

Where are the stakeholders in implementation science?

Annette Boaz

Centre for Health and Social Care Research

St George's University of London and Kingston University

What patients do and their impact on implementation

An ethnographic study of participatory quality improvement projects in English acute hospitals

Annette Boaz, Glenn Robert, Louise Locock, Gordon Sturme, Melanie Gager, Sofia Vougioukalou, Sue Ziebland and Jonathan Fielden



[Explore this journal >](#)

Open Access Creative Commons

Original Research Paper

Rethinking the relationship between science and society: Has there been a shift in attitudes to Patient and Public Involvement and Public Engagement in Science in the United Kingdom?

Annette Boaz BA MSc PhD , Despina Biri MA MSc,
Christopher McKeivitt BA (Hons) PhD



Home Active Implementation Research & Resources News & Discussion About NIRN W

Features

◀ 2 of 5 ▶

Where are the stakeholders in implementation science?

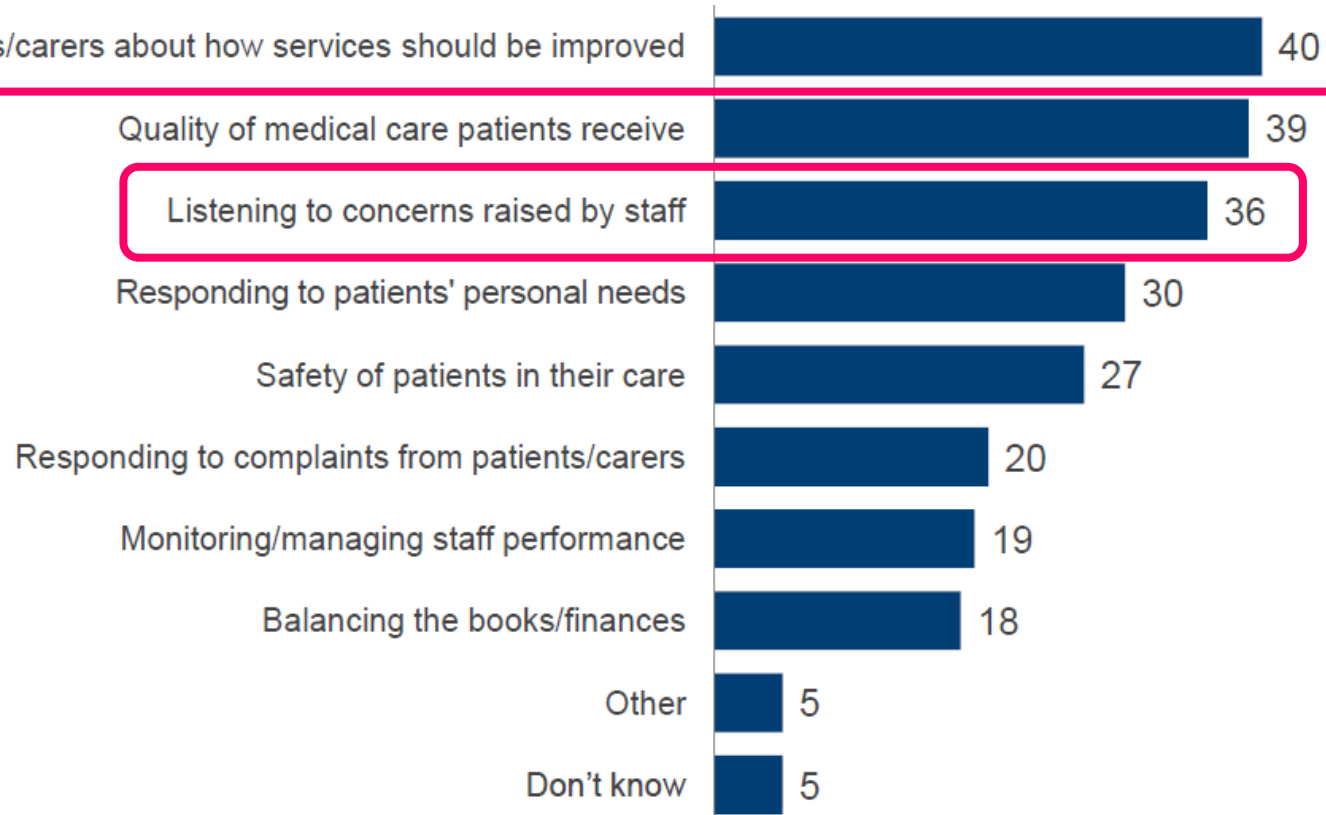


Allison Metz (National Implementation Research Network) and Annette Boaz (Centre for Health and Social Care Research at Kingston) discuss the use of implementation science to support the use of evidence to achieve outcomes.

