

Poster – #EIE2021

Implementation determinants and strategies: Thematic analysis of shared experiences in a Community-of-Practice with workers and stakeholders in care for people with intellectual disabilities

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Research aim

Long term care for people with intellectual disabilities (ID) provides a rich and novel context for understanding the process of implementation through the lens of Normalization Process Theory (NPT). A Community-of-Practice was set up for exchanging scientific and practical knowledge and experiences to shape future implementation of three innovative methods aiming to reduce involuntary care and restrictive measures in care for people with intellectual disabilities. The purpose of this study was to describe implementation interventions, strategies and factors discussed in this Community-of-Practice.

Methods

As part of a participatory action research study, investigators instigated and participated in a community-of-practice. In this community, care professionals of 4 organizations in long term care, experts-by-experience and researchers regularly met and exchanged their prior experiences and best practices with implementation processes. Ideas about future implementation interventions, strategies and factors that may help or hinder the implementation of the 3 methods in their care organizations were shared and reviewed. Transcripts of 7 meetings as well as documents about the local implementation process in each of the organizations will be analyzed in Atlas.ti for a thematic content analysis.

Key findings

Insight into personal and organizational experiences and perceptions of implementation in long-term care will be presented. The steps taken by organizations in long-term care to draw up an implementation plan and to adapt it to the organization and the local teams working with residents with an intellectual disability, will be described.

Implications

The reduction of involuntary care is known to be a challenge for organizations in long-term care. Behavioral problems (such as aggression and self-harming behavior) of residents with an ID are often controlled using physical restraints and restrictive care regimes. Implementation of interventions to reduce restrictive measures are therefore fraught with ethical and practical dilemmas.