Author’s response to reviews

Title: Towards evidence-based palliative care in nursing homes in Sweden: a qualitative study informed by the organizational readiness to change theory

Authors:

Per Nilsen (per.nilsen@liu.se)

Birgitta Wallerstedt (Birgitta.Wallerstedt@lnu.se)

Lina Behm (Lina.Behm@med.lu.se)

Gerd Ahlström (Gerd.Ahlstrom@med.lu.se)

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Author’s response to reviews:

Dear editor and referees,

Thank you for your review of the manuscript and your comments. We have given all comments our full consideration and have made numerous changes to the manuscript with the ambition of improving it. We are grateful for the feedback. Below – highlighted in yellow (although not visible in this webbased version) – are our responses.

Best regards,

Per Nilsen on behalf of all the authors

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Towards evidence-based palliative care in nursing homes in Sweden: a qualitative study informed by the organizational readiness to change theory Per Nilsen, Professor; Birgitta Wallerstedt; Lina Behm; Gerd Ahlström Implementation Science
ASSOCIATE EDITOR COMMENTS:


>>>We have read this paper and found it very useful in its discussion of the affective element of attitudes. This provides a theoretical grounding for our observation that it may be particularly difficult to adopt behaviours which are emotionally charged. We have added text in Discussion page 24, the rows 529-532.

2. Reviewer #1 might be asking for clarity about the relationship between the implementation intervention and readiness for change. Clarifying how these are related, and the timing of the interviews in relation to the intervention, might address the reviewer's concerns.

>>>We hopefully have addressed all these issues below.

Reviewer reports:

3. Reviewer #1: I appreciate the review of the authors, and the added details helped understand the goal of the study and methodology. The added text, however, gave me some different concerns, detailed below: Please define implementation strategy (line 120). So, to clarify, the intervention was really aimed at increasing the knowledge around evidence-based palliative care principles through educational booklets. But then if that is the case, wasn't the intervention delivered? I am sorry, but I am still confused (and this may be just me) about what is the specific intervention if it is not the delivery of the booklets with knowledge about palliative care.

>>>The implementation strategy (i.e. the implementation intervention – both terms are used in implementation science) is the educational intervention intended to create or contribute to an evidence-based palliative care practice in the nursing homes. The strategy/intervention is the means by which to achieve the goals of an evidence-based practice. The strategy/intervention consisted of the outreach seminars. We have added some more details on the seminars, to clarify that they combined more traditional lecture-style presentations and group discussions. The booklet was used for the seminars and was an integral part of the strategy/intervention. Educational interventions are described in numerous frameworks/taxonomies of implementation strategies; it is perhaps the most common strategy. Clarifying sentences see Method section page 7, the rows 120-122, as well as in the Discussion page 17 row 364.
4. Based on that, the authors mention that fear or hesitancy was also a barrier acknowledged by the participants (lines 509-510). If the intervention is still being developed (again, I am still confused about this), how will this barrier be addressed? Which literature could inform how to address this barrier? Would adding role plays, for example, help?

>>>Good point! We have added that an important aspect of the seminars was the group discussions, which allowed the participants to share experiences and reflect on these with the other participants. Merely talking about the fear or hesitancy seemed to have a “therapeutic” effect on some of the participants as they recognized that they were not alone in their anxiety. The added text is found on page 7 the rows 127-128, and in Discussion page 17 the rows 366-370.

5. I am unsure if I am convinced with the rationale for not interviewing staff (lines 488-492). If we revisit Weiner's definition of organizational readiness, the definition states that readiness is a multi-level construct and, exactly because they will probably be the ones potentially implementing the intervention (line 527), shouldn't their voices be heard?

>>>We have clarified about the levels of Weiner’s ORC theory and explained why we chose to interview managers. We fully understand the viewpoint of the referee, but believe we had good reasons to focus on managers in this study. We have added: “...we focused on the supra-individual level, which is relevant when applying ORC to explore the implementation of more substantial changes that require collective and coordinated actions by many organization members [17]. ORC is conceptualized in terms of being “a psychological state that organization members hold in common [17:5].” See page 23 the rows 499-503.

6. My main concern, however, is with the added paragraphs in the discussion. The authors state that ORC has not been widely used as a framework; however a simple search gives me numerous articles using ORC, including reviews. Please add citations and strengthen the argument of what is missing in the literature.

>>>This is very true – there is a vast literature on readiness to change. However, we referred to the use of the ORC concept/theory in implementation science, and more specifically Weiner’s more theoretically grounded ORC theory – and there are not that many studies (yet), which have used it. We have clarified this by adding: “While the concept of ORC has been widely applied to understand changes in various organizations [61], few empirical implementation science studies in health care settings have used Weiner’s theory-based ORC framework [17].” Added text in the Discussion, page 24 rows 517-519.
7. The authors indicate an interesting finding, regarding fear or hesitancy among the staff around dying persons. Emotional aspects, as the authors highlight, could be a barrier (or facilitator?) to implementing evidence-based interventions… where would the authors put such aspect in the organizational factors associated with readiness to implement palliative care? Which theory could be used to support/address this finding?

>>>Excellent point! We have addressed this in the revised manuscript: “Rafferty et al. [62] suggest that affective aspects of change readiness have been overlooked, arguing that both theoretical and empirical studies support the relevance of the affective element of attitudes since it may negatively influence change efficacy and change commitment.” See Discussion section page 24, the rows 529-532.

8. Also, related to the last paragraphs: the authors talk about the timing of implementation, and suggest that insufficient time and lack of motivation among staff can be time-related. I would be interested in seeing citations of papers indicating how barriers or facilitators could potentially change depending on time of implementation. I think that this is a very interesting argument and other readers may be interested in learning more as well.

>>>Thanks for the comment. This is an observation we have made, but not published anything on (yet), i.e. theoretical approaches such as determinant frameworks in implementation science often point to the relevance of time availability and identify lack of time as a barrier (determinant) to successful implementation (of course resources like time and financial resources will always be limited...). However, we have not come across the “timing” of implementation as a determinant of implementation. In a planned review of 17 determinant frameworks by Nilsen, not a single one of them addressed the timing of the implementation as a determinant (although most identified lack of time). Therefore, there is no literature to refer to concerning this observation. Rather, it seems to be an overlooked aspect of potential importance for successful implementation – we cannot say much more than that.

9. Line 144: is it experience from or with palliative and geriatric care?

>>>It is experience from working in palliative and geriatric care as nurses. This has been clarified.

10. In summary, a like a little more detailed citation and theoretical justification for the study could be beneficial for the IS community.
Hopefully we have responded to this with the above-mentioned revisions. See Method section page 8 rows 146-147.

11. Reviewer #2: This is an interesting and relevant study and I feel the paper warrants a place in the peer-reviewed literature. The content has been revised, the gaps previously identified in the original version have been addressed, the findings strengthened, and the overall quality of the paper has been enhanced. I feel this revised version of the paper now meets the reporting criteria outlined in the COREQ Guidelines and my recommendation is that it be accepted for publication in Implementation Science. This paper will be a valuable resource for clinicians, decision makers and researchers interested in practice change as well as those involved in the provision of palliative care in home care settings. Thank you for the opportunity to review this excellent work.

Many thanks for the positive assessment of our paper.