ATTITUDINAL BARRIERS

Melissa Brouwers and Albert Jovell

Melissa:

discussing a tool to measures attitudes

Albert:

discussing E-guidelines initiative

Perceptions of Guidelines by Oncologists: A New Tool to Measure Clinicians' Attitudes Towards Practice Guidelines

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~ Challenge ~

Clinical Practice Guidelines (CPGs)
systematically developed statements to assist in health care decision-making….

- facilitate best practice…
- benchmarks to which clinicians ought to strive…
- promote uptake of evidence…
- decisions = evidence

development ⇏ *product* ⇏ *application*
disconnect exists

"success" is inconsistent or equated with small changes
Why don't decision makers use/follow/comply with CPGs?
……or at least to the degree we thought or hoped?

~ What Do We Know? ~

attitudes and perceptions of potential adopters play an important role in predicting uptake of innovations such as a CPG message

attributes of innovation associated with adoption

- compatible with or better than current practice
- compatible with existing norms and values
- easy to try before final decision on use required
- outcomes apparent
- easy to implement
- clear recommendations

attributions of development process associated with adoption

- credible developers
- opportunities for participation by adopters
- explicit and transparent methods for using/translating evidence
- rigorous search of literature
- objective methods to integrate evidence

~ What Do We Need? ~

a tool that reliably measures adopters' attitudes and perceptions of guidelines and the process of their development

guiding principles

- an instrument that measures a range of attitudes and perceptions NOT a tool to evaluate CPG quality
- an instrument that is scientifically sound
- an instrument that is feasible to implement in our context and acceptable to our stakeholders

harmonizing science with service

~ Methodology: The Steps We Took ~

item generation and selection:

capitalized on diffusion/uptake literature

attitudes toward characteristics of the innovation

attitudes toward defining features of the development process

circulate to methodologists and clinicians for feedback

item refinement:

