Strategic Intentions and Everyday Practices: what do normalisation processes look like?

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1. The promise and the problem of implementation science.

The promise of implementation science

'Implementation science (IS) is the study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine health care and public health settings to improve our impact on population health'.

NIH. *What is Implementation Science?*
https://cancercontrol.cancer.gov/IS/about.html *accessed 27 August 2019.*

Two different traditions united by brilliant scholarship

Research on knowledge translation and mobilisation, anchored in social cognitive psychological theories of **individual beliefs, intentions, and behaviours**.

Research concerned with people in context, anchored in a long history of research on the dynamics of collective action, the diffusion of innovations, and the behaviour of complex social networks and groups.

Implementation processes and implementation science are not the same

- **Implementation science** is about methods of translation. It involves structured and disciplined activities through which evidence-based interventions are implemented under control.

- **Implementation processes** are non-linear, dynamic, and emergent. They involve complex interactions between intervention components, many different actors, and their contexts.

Structures of Research - *procedural* translation of evidence into practice

Translating evidence into interventions	Rigorous Evaluation	Crossing Translational Gaps	Routine Use
▪Intervention design ▪Feasibility studies, ▪Intervention tailoring ▪Stakeholder engagement	• Methodological conventions • Complex intervention trials • Process evaluations • Economic modelling	• Interpretation of study results • Systematic reviews • Clinical guidelines _____ • Health Policy • Cost controls • Legislation	• Diffusion • Popularisation • Experiential evidence for success • Cost savings/Profitability • Obsolescence / entropy /Replacement

Studying implementation involves two distinct sets of activities and a problem
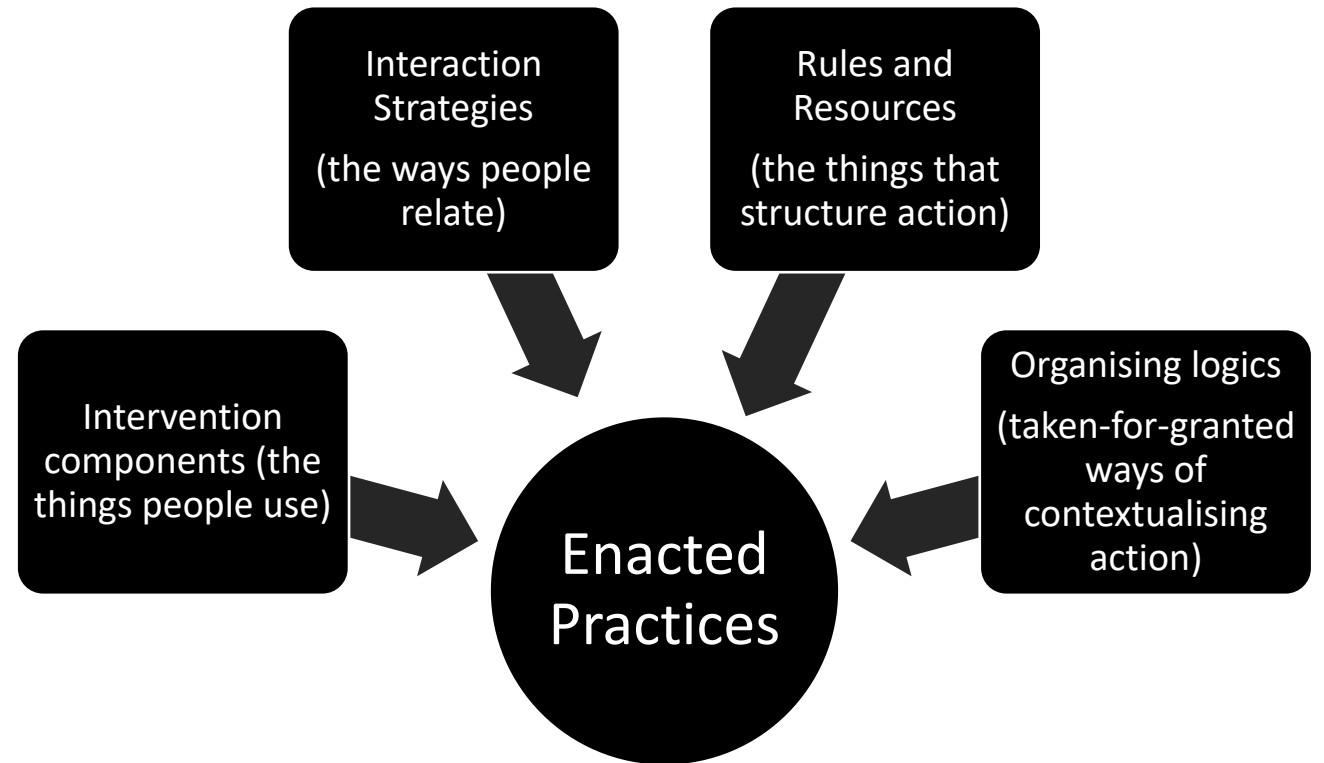
- **Fidelity**: to what extent is the intervention used as intended?

