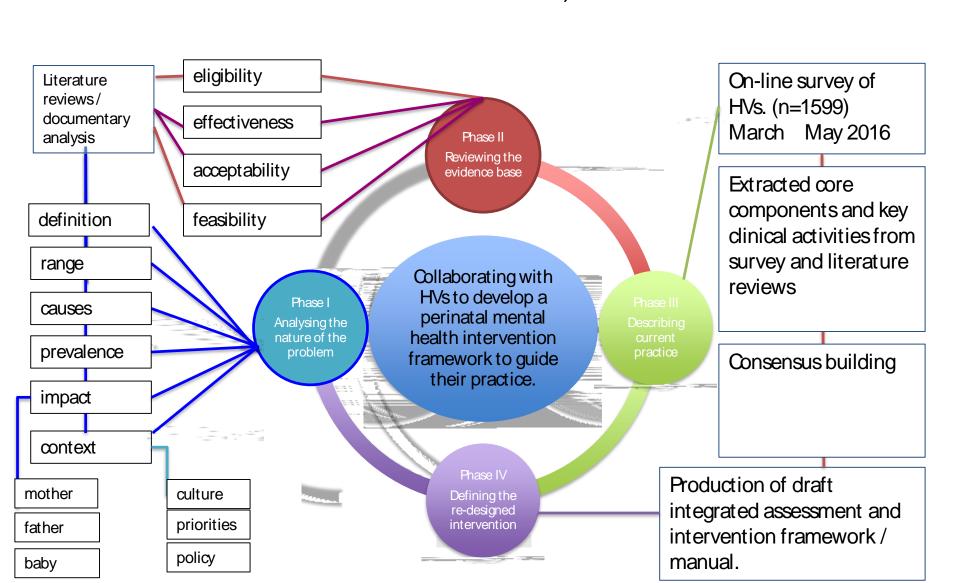
Reasons for choice of Delphi method

The central premise of the Delphi method is the use of experts to generate consensus when there is insufficient or conflicting evidence and diverse opinions about the best course of action to take (Hetcher & Marchildon, 2014).

explore an area of future thinking that goes Iqbal &

Pipon-Young, 2009. p 599)

My Research:
A multi-phase mixed methods study
(MRC Guidance for the development and evaluation of complex interventions)



Aim of this Delphi approach

To generate agreement from a group of expert HVs regarding the components that should be included in a HV-

Modifications

2. Face-to-face feedback

The principle modification involves the use of an audience response voting system that allows for real-time, face-to-face, semi-anonymised voting (Aw et al, 2016).

Avella (2016) maintains that anonymity and feedback are the two main characteristics of Delphi studies.

Keeney et al (2011) state that there are both advantages and disadvantages to anonymity and that it is not required in a modified Delphi approach.

McKenna (1994), who used one-to-one interviews in the first round of Delphi study, felt that nurturing the relationship with the participants increased the likelihood of ongoing commitment.

In non real-time, non face-to-face studies involving several rounds of participant involvement there are often high attrition rates so the benefit of feedback is lost (Trevelyan & Robinson, 2015).

Providing an opportunity to discuss rather than ignore disagreements may help to retain dissenters and avoid the creation of artificial consensus amongst the remaining panelists (Retcher & Marchildon 2014; Brady, 2015).

Participants

An established group of expert HVs (n = 27), all members of the IHV North East England perinatal and infant mental health network, were recruited to participate in a collaborative, systematic consideration of the conceptual framework and the potential constituent elements of the proposed model of care (the re-designed LV intervention).

There are a range of suggestions regarding the optimum number of experts that should be include in a Delphi exercise although smaller panels (15 30) are acceptable for homogenous groups (Clayton, 1997)

Data collection

Over a period of six 3 hour face-to-face meetings distributed over 18 months between Jan 2016 and June 2017, the expert group of HVs were introduced to the study and presented with powerpoint slides containing summary information regarding the potential components of feasible, acceptable and effective interventions derived from the previous phases of research.

