



Identifying a practice-based implementation framework for sustainable interventions for improving the evolving working environment: Hitting the Moving Target Framework



Helene Højberg^{a,*}, Charlotte Diana Nørregaard Rasmussen^a, Richard H. Osborne^{b,c}, Marie Birk Jørgensen^a

^a National Research Centre for the Working Environment, Lersø Parkallé 105, 2100 Copenhagen Ø, Denmark

^b Health Systems Improvement Unit, Centre for Population Health Research, School of Health & Social Development, Deakin University, Geelong, Victoria 3220, Australia

^c Department of Public Health, University of Copenhagen, Copenhagen, Denmark

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ABSTRACT

Our aim was to identify implementation components for sustainable working environment interventions in the nursing assistant sector to generate a framework to optimize the implementation of workplace improvement initiatives. The implementation framework was informed by: 1) an industry advisory group, 2) interviews with key stakeholder, 3) concept mapping workshops, and 4) an e-mail survey. Thirty five stakeholders were interviewed and contributed in the concept mapping workshops. Eleven implementation components were derived across four domains: 1) A supportive organizational platform, 2) An engaged workplace with mutual goals, 3) The intervention is sustainably fitted to the workplace, and 4) the intervention is an attractive choice. The highest rated component was “Engaged and Active Management” (mean 4.1) and the lowest rated was “Delivered in an Attractive Form” (mean 2.8). The framework provides new insights into implementation in an evolving working environment and is aiming to assist with addressing gaps in effectiveness of workplace interventions and implementation success.

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1. Introduction

Despite several years of implementation of interventions and policies for improving the working environment among nursing assistants in Denmark, the working environment and health problems in this sector remain high and generate substantial preventable morbidity and costs (Andersen et al., 2012; Holtermann et al., 2010). Challenges with implementing and sustaining changes in the health care sector are well-acknowledged (Greenhalgh et al., 2004; Grol and Wensing, 2004) and therefore knowledge is needed about implementation components that generate sustainable interventions for improving and maintaining a good working environment among nursing assistants.

In building an understanding of implementation components for success, it is important to consider potential cases of failure. Failure may relate to poorly targeted intervention concept or theory (theory failure). Another obvious failure is inadequate implementation (Oakley et al., 2006). Previously reported implementation challenges for working environment interventions include low organizational readiness for change (Weiner et al., 2009), poor intervention fit (Nielsen and Randall, 2015), lack of involvement of employees and line managers (Nielsen, 2013) and contextual factors (Pawson and Tilley, 1997).

The health care sector is a complex and ever changing environment. This variation arises from the continuously evolving requirements due to changes in demographic structures, health care reforms and restructures, new and emerging diseases and disabilities, and changing therapeutic regimes. Workplaces need to be able to recognize and respond to changes and ensure the working environment responds to such contextual changes. Additionally, not only are the work demands prone to change, but the individual resources are also changing over time. Interventions therefore are

* Corresponding author.

E-mail addresses: hhj@nrcwe.dk (H. Højberg), cnr@nrcwe.dk (C.D.N. Rasmussen), richard.osborne@deakin.edu.au (R.H. Osborne), mbj@nrcwe.dk (M.B. Jørgensen).

at risk of being irrelevant and inadequate to employee needs over time if they are not responsive to these factors.

Given these ongoing changes in the environment and population needs we propose the “moving target” phenomenon as a further mechanism for the lack of improvement in the working environment. Therefore, to effectively target the working environment, interventions should be flexible and dynamic and highly responsive to the evolving needs of workers and the contextual factors (e.g. the resources of the workplaces and local political agendas).

To design sustainable interventions for such a moving target, focus should therefore be on implementation, which we define as the process of how an innovation is put into use and integrated within the setting (Rabin et al., 2008). This study focuses on the implementation components, that is, the resources and structures that need to be available for working environment interventions to be implemented and to be effective. Moreover, interventions also need to be targeted to the chosen sector (Durlak and Dupre, 2008) and to be cognizant of the norms and values of the stakeholders across organizational structures including workers, managers and policy makers. Thus, given the variability of the settings, to establish the implementation components for effective working environment interventions in nursing assistant care settings, data to inform framework development needs to be derived from within these settings rather than from external published literature or from practices in other sectors.

Different approaches for involving stakeholders and practitioners in intervention development have been suggested (Bartholomew et al., 1998; Batterham et al., 2014; Trochim 1989). One way is the use of intervention mapping that systematically facilitates participation and consultation of all participating stakeholders (Bartholomew et al., 1998). However, intervention mapping focus on a non-moving target (a static outcome) and tends to be driven by theory and therefore may not be suitable for deriving information about implementation components for interventions. A more suitable approach is the concept mapping process. The concept mapping process is a grounded approach using mixed methods for eliciting tacit knowledge (local know how) and organizing current views and practices through generating a mutual understanding and consensus among selected stakeholders (Trochim 1989; Trochim and Linton, 1986).

A framework consisting of implementation components that

guide successful implementation is warranted (Moullin et al., 2015).

In the present study our aim was to use concept mapping to comprehensively identify practice-based knowledge about implementation components for sustainable working environment interventions in the nursing assistant sector and then to obtain ratings of importance from stakeholders within the nursing assistant field in order to build an implementation framework suitable for hitting the moving target – the working environment.

2. Methods

The study uses a mixed methods design to engage, consult and synthesize data from a broad range of stakeholders. Specific methods included: 1) forming an industry advisory group, 2) conducting one-on-one interviews, 3) concept mapping workshops, and 4) an e-mail survey.

2.1. Participants

2.1.1. Industry advisory group

An existing industry advisory group was convened to advice on the research related to the working environment of nursing assistants. A total of 18 people represented 14 organizations including the labor market parties, the Danish Working environment Inspection authority, social authorities and secretaries of education. During the study, two meetings were held. The main task for this group was to facilitate selection of interviewees. Moreover the group provided general advice throughout the project, participated in discussions and helped disseminate findings.

2.1.2. Stakeholders for interviews, concept mapping workshops and e-mail survey

The target group for the individual interviews was stakeholders who had active and relevant roles either in the conduct of elderly care or in tracking or improving the working environment among nursing assistants. Each stakeholder from the Industry advisory group was initially invited to participate. Using snowball sampling we asked each stakeholder to identify other stakeholders. Furthermore we included nursing assistants with different roles, working conditions and job descriptions, working hours and type of workplace setting. The final group of stakeholders represented the

Table 1

An overview of the participating stakeholders in one-on-one interview, concept mapping workshop and rating survey divided into categories of organizational types, employment and job titles.

Participants	Interview	Workshops	Importance ^a
Total number (%)	35 (100)	12 (34)	24 (69)
Workplace level			
Nursing assistants	6	0	3
Supervisors, middle management and district management	4	0	2
Working environment consultants	2	0	2
Municipality/regional level			
Planning, coordinating and working environment consultants	4	3	0
Chief/director	1	1	1
Policy (union representative)	1	0	1
National level			
Policy (union, Local Government Denmark and Danish Regions)	5	2	1
Education (Social and Health Care Schools) and development (Branch specific council for the social and health sector)	3	2	1
Governmental organizations (working environment authorities, The National Board of Health and Welfare)	3	0	2
Non-governmental organizations (DaneAge Association, Danish Nurses Association, Leader Association, private consulting firm)	4	2	2
Pension fund (director and health promotion chief)	2	2	0

^a On a scale from 1 to 5 where 1 was non-essential and 5 indicated highest level of importance. The ratings derived from workshop and e-mail survey.

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