- **How do users work with the intervention?** What are the ways that trial participants and other relevant actors *understand, experience, and enact* the *ensembles of objects, behaviours, and procedures* that are being evaluated within the trial.

- **How does the trial works within its context?** What are the *processes by which the intervention is organized and delivered in its context*, and the extent to which contextual influences shape implementation and intervention effectiveness.

What do healthcare interventions look like?

An intervention is a complicated and complex set of activities that involve combinations of

- things that people can use to undertake care,

- Human relations through which care is undertaken,

- rules and resources that structure action, and

- ways of thinking about care that 'fit' with the contexts in which they're used

Interaction Strategies (the ways people relate)

Rules and Resources (the things that structure action)

Intervention components (the things people use)

Organising logics (taken-for-granted ways of contextualising action)

Enacted Practices

What does implementation mean?

Implementation is *the translation of the strategic intentions of one group of actors into the everyday practices of others*

The essence of implementation is *collective action* and *collaborative work.*

An implementation process is a change in state over time, shaped by the collaborative work of participants, as they invest in *continuous translational action* and *adaptive execution*

Normalization is *one possible outcome* of implementation processes, where the relations, objects and procedures embodied in them *become part of the routines of everyday life*
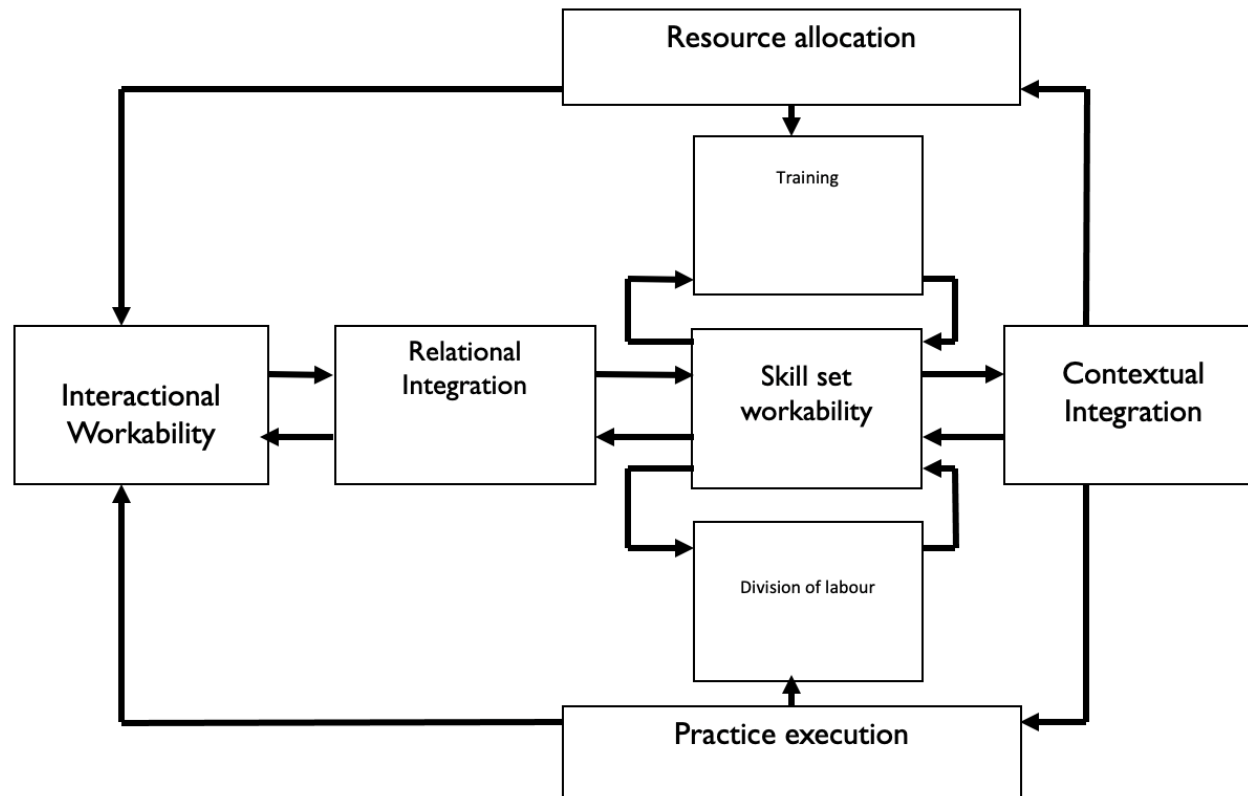
2. Implementation processes at work

