

HOSTED BY



ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: <http://ees.elsevier.com/hsag/default.asp>

Health care professionals' perspectives on the requirements facilitating the roll-out of kangaroo mother care in South Africa

Wilma ten Ham ^{a,*}, Karin C.S. Minnie ^{b,1}, Christa S.J.C. van der Walt ^{b,2}

^a School of Nursing Sciences, North-West University, Potchefstroom Campus, Private Bag X6001, Potchefstroom, 2520, South Africa

^b INSINQ Focus Area, North-West University, Potchefstroom Campus, Private Bag X6001, Potchefstroom, 2520, South Africa

ARTICLE INFO

Article history:

Received 21 May 2015

Accepted 27 October 2015

Keywords:

Benefit levers

Best practice

Health professionals

Kangaroo mother care

Requirements

Rolling-out process

South Africa

ABSTRACT

Background: Using best evidence to inform practice is the cornerstone of quality patient care, and requires spread, uptake, implementation and roll-out of best practices. Kangaroo mother care (KMC) was used as a best practice which has been partly rolled-out in South Africa. In order for successful roll-out of best practices, it is important to understand what health professionals perceive as requirements for the rolling-out process. However, no published research was found on requirements for rolling-out a best practice in the South African context.

Purpose: of the research: To explore and describe the perspectives of health professionals on the requirements for the rolling-out process of KMC as a best practice in South Africa. **Methodology:** Twelve semi-structured individual interviews were conducted in 2012 with health professionals from various South African healthcare levels, involved in the implementation and the rolling-out process of kangaroo mother care. Content analysis were guided in terms of the four requirements for roll-out of best practices, identified in Edwards and Grinspun's Evidence Informed Model of Care.

Results: The requirements for the successful rollout of best practices mentioned by the participants in this study concur with the requirements of Edwards and Grinspun: personal alignment and protocol/policy alignment with the best practice; a roll-out plan; leadership; and supporting and reinforcing structures such as: resources, communicating, education and development regarding the best practice, and the organisational structure. The requirements were identified at four different levels: individual level (e.g. the nurse and medical specialists), management level (of the hospital), provincial level and national level.

* Corresponding author. Present address: Nelson Mandela Metropolitan University, Department of Nursing Science, Private Bag X 77000, Port Elizabeth, 6031, South Africa. Tel.: +27 079 074 5905 (mobile).

E-mail addresses: wilma.tenham@nmmu.ac.za, wilmatenham@gmail.com (W. ten Ham), karin.minnie@nwu.ac.za (K.C.S. Minnie), christa.vanderwalt2@gmail.com (C.S.J.C. van der Walt).

¹ Tel.: +27 (0) 18 299 1836, +27 086 270 7077 (mobile).

² Tel.: +27 082 499 6185 (mobile).

Peer review under responsibility of Johannesburg University.

<http://dx.doi.org/10.1016/j.hsag.2015.10.005>

1025-9848/Copyright © 2015, The Authors. Production and hosting by Elsevier B.V. on behalf of Johannesburg University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Conclusion: Although certain requirements, such as personal alignment and reinforcing structures can be used in the roll-out of best practices, further research is desirable to promote fuller understanding of how to devise and apply the requirements in the wider adoption of best practices in South African health care settings.

Copyright © 2015, The Authors. Production and hosting by Elsevier B.V. on behalf of Johannesburg University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Globally, healthcare systems are under pressure to demonstrate high quality care that is based on the best available evidence. Evidence-based or best practices in the field of nursing and midwifery aim to improve the health and health care outcomes of patients (Grol & Grimshaw, 2003; Porter & Teisberg, 2007), organisational outcomes and general outcomes at a health system level (Edwards & Grinspun, 2011).

However, evidence alone is not sufficient to ensure evidence-based decision-making and requires uptake and implementation (Grol & Grimshaw, 2003). Although evidence-based products such as best practice guidelines and best practices are developed and made available globally, the challenge remains to implement the products and then rolled-out into practice (Grol, 2001; Harrison, Legare, Graham, & Fervers, 2010). The roll-out of evidence is crucial to provide more patients with evidence-informed care (Edwards & Grinspun, 2011).