The first meeting was an introductory session to explain the purpose of the research, provide participant information sheets and secure written consent.

Meetings 2-4 provided opportunities for voting.

Meeting 5 was for presentation of the findings, in the form of a guide for practice, to the group of experts.

Meeting 6 was to glean feedback from the experts who had shared the guide with their work-based colleagues.

Procedure

intervention components were linked to audience response voting pads.

Each participant was given a voting pad and votes were registered electronically for all the questions.

The response distribution for each question was represented to the expert group for review and re-voting at the subsequent meeting. Consensus was pre-set at 70%

At the first meeting participants were also given an exercise book to record any additional anonymous comments or thoughts.

Data analysis

Responses to the questions posed were automatically recorded as frequency distributions by the Turning point technology software.

1. What do you think are the key elements that

themselves for the first time?

- A. Qualified nurse with 1 year additional training
- B. Primary focus is the health, development, well-being and safety of all children under 5
- C. Concerned with the health and wellbeing of all family members
- D. Especially mothers
- E Have been trained in aspects of both physical and emotional well-being so mothers can talk to them about anything that they are worried about

F.

1st Delphi meeting Nov 2016

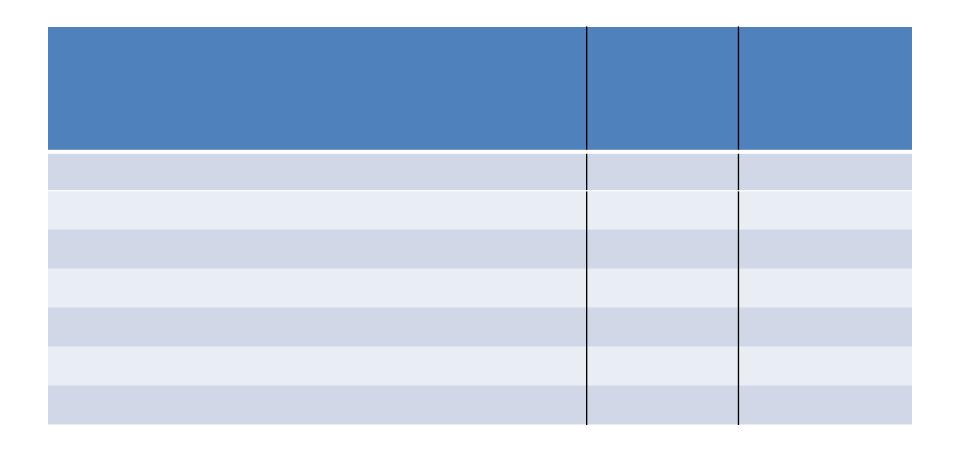
introducing themselves for the first time? (Multiple Choice	

How many visits should be included in a HV package of care and how should they be offered? (1 option)

- A. 8
- B. 6
- C. 4+4
- D. 1+6
- E 2+6
- F. 2+4
- G. Other (scribble away)

440/

1st Delphi meeting Nov 2016



Benefits (1)

Most HVs do not have sufficient time to explore the literature that informs the multiple facets of their practice;

Findings from the survey indicated that many of the respondents were uncertain about the evidence-based provenance of the intervention they were offering to mothers with MHPs;

The lack of clarity and agreement about the purpose, content and frequency of the intervention HVs were offering meant that HVs did not feel competent or confident in what they were doing or the outcomes expected or achieved;

A real-time technological Delphi study provided an opportunity to share and discuss evidence-based information on feasibility, acceptability and effectiveness and ensure that the guide for practice was compatible with the professional ethos of HVs and supported the concepts of informed choice, shared decision making and family-centred care.

Challenges

References (1)

Avella JR (2016). Delphi panels: Research design, procedures, advantages, and challenges. International Journal of Doctoral Studies 11: 305-321.