When we study implementation, we investigate the work of adaptive execution, and negotiations about capacity and capability, in context

[T]he work that actors do as they engage with some ensemble of activities (that may include new or changed ways of thinking, acting, and organizing) and by which means it becomes routinely embedded in the matrices of already existing, socially patterned, knowledge and practices

By work we mean purposive social action that involves the investment of personal and group resources to achieve goals.

May, C. and T. Finch, *Implementing, embedding, and integrating practices: an outline of normalization process theory.* Sociology, 2009. **43**(3): p. 535-554

Micro-level: understanding properties of interventions *in use*

- **Interactional workability**: capabilities that *enable* participants in an implementation process to operationalise intervention components in practice.

- **Skill-set workability**: capabilities that *equip* participants in an intervention process to perform the work associated with intervention components, and which are distributed in a division of labour.

- **Relational integr**ation: capabilities that *promote* knowledge about intervention components within networks of participants in an implementation process, and which mediate trust and confidence.

- **Contextual integration**: capabilities that *support* intervention components through resource allocation and mobilisation, and that link them to their contexts of action.

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Meso-level: understanding the *collaborative work and collective action* that motivate and shape implementation processes
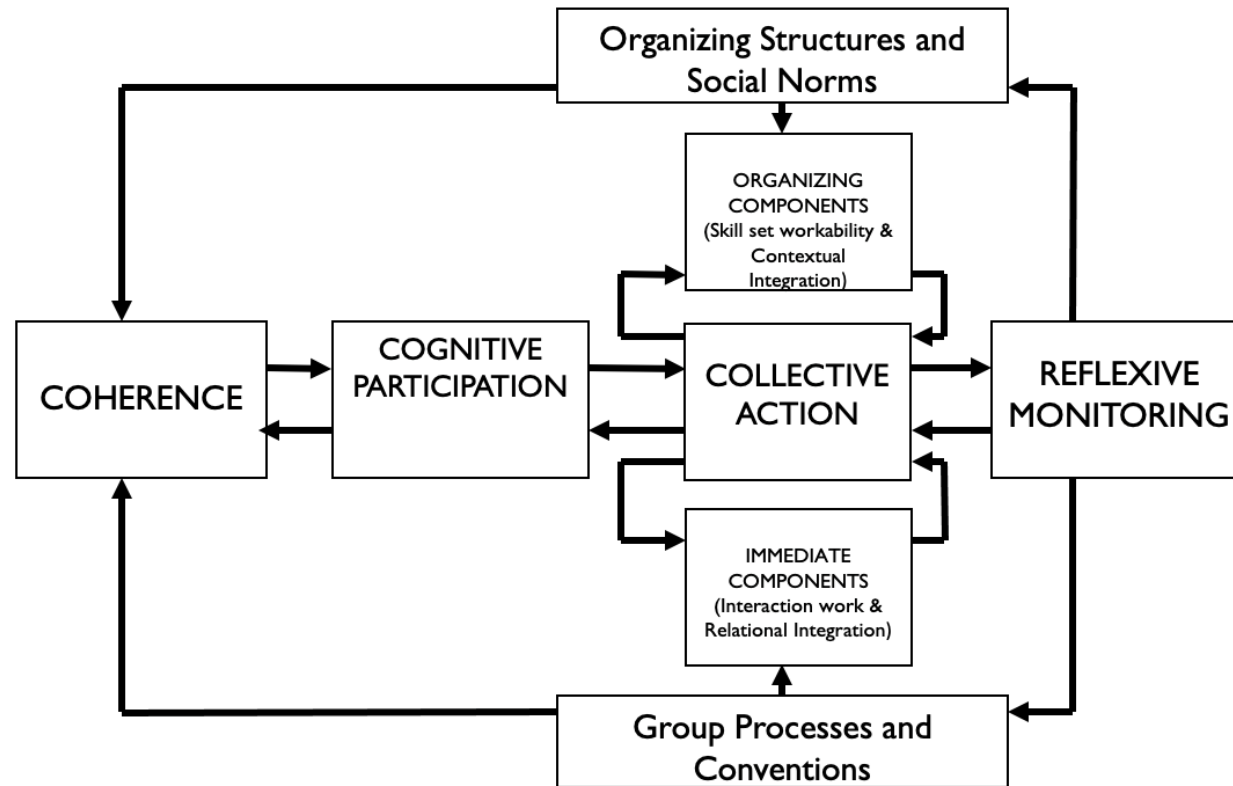
- **Coherence-building** that makes interventions and their components *meaningful*: participants contribute to enacting intervention components by working to make sense of its possibilities within their field of agency

- **Cognitive Participation** that forms *commitment* around an intervention and its components. This work frames how participants become members of a specific community of practice.

- **Collective Action** through which *effort* is invested in an intervention and its components: This work frames how participants realize and perform intervention components in practice.

- **Reflexive Monitoring** through which the effects of an intervention and its components are *appraised*: through work that assembles and appraise information about their effects and utilize that knowledge to reconfigure social relations and action.

