

A qualitative analysis of experiences, enablers and barriers to implementing nationally endorsed health and social care standards in Ireland

Background

The implementation of nationally endorsed health and social care standards is one approach to quality improvement in health systems. Standards are complex, multi-faceted interventions and apply to diverse contexts. Limited evidence exists on appropriate implementation strategies to enhance their implementation. Researchers have recommended using qualitative methods to explore the complexity of context and implementation.¹

Aim

To explore the experiences of implementing standards and identify enablers and barriers to effective implementation with stakeholders from across multiple levels of the health and social care system.

Study Context

This study was conducted in Ireland. The Health Information and Quality Authority is the Irish standard-setting body for health and social care. National standards are implemented in Residential services, Community Healthcare, Hospitals and National Ambulance Services.



Methods

We used a descriptive qualitative research design. Ethical approval was obtained. 97 adults employed in health and social care services were invited to participate. Roger's framework² was used to group participants according to health organisational level: system, organisational or individual-level. This achieved focus group homogeneity.

6 focus groups + 8 individual interviews	Schedule of Questions 1. What are your experiences? 2. What do you think? 3. What is working well? 4. What are the barriers?
Audio-recorded with consent	
Transcribed verbatim	
Berger & Luckmann's sociology of knowledge - social constructionism underpinned interpretation of data.	
Braun & Clarke's Reflexive Thematic Analysis was used to generate themes.	

References

1. Rogers et al. BMC Health Serv Res.2020;20(1):591. 2. Rogers et al. BMC Health Serv Res.2020;20(1):1059. 3. Lincoln Y, Guba E. Naturalistic inquiry. Beverly Hills: Sage Publications.1985.

Reflexivity, the research team

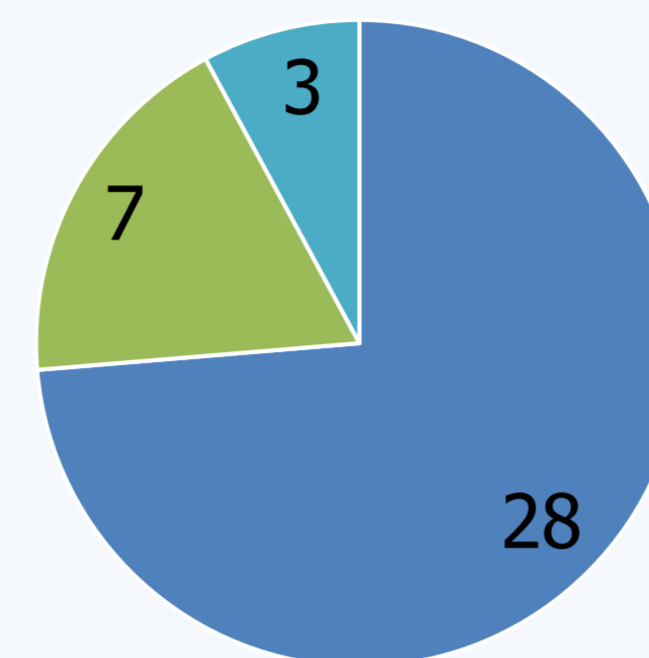


Lincoln & Guba's criteria for rigour³

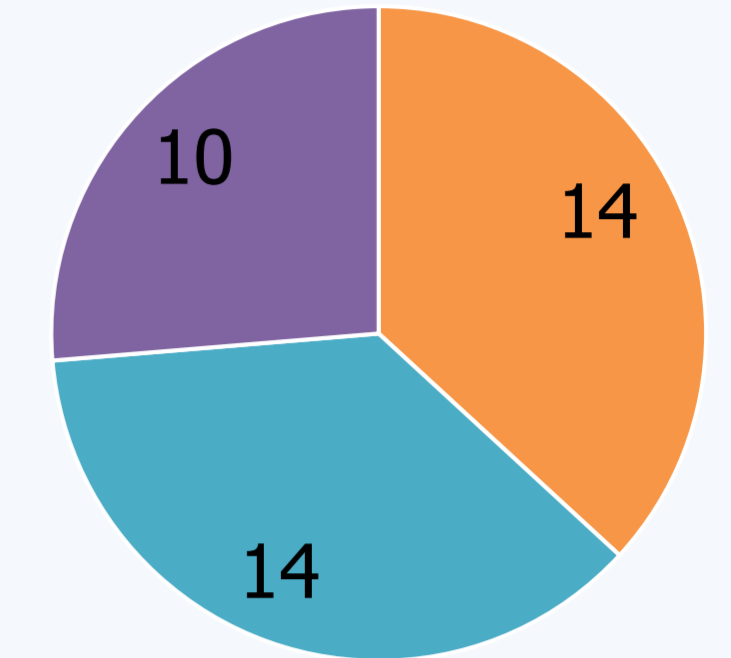
Credibility	Dependability
Confirmability	Transferability

Participant demographics (n=38)

Participants' years of experience implementing standards (n)



Participants working at health organisational levels (n)



■ 10 years+ ■ 5-10 years ■ 0-4 years ■ System-level ■ Organisational-level ■ Individual-level

Themes generated (n=6)

Top-down, bottom-up, a team approach: everybody together, we are all involved, we are all responsible.

Support tools: accessible tools and bite-size material pertaining to standards will support us to implement standards.

Empower with knowledge: increase awareness and understanding of standards, make them relatable in practice so we can make sense of them.

A system wide malaise: we don't have the bandwidth to implement standards.

Follow the leader: we need a lead person at every level to inspire implementation of standards.

A bi-directional influence: we know inspections drive standards implementation leading to quality improvements but we still feel trepidation around inspections.

Main Recommendations

- Key enablers identified related to teamwork, support tools, leadership and collegial support from the Regulator.
- Key barriers related to workforce issues, a lack of awareness of standards and trepidation around inspection reports.
- A **novel finding** was how an **external organisation** such as a regulatory body can influence implementation of standards.
- Few determinant frameworks address external organisational influences. Adopting **organisational theory** may help to better understand these external influences on implementation in health and social care services.
- Incorporating these findings into **implementation strategies** can facilitate effective implementation of standards, ultimately **for the benefit of service-users**.

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