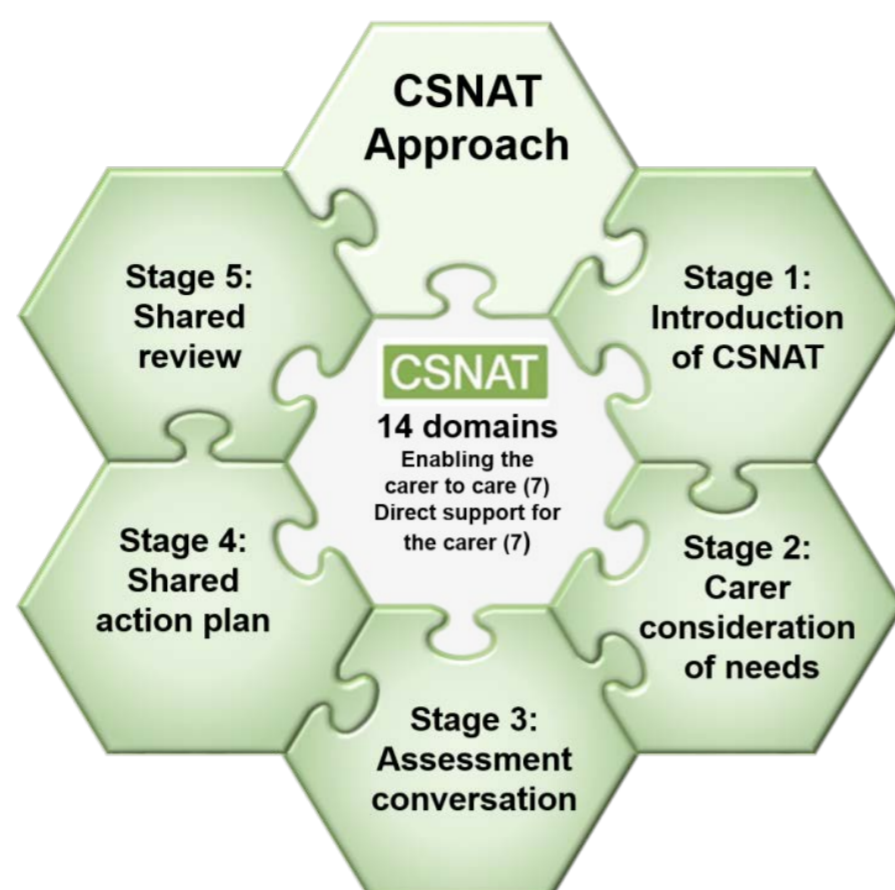


# How does organisational context and staff attitudes impact on the success of implementing an intervention to identify and address the support needs of family carers?

## Background

- The **Carer Support Needs Assessment Tool (CSNAT)** is an evidence-based assessment tool which facilitates support for family carers of adults with life-limiting conditions.<sup>1,2</sup>
- For use in practice, the CSNAT is incorporated into a 5-stage process referred to as **The CSNAT Approach**; together these two components form the CSNAT intervention.<sup>3</sup>
- The Methods of Researching End of Life Care (MOREcare)<sup>4</sup> statement recommends that implementation processes must form a central part of end-of-life/palliative care research.
- However, to date a paucity of studies have investigated **how to successfully implement** evidence-based interventions within palliative care.



## Aim

- To investigate how **staff attitudes** and **organisational context** affect successful implementation of the CSNAT intervention.

## Methods

- 36 UK palliative care services participated.
- Staff surveys measured attitudes and context prior to, and six months after implementation began and included:
  - a questionnaire to assess **staff attitudes** to the CSNAT;
  - the Alberta Context Tool (ACT) to assess the **organisational context**.
- Data on use of the CSNAT intervention were collected over six months; services were classified as **'high'** or **'low'** adopters on this basis.
- Relationships between service characteristics, aggregate data on staff attitudes and organisational context, and level of adoption were analysed to identify characteristics of high and low adopters of the CSNAT intervention.



## Main Findings

- 157/462 surveys were returned at baseline and 69/462 at six months.

Higher proportion were **Clinical Nurse Specialist (CNS) teams (56%)**.

**Lower ratio of intervention champions** in relation to total number of staff (**14%**).

**Positive attitudes** to the CSNAT intervention prior to implementation, **but attitudes became significantly more negative over time**.

Higher proportion were **hospice at home (39%)** and **day services (54%)**.

**Higher ratio of intervention champions** in relation to total staff numbers (**32%**).

**More frequent discussions with their colleagues about care** than low adopters as indicated by significantly **higher scores** on the **'informal interactions'** subscale of the ACT ( $p=0.038$ ).

**Positive attitudes** to the CSNAT intervention prior to implementation which then **remained the same or improved over time**.

High adopters

Low adopters

## Conclusions

- Intervention champions** are crucial to successful implementation of the CSNAT intervention in practice (larger services require additional intervention champions).
- Pre-implementation planning** needs to consider individual service contexts and opportunities practitioners have to assess carers' support needs.
- Throughout it is crucial to **engage regularly with practitioners** to support their use of the intervention, to maintain motivation and sustain implementation in practice.

<sup>1</sup>Ewing, G & Grande G - on behalf of the NAHH. Development of a Carer Support Needs Assessment Tool (CSNAT) for end-of-life care practice at home: A qualitative study. *Palliative Medicine* 2012; 27(3):244-256.

<sup>2</sup>Ewing G, Brundle C, Payne S and Grande G. The Carer Support Needs Assessment Tool (CSNAT) for use in palliative and end-of-life care at home: A validation study. *Journal for Pain and Symptom Management*. 2013; 44(3):395-405.

<sup>3</sup>Ewing G, Austin L, Diffin J, Grande G. Developing a person-centred approach to carer assessment and support. *British Journal of Community Nursing* 2015; 20(12):580-584.

<sup>4</sup>Gysels M, Evans CJ, Lewis P, Speck P, Banalia H, Preston NJ, Grande GE, Short V, Owen-Jones E, Todd CJ, Higginson IJ. MORECare research methods guidance development: recommendations for ethical issues in palliative and end-of-life care research. *Palliative Medicine* 2013; 27:908-917.