feasibility test (step one) pilot test (step two) with key stakeholders

principle components analysis to establish factors

internal consistency to establish reliability

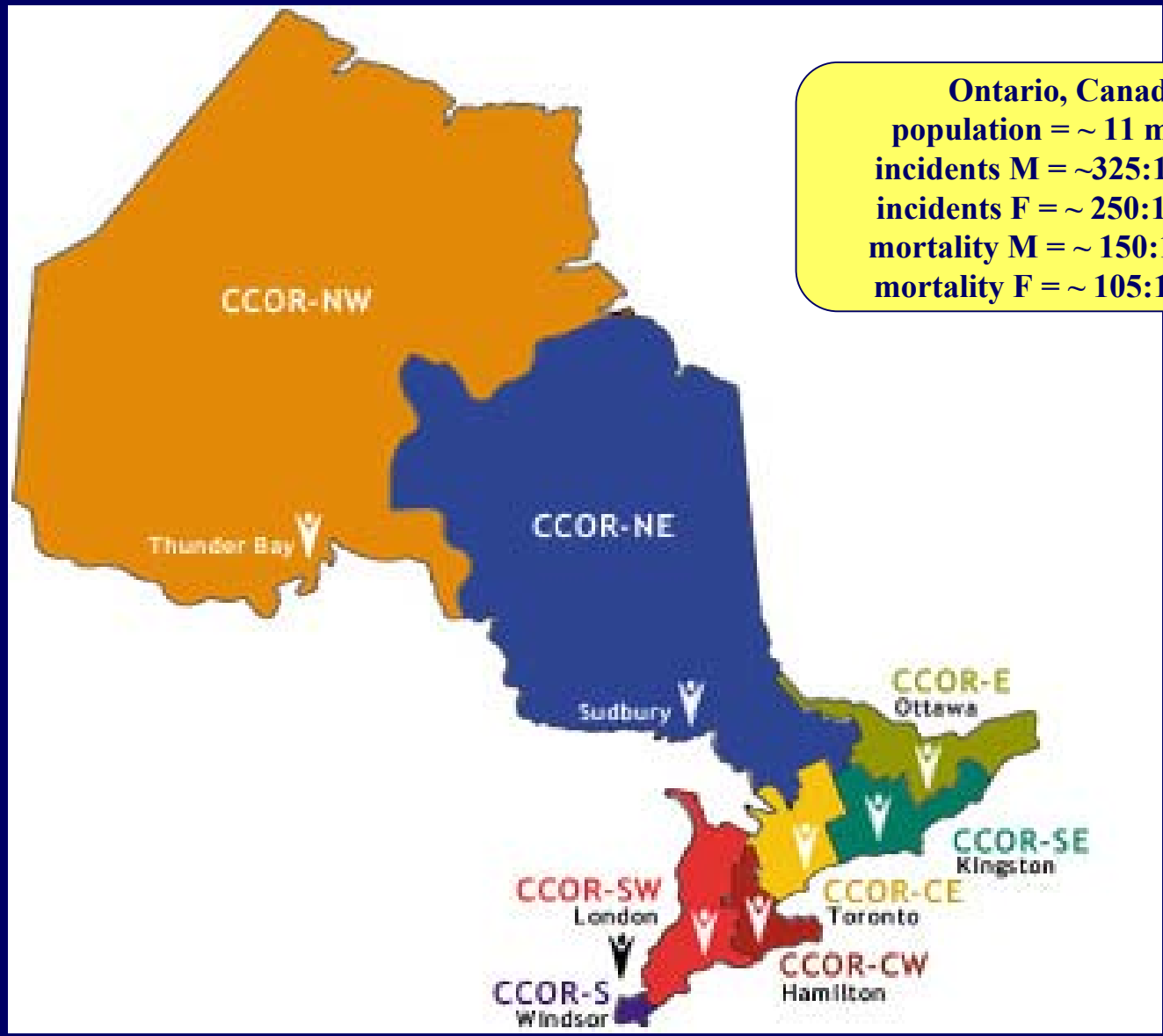
distribution of variance

initial stages of validity testing:

what domains predict endorsement of CPGs

what domains predict intentions to use CPGs

~ Our Context: Program in Evidence-based Care ~



Ontario, Canada
population = ~ 11 million
incidents M = ~325:100,000
incidents F = ~ 250:100,000
mortality M = ~ 150:100,000
mortality F = ~ 105:100,000

~ Our Context: Program in Evidence-based Care ~

topic selection & systematic review of the evidence

draft CPG
view + interpret. + reccs

1st external review: practitioner feedback

final CPG
sys. review + interpret + ext. review + final reccs

PGCC

3rd external review: publication

feasibility study:
participants reviewing 4 CPGs randomized to old or new survey
response rate the same
no concerns expressed about new survey

pilot study:
26 CPGs (convenience sampling)
> 1000 responses

~ Results: Item Generation ~

21-item instrument

- topic relevance
- clarity of rationale
- need for topic
- literature search complete and relevant
- agreement with methodology
- interpretation of evidence
- clarity of recommendations
- agreement with reccs
- suitability for intended patients
- rigidity of reccs

- more benefit than harm
- acceptability of reccs for patients
- reccs require service reorganization
- reccs technically challenging
- reccs too expensive
- reccs supported by colleagues
- outcomes will be obvious
- reccs more effective than current
- reccs better use of $ than current
- approval as a CPG
- intention to use CPG in practice

response scales

yes/no

5-point likert (strongly agree – strongly disagree/NA)

~ Results: Factors and Internal Consistency ~

4 Dimensions

perceptions of guideline quality
38.7% of variance, alpha = .84

perceptions of the acceptability of the recommendations
13.0% of variance, alpha = .82

perceptions of the applicability of recommendations
7.2% of variance, alpha = .76

perceptions of comparative value

~ Results: Understanding Variance in Scores ~

variance in guideline quality
4% attributed to CPGs vs. 38% attributed to practitioners

variance in acceptability of recommendations
8% attributed to CPGs vs. 26% attributed to practitioners

variance in applicability of recommendations
5% attributed to CPGs vs. 34% attributed to practitioners

variance in comparative value
6% attributed to CPGs vs. 22% attributed to practitioners

~ Results: Initial Validity Testing ~

what attitudes predict clinicians' endorsements and intentions?

	criterion	
predictors	endorsement	intentions to use
total	54% - 60%	41% - 50%
quality	sig	ns
acceptability	sig	sig
applicability	sig	sig
comparative value	sig	sig

~ Conclusions ~

created a reliable instrument to assess clinicians' attitudes that is also feasible in our setting

next step: link to clinical behavior

- create practical models that include spectrum of stages of knowledge translation from development to decision
- examine the interface between clinician attitudes and clinician behavior in an oncology setting

next step: use findings to prioritize interventions

- identify specific features associated with positive attitudes and design interventions to strengthen these
- identify specific features associated with negative attitudes and design interventions to weaken or remove these
- exam role of individual differences among clinicians