Macro-level: interventions are enacted *in context*
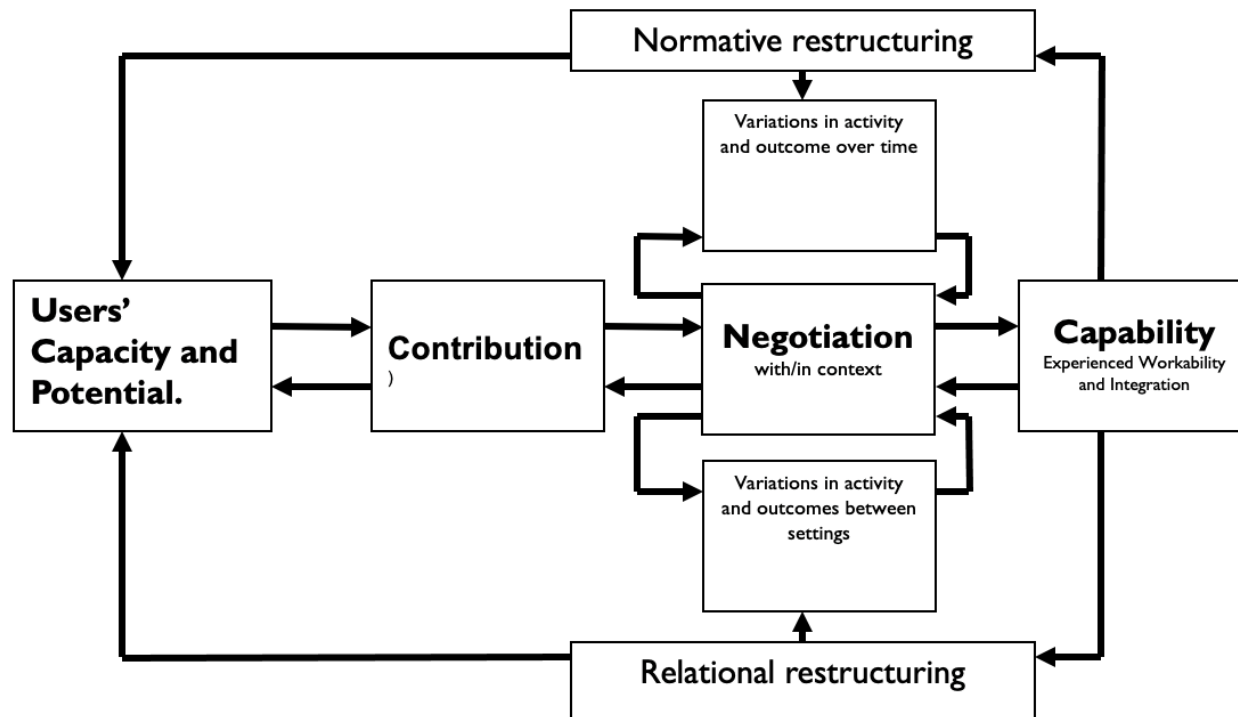
- **Capability** (micro-level) experienced workability and integration of the possibilities presented by an intervention

- **Potential** (macro-level) social cognitive resources mobilized and enacted by participants

- **Capacity** (macro-level) social structural resources mobilized and enacted by participants.

- **Contribution** (meso-level) ensembles of enacted practices visible as the work that participants do around an intervention.

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But…..

Implementation projects are messy interventions, participants, and environments interact in ways characterized by dynamic *complexity and emergence*

