



## **Workshop 3 – 2018 Nordic Implementation Conference**

### **Organisational Factors influencing Implementation**

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#### **Presentation 1: Factors Associated with Use of Evidence-based Practices for Children with Autism in Schools (Jill Locke)**

##### *Background*

Few evidence-based practices (EBPs) for children with autism have been effectively implemented in schools. Several studies indicate that with training, school personnel can implement EBPs for children with autism; however, there are varying levels of EBP use and fidelity. To date, the individual and organizational factors associated with EBP use in public schools are not clearly understood.

##### *Project aim*

The purpose of this study was to examine individual and organizational factors associated with the implementation of three EBPs for children with autism in self-contained classrooms in public elementary schools. Both individual and organizational factors have been shown to predict the implementation of EBPs for the prevention and treatment of other problems in schools and may also play a role in the successful use of autism EBPs in schools. However, these factors have not been systematically studied within this context.

##### *Project methods*

Participants included 44 principals, 67 teachers and 79 classroom staff from 44 schools. Participants completed ratings of individual (i.e., attitudes of EBPs) and organizational factors (i.e., organizational culture and climate, implementation climate, and implementation leadership). Independent observers rated teachers' implementation of three EBPs (e.g., discrete trial training, pivotal response training, and the use of visual schedules) for children with autism using a fidelity checklist. Teachers also completed ratings of the frequency with which they deliver each of the EBPs.

##### *Project results*

Regression analyses were used to predict the association between: each organizational-level factor (organizational culture and climate, implementation climate, implementation leadership) and use of EBPs and attitudes about EBPs and use of EBPs. Organizational culture and climate were not associated with EBP implementation; however, implementation leadership and implementation climate were significantly associated with EBP use ( $p=.02$  and  $p=.04$ , respectively). Attitudes about EBPs also were significantly associated with EBP use ( $p=.03$ ).

##### *Preliminary or final conclusions/discussion*

The results provide an in-depth understanding of individual and organizational factors that influence the use of EBPs for children with autism in schools. Implementation leadership and implementation climate may be the most proximal and malleable determinants of EBP use in schools. These data will help identify implementation intervention targets that will facilitate the development of strategies to help schools overcome barriers and ultimately improve the outcomes of children with autism.



## Presentation 2: Findings on the factors affecting EBP implementation in a Dutch social work organization (Renske van der Zwet)

### *Background*

Evidence-based practice (EBP) is now the dominant model for improving research utilization in social work practice and narrowing the gap between research and practice. Although in many northern European countries EBP is increasingly emphasized in social work, there is less agreement about what it means in practice and how it is best promoted (Avby et al., 2014; Nutley et al., 2009).

### *Project aim*

The research set out to address the question: How and to what extent is EBP implemented in the organization and what are the facilitating factors and barriers that influence EBP implementation in the organization? Identifying the factors that influence the EBP process in the case study organization that has recently started to strive for an EBP approach might be helpful for organizations preparing for EBP implementation.

### *Project methods*

The case-study organisation was chosen as it has recently put in place a Research and Development department and has also initiated the first Academic Collaborative Centre (ACC) for social work in the Netherlands. An ACC is a long-term collaboration between universities and care and welfare organisations. To examine EBP across the whole organization, the researcher conducted interviews with social workers (n=12) and executive, management, research and specialist staff (n=10). A semi-structured question format of mostly open questions was used for the in-depth interviews.

### *Project results*

The findings showed that EBP implementation is in an early stage and that the case study organization predominantly used the 'embedded research model' and the 'organizational excellence model' to implement EBP, while the 'research-based practitioner model' was used less. There is a crucial role for the R&D department in gathering, appraising and translating external research-insights into practice activities and local evaluation and practice development based on research. This is facilitated through collaboration with universities and universities of applied sciences.

### *Preliminary or final conclusions/discussion*

In the case study organisation, we identified a number of internal and external factors that impacted on how EBP was implemented. Also, we identified several strategies that were used or could be used to improve EBP implementation. These findings might be used to further develop the organizational model for EBP implementation (Plath, 2013).



