

Barriers and facilitators to research translation into health care decision making: reviewing the evidence

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Aim

The goal of this study is to systematically review the evidence on facilitators and barriers to the implementation of research findings in the health care setting.

Method

Included manuscripts and studies were retrieved from selected bibliographic databases in the period 2008 to 2011 using explicit criteria and focused on concrete diseases: cancer, cardiovascular diseases and sexual transmitted infectious diseases. Data were synthesized in evidence tables and then classified according to its methodological quality by six independent researchers. Barriers and facilitators found were grouped into final categories accounting for all items identified in the literature.

Table 1

Number of qualitative and quantitative selected studies according to its methodological quality

	High quality	Good quality	Low quality	Total
Quantitative studies	7	12	4	23
Qualitative studies	10	8	17	35
Reviews	0	1	7	8
Total	17	21	28	66

Table 2

Classification of aspects related to guidelines

FORMAT	CONTENT	ADDITIONAL INSTRUMENTS
<ul style="list-style-type: none"> Clarity of terminology Importance of translating research evidence to policy makers language Good quality narratives Language Too long Volume of information 	<ul style="list-style-type: none"> Incompleteness Inconsistencies and ambiguity Vagueness in the guideline High level of evidence Guideline mistakes Complexity of the issues No conclusive research High amount of guidelines Disease complexity Tailored intervention / Personalized medicine Amount and frequency of intervention (pharmacological or non-pharmacological) Intervention options available Contradictory recommendations 	<ul style="list-style-type: none"> Use of policy briefs CDSS Use of evidence /consensus based algorithms Use of short cards to manage disease Availability Dissemination Simplified treatment algorithms On-line availability Telephone counselling Inclusion of a comparative table between different guidelines Give information step by step to patients

Results

There is a remarkable heterogeneity between studies and most of them have methodological limitations.

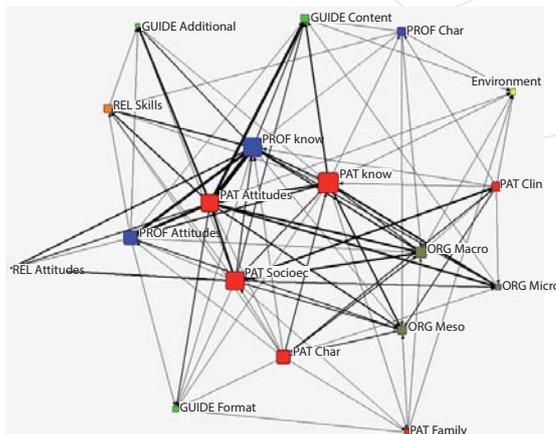
Critical appraisal of the 66 selected studies allowed for the identification of a large number of possible barriers and facilitators (n=177) to evidence implementation. They can be classified into six different categories:

- Patients (PAT)
- Health professionals (PROF)
- Patient-professional relationship (REL)
- Guideline (GUIDE) aspects (Table 2)
- Organizational (ORG) aspects
- Environmental factors

Aspects related to patients and health professionals have been the most studied ones, while there is a lack of studies focused on environment, guidelines and management at clinical level (Figure 1).

Figure 1

Frequency of barriers and facilitators in the selected documents



Square size indicates number of documents where each aspect has been independently mentioned, and line thickness shows number of studies where the two linked aspects have been mentioned together.

Conclusion

There is an important room for improvement regarding the quality of the studies, particularly among qualitative and quantitative synthesis reviews. This research allows for the identification of relevant barriers and facilitators to the translation of evidence based information. Future research on adequate policies to target knowledge translation gaps becomes essential.