Overcoming Barriers in Getting Evidence into Practice: A Conceptual Framework

Gill Harvey
Senior Lecturer
Manchester Centre for Healthcare Management
University of Manchester
Overview of Presentation

- Background and context
- Development of the framework
- Evaluation and refinement of the framework
- Application and utility of the framework in practice
Background and Context

- Focus on quality, effectiveness and evidence based health care
- Recognition of variations in practice and the research-practice gap
- Limited progress in tackling issues of implementation
- Pre-dominance of linear approaches to implementation
Interactions between research, continuing education and audit

- Research activity
  - Systematic reviews of research findings
  - Development of evidence-based clinical guidelines
  - Continuing education programmes
    - Adaptation of clinical guidelines and use as local standards for practice audit
    - Understanding critical appraisal techniques
- Audit cycle

(Source: Haines and Jones, 1994)
The Theory and the Reality of Implementation

“Transforming research into practice is a demanding task requiring intellectual rigour and discipline as well as creativity, clinical judgement and skill, organisational savvy and endurance”

(Horsley et al, 1983)

“Knowledge without the culture, interest and support to promote, act upon and implement change remains a sterile asset”

(Peters, 1992)
Development of the Framework

- Inductive origins – experiences in research, quality improvement, audit, practice development
  - Implementing cardiac rehabilitation guidelines
  - Implementing evidence based care in a rehabilitation/respite ward for older people
  - Developing and auditing a set of standard criteria on post-operative pain management
  - Adapting and implementing national standards on nutritional care of older adults
Successful implementation is a function of the relation between:

• the nature of the evidence
• the context or environment in which the proposed change is to be implemented and,
• the way or method by which the change is facilitated

\[ SI = f(E, C, F) \]
### Evidence, Context and Facilitation

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Context</th>
<th>Facilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Research</td>
<td>- Culture</td>
<td>- Role</td>
</tr>
<tr>
<td>- Clinical experience</td>
<td>- Leadership</td>
<td>- Characteristics</td>
</tr>
<tr>
<td>- Patient preferences</td>
<td>- Measurement</td>
<td>- Style</td>
</tr>
</tbody>
</table>
## Evidence

<table>
<thead>
<tr>
<th>Research</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>anecdotal evidence</td>
<td>RCTs/rigorous research</td>
</tr>
<tr>
<td></td>
<td>descriptive information</td>
<td>systematic reviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>evidence based guidelines</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Experience</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>expert opinion</td>
<td>high levels of</td>
</tr>
<tr>
<td></td>
<td>divided,</td>
<td>consensus,</td>
</tr>
<tr>
<td></td>
<td>several ‘camps’</td>
<td>consistency of view</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Preferences</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>patients</td>
<td>patient partnerships</td>
</tr>
<tr>
<td></td>
<td>not involved</td>
<td></td>
</tr>
</tbody>
</table>
Relationship between Evidence, Context and Facilitation (where evidence is high)

1 = HE, LC, LF
2 = HE, LC, HF
3 = HE, HC, LF
4 = HE, HC, HF
High Evidence, Low Context, Low Facilitation
Emerging Hypotheses

- Linear approach to implementing research into practice is over-simplistic and does not represent the reality of practice.
- Most successful implementation of research will occur when evidence is strong (HE), the context is developed (HC), and where there is appropriate facilitation (HF).
- Least successful implementation occurs when context and facilitation are inadequate.
- Poor contexts (LC) can be overcome by appropriate facilitation (HF).
- Chances of successful implementation are still weak, even in an adequate context (HC), but with inappropriate facilitation (LF).
Checking out the Framework

- Conference presentations
- Group exercises
- 1998 publication in Quality in Health Care
- Establishing a level of face validity
Evaluation and Refinement of the Framework

- Concept analysis of key dimensions of framework
- Focus group interviews
- Case studies
Concept Analysis

- Concept analyses of three main dimensions of the framework (evidence, context, facilitation) following methods proposed by Morse (1995) and Morse et al (1996)
- Aim to analyse the level of maturity of each of the concepts by critically reviewing seminal texts and other relevant literature
- Concepts partially developed, but in need of delineation and comparison
- Refinement of the elements and sub-elements within the framework
**Evidence** - Information and knowledge upon which decisions about care are based

<table>
<thead>
<tr>
<th>Category</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>Poorly conceived, designed and/or executed research</td>
<td>Well conceived, designed &amp; executed research, appropriate for the research question</td>
</tr>
<tr>
<td>Clinical Experience</td>
<td>• Anecdote, with no critical reflection and judgement.</td>
<td>• Clinical experience &amp; expertise reflected upon, tested by individuals and groups</td>
</tr>
<tr>
<td></td>
<td>• Lack of consensus within similar groups</td>
<td>• Consensus within groups</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>• Not valued as evidence</td>
<td>• Valued as evidence</td>
</tr>
<tr>
<td></td>
<td>• Patients not involved</td>
<td>• Multiple biographies used</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Partnerships with health care individuals</td>
</tr>
</tbody>
</table>
Context - *The environment or setting in which the proposed change is to be implemented*

### Culture

**LOW**
- Task driven organisation
- Low regard for individuals
- Unclear values & beliefs

**HIGH**
- Learning organisation
- Values individual staff and clients
- Prevailing and defined values & beliefs

### Leadership

**LOW**
- Command & control leadership
- Lack of teamwork
- Lack of role clarity
- Autocratic decision-making processes
- Didactic approaches to learning/teaching & managing

**HIGH**
- Transformational leadership
- Effective teamwork
- Role clarity
- Democratic decision making processes
- Enabling/empowering approach to learning/teaching & managing

### Evaluation

**LOW**
- Absence of any form of feedback
- Narrow use of performance information sources
- Evaluations rely on single rather than multiple methods

**HIGH**
- Feedback on individual/team & system performance
- Use of multiple sources of information for feedback
- Use of multiple methods for evaluation
Facilitation - The process of enabling or making things easier

LOW
No mechanisms or inappropriate methods of facilitation in place

HIGH
Appropriate mechanisms for facilitation in place

Purpose, Role, Skills
Facilitation

Purpose

- Task Holistic
- Doing for others Enabling others

Role

- Episodic contact
- Practical/technical help
- Didactic, traditional approach to teaching
- External agents
- Low intensity - extensive coverage

- Sustained partnership
- Developmental
- Adult learning approach to teaching
- Internal/external agents
- High intensity - limited coverage

Task/doing for others

Skills & Attributes

- Project management skills
- Technical skills
- Marketing skills
- Subject/technical/clinical credibility

- Co-counselling
- Critical reflection
- Giving meaning
- Flexibility of role
- Realness/authenticity
Focus Group Interviews and Case Studies

- Qualitative data collection from focus group interviews with nurses in practice development roles and case studies of two organisations attempting to implement ‘evidence-based’ change
- Some key findings
  - Variable role of research in driving changes in practice
  - Importance of match between proposed changes and policy drivers
  - Role of local information in constructing evidence for change
  - Importance of local resources
  - Reinforcement of context and facilitation dimensions of framework
Application and Utility of the Framework in Practice

- As a guide or diagnostic tool/map
- As an evaluative tool
Common Themes Across Settings

- The nature of evidence
  - Quality and quantity
  - Social and historical construction
  - Melding a broader evidence base

- The context of implementation
  - Prevailing culture
  - Readiness for change
  - Knowing where to start

- The role of a change agent or ‘messenger’
  - Designated role?
  - Appropriate skills, knowledge and experience
  - Flexibility and adaptability
References


