

**Opening the Black Box of Guideline Implementation:**

**Primary Health Care Nurses' Use of a Guideline for**

**Cardiovascular Risk**

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**Doctor of Nursing**

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**Certificate Of Authorship/Originality**

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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## **Abstract**

### **Background**

The implementation of evidence-based clinical practice guidelines in primary health care can substantially improve health promotion, early disease detection and the reduction of the burden of chronic disease.

However, the implementation of evidence into clinical practice is a highly complex endeavour that has been said to occur in a 'black box', defying easily reached explanations of how it happens in practice.

The aim of this study is to explore the 'black box' of guideline implementation associated with primary health care nurses' use of a guideline that targets high health need populations in a region of New Zealand. The potential for improvement of cardiovascular health overall and the reduction of the marked disparities between Māori (indigenous people of New Zealand) and non-Māori drives the imperative to enact the recommendations of the Assessment and Management of Cardiovascular Risk guideline. Primary health care nurses are well positioned at the frontline of healthcare to implement the guideline and an investigation of the realities of their practice as they do so will help to illuminate the contents of this particular 'black box'.

The aim is achieved in two components by:

1. Exploring the complexities of primary health care nurses' use of the New Zealand Assessment and Management of Cardiovascular Risk guideline.
2. Employing the Promoting Action on Research Implementation in Health Services (PARiHS) framework to identify the enablers and

barriers to guideline implementation in the primary health care setting.

### **Method**

Both components of this study involve qualitative methods. The first component involves qualitative description utilising focus groups and interviews to explore the perceptions and experiences of a range of primary health care professionals involved in implementing the AMCVR guideline and thematic analysis of data. The second component utilises template analysis of the data, based on the Promoting Action of Research Implementation in Health Services (PARiHS) framework. There are three elements of the PARiHS framework: Evidence, Context and Facilitation. This second component of the study is a systematic analysis of the enablers and barriers encountered by nurses as they implement the AMCVR guideline.

### **Results**

The first component of the study generated four themes, which together have provided a rich portrait of the realities for nurses as they implemented the guideline. The four themes are self-managing client, everyday nursing practice, developing new relationships in the health team, and impact on health care delivery. The template analysis revealed that there were several enablers and barriers to guideline implementation in relation to Evidence and Context and that Facilitation was not occurring in a planned way.

**Conclusion**

Successful guideline implementation demands multidisciplinary, transformational practice development to create an effective workplace culture. Practice development is a powerful approach well suited to supporting primary health care nurses to maximise their practice-based knowledge and skills, and for them to contribute to the development of systems that will meet the information and communication requirements of successful guideline implementation. The imperative to improve cardiovascular health overall and specifically to address Māori health inequity mandates sustained effort and mobilisation of resources to ensure successful implementation of the AMCVR guideline.