

Theory to Action & Multilevel Interventions

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Thoughts on Theory

Grand Theory

- all encompassing
- applicable to many phenomenon
 - variety of settings
 - variety of populations
 - variety of diseases/risk behaviors
- concepts of a grand theory may lack operational definitions
- Examples
 - Bronfenbrenner's Ecological Model
 - Health Belief Model

Thoughts on Theory

Grand Theory

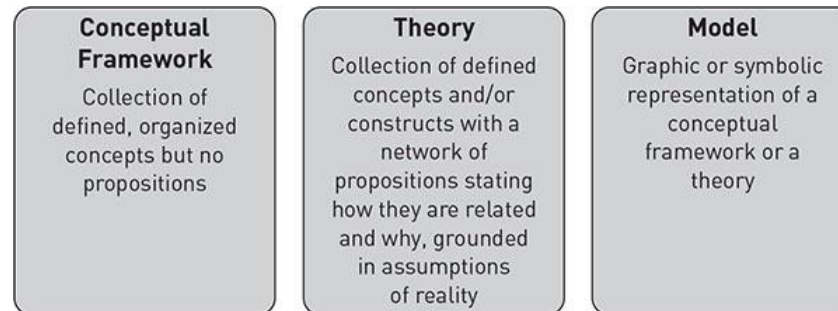
- all encompassing
- applicable to many phenomenon
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- Examples
 - Bronfenbrenner's Ecological Model
 - Rosenstock et al's Health Belief Model
 - Prochaska & DiClemente's Stages of Change

Middle Range Theory

- **more specific** than grand theory
- **concrete concepts** that are operationalized
- **goals and outcomes are defined**
- Examples
 - AIDS Risk Reduction Model (Catania)
 - Stigma Models/Framework: Corrigan, Holzemer, Rintamaki, Sayles, Turan

Thoughts on Theory

- **Framework:** *logical structure of meaning* that *guides a study* based on *identification of key concepts*
- **Concept:** the name of *a phenomenon constituting part of a framework* (example, perceived risk)
- **Construct:** a *form of concept* at the *highest level of abstraction* (example, stigma)
- **Variable:** a more *concrete concept* that is *narrow in definition and measurable* (example: adherence, self-esteem)
- **Conceptual Framework**
 - logical and sequential
 - frequently used when existing theory is inapplicable, insufficient
 - intended to provide context, help explain observations and relationships



Sue L. T. McGregor Published (2018). Conceptual Frameworks, Theories, and Models (chapter 3). In, *Understanding and Evaluating Research: A Critical Guide Book*. Sage Publications (DOI: <https://dx.doi.org/10.4135/9781071802656.n3>)

Labda Siku Moja

Sauti za Wanawake Wanaoishi na VVU



Cultural and Linguistic Intervention Adaptation for Tanzania
Maybe Someday, the Voices of Women Living with HIV



