

## BARRIERS AND ENABLERS

### **Why is it important to identify barriers and enablers when attempting to implement clinical practice guidelines?**

Changing practice can be difficult – some strategies to change the practice of health care professionals are successful in improving health care while others are not. There are often a number of barriers to, and enablers of, change with different barriers and enablers occurring in different settings and at different times.

Identifying the barriers and enablers to change is an important step in planning ways to close evidence-practice gaps as change may be more likely if strategies are specifically chosen to make use of enablers and address the identified barriers.<sup>(1)</sup>

### **What types of barriers and enablers might be encountered?**

Various barriers and enablers might be encountered when attempting to improve clinical practice. Barriers and enablers to change can occur across different levels of health care.<sup>(2)</sup> (See table overleaf for examples)

While change strategies may need to be multidimensional or multisectorial, a comprehensive approach that attempts to address all barriers in all sectors and in all settings is usually not feasible or affordable. A barriers and enablers analysis should help people planning implementation programs to decide where to focus their efforts, with interventions tailored to address specific barriers, and make use of specific enablers.<sup>(3)</sup>

### **Which techniques can be used to investigate barriers and enablers?**

There are a variety of techniques available for examining barriers to, and enablers for, best clinical practice. These include:

- brainstorming,
- case studies,
- key informants,
- interviews,
- focus groups,
- direct observation,
- surveys,
- Nominal Group Technique, and
- Delphi technique.

For further details about these techniques see Rainbird et al.<sup>(4)</sup>

Most of the techniques listed above are suitable for application across a range of clinical practice settings or behaviours. A combination of techniques is often useful when examining enablers for, and barriers to, adoption of best clinical practice.

Decisions about which technique to use will depend upon:

- the area of clinical practice under consideration,
- the amount of available funding,
- the time available for the investigation,
- how rigorous the process of identification of barriers and enablers is intended to be, and
- whether you have access to someone with relevant expertise.

Regardless of the technique that is selected, principles that should be taken into consideration include: acceptability, accuracy, generalisability, reliability, and cost-effectiveness.

Level 5 499 St Kilda Road Melbourne Victoria 3004 Australia

P: +61 3 8866 0400 F: +61 3 8866 0499 E: [INFO@NICSL.COM.AU](mailto:INFO@NICSL.COM.AU) W: [WWW.NICSL.COM.AU](http://WWW.NICSL.COM.AU)

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## Types of barriers and enablers that may impede best practice at different levels of health care.<sup>(2, 4)</sup>

Level	Type of Barrier or Enabler	Examples
The innovation itself	<ul style="list-style-type: none"> <li>• Advantages in practice</li> <li>• Feasibility</li> <li>• Credibility</li> <li>• Accessibility</li> <li>• Attractiveness</li> </ul>	Clinical practice guidelines may be perceived as inconvenient or difficult to use. <sup>(5)</sup> Guidelines recommending the elimination of an established clinical practice, such as screening for lung cancer with chest x-rays, may be more difficult to follow than guidelines that recommend adding a new behaviour. <sup>(5)</sup>
Individual professional	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Knowledge</li> <li>• Attitude</li> <li>• Motivation to change</li> <li>• Behavioural routines</li> </ul>	Clinicians may not agree with a specific guideline or the concept of guidelines in general. <sup>(5)</sup> Clinicians may not have the motivation to change <sup>(5)</sup> or may not feel competent to provide specific services, such as counselling about exercise or diet. <sup>(6)</sup>
Patient	<ul style="list-style-type: none"> <li>• Knowledge</li> <li>• Skills</li> <li>• Attitude</li> <li>• Compliance</li> </ul>	Patients may expect certain services, such as the prescription of antibiotics for upper respiratory infections. <sup>(6)</sup>
Social context	<ul style="list-style-type: none"> <li>• Opinion of colleagues</li> <li>• Culture of the network</li> <li>• Collaboration</li> <li>• Leadership</li> </ul>	Local opinion leaders may encourage the use of forms of care that have not been shown to be effective, such as screening for ovarian or prostate cancer. <sup>(6)</sup>
Organisational context	<ul style="list-style-type: none"> <li>• Care processes</li> <li>• Staff</li> <li>• Capacities</li> <li>• Resources</li> <li>• Structures</li> </ul>	Burdensome paperwork or poor communication may inhibit provision of effective care. <sup>(6)</sup>
Economic and political context	<ul style="list-style-type: none"> <li>• Financial arrangements</li> <li>• Regulations</li> <li>• Policies</li> </ul>	Reimbursement systems may promote unnecessary services or discourage best practice. <sup>(6)</sup>

### Further information

This information sheet was adapted from Rainbird et al.<sup>(4)</sup> For a template to conduct your own barrier and enabler analysis see the NICS Barrier Tool available through the NICS website: [www.nicssl.com.au](http://www.nicssl.com.au)

Prepared by Emma Donoghue, Research Officer, NICS, September 2006.

### References

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