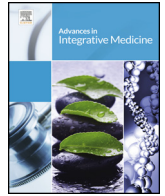




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### Commentary

# Towards an implementation science of complementary health care: Some initial considerations for guiding safe, effective clinical decision-making

Amie Steel<sup>a,b,\*</sup>, Frances Rapport<sup>c</sup>, Jon Adams<sup>a</sup>

<sup>a</sup> Australian Research Centre in Complementary and Integrative Medicine (ARCCIM), Faculty of Health, University of Technology Sydney, Ultimo, New South Wales, Australia

<sup>b</sup> Office of Research, Endeavour College of Natural Health, Fortitude Valley, Queensland, Australia

<sup>c</sup> Centre for Healthcare Resilience and Implementation Science (CHRIS), Australian Institute of Health Innovation (AIHI), Macquarie University, Sydney, New South Wales, Australia

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#### ABSTRACT

**Background:** The effective translation of research findings into clinical practice is a significant challenge to the evidence-based practice movement. In response, implementation science (IS) – the study and application of methods to facilitate the integration of research findings and evidence into healthcare policy and practice – has emerged over recent years.

**Discussion:** While IS has been developed for a wide range of health care settings and disciplines, there has been a paucity of critical discourse on the role of IS in complementary medicine (CM) practice – an area of health care that has gained increasing popularity across many countries and in addition, introduces a number of unique and significant challenges with regards to IS and research translation. In addressing this significant knowledge gap, this paper identifies a number of core features and considerations instrumental in progressing the examination and application of IS to CM-related practice and clinical decision-making.

**Summary:** IS (and its scientific study/practice) is a contemporary scholarly field that cannot be dismissed by those invested in ensuring that CM research is, and remains, practice-, practitioner- and patient-relevant.

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## 1. Background

The translation of research findings into clinical practice is a significant obstacle that challenges the success of the evidence-based practice movement [1]. Despite many years of focused attention [2,3], concerns continue to be raised regarding the gap between evidence and practice in many areas of healthcare [4,5]; a gap often attributed to research findings not being entirely translatable to clinical practice or attributable to effective behaviour change [6]. Against this backdrop, implementation science (IS) – defined here as the study of methods to promote the integration of research findings and evidence into healthcare policy and practice [7] – has become increasingly recognised as a

discrete research field [8,9]. As we outline in this paper the field of IS may hold particular promise for helping examine and understand a number of significant issues relating to complementary health care.

One important component of IS in health is Knowledge Translation (KT), which concentrates on the synthesis, exchange and application of knowledge by relevant stakeholders [10] including, but not limited to, health practitioners. So, while KT focuses on influencing a change in practice behaviour based on new knowledge, IS offers research methodology to explore, plan, execute and evaluate KT (see Fig. 1). In the context of KT, there are a number of significant challenges limiting the application of best evidence in clinical decision-making. The IS field has shifted over recent years from a focus upon individual practitioner decision making [3] to a consideration of professional cultures and organisational structures and policies [11]. Meanwhile, it is increasingly acknowledged that a diverse number of factors and contexts have a bearing upon the wider process of knowledge

\* Corresponding author at: Office of Research, Endeavour College of Natural Health, Level 2, 269 Wickham St, Fortitude Valley, Queensland, 4006, Australia.  
E-mail address: [amie.steel@uts.edu.au](mailto:amie.steel@uts.edu.au) (A. Steel).