## Presentation 3: Active leadership, a crucial ingredient to successful implementation (Terje Christiansen)

### *Background*

In 2003-2005, the municipality of Lorenskog, implemented a cross-sectorial EBP-intervention for the prevention and treatment of behavioural problems in children, adapted to the municipality's services (TIBIR). The project had an extensive research-design where, one was to study the impact of the implementation process on leadership and cooperation.

### *Project aim*

High level of collective efficacy and high level of Social capital within the organization increases the potential of success. Hence the implementation study focused on the impact of the implementation process on leadership and cooperation. Since 2005, TIBIR is maintained as a central instrument for the prevention and treatment of behavioural problems in children. The current project aim is to study the level of collective efficacy and level of Social capital 12 years after, based on a follow-up study in 2017.

### *Project methods*

The study had a quasi-experimental design, dividing the municipality in two areas with as much similarity as possible. Active implementation and testing of TIBIR program in one area and both areas received information about TIBIR and four courses in related topics. Data was collected before the training started and then one year after. Data was collected to see if there were differences in professionals participating. A follow-up study will be conducted in 2017, looking at the level of collective efficacy and level of Social capital 12 years after.

### *Project results*

In 2005, marginally significant differences were found between the two groups at T2 connected to collective efficacy, with a higher level in the group that received implementation. Both groups had a marginally lower significant result regarding social capital/perceived ability to cooperate amongst professionals, but the control group had a greater drop. At the same time both groups experienced a higher level of perceived cooperation between the leadership and the professionals, and again a "better" result for the intervention group.

### *Preliminary or final conclusions/discussion*

The implementation processes do have an impact on the organization as a whole, even if the differences between the two groups were minor. The differences indicate that implementation can reduce professional's perceived ability to cooperate. Results will be used to assess readiness for future implementation. The findings will help to target both challenges in leadership as well as directions to use in problem-solving processes to towards the use of best practices.



## Presentation 4: The role of management in developing workplace health promotion (WHP) practices based on co-creation (Merja Turpeinen)

### *Background*

The results of workplace development projects aiming to change organizational culture and the way in which people work are uncertain and often poorer than expected. The involvement of management is believed to be one of the key factors in successful development processes. What things should management be committed to and take part in when developing WHP practices based on co-creation?

### *Project aim*

We examine the role of organization management when developing WHP practices based on co-creation. Co-creation consists of goal-oriented co-operation between developers and users in practice. Value creation as co-creation is also increasingly the target of business strategies (e.g. service-dominant-logic). In the context of WHP, co-creation aims to bring management, personnel, occupational safety personnel, occupational health services (OHS) and developers closer together to evaluate work ability resources and problems and to develop a health promotive workplace through co-creation.

### *Project methods*

The role of management was determined in an evaluation study targeting five WHP co-creation projects which involved a total of 38 workplaces and 23 OHS units. The evaluation framework was formulated on the basis of realistic evaluation in the context of organizational development interventions. As factors that affected the interventions and the establishment of co-creative procedures, we analysed the context, process and the roles of the actors. The data consisted of project reports. We used qualitative content analysis and positioning theory to analyse the role of management.

### *Project results*

The role of management is important at all stages of an effective intervention process and in the accumulation of the value of WHP through co-creation. Management 1) decides on the project and the goal to adopt co-creation as a new operational WHP model, 2) provides the resources for development, obligates participation, is personally involved in the collective development, monitors the results, and ensures the resources needed to implement jointly-agreed decisions and 3) decides if the new WHP practices are to be continued and ensures that they are attached to the OHS collaboration.

### *Preliminary or final conclusions/discussion*

The process of going through the different steps of a WHP co-creation process at the workplace can be seen as part of the results of the intervention and also as part of the organization's value co-creation process of work ability and health promotion. Management plays a key role in ensuring the effectiveness of the WHP co-creation intervention process, enabling the phases of the development, and sustaining a new mode of operation at the workplace and in OHS collaboration.