Using the Theoretical Domains Framework to identify implementation challenges and design behavior change strategies: Two examples from stroke rehabilitation

Dr Annie McCluskey

Discipline of Occupational Therapy, Faculty of Health Sciences, The University of Sydney

Email: annie.mccluskey@sydney.edu.au

Background: Theoretical frameworks are increasingly being used to identify the causes of implementation problems, and factors that may explain or predict behaviour. Theory can also inform the design of implementation strategies, and beliefs, attitudes and behaviours to target during implementation. Aim: The aim of this presentation is to describe use of the Theoretical Domains Framework (TDF) in two published implementation studies. Methods: The TDF was used to inform collection and analysis of interview data (1:1 or in a focus group). Study 1 included 28 allied health, nursing and medical practitioners from one in-patient stroke unit. Study 2 included 13 allied health practitioners from two community rehabilitation teams. Health professionals were interviewed before and during implementation of multiple stroke guideline recommendations. Findings: Of 14 possible domains from the TDF, 8 problems and barriers to practice change were identified: (i) the social influence of stroke survivors and their family, (ii) beliefs about the capabilities of individual professionals and their discipline, and beliefs about patient capabilities, (iii) beliefs about the consequences, positive and negative, of implementing stroke guideline recommendations (iv) memory of, and attention to, best practice (v) intention and motivation to implement best practice; (vi) professionals knowledge of specific rehabilitation interventions and "what to do", as well as the skills to deliver these interventions; (vii) role identity; and (viii) the availability of resources. Discussion: Findings were used to plan an implementation program and strategies to change behaviour. The resulting feasibility study produced variable levels of behaviour change across five rehabilitation teams. A cluster randomised trial involving 22 teams is currently underway, using findings from Study 2. This presentation will summarise the benefits and limitations of using the TDF.