Abstract

Abstract title: Sustainable practice change: Professionals’ experiences with a child health intervention programme in Sweden

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Background

Vast evidence shows that conditions during the foetal period, infancy, and childhood can affect physical and mental health throughout life. Chains of risk factors for physical and mental problems can be interrupted by preventive interventions. However, current research indicates that the rate of adoption and implementation of health promoting and preventive interventions often is low, indicating that many potential health benefits are never achieved. To contribute to a deeper understanding of these processes, we aimed to explore facilitators, barriers, and requirements for programme sustainability as experienced by professionals two years after participating in the development and implementation of a multidisciplinary child-health intervention programme in northern Sweden (the Salut Programme).

Methods

All professionals (n=23) – including midwives, child health nurses, dental hygienists/dental nurses, and teachers from open pre-schools involved in the Salut Programme pilot areas – were interviewed between May and September 2009. Transcribed data underwent qualitative content analysis to illuminate perceived facilitators, barriers, and requirements for program sustainability. Finally, a model inspired by Grol and Wensing\(^5\) was used to sort categories into a theoretical scheme.

Results

Most professionals claimed high compliance to programme elements two years after implementation (i.e., sustainability) except for those within child health care where few fully adhered to the programme. The perception of facilitators, barriers, and requirements were largely shared across sectors. Facilitators included a clear branding of the programme, being actively involved in the intervention development and small-scale testing, personal values corresponding to the programme’s intentions, regular meetings, working close with collaborators, and using manuals. Existing or potential barriers consisted of lack of managerial involvement and support and perceived
constraints regarding time and resources. In dental health care, barriers also included conflicting incentives for performance. Many facilitators and barriers experienced also reflected perceptions of more general requirements for forthcoming programme sustainability.

Discussion and conclusions

The theoretical framework proposed by Grol and Wensing was found to be feasible in structuring results of this study, findings that support its usefulness as a multilevel approach to examine factors of importance for promoting change. This framework has been used in previous studies to identify facilitators and barriers for change. However, our results contribute to extend the framework by also including the level of the development process, as several facilitating factors were found at this level. The results of this study contribute to the knowledge of processes involved in achieving sustainability in health promotion initiatives. Powerful facilitating factors include involving front-line professionals in intervention development and using small scale testing; however, the success of a program clearly requires paying attention to the role of managerial support and an overall supportive system. In summary, these results emphasise the importance for both practitioners and researchers to pay attention to parallel processes at different levels in multidisciplinary improvement efforts intended to reach sustainable practice change.