

The views look different from over here!

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It is important to consider and appreciate the views about Evidence-Based Practices (EBPs) held by employees of behavioral healthcare organizations. Perceptions of EBPs have been shown to partly explain the decision to adopt these practices (1), and are likely to explain some key outcomes associated with adopting EBPs (2). For example, expectations about how an EBP will impact outcomes have been linked to the extent to which these practices are assimilated into organizational practice (3). However, employee views often differ and planning experts stress that efforts to understand and possibly reconcile these differences can pay off in the form of implementation success (2). For these reasons, the Innovation Diffusion and Adoption Research Project (IDARP) examined how staff members in key project roles perceived facilitators and barriers related to the adoption and implementation of EBPs (4).

METHODS & PARTICIPANTS

Hour-long, confidential interviews were conducted during our first contact with 193 informants representing 91 EBP projects. Four practices guided or supported by research evidence were examined in the IDARP study (3).

Interviews were conducted by an interviewer/scribe team that collaborated to produce complete interview transcripts. References to facilitators and barriers in the interview transcripts were coded, counted, averaged and analyzed (4). Ratios of facilitators to barriers were calculated by dividing the average number of facilitators mentioned during the interviews by the average number of barriers noted.

The project role of each interviewee was identified based on his/her activities related to the practice. Of the 193 interviewees, 46 (23.83%) served primarily as project sponsors, who championed the EBP within the organization or the system. Sixty-three (32.64%) served as decision makers who primarily contributed to adoption and implementation decisions related to the EBP. The rest (84; 43.52%) were implementers who directly managed project activities and/or provided services related to the EBP. If an informant served in more than one capacity (e.g., was both a sponsor and a decision maker), the dominant role of the individual was identified for use in these analyses.

FACILITATORS & BARRIERS

Facilitators are events or conditions that favor the decision to adopt the EBP, or advance efforts to implement or sustain the EBP. Barriers are events or conditions that hinder the decision to adopt the EBP, or impede efforts to implement or sustain the EBP. Facilitators and barriers were sorted into six content topics for purposes of this analysis, including:

- A. CCOE: The Coordinating Center of Excellence, a purveyor entity that promotes the EBP and provides information and technical assistance to interested organizations throughout Ohio (1);
- B. EBP Fit: The logistical and philosophical fit of the practice with the organization, considering local demand for the practice, evaluation of the EBP, compatibility between the practice and the organization, and knowledge within the organization related to the practice;
- C. System: The network in which the project operates, ranging from collaborative entities in the immediate community to statewide funding streams.
- D. Funding: Financial resources available or needed to support the practice;
- E. Staff Attitudes: The overall feelings and reactions of staff about the practice; and
- F. Implementation Know How – The expertise necessary to initiate and sustain the EBP project within the organization.

PERSPECTIVES REVEALED!

Ratios in the following table reveal how many facilitators were identified for each barrier mentioned by interviewees in the three project roles for six content topics. (E.g., Sponsors identified slightly more than FOUR CCOE facilitators for each ONE barrier that they mentioned, or 4.05 : 1.)

| Facilitator-to-Barrier Ratios | Sponsor | Dec-Mkr | Implem. |
|-------------------------------|----------|----------|----------|
| CCOE Ratio | 4.05 : 1 | 3.04 : 1 | 2.88 : 1 |
| EBP Fit Ratio | 3.47 : 1 | 1.08 : 1 | 1.25 : 1 |
| System Ratio | 1.52 : 1 | 1.72 : 1 | 1.46 : 1 |
| Funding Ratio | 0.65 : 1 | 0.66 : 1 | 0.48 : 1 |
| Staff Attitudes Ratio | 1.00 : 1 | 0.48 : 1 | 1.38 : 1 |
| Know-How Ratio | 0.87 : 1 | 0.33 : 1 | 0.27 : 1 |

Analyses revealed many similarities among observations from the three project roles. For instance, the most positive facilitator-to-barrier ratios for all three roles related to the topic of the CCOE. Also, on average, interviewees agreed that facilitators outnumbered barriers related to EBP Fit and the System. Meanwhile, interviewees from all of the project roles discussed more barriers than facilitators related to Funding to support the project and Implementation Know-How (see table).

