

Understanding guideline implementation: the contribution of psychology

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[Re: Understanding guideline implementation: the contribution of psychology](#)

Sheldon et al (2004) have provided useful evidence of the problem of guideline implementation in a study of NICE guidance. They found variable implementation of 12 sets of guidance, published 2001-2002. This raises the question of “why the variation?” Implementation of guidance depends on the behaviour of individual health professionals. Psychology, the study of behaviour, has developed a range of theories that can help explain variability in guideline implementation 1. A recent consensus project, involving both health psychologists and health service researchers, identified 12 domains of explanatory variables, deriving from theoretical constructs from 33 theories of behaviour relevant to guideline implementation. The resulting 12 theoretical construct domains form a framework for understanding and changing problems of implementation 2. The construct domains are: (1) knowledge, (2) skills, (3) professional role and identity, (4) beliefs about capabilities, (5) beliefs about consequences, (6) motivation and goals, (7) memory, attention and decision processes, (8) environmental context and resources, (9) social influences, (10) emotion and (11) action plans and (12) nature of the behaviour.

A second issue concerns the nature of the guidelines themselves. Guidelines vary in their precision and clarity, and many recommendations lack behavioural specificity i.e. who should do what, when and how. There is a body of psychological evidence and theory suggesting that the more specific the guidance, the more likely its implementation 3. Further, without specificity, it may even be difficult to ascertain whether the guideline has been implemented.

The problem of implementing evidence based practice has been well documented. The task before us is to develop effective methods of changing this. Developing interventions based on theories of behaviour change is likely to be more successful in accumulating knowledge about how to intervene than atheoretical “suck it and see” approaches which have been taken by most implementation research 4. Descriptive and predictive studies of evidence based practice, using theoretical frameworks, are being conducted in our research groups to identify appropriate targets and methods for intervention. Trials and experimental studies of theory-based interventions are the next necessary step 5.

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