Keeping It a Secret



Protecting My Children



Telling My Friends



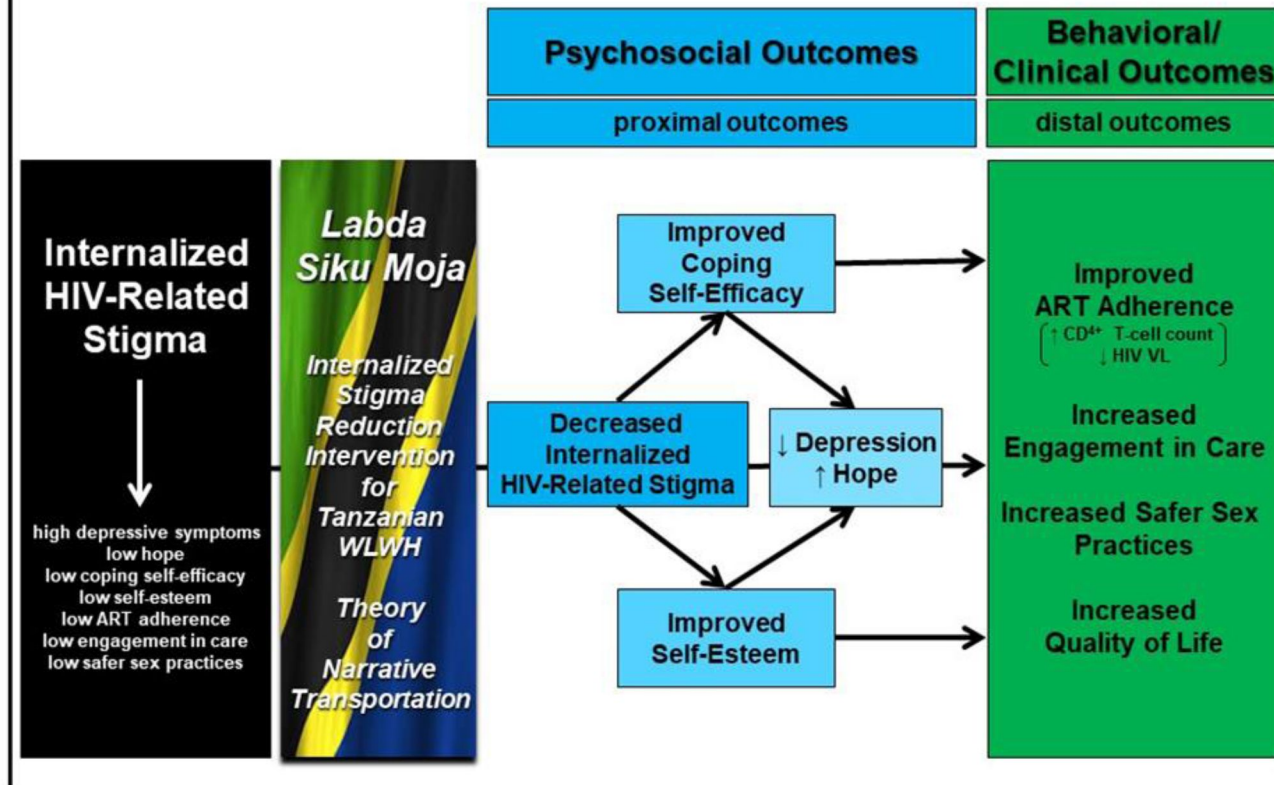
I'm Not a Bad Person



Planting a Garden

Conceptual Model (Framework)

Figure 1. *Labda Siku Moja* Conceptual Model:
Outcomes of an Internalized HIV-Stigma Intervention for Tanzanian WLWH.



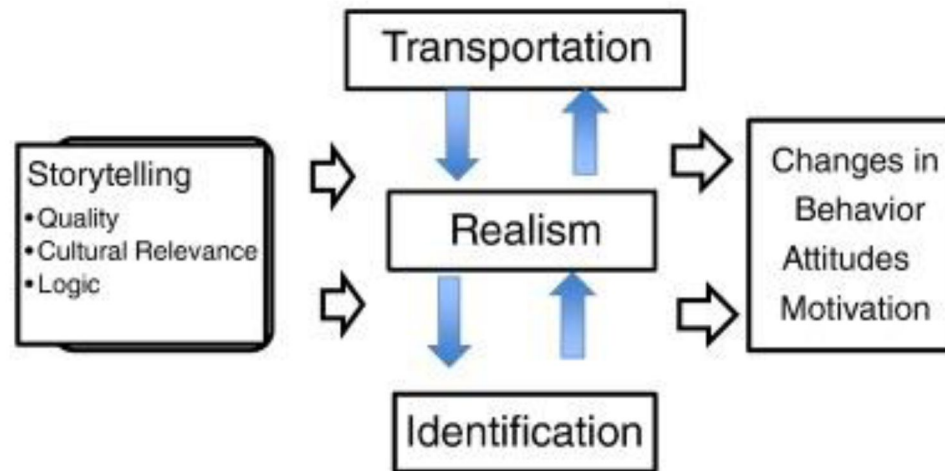
Theory of Narrative Transportation

Storyteller

identifiable character(s)
imaginable plot/story
appearance of being true
(verisimilitude)

Story Receiver

familiarity with story
attention
transportability



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Storytelling/narrative theory to address health communication with minority populations



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Aim 1: Assess the **acceptability, and areas of necessary adaptation**, of the **internalized stigma reduction intervention, *Maybe Someday***, designed to mitigate the negative effects of internalized HIV- related stigma among **women living with HIV in Tanzania**.

Acceptability of the 5 Ethnodramas of the *Labda Siku Moja* Internalized Stigma Reduction Intervention among Tanzanian WLWH (n = 58).