'[Care] is a complex adaptive system, meaning that the system's performance changes over time and cannot be understood by simply knowing about the individual components. No other industry has the equivalent range and depth—such intricate funding models, the multiple moving parts, the complicated clients with diverse needs'.
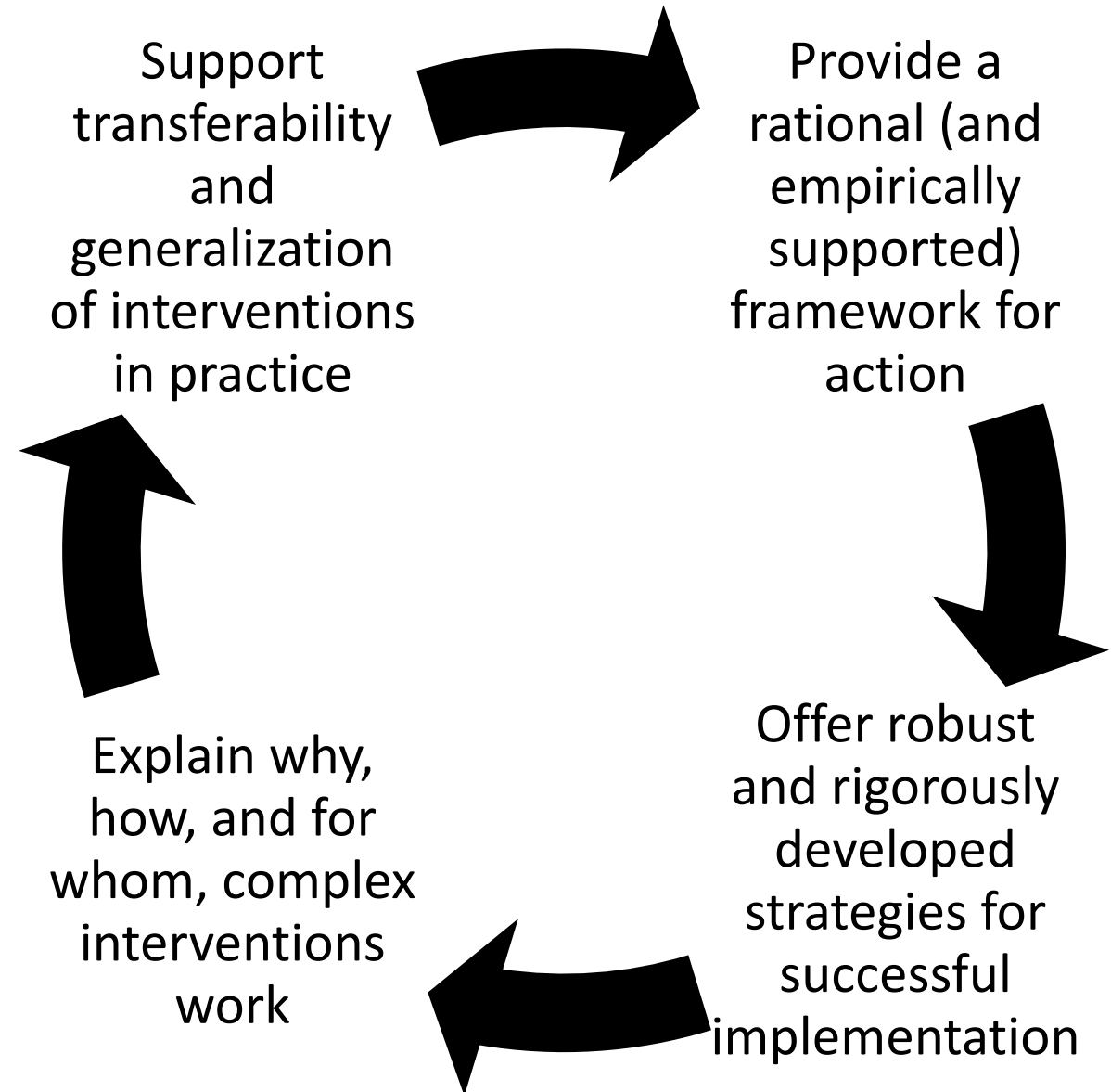
Braithwaite, J. 2018. *BMJ,* 361.

Real-world implementation pathways are messy, adaptive, and emergent

| Strategic Intention	Adaptive execution	Negotiating capability and context	Continuing implementation and routinisation in practice (or maybe not)
• Consensus building • Beliefs about value • Adoption decisions • Narratives that justify and explain • Plans for resource allocation and activity	• Experienced workability • Modifying practice • Finding workarounds • Reshaping practice • Changing plans	• Experienced integration • Reworking rules and resources • Reworking relationships • Dealing with unintended consequences	• Sustaining resources • Embedding tacit knowledge • Responding to changing conditions • Competing activities • Entropy and obsolescence • Death and decay
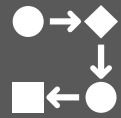
3. Conclusion: implementation outcomes