Read the Integration and Implementation Insights Blog:
<http://nirn.fpg.unc.edu/where-are-stakeholders-implementation-science>

Where the NHS needs to improve

Based on your personal experience of the NHS, which two or three of the following do NHS hospitals most need to improve?



Base: All (1,010), 13TH – 16TH April 2013



What is patient and public involvement in research and why does it matter?
bit.ly/1WI6WiV



RETWEETS

6

LIKES

4



Parallel or connected?

Collaboration for Leadership in
Applied Health Research and Care
South West Peninsula

[Home](#) [About](#) [Research and Projects](#) [Get Involved](#) [Events](#) [Contact](#)

Patient and Public Involvement in Research



Why Public Involvement in Research?

The experience that researchers and clinicians have of healthcare services often comes from a specialised and expert point of view. Patients and members of the public provide a different way of looking at things that can ground the discussion in practical experience. The lay perspective can make clear things that are so obvious the professionals have stopped noticing them and ask 'naive' but important questions that the experts are too well trained to think of.

Development of Patient and Public Involvement (PPI)

Interest in the role of 'stakeholders' in promoting implementation and improvement

Collaboration for Leadership in
Applied Health Research and Care
South West Peninsula

[Home](#) [About](#) [Research and Projects](#) [Get Involved](#) [Events](#) [Contact](#)