Factor I: Realistic Transportation	Responses n (%)						Test of Difference	
	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	Geography	Age
PRS1. The stories in the video are realistic and believable.	188 (64.8%)	78 (26.9%)	21 (7.2%)	0 (0.0%)	2 (0.7%)	1 (0.3%)	NSD	NSD
PRS5. Events that have actually happened, or could have happened, are discussed in the video.	179 (61.7%)	82 (28.3%)	13 (4.5%)	2 (0.7%)	10 (3.4%)	4 (1.4%)	NSD	NSD
PRS6. The stories on the video show that women living with HIV or AIDS experience many challenges.	227 (78.3%)	53 (18.3%)	4 (1.4%)	0 (0.0%)	6 (2.1%)	0 (0.0%)	NSD	NSD
PRS8. The stories on the video deal with the kind of very difficult choices people in real life have to make.	186 (64.1%)	66 (22.8%)	17 (5.9%)	1 (0.3%)	15 (5.2%)	5 (1.7%)	NSD	NSD
NTS1. While I was watching the video, I could easily see the stories in it taking place.	210 (72.4%)	62 (21.4%)	14 (4.8%)	3 (1.0%)	1 (0.3%)	0 (0.0%)	NSD	NSD
NTS4. I was mentally involved in the stories in the video while watching.	189 (65.2%)	83 (28.6%)	13 (4.5%)	1 (0.3%)	4 (1.4%)	0 (0.0%)	NSD	NSD
NTS6. I wanted to learn what happened to women after each story ended.	210 (72.4%)	68 (23.4%)	5 (1.7%)	1 (0.3%)	2 (0.7%)	4 (1.4%)	NSD	NSD
NTS8. I found myself thinking of how the women's' lives might have turned out.	201 (69.3%)	73 (25.2%)	10 (3.4%)	1 (0.3%)	5 (1.7%)	0 (0.0%)	NSD	NSD
Factor 2: Personalized Realism & Transportation	Strongly Agree	Agree	Slightly Agree	Slightly Disagree	Disagree	Strongly Disagree	Geography	Age
NTS3. I could picture myself in the stories described in the video.	147 (50.7%)	62 (21.4%)	30 (10.3%)	3 (1.0%)	30 (10.3%)	18 (6.2%)	NSD	NSD
NTS7. The stores in the video affected me emotionally .	74 (25.5%)	46 (15.9%)	42 (14.5%)	7 (2.4%)	64 (22.1%)	57 (19.7%)	NSD	NSD
NTS10. The stories in the video are relevant to my everyday life .	135 (46.6%)	49 (16.9%)	41 (14.1%)	3 (1.0%)	36 (12.4%)	26 (9.0%)	NSD	NSD
NTS11. The stores in the video have changed my life .	110 (37.9%)	72 (24.8%)	33 (11.4%)	2 (0.7%)	52 (17.9%)	21 (7.2%)	NSD	NSD

$\alpha = 0.839$

NSD = no statistical difference

Theoretical Substruction

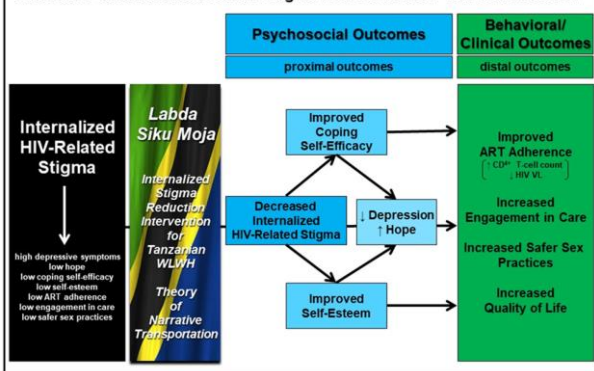
	Internalized HIV-Related Stigma	Coping Self-Efficacy	Self-Esteem
Theoretical Definition	Internalized HIV-related stigma is related to the social construction of the stigma associated with HIV & AIDS that is assimilated into self by the person living with HIV (Kalichman et al, 2009; Sayles et al., 2008).	An individual's belief about her capabilities to produce effects (Bandura, 1997).	Self-esteem establishes one's self-concept, defined as the totality of a complex, organized, and dynamic system of learned beliefs, attitudes, and opinions that each person holds to be true about his or her personal existence (Purkey, 1988).
Operational Definition	Internalized HIV-related stigma is the woman's perceptions of living with HIV and the behavioral and emotional consequences of enacted, perceived & anticipated stigma integrated into self, influencing self-concept, self-esteem, and self-acceptance.	Coping self-efficacy is defined as a woman's perceived ability to cope with the challenges and threats associated with HIV-related stigma.	Self-esteem is the orientation towards oneself, whether positive or negative (Rosenberg, 1989).
Empirical Indicator	Multidimensional Measure of Internalized HIV Stigma (Sayles et al, 2008) <ul style="list-style-type: none"> subscales: self-acceptance, stereotypes, disclosure concerns, social relationships 	Coping Self-Efficacy Scale (Chesney, Folkman, & Taylor, 2006)	Rosenberg Self-Esteem Scale (Rosenberg, 1989)

