Barriers and Facilitators to meeting aphasia guideline recommendations: Understanding factors influencing speech pathologists’ practice.

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Background: The Evidence Practice Gap

There is an evidence-practice gap in aphasia management

• Adherence to aphasia recommendations is 58% (Hubbard et al, 2012).

• Tailoring strategies to improve implementation is more effective than guideline dissemination (Baker, et al, 2010)

• How do we tailor? By identifying barriers that need to be overcome
Study Aims

• To explore the factors influencing speech pathologists’ use of evidence-based recommendations relating to four areas of practice in aphasia management in the inpatient setting.
Method

WHAT: Semi-structured interviews

WHO: Speech pathologists working in inpatient (acute and rehabilitation) hospital settings in QLD/NSW

WHERE: Face-to-face/Skype

HOW: Theoretical Domains Framework (Michie et al, 2005) used to explore current practice and to identify the factors perceived to influence practice. Focussed on 4 areas of practice.

ANALYSIS: Interviews were recorded and transcribed, then coded using content analysis.
Theoretical Domains Framework
(Cane et al, 2012)
Example: Provision of Aphasia-Friendly Information

(Clinical Guidelines for Stroke Management, 2010)

- All stroke survivors and their families/carers should be offered information tailored to meet their needs using relevant language and communication formats.

- In patients with aphasia, all written information on health, aphasia, social and community supports should be available in an aphasia-friendly format.

What do you normally do?

When do you do it? Do you have a routine?

What challenges have you found?

What helps you to provide info?
Main Barriers

Environment & Resources

We don’t have appropriate resources for the acute setting. (SP15, Acute)

Social Influences

I don’t think this family wants all those details at this stage (SP01, Acute)

Knowledge

I haven't actually done it yet, so I don't know all of the specifics within the stroke pack (SP13, Mixed)

Barriers to Information Provision

I haven't actually done it yet, so I don't know all of the specifics within the stroke pack (SP13, Mixed)

Knowledge

We don’t have appropriate resources for the acute setting. (SP15, Acute)
Main Facilitating Factors

- **Beliefs about consequences**
  - I think from a mental and emotional point of view it helps to have that reassurance (SP04, Mixed)

- **Beliefs about capabilities**
  - I feel confident in doing it (SP05, Mixed)
  - Stroke education has been something that the unit as a whole have trying to overhaul (SP13, Rehab)

- **Facilitators to Information Provision**
  - I did a student project on it at uni, it was really drummed in (SP11, Rehab)

- **Knowledge**
  - Stroke education has been something that the unit as a whole have trying to overhaul (SP13, Rehab)

- **Social Influences**
Overall Findings (for all practices of interest)

- Most commonly reported factors influencing four areas of practice were:
  - ‘Environmental Context and Resources’,
  - ‘Beliefs about Consequences’ and
  - ‘Social Influences’.
- Differences were noted between behaviours and across different clinical settings.
- Speech Pathologists working in the acute setting reported a greater number of barriers overall, and were less likely to perform recommended behaviours consistently compared to those working in the rehabilitation setting.
Clinical Application/Next Steps

• Implementation efforts need to target known barriers
• Commence a pilot study with 4 acute hospitals sites targeting 2 areas of practice, to determine whether a tailored intervention can improve practice