News

Update on PenCLAHRC's research prioritisation process

Posted on December 14th 2016



Understanding the relationship between research, policy and practice

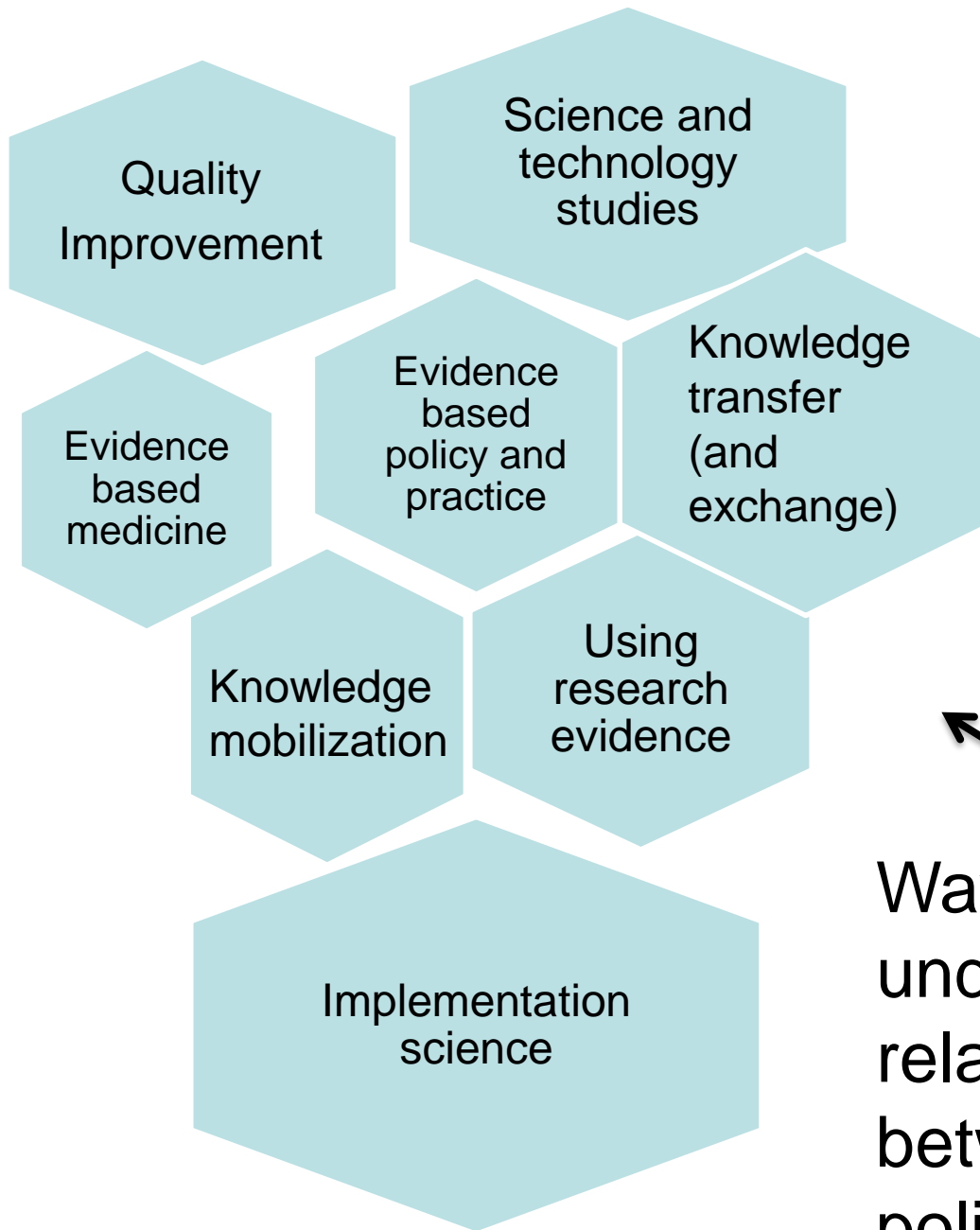
Linear models



Relationship models



Systems models

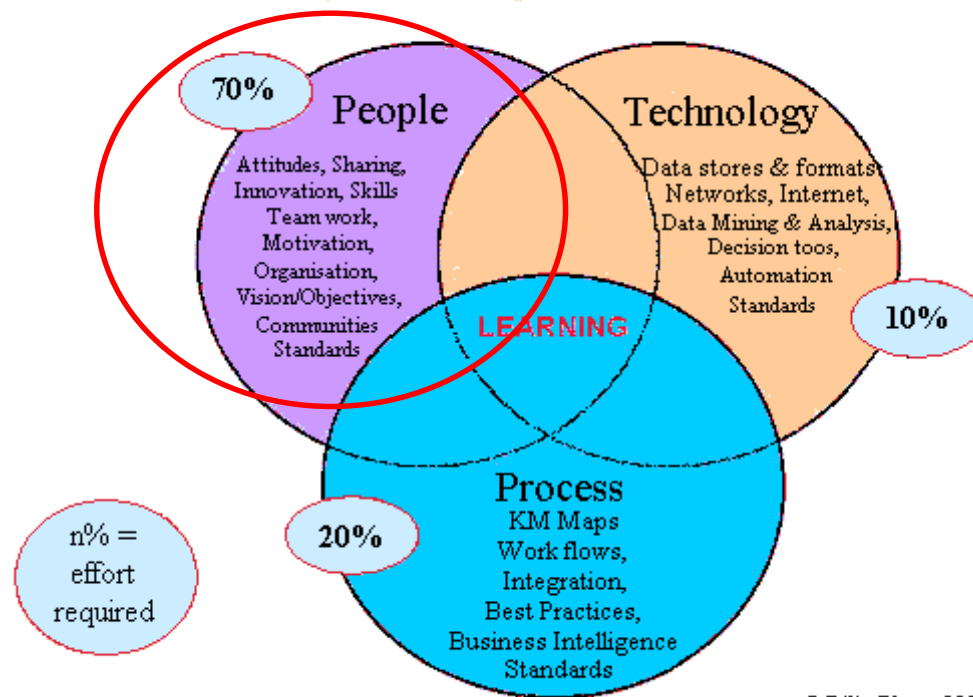


Ways of understanding the relationship between research, policy and practice

Where are the stakeholders?