Intervention Linkage to Key Variables

	Internalized HIV-Related Stigma	Coping Self-Efficacy	Self-Esteem
Intervention Content	<p>Introduction: define stigma; responses to stigma; HIV effects on decisions, families, individuals living with HIV; coping.</p> <p>Story #1: societal stigmatization; fear of negative consequences of disclosure.</p> <p>Story #2: fear of effects of disclosure on children.</p> <p>Story #4: extra discrimination with being a woman, being a minority, being a mother; assumptions made by people (prostitute, drug user, promiscuous, poor, homeless); being judged; maintaining secrecy of serostatus.</p> <p>Story #5: externally enacted stigma.</p>	<p>Introduction: emotional responses to LWH.</p> <p>Story #1: coping; practicing to disclose.</p> <p>Story #2: how/when to disclose to children.</p> <p>Story #3: process for disclosing with friends; seeing friends as resources and helpers.</p> <p>Story #4: coping with others' perceptions and stereotypes; protecting children from stigma.</p> <p>Story #5: decision-making about disclosing to a new boyfriend; controlling how to respond to stigma; managing stigma's effects on health and life.</p> <p>Conclusions: strategies and considerations related to disclosure.</p>	<p>Story 3: pride, self-respect, sense of accomplishment after disclosure; ability to "concentrate on other things. Like what I want to accomplish in my life."</p> <p>Story #5: thinking ahead, considering a future; living with HIV; participating in life</p>

Measurement of Key Concepts

Figure 1. Labda Siku Moja Conceptual Model:
Outcomes of an Internalized HIV-Stigma Intervention for Tanzanian WLWH.



Study Instruments for Adaptation & Psychometric Testing.

Construct	Instrument
Internalized HIV-Related Stigma	Multidimensional Measure of Internalized HIV Stigma Scale (28 item Likert) sub-scales: stereotype disclosure concerns social relationships self-acceptance
Coping Self-Efficacy	Coping Self-Efficacy Scale (13 item Likert) Problem-focused coping Stop unpleasant emotions & thoughts Get support from family/friends
Self-Esteem	Rosenberg Self-Esteem Scale (10 item Likert)
HIV Disclosure	HIV Disclosure Scale (10 item Likert)
Engagement in Care	Healthcare Utilization Scale (4 items)
Medication Adherence	Medication Adherence Self-Report for HIV Care (3 items)
Sexual Risk Behaviors	Sexual Behaviors Scale (5 items)
Depression	PHQ-9 (10 items)
Hope	State of Hope Scale (6 items)
Battering	Conflict Tactics Scale, Short Form (20 items)
Health Related Quality of Life	Brief Health Status Assessment Instrument (21 items) perceived health index [QOL] (15 items) current health perceptions (3 items) physical functioning (4 items) pain (2 items) energy/fatigue (2 items) emotional well-being (3 items) cognitive functioning/distress (3 items) social functioning (2 items) role functioning (2 items)

Cross-Cultural Instrument Adaptation

Beaton et al, 2002

Psychometrically test in 210 WLWH stratified by age and geography

- 35 WLWH, age 18-24, urban area
- 35 WLWH, age 18-24, semi-urban area
- 35 WLWH, age 18-24, rural area
- 35 WLWH, age 25+, urban area
- 35 WLWH, age 25+, semi-urban area
- 35 WLWH, age 25+, rural area

Expert Panel Review & Appraisal

- ✓ Eliminate “academic Swahili”
- ✓ Integrate results of cognitive interviews
- ✓ Examine cognitive interview/quant data
- ✓ Develop “final” instrument for testing

Pre-test in 58 WLWH using cognitive interviewing

- ✓ 17 WLWH, age 18-24, urban/semi-urban area
- ✓ 11 WLWH, age 18-24, rural area
- ✓ 18 WLWH, age 25+, urban/semi-urban area
- ✓ 12 WLWH, age 25+, rural area

