



Review

The nursing work of hospital-based clinical practice guideline implementation: An explanatory systematic review using Normalisation Process Theory[☆]



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ABSTRACT

Objective: To investigate the dynamics of nurses' work in implementing Clinical Practice Guidelines.

Design: Hybrid: systematic review techniques used to identify qualitative studies of clinical guideline implementation; theory-led and structured analysis of textual data.

Data sources: CINAHL, CSA Illumina, EMBASE, MEDLINE, PsycINFO, and Sociological Abstracts.

Methods: Systematic review of qualitative studies of the implementation of Clinical Practice Guidelines, analysed using Directed Content Analysis, and interpreted in the light of Normalisation Process Theory.

Results: Seven studies met the inclusion criteria of the review. These revealed that clinical practice guidelines are disposed to normalisation when: (a) They are associated with activities that practitioners can make workable in practice, and practitioners are able to integrate it into their collective workflow. (b) When they are differentiated from existing clinical practice by its proponents, and when claims of differentiation are regarded as legitimate by their potential users. (c) When they are associated with an emergent community of practice, and when members of that community of practice enrol each other into group processes that specify their engagement with it. (d) When they are associated with improvements in the collective knowledge of its users, and when users are able to integrate the application of that knowledge into their individual workflow. And, (e) when nurses can minimise disruption to behaviour norms and agreed professional roles, and mobilise structural and cognitive resources in ways that build shared commitments across professional boundaries.

Conclusions: This review demonstrates the feasibility and benefits of theory-led review of studies of nursing practice, and proposes a dynamic model of implementation. Normalisation Process Theory supports the analysis of nursing work. It characterises mechanisms by which work is made coherent and meaningful, is formed around sets of relational commitments, is enacted and contextualised, and is appraised and reconfigured. It facilitates such analysis from within the frame of nursing knowledge and practice itself.

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What is already known about the topic?

- Clinical Practice Guidelines are important tools for embedding clinical evidence in practice.
- Implementing and embedding Clinical Practice Guidelines in everyday work is difficult and implementation programmes have uneven results.

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- We need better explanatory models to understand the dynamics of implementation processes in nursing and to facilitate improved programme design.

What this paper adds

- An explanatory review of qualitative studies of nursing Clinical Practice Guidelines in use.
- A dynamic conceptual model of Clinical Practice Guideline implementation.
- A generic translational framework for understanding and investigating the implementation, embedding, and integration of interventions.

1. Background

1.1. Introduction

Understanding how new techniques for clinical practice and organisation of care can be effectively translated into practice is a practical problem for clinicians of all kinds, as well as for healthcare managers, and health policy-makers. But it is not just a practical problem. It is a conceptual one as well. While there are now a multiplicity of models and theories that account for different aspects of professional behaviour change and of the diffusion of innovations (Tabak et al., 2012) there is little by way of practice theory that characterises and explains implementation processes themselves (Treweek, 2005).

In this paper we describe a robust theory of practice: Normalisation Process Theory (May and Finch, 2009); and apply it to the task of understanding the processes of implementing clinical interventions. We do this by presenting a systematic review of qualitative studies of the incorporation of clinical practice guidelines into nursing work. In this systematic review the papers selected focus attention on the implementation and embedding of guidelines by nurses. To ensure that our review focused on studies with contemporary relevance, we have selected papers published after 2000. The review has an international focus and presents a clearly formulated conceptual model that can be applied to implementation research in nursing. In addition to the review, our paper presents the constructs and sub-constructs of the theory, and relates these to a set of practical research questions that can be readily translated to other studies.

Important methodological work has focused on developing techniques for secondary analysis of qualitative data using meta-ethnography (Noblit and Hare, 1998), and qualitative evidence synthesis (Campbell et al., 2011). These techniques are important because they enable the production of low-level substantive theories, but the approach used here is different because it is a hybrid. We have used rigorous procedures to identify papers that we have utilised as sources of qualitative data, and we have then applied robust and already existing theoretical tools to the research problem. Integrative analysis of this kind enables us to use a literature review for a novel purpose, to set out a robust conceptual model of the operation of mechanisms that support effective implementation. The product of this work is a dynamic model of clinical practice

guideline implementation, and a set of testable analytic propositions.

1.2. Clinical Practice Guidelines

Clinical practice guidelines range from relatively loosely structured sets of principles intended to guide health professionals through a clinical situation or problem, to highly structured protocols intended to prescribe specific sets of actions (Davies, 2002; Miller and Kearney, 2004). They provide a consistent approach to quality improvement in healthcare settings (Marshall et al., 2001; Mead, 2000; Rycroft-Malone and Duff, 2000), and are believed to reduce morbidity, mortality and increase cost-effectiveness (Bahtsevani et al., 2004; Cluzeau and Littlejohns, 1999).

There is now a very large literature on the value, effectiveness, and design of clinical practice guidelines across the range of healthcare activities, and this literature is part of a much larger body of work that relates to knowledge transfer and mobilisation around evidence-based practice (Davies et al., 2010; Grimshaw et al., 2004; Thomas et al., 1999; Vale et al., 2007). However, proponents of guidelines across all sectors of the health economy have observed important disparities between professionals' acceptance of their value, and their implementation in practice (Godin et al., 2008; Perkins et al., 2007). An important underlying assumption of recent efforts in this sphere has been that obtaining professional concordance with a guideline is mainly a matter of engendering individual behaviour change (Grol et al., 2007). This approach is reflected in many studies relying on psychological models (Davies et al., 2010). Against this background research on problems of implementing guidelines in nursing focuses on the effects of specific interventions, and the barriers to these effects. These include the behaviours of opinion leaders; negative effects of documentation systems and electronic health records, the culture and belief systems of professionals, the state of partnerships between them, and wider commitment from the organisations in which they are set (Miller and Kearney, 2004; Ploeg et al., 2007; Richens et al., 2004; Thomas et al., 1999). As with other service innovations, there has been a gradual shift towards contextualising the implementation of new techniques for practice as complex and emergent processes rather than as 'barriers' and 'facilitators', and as technical problems of practice that can be 'fixed' (Checkland et al., 2007; Greenhalgh et al., 2004).

1.3. The research problem

This paper starts with a fundamental and practice relevant research question: what factors promote or inhibit the implementation of nursing clinical practice guidelines?

To answer the question we have systematically reviewed qualitative studies of guideline implementation processes, identifying common features of implementation processes and conceptualising these processes using a robust practice theory. An important problem in research on clinical guideline implementation has been that of the unit of analysis. Because many studies in this field are

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