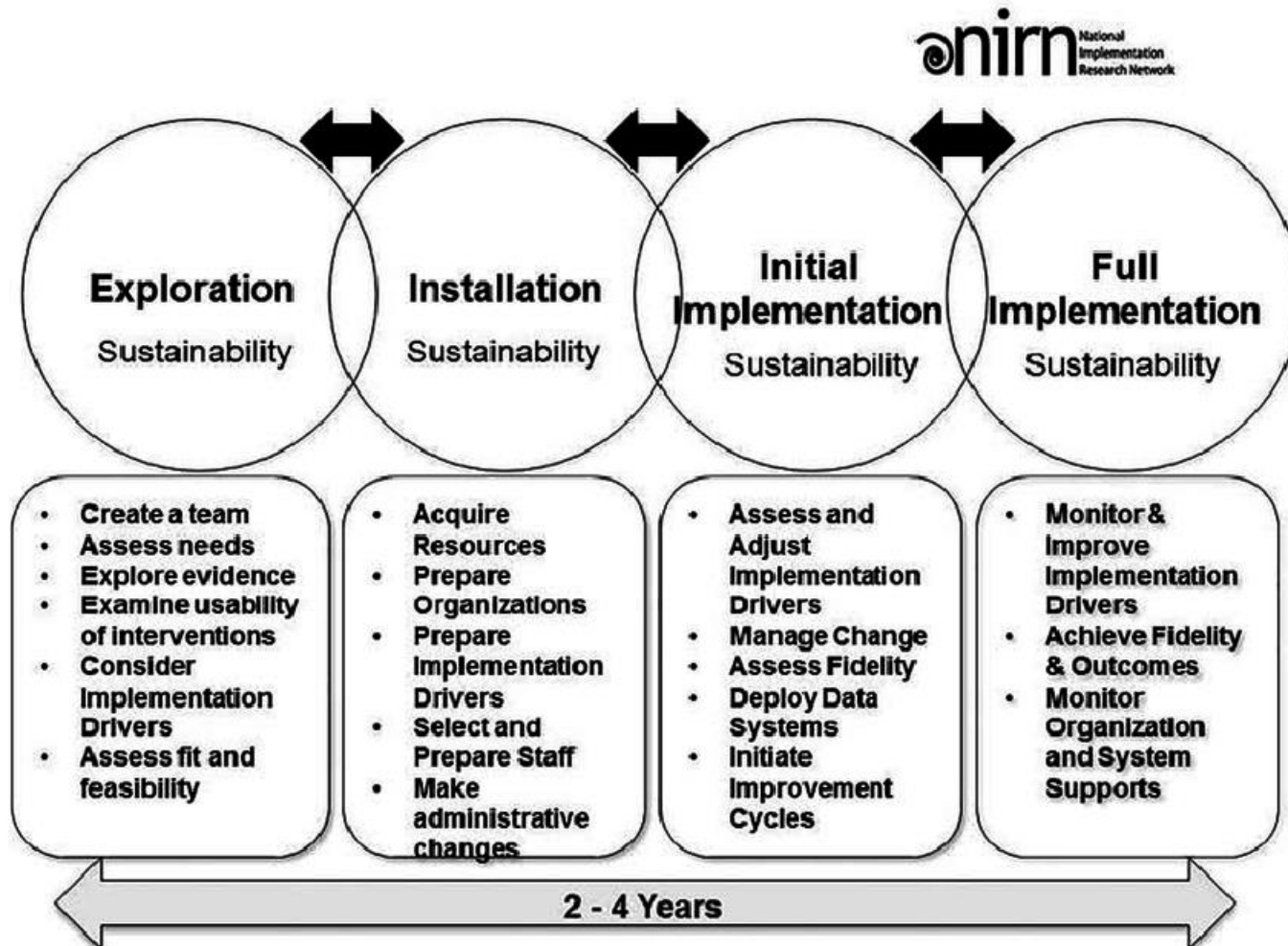
Knowledge transfer
(and exchange)

Knowledge Components



© Dilip Bhatt, 2000

Implementation science: where are the stakeholders?



In terms of what we know might work we have a lot going on:

1. **Absorptive capacity:** (incl. Changes in the structure of institutions, changes in human capital
Training/updating staff, enhancement of group and individual behaviour)
2. **Improvements in the processes of care related to conducting a specific trial**
3. **Organisational mechanisms within health-care systems**
4. **Collaborative approaches between organisations, teams and individuals**
5. **Action research and participatory research** as mechanisms that improve relevance, understanding of research and willingness to use research



Developing systems

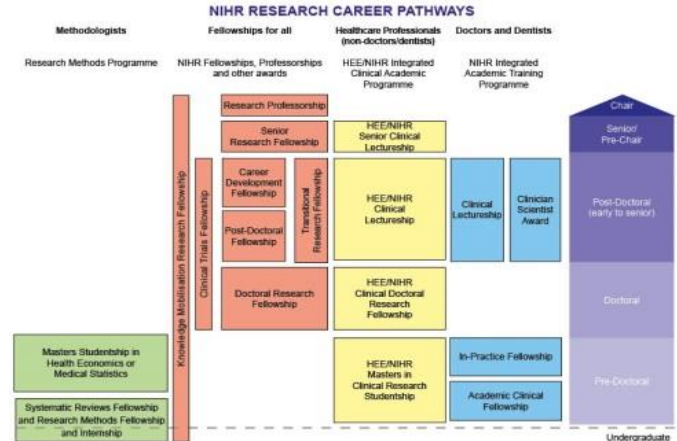
NHS
**National Institute for
 Health Research**

Clinical Research Network



**South West
 Academic Health
 Science Network**

Connecting needs with solutions



**Collaboration for Leadership in
 Applied Health Research and Care**
 South West Peninsula

In terms of what we know might work we have a lot going on:

1. **Absorptive capacity:** (incl. Changes in the structure of institutions, changes in human capital

Training/updating staff, enhancement of group and individual behaviour

2. **Improvements in the processes of care related to conducting a specific trial**

3. **Organisational mechanisms within health-care systems**

4. **Collaborative approaches between organisations, teams and individuals**

5. **Action research and participatory research** as mechanisms that improve relevance, understanding of research and willingness to use research



?

Learning for experience based co- design: An example of participatory action research

A 6-stage design process

1. setting up
2. engaging staff & gathering experiences
3. engaging patients and gathering their experiences
4. bringing patients and staff together to share experiences & begin co-design
5. detailed co-design activities
6. coming back together: celebration, review & renewal



Experience based co-design

Two key themes emerge from the data:

- A range of different roles were adopted by patients
- Changes championed by patients and carers were often small scale
- As co-designers patients provided innovative ideas and solutions
- Through their involvement and contributions they also acted as catalysts for broader change



All required on-going, skilled facilitation on and flexibility

Participant roles in EBCD at different stages of the process

		Participant roles			
		Sharing experiences	Identifying improvement priorities alongside staff	Developing potential solutions with staff	Helping implement & evaluate solutions
Intervention Stage	Patient event				
	Joint event				
	Co-design group				
	Celebration event				
	Follow-up quality improvement activity beyond the formal stages of EBCD				

Types of change identified by clinical theme

'I wondered what, if anything, will be taken on board. To be honest with you, everything has been taken on board, and that in itself was a complete surprise.'
(Patient interview)

	Examples of changes identified by clinical themes
Lung cancer	Acquiring more comfortable V-shaped pillows for post-operative patients
Lung cancer	Identified and modified private room for receiving support after the diagnosis
Lung cancer	Patient support group established
Lung cancer	A new process for effective transfer of patients belongings (including dentures and frames) from theatre to the recovery ward
Lung cancer	Patients made aware of support available through clinical nurse specialist
Lung cancer	Consultants agreed to send summary letter to patients after consultation
Intensive Care Unit	Sign created to enhance dignity and privacy
Intensive Care Unit	Promoting the involvement of families in personal care via team news
Intensive Care Unit	Promoting the washing of patients' hair more regularly via team news. New wash basin to be trialled
Intensive Care Unit	Encouraging wards to send patients wash bags to ICU – email to all sisters and managers. Infection control view sourced
Intensive Care Unit	Sourcing appropriate clocks to aid patient orientation
Intensive Care Unit	Encouraging nurses to brush patients' teeth more regularly – via team news and through sourcing new toothbrushes to trial
Intensive Care Unit	Promoting the correct application of CPAP (continuous positive airway pressure) masks. Creation of a guide and teaching on team days
Intensive Care Unit	Informing patients about the potential for hallucinations – via rehab and therapies booklet

Patients and carers as catalysts for broader change

'I have already changed the way I think and care for patients even though we haven't started implementing changes yet. I have a better understanding now of how things are from the patients' perspective.'

(Nurse, intensive care, fieldnote of conversation)

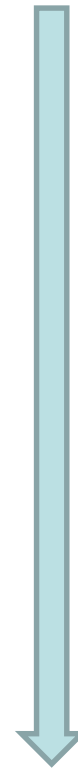


Participation in implementation science?



Table A.8 Complete standard errors and confidence intervals of selected variables (continued)

Attitudinal variables (Mean for factor interview)	Complete standard error	95% CI	95% CI lower	95% CI upper	DF	Sign.
Q. 292 How often for the unemployed are ... (full sample)						
Too long	18.0	0.8	7.1-20.2	1.738	4011	****
Just right	60.2	1.1	58.1-62.4	1.292	4011	****
Q. 293 How serious a problem is traffic congestion in towns, cities (full sample)						
A very serious problem	11.0	0.8	9.5-12.0	1.382	4011	****
A serious problem	39.0	0.8	37.4-40.7	1.312	4011	****
Not a serious problem	49.0	0.8	47.2-50.7	1.352	4011	****
Not a problem at all	19.0	0.8	17.0-21.1	1.368	4011	****
Q. 294 Who should be most responsible for ensuring that people have enough to eat if they become unemployed (full sample)						
Me	16.0	1.0	14.0-18.0	1.682	4011	****
My family	18.0	0.8	17.2-18.8	1.268	4011	****
My employer	14.0	0.8	13.2-14.8	1.268	4011	****
My government	38.0	1.0	37.0-39.0	1.682	4011	****
My community	14.0	0.8	13.2-14.8	1.268	4011	****
My church/synagogue/mosque/temple	30.0	1.0	29.0-31.0	1.682	4011	****
Q. 295 Being respected by wider society more likely to be found in ex-Service personnel or general population (full sample)						
Ex-Service personnel more likely	61.0	1.0	59.0-63.0	1.712	4011	****
General population more likely	38.0	0.8	37.2-38.8	1.192	4011	****
Neither	1.0	0.0	0.0-1.0	1.172	4011	ns
Attitudinal variables (self-completion)						
A16a Government should redistribute income from the better off to those who are less well off (full sample)						
Strongly agree	42.0	0.8	41.2-42.8	1.172	4011	****
Disagree	58.0	0.8	57.2-58.8	1.182	4011	****
Neither agree nor disagree	27.0	0.8	26.2-27.8	1.182	4011	****
Strongly disagree	6.0	0.8	5.2-6.8	1.212	4011	****
B16 C16 Which of these statements comes closest to your view about general achievement? (170 sample)						
It's not really worth saying	16.0	1.0	14.0-18.0	1.202	1699	****
Angels who fall from heaven	20.0	1.0	18.0-22.0	1.212	1699	****
It's everyone's duty to take	62.0	1.0	59.0-65.0	1.202	1699	****
Q. 300 Whether support for ex-Service National Health Service should be maintained long to those with health insurance (170 sample)						
Support with extra help	6.0	0.8	4.0-8.0	1.212	1699	****
Support with extra help	16.0	1.0	14.0-18.0	1.202	1699	****
Oppose with extra help	72.0	1.0	70.0-74.0	1.202	1699	****
Oppose with extra help	10.0	1.0	8.0-12.0	1.202	1699	****
A16c People should be able to travel by plane as much as they like (170 sample)						
Agree	61.0	1.0	57.0-65.0	1.112	1699	****
Disagree	39.0	1.0	37.0-41.0	1.112	1699	****
Neither agree nor disagree	10.0	1.0	8.0-12.0	1.092	1699	****



Detecting a subtle shift in core team attitudes to stakeholder engagement over time...

Are we ready to share power?

‘The defensive power’ of the academic community

I don't think there is a lot of humility in the scientific community about their own need to be exposed, to..., because there is a certain elitism that floats around these circles in which people think they know the truth... So it's not that they're dying to get input from others and widen their perspectives.'

Sue, Research Fellow, Health Services Research



Some questions....

- Will these concepts (implementation and participation) blend?
- Are there important differences between professional and lay stakeholders?
- Can we promote participation at a systems level?
- Can we be more creative to support participation?
- Is more consultation better than nothing?