Rolling-out, or “spreading” involves the active disseminating and implementing of best practice and knowledge used in each intervention in every care setting (Institute for Healthcare Improvement, 2008) in an organisation to the remainder of the health care system. In fact, the roll-out of evidence can only take place *after* successful dissemination, diffusion, adoption and implementation (Institute for Healthcare Improvement, 2008; National Health Service Institute for Innovation and Improvement, 2010).

The process of rolling-out best practices is complex. One of the crucial moments in the process is known as the tipping point, which refers to the point when individuals accept the evidence, and therefore change is inevitable (Bodenheimer, 2007). To create this tipping point there are certain requirements to speed up the process and successfully roll-out best practices throughout the healthcare system (National Health Service Institute for Innovation and Improvement, 2010).

In developing their Evidence Informed Model of Care, Edwards and Grinspun (2011) conducted a number of studies on implementing Best Practice Guidelines (BPGs). They identified four requirements to successfully roll-out best practices, the so-called “benefit levers” – alignment, permeation plans (roll-out plans), leadership for change and reinforcing and supporting structures.

The benefit levers were used to analyse health professionals' perceptions of the requirements for rolling-out Kangaroo Mother Care (KMC) as an exemplar of best practice in South Africa.

There has been much support for KMC (Bergh, Davy, Van Rooyen, Manu, Greenfield & Participants from Ghana Health Service, 2009; Lawn, Mwansa-Kambafwile, Horta, Barros, & Cousens, 2010; Nyqvist et al., 2010). KMC involves positioning a newborn baby vertically between the mother's breasts, promoting skin-to-skin contact, and exclusive breastfeeding (Nyqvist et al., 2010). KMC was first introduced in 1979 in San Juan de Dios hospital in Bogota, Colombia by doctors Héctor Martínez Gómez and Edgar Rey Sanabria. The practice was originally intended to modify the care of low-birth-weight infants (<2.5 kg) (Bergh & Pattinson, 2003; Nyqvist et al., 2010) since it improved infant development significantly, particularly that of premature infants (Nyqvist et al., 2010). KMC proved the following: it improves and extends mother–infant bonding; it reduces maternal post-partum depression; it improves parental response to infant signals; it enhances infant physiological stability and ameliorates pain in the infant; it prolongs breastfeeding (Nyqvist et al., 2010); it significantly decreases the neonatal mortality of pre-term babies (birth weight <2 kg); and it effectively reduces severe infant morbidity, predominantly from infection (Bergh et al., 2009; Lawn et al., 2010).

KMC has been widely implemented in countries such as Nigeria, Madagascar, Malawi, Ghana, Indonesia (Bergh et al., 2005, 2009) and South Africa. South Africa is taking a leading role in implementing KMC country-wide (Bergh, Van Rooyen, & Pattinson, 2008), initially in hospitals in KwaZulu-Natal (Bergh et al., 2009; Pattinson et al., 2005), Gauteng and Mpumalanga. Major success has been achieved in implementing and rolling-out KMC in South Africa: the most recent Strategic National Plan to strengthen delivery of maternal, new-born baby, child and women's health and nutrition services (2012–2016) recommended rolling-out KMC to all public hospitals and health facilities by 2015 (National Department of Health, 2012). Much can be learnt from this exercise of rolling-out evidence-based health care practices in South Africa, which was the focus of the current study.

1.1. Problem statement

KMC, an example of best practice, has been implemented and rolled-out in South Africa since 1999/2000 (Bergh et al., 2005), but is still not implemented in all health settings. Based on a number of studies (Bergh et al., 2005, 2007, 2012), it can be concluded that implementing and rolling-out KMC on a large scale is complex, time-consuming and requires a variety of resources, physical space, skilled personnel and supervision, networking with healthcare authorities (local and national),

دانلود مقاله



<http://daneshyari.com/article/2650629>



- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات