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Readiness for practice change: Evaluation of a tool for the Australian midwifery context

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ABSTRACT

Background: Midwifery is a research-informed profession with a mandated requirement to utilise latest best evidence. It is now recognised, however, that the introduction of new evidence into practice is complicated and uncertain. Growing awareness of this fact has led to the establishment of a new discipline, Implementation Science (IS), which is focused on developing ways to expedite the timely movement of evidence into practice. To date though, the wider midwifery profession has yet to make use of IS change-facilitation tools and methods.
Aim: The aim of this study was to determine the fitness for use in midwifery of one established IS tool: the UK NHS Spread & Adoption tool, which is designed to enable clinicians to assess their organisational context for change readiness.
Methods: A qualitative descriptive methodology was used for this study, which was set in two Australian states. Focus groups were used to collect data. The sample comprised ten Australian change-leader midwifery teams who had led evidence-based practice change initiatives in the previous 12 months.
Findings: Three themes emerged from the data which together convey that although poor internet access was problematic for some, and some of the language was found to be inappropriate, the tool was ultimately viewed as very useful for helping the implementation of practice change in midwifery settings.
Conclusions: This study provides valuable information about the broad suitability of the tested tool for Australian midwifery settings. Further research is required to evaluate a revised version.

Problem or issue

- The uptake of research evidence into midwifery practice is slow and uncertain.

What is already known

- A range of processes and tools have been developed within the emerging Implementation Science discipline to enable assessment of health care settings for their readiness to take up new evidence. These have worked well in assisting the movement of new knowledge into some professions' practice in a timely manner, however midwifery has yet to make use of them.

What this paper adds

- Information about how adaptation of one existing evidence-based instrument for assessing health care practice settings' readiness to accept and use new evidence would improve its suitability for use in midwifery.

1. Introduction

In midwifery as in other health care disciplines there has been a paradigm shift over the last quarter of a century or so towards evidence-based practice. The recognition that evidence-based

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practice leads to improved health outcomes means that midwives, like other health care providers, are now expected to provide high quality effective care that optimises health outcomes and maximises the use of finite health care resources.[1,2] The obligation to keep abreast of and to utilise latest best evidence in practice is now mandated in the regulatory frameworks for many health care professions including midwifery. In Australia for example, registered midwives must provide safe and effective midwifery care[3] and more specifically, they must "use research to inform midwifery practice".[3(p9)] The introduction of new or latest best evidence into health care practice, however, is a complicated and uncertain process, and attempts to translate even highly efficacious evidence into care provision are known to flounder.[4] This is as true of midwifery change initiatives as it is of those attempted in other professions. As midwife academic Billie Hunter has stated, "The history of maternity care shows that, even when evidence is available, it is not always implemented" and consequently, the "ideal of evidence-based practice is not always reflected in day-to-day midwifery care".[5(p76)]

Increasing recognition of the challenges faced by health care innovators in introducing evidence based change into practice over recent years has led to the development of a new discipline, referred to in this paper as Implementation Science (IS) but also variably termed 'knowledge translation', 'quality improvement', 'knowledge dissemination', 'knowledge diffusion' and many more.[6] The work of the discipline comprises "the scientific study of methods to promote the systematic uptake of clinical research findings and other evidence-based practices into routine practice... to improve the quality (effectiveness, reliability, safety, appropriateness, equity, efficiency) of health care".[7(p2)] According to leading Implementation Scientist Jo Rycroft-Malone the methodologies, processes and frameworks produced from this work can both "make a difference to (1) our understanding of the processes involved and (2) the outcomes that result".[8(p57)]

The premise of IS is that there are many factors which, separately and together, either hinder or help the movement of latest best research into practice environments, and that only after these factors are uncovered and addressed can a practice environment's readiness to accept and sustain change be optimised. In 1998 Kitson and colleagues described the implementation of evidence based change as complex and messy, and advocated the need to develop tools for change-leader clinicians that enabled them to capture "the interplay and interdependence of (the) many factors affecting the successful uptake of research evidence into practice".[9(p149)] The Consolidated Framework for Implementation Research ('CFIR') developed by Damschroder and team[10] represents the first summary of factors that hinder and help change in health care settings. The CFIR, which was developed from the methods, models and theoretical approaches published in hundreds of implementation studies, groups these factors into five domains. These include the intervention itself, the inner setting, the outer setting, the individuals involved, and the process by which implementation is accomplished. Damschroder et al.[10] also found that the factors within the five domains interact in rich and complex ways to influence implementation effectiveness.

The CFIR has provided the basis for a number of implementation aids in the form of tools and instruments that essentially enable change leaders in health and social care to determine whether and to what extent the critical factors for success exist in a proposed change setting. Using such tools prior to the attempted introduction of a practice or process change makes explicit the factors that will either facilitate or be a barrier to the innovation. In essence they provide the change leader with specific information about which factor/s require more change preparedness and ultimately, they inform the decision about whether or not to commit the time and energy required to implement the new practice or process at a particular moment in time. Melanie Barwick's 'Checklist to Assess Organizational Readiness for Implementation' ('CARI'),[11] developed for the Canadian context, and the UK National Health Service (NHS) Institute for Improvement and Innovation's 'Spread & Adoption Tool'[12] are two examples of such instruments. At the time of writing there are, however, no published assessment tools for Australian healthcare settings.

IS and a range of resulting products have now been available for several years. While other healthcare disciplines such as nursing acknowledge the worth of IS evidence and the value of using proactive evidence-based implementation processes see for example[13], midwifery is seemingly yet to recognise the value of using this evidence and these tools. There is a plethora of scientific literature describing practice or process changes in midwifery, and research on the outcomes of change in midwifery is plentiful also. There is, however, a dearth of research that reports the process of change implementation in midwifery, and very little describing the use of systematic evidence-based change readiness assessments or checklists in midwifery settings. Australian midwifery researchers Forster and associates[14] describe using Normalisation Process Theory to understand the impact of the organisational context on the implementation of caseload midwifery into clinical practice *post hoc* however according to Damschroder et al.,[10] organisational context is only one domain for consideration in the successful implementation of change.

The experience of other health disciplines has demonstrated that using IS knowledge and its tools both expedites evidence uptake and improves the likelihood of sustained change, however it is not known whether the existing tools are 'fit' in their original form for use in the midwifery context. This article describes a 'fitness for use' expert review conducted to determine how appropriate one of the available evidence-based pre-implementation of clinical change assessment instruments, the UK NHS Spread & Adoption tool[12] (see Box 1 for overview) is for use in midwifery in its original form.

2. Methods

The aim of the study was to answer the question, "Is the UK NHS Spread & Adoption Tool suitable in its original form for assessing Australian midwifery settings' readiness for change?" Fundamental Qualitative Description, which subscribes to the tenets of naturalistic inquiry[15] was chosen as most the appropriate methodology for this study on the basis of its capacity to provide "straight and largely unadorned answers to questions of special

Box 1. Overview of the UK NHS 'Spread & Adoption tool'

The UK NHS's Spread & Adoption Tool is a web-based questionnaire that asks users to either agree or disagree with a series of statements grouped into three sections, namely context-based, people-based and innovation-based success factors. Examples of statements include,

- 'There is active leadership at all levels and across all groups in support of this innovation';
- 'There is sufficient evidence of the benefits of this innovation';
- 'Internal and external stakeholders are engaged and have given their commitment to the innovation'.

The tool, which also provides users with an emailed summary, suggestions for addressing change implementation difficulties and links to educational resources is available in full at http://www.institute.nhs.uk/index.php?option=com_spread_and_adoption

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