Conclusion: Theory informed research has practical purposes

Support transferability and generalization of interventions in practice

Provide a rational (and empirically supported) framework for action

Offer robust and rigorously developed strategies for successful implementation

Explain why, how, and for whom, complex interventions work

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We can use Normalization Process Theory to understand adaptive execution, negotiation of capacity and capability, as practices of self-organization in complex adaptive systems
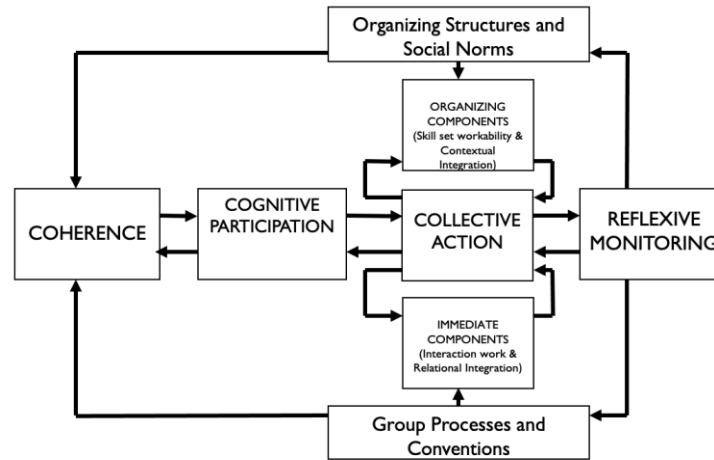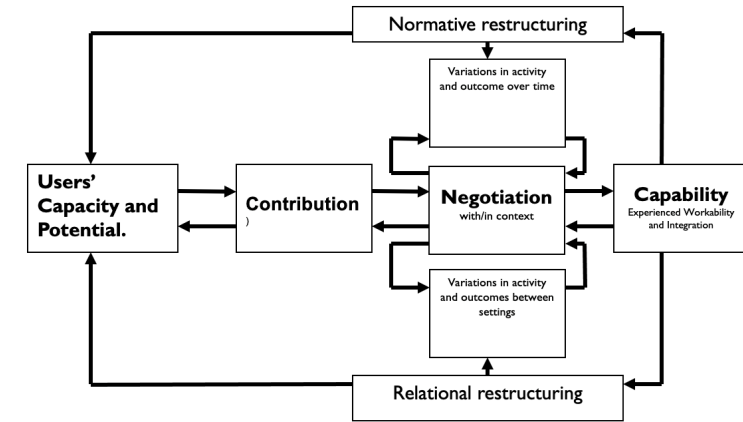
Micro
(in use)
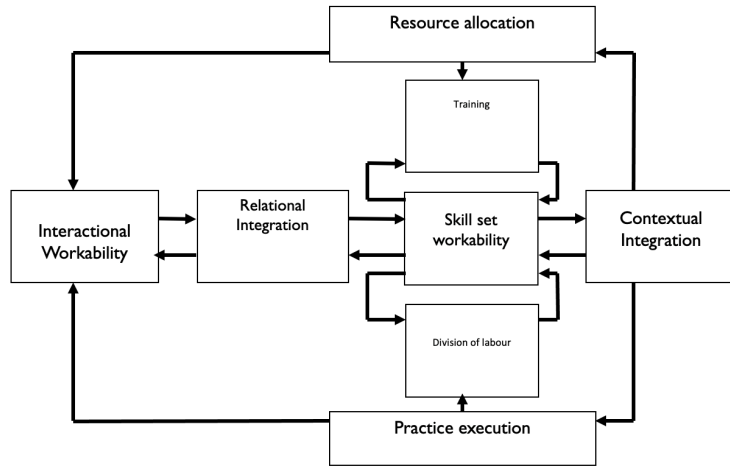
# Meso
(at work)

Macro
(in context)

Implementation calls on us to think about action, and considers this at different levels of analysis – enables us to think through interventions, implementation, and negotiations with contexts that lead to the normalization of innovations in the delivery and organization of care

Implementation work is continuous

- Innovations are best understood as feedback loops profoundly shaped by their relations with context

- Complex interventions require continuous adaptive execution, and continuing work aimed at sustainment

