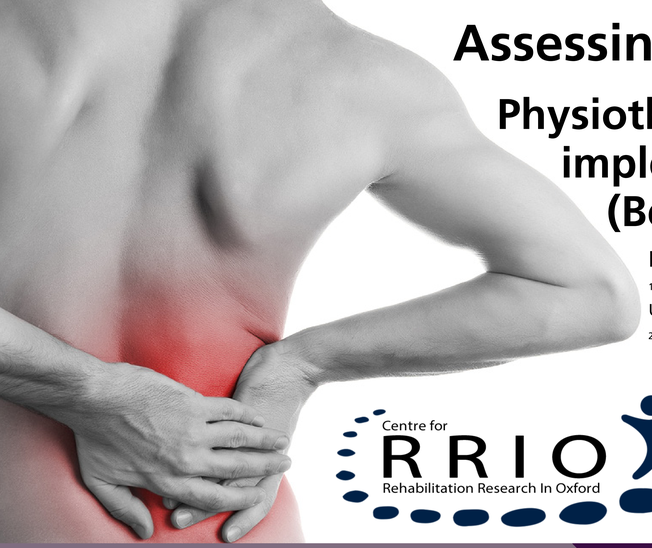

Assessing barriers to implementation:

Physiotherapists' perspective of implementing the Back Skills Training (BeST) Programme in clinical practice

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Background

Physiotherapy, like many other health professions, faces the challenge of implementing research evidence and new treatment approaches into clinical practice.

Cognitive behavioural approaches have emerged as effective treatments for a wide range of conditions, and are delivered in various forms by different health professionals[1].

Aims

We aimed to undertake a qualitative study alongside an implementation pilot of an evidence based intervention that uses a cognitive behavioural approach (BeST)[2] to manage low back pain (LBP) before scale up to national implementation.

[1]Richmond H, *et al*. (2015) The Effectiveness of Cognitive Behavioural Treatment for Non-Specific Low Back Pain: A Systematic Review and Meta-Analysis. *PLoS ONE* 10(8): e0134192

[2]Lamb SE, *et al* (2010) Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effectiveness analysis. *The Lancet*, 375 (9718), 916–923

Methods

We conducted semi-structured interviews with 11 physiotherapists who were randomised to undergo online training, as opposed to face-to-face training, and used NVivo to thematically analyse the data.

Additionally, we measured learning outcomes, beliefs about LBP, and whether therapists were able to successfully implement the intervention in their clinical setting within 6-months. We explored barriers and enablers to implementation by classifying interview themes using the Theoretical Domains Framework (TDF).

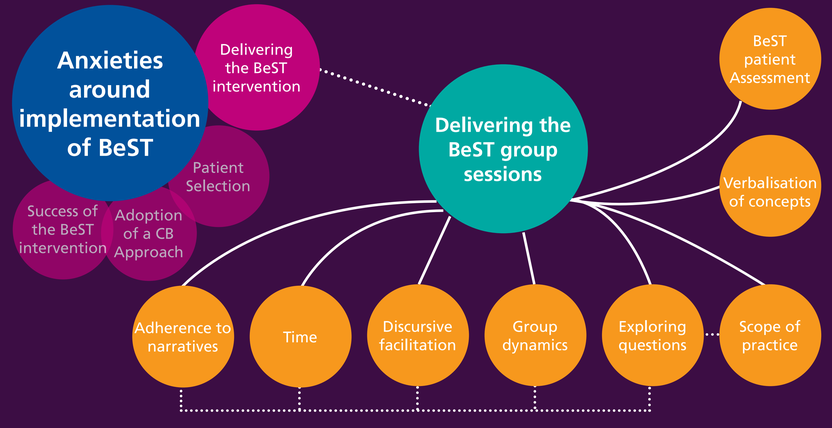


Figure 1. Anxieties prior to implementation of BeST

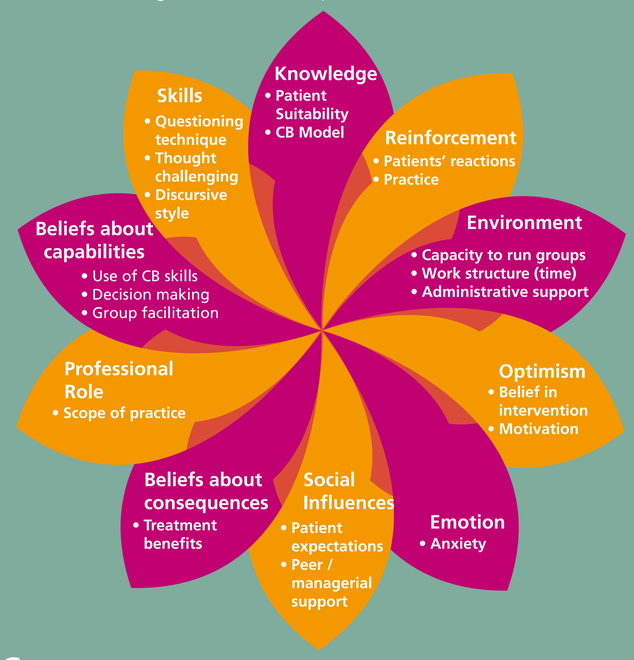
Results

About a third of therapists achieved implementation within the time frame, with no obvious difference between online and face-to-face training.

Three themes emerged from the interviews: anxieties prior to implementation (Figure One), experiences of delivery, and thoughts on future implementation.

Categorising theme content with the TDF identified barriers to implementation across the following domains (Figure Two): knowledge, skills, beliefs about capabilities, social and professional role, beliefs about consequences, environmental context, optimism, social influences and emotion. Enablers were found in the TDF domain of reinforcement.

Figure 2. Barriers to implementation of BeST



Conclusions

This work has led the development of targeted strategies that will inform a programme of national and international implementation of a cognitive behavioural strategy for LBP. The study has also highlighted concerns with gearing the physiotherapy profession for future changes in practice.

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