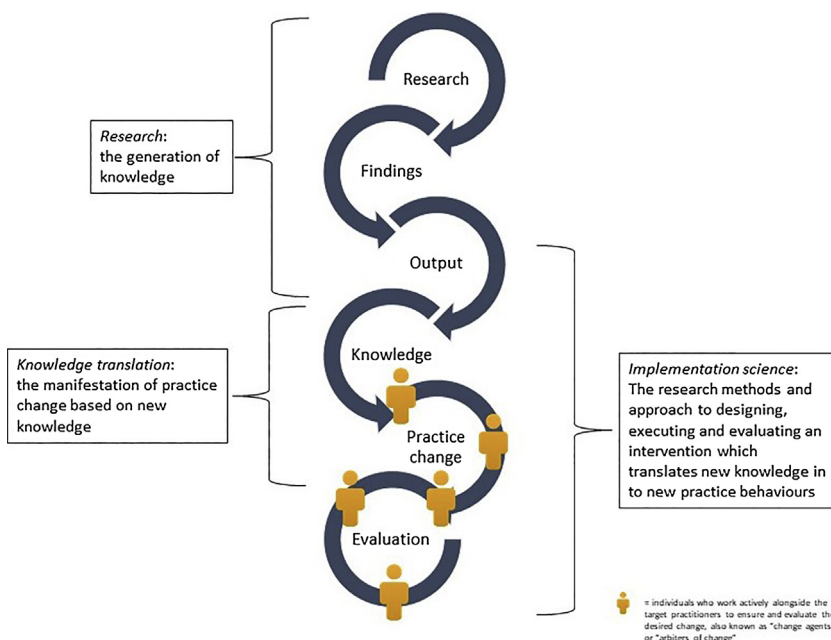


Fig. 1. The processes and inputs of knowledge translation (KT) and implementation science (IS).

translation and implementation. One core area that requires consideration relates directly to the issues of *awareness*, *acceptance* and *adoption* of new knowledge by health care practitioners [12]. Within the context of clinical practice, this means clinicians must have *awareness* of new knowledge before it can be a basis for a change in practice. They must then *accept* this new knowledge as accurate and relevant to their practice and patients before they can agree to *adopt* a new behaviour within their own clinical approach. These three concepts are the principal focus of this paper through which we highlight their importance and application in CM clinical practice – a component of contemporary health care systems which has, to date, been largely overlooked within the IS field.

IS researchers emphasise the development and application of a systematic approach to the translation of new knowledge into practice and a number of frameworks and models have been developed (including PARIHS [13], PRECEDE-PROCEED [14] and RE-AIM [15]) as a result of this emphasis; many of which primarily address these three practitioner-focused elements involved in effective KT [1,9,13,15]. While these frameworks and models constitute important tools within IS to provide structures and guides for the effective translation of knowledge to support change in practice behaviours, a detailed consideration of how they may apply to specific contexts and issues relating to complementary health care is not within the remit of our discussion here.

The IS field has grown considerably as a result of the examination of a diverse range of conventional health professions' practices and responsibilities to their patients, with early work being predominantly focused upon highly contained and organised healthcare settings (e.g. hospitals) [16–18]. More recently, IS has taken an interest in the public health sphere, and its activity extends into public health research, health services research and health policy initiatives [19–21]. However, the healthcare services used by the general population range further, even beyond conventional healthcare services to include complementary health care [22]– and with that, a diverse range of treatments and practices not traditionally associated with the conventional medical profession or medical curriculum [23]. The growing IS field needs to consider *all* available healthcare options currently utilised by the general population and here we argue for a broadening of the IS gaze to consider the implications,

opportunities and challenges associated with CM practitioner healthcare delivery.

## 2. Implementation science and complementary health care

The vast body of IS scholarship available [24,25], has not yet provided a critical, systematic consideration of IS in direct relation to complementary health care practice. In response, we outline a number of important initial considerations in progressing the application of IS to aid clinical-decision making in the complementary health care field. While our focus is not exhaustive the issues that are presented provide a useful introduction to those who may share a desire to explore the interface between IS and complementary health care further. In order to define the boundaries of this discussion, the focus of this paper is on complementary health care practitioners – a key stakeholder group who are currently central to much complementary health care use and practice in Australia as elsewhere.

### 2.1. The challenges and opportunities for an IS of complementary health care

The application of IS to complementary health care practice and practitioners is certainly not a straightforward proposition. One of the main challenges to complementary health care research and its translation of study outcomes is the diverse nature of professions and modalities listed under the complementary medicine title [26] which can range from therapies delivered by regulated professions with standardized education to treatments provided by unregulated practitioners with variable levels of training – a diversity further complicated by regional variation. As such, the application of IS to complementary health care practices must consider the diverse nature of complementary medicine and customise engagement to the specific needs of a particular therapy rather than approach complementary medicine as a 'uniform entity' [27].

There has been a trend to develop IS frameworks and models for informing clinical practice that rely heavily on organisational and administrative infrastructure within the target clinician population [28]. Even pre-implementation tools, such as 'readiness to change' assessments, commonly presume the role of a cohesive,

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