- When it occurs, normalization is uneven, over time and between settings
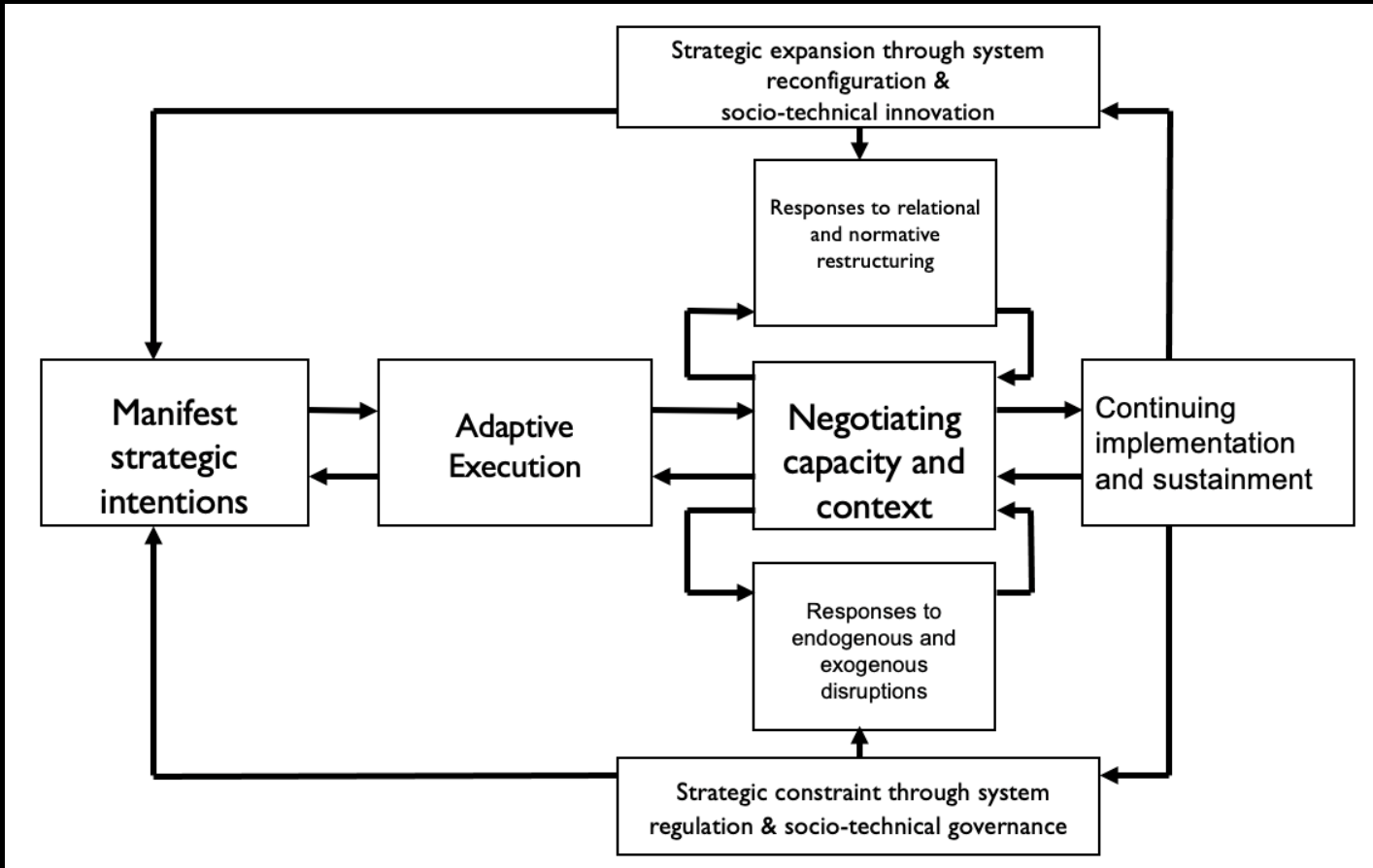
Conclusion

- Implementation processes are made up of people *working together* to achieve goals. Implementation work is continuous, and implementation is never truly completed.

- Understanding implementation processes asks us to understand the *adaptive execution* of interventions, in contexts characterised by complexity and emergence.

- The conceptual tools that we use to understand interventions in use, the work of people using them, and the contexts in which they work, need also to help us understand the *dynamics of human agency* and *self-organising mechanisms* in complex adaptive systems.

Thank you!

Do you want to follow up anything I've said?

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