Other trends highlighted differences between the three project roles. Sponsors were most adept at identifying forces that facilitated AND that impeded the progress of EBP consideration, adoption and implementation. Sponsors mentioned the most facilitators for all six of the content topics and the most barriers for four of the six content topics! Decision-makers and/or implementers identified more barriers than sponsors for only two content topics: EBP Fit and Implementation Know-How. (Because of space limitations, average numbers of mentions of facilitators and barriers by project role are not shown.)

Sponsors had the most positive facilitator-to-barrier ratios about the CCOE (see table). Sponsors also had a much more positive ratio for EBP Fit (3.47 : 1) than did decision makers (1:08 : 1) or implementers (1.25 : 1). One enthusiastic sponsor suggested, "There are dozens of ways our organization and residential services can benefit [from implementing this practice]".

Meanwhile, decision makers were most positive about the system within which the project operated (1.72 : 1). One decision maker observed, "The strength of our program is its collaborative nature."

While all three project roles identified more barriers than facilitators related to project funding, implementers identified the least number of funding facilitators for each barrier mentioned (0.48 : 1). One implementer explained this pessimistic viewpoint: "We are just working within the resources we have. We are only doing that part of the model that resources allow.

We are never going to have enough resources to do the [full] model."

Implementers were most positive about staff attitudes (1.38 : 1), an issue they know first-hand. One team leader reported, "It always seemed to me that everybody really embraced the model and really believed it and really supported it." Why, then, did decision makers express a much more negative view of staff attitudes (0.48 : 1)? The answer may partially reside in the next content topic, Implementation Know-How. Implementers – who are responsible for initiating and sustaining the EBP project for the provider agency - identified nearly four barriers for every facilitator mentioned about Implementation Know-How (0.27 : 1). One interviewee glumly observed, "We saw a need for this [service] and we wanted to address this need. But we couldn't get a plan together." While this analysis is not designed to infer causality, it is plausible that from a decision maker's perspective, staff frustration related to lack of Implementation Know-How may sometimes be expressed and/or interpreted as resistance to the EBP project.

CONCLUSIONS

Open communication forums about adopting and implementing an EBP that include diverse stakeholders can have important benefits! Similarities in perceptions like those discussed above (e.g., facilitator-to-barrier ratios related to the CCOE, EBP Fit, Funding and System) can be used as a foundation for staff buy-in and may foster feelings of inclusion in the decision-making and planning processes. Meanwhile, the expression of diverse and dissenting opinions (e.g., staff attitudes) can contribute to a shared vision that may promote realistic expectations for implementation and may enhance the eventual outcomes of adopting the practice.

References

- 1 Panzano, P.C. & Roth, D. (2006). The decision to adopt evidence-based and other innovative mental health practices: Risky business? *Psychiatric Services, v. 57*, pp. 1153 – 1161.
- 2 Nutt, P. C. (2002). *Why decisions fail*. Berrett-Koehler: San Francisco.
- 3 Panzano, P. C., Roth, D., Crane-Ross, D., et al., (2005). The innovation diffusion and adoption research project (IDARP): Moving the diffusion of research results to promoting the adoption of evidence-based innovations in the Ohio mental health system. In D. Roth & W. J. Lutz (Eds.), *New Research in Mental Health, v. 16*, pp. 78-89.
4. Seffrin, B., Panzano, P. C. & Roth, D. (in review). What gets noticed: How barrier and facilitator perceptions relate to the adoption and implementation of innovative mental health practices.

For more information:

IDARP Bulletins are issued periodically to report specific research findings that may be of interest to policy makers, practitioners, consumers, etc. For more information about this particular IDARP Bulletin, please contact Bev Seffrin (bev.seffrin@dssincorporated.com). For other project inquiries, please contact Helen Anne Sweeney, IDARP Project Director (SweeneyH@mh.state.oh.us).