Applied Equity Example: Normalization Process Theory

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Complementary article: Latif A, Tariq S, Abbasi N, Mandane B. Giving voice to the medically under-served: a qualitative co-production approach to explore patient medicine experiences and improve services to marginalized communities. *Pharmacy*. 2018;6(1):13. https://doi.org/10.3390/pharmacy6010013

Overview: The purpose of this project was to qualitatively assess the implementation experience of a co-produced digital educational approach that aimed to improve the provision of medicine use reviews for medically underserved groups within the National Health Service (NHS) in England. Normalization process theory (NPT) was used to identify, characterize, and explain factors that facilitated or inhibited the embedding of the intervention into community pharmacies. The analysis presented in this article was part of a larger assessment including the complementary article. The qualitative analysis captured the perspective of pharmacy professionals and medically underserved community members.

Population: Underserved community members served by the NHS and pharmacy professionals

Topic: Medication management

Setting: NHS-funded community pharmacies in Nottinghamshire, England

Socio-ecological level(s): Organization Sector(s): Community pharmacy

Type of study: Qualitative

Implementation stage: Implementation

Health equity dimension(s): Marginalized groups

Implementation strategies: Digital education intervention for pharmacy professionals

Dissemination and Implementation Science Framework: Normalization Process Theory

How TMF is operationalized: The authors used Normalization Process Theory (NPT) to explore the impact of e-learning on the process of normalization of medicine use reviews for underserved community members in professional practice. The four NPT constructs (coherence, cognitive participation, collective action, and reflexive monitoring) were used to code interviews and report on the perspective of pharmacy professionals.

How equity is applied: The purpose of the study was to understand the implementation experience of an e-learning approach aimed at improving pharmacy professional's implementation of medicine use reviews for people from medically underserved groups. The authors captured pharmacy professionals' perspectives on incentives and challenges for normalization of the intervention in their workplace. The quotes presented in the article

showed that, while some pharmacy professionals were motivated by the digital learning tool to provide medicine use reviews for medically underserved community members, pharmacy professionals explained reasons that they found it challenging to do so. Patients' perspectives were captured in a section of the results titled "Towards equity". Patients' spoke about social determining factors that presented barriers to receiving care and shared that additional outreach services were needed and that government cut-backs to local services led to fewer resources to meet patient need.

Contribution to Dissemination and Implementation Science: This is an example of a co-design approach that was designed to improve delivery of a service to medically underserved people. The application of NPT to the perspectives of pharmacy professionals helped point to how an intervention may increase implementers' awareness and motivation to engage with marginalized community members, while at the same time showed structural barriers that limited implementation of the service. The authors' identification of a target-driven culture that does not include incentives for pharmacists to recruit members of medically underserved groups is an important conclusion that may be relevant to many D&I projects.