Foreword

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I write this the day after teaching a one-week intensive short course at the University of Oxford called ‘Knowledge Into Action’. This year, we had 25 students from ten countries (high-, middle- and low-income), all of whom wanted to learn some tools and techniques for getting research evidence into practice and policy. As in previous years, the group was professionally diverse. It included doctors, nurses, tech designers, physiotherapists, optometrists, podiatrists, librarians, communications officers, research managers, service managers, technicians and lobbyists.

What strikes me every year when I teach this ‘Knowledge Into Action’ course is how grounded all the students are in the real world that forms the context for their practice. Nobody arrives with a stellar quality meta-analysis and says, ‘Please teach me how best to implement this [near] perfect evidence’.

Rather, each student arrives with a real-world problem that is typically replete with emotional touch points. Staff are stressed; patients are complaining; a near-miss event has occurred; a policy has been imposed that nobody thinks will work; a technology has been installed and mandated but keeps crashing; the organization has dropped several places down a league table – and so on. The student seeks to gather and implement evidence with a view to making the world of practice a better, safer, more efficient and calmer place.

Against that background, the students are hungry for theories, models and frameworks. Typically, they want to use these for a specific purpose; for example, to change clinicians’ behaviour, engage patients or transform organizational culture. Sometimes, they want to do research that will generate new knowledge about what works in a particular implementation challenge. Whatever their specific goal, they want to know which is the ‘best’ approach to use.

Leaving aside that impossible question (which parent will say who is their favourite child?), let us take a closer look at the real-world problems on which implementation theories, models and frameworks will be brought to bear. They tend to have three characteristics.

First, real-world problems are unique. They do not match anything I have ever read in a textbook or any other problem I have seen anywhere else. And the more detail the student adds to the description of the

problem, the more unique it gets. Patients are unique; teams are unique; organizations are unique. More generally, stories are unique; the world is a dynamic, ever-changing place: you cannot step into the same river twice.

Second, real-world problems are complex. Students may initially frame their chosen problem in simple terms; for example, that junior doctors are not following a guideline, hence they need to be ‘trained’. But once we begin to scratch the surface, various wider influences come to complicate the picture. The organization has a blame culture; the seniors expect overinvestigation and overtreatment; the drug named in the guideline is not in the hospital formulary, and so on. Typically, there are turtles all the way down.

Third, real-world problems are wicked. In other words, they are difficult or impossible to solve because of incomplete, contradictory and changing requirements that are often hard to spot. Indeed, attempts to solve one element of the problem (for example, by presenting a particular selection of evidence to a group of people and incentivizing them to apply it) may create other problems elsewhere in the system (for example, by exacerbating interprofessional boundary disputes or draining a key budget).

If this (uniqueness, complexity, wickedness) is the nature of the real-world problems we face in health care, why should we be interested in implementation theories, models or frameworks, which seem to offer only a standardized, formulaic, one-size-fits-all way of solving the implementation challenge?

The answer is that if you are thinking of theories, models and frameworks as technical tools for solving an implementation challenge, you need to readjust your expectations before you read any further. This is because a theoretical approach is – at best – nothing more than a suggested way of organizing your thoughts about a complex topic or issue. Think about X. Think also about Y. Collect data on Z. And now consider how X and Y and Z are related to each other.

Organizing your thoughts is an important step in addressing an implementation task, but an implementation theory, model or framework will not actually do the work of implementation. Nor will it take the pain or the politics out of the process, or make impossible things possible, or hard things easy, or unhappy teams happy. And whichever theory, model or framework you choose, it certainly will not be a perfect fit with the unique and messy situation you are trying to apply it to. How could it be? The theoretical approach was developed in some other place at some other time by some other group of people to help address a (radically or subtly) different problem.

All this means that you have to select and use theoretical approaches carefully and reflexively. Apply the rules of pragmatism. Immerse yourself

in your own situation and use common sense and team discussion to surface the most pressing and salient aspects of the challenge. What do front-line staff find most troubling about this issue? What do the arguments turn on? What narratives – and counter-narratives – do people tell? Can you find (in the pages of this book, or beyond) a theory, model or framework whose components resonate with the things that are emerging as salient for your team in your unique context? If a theory, model or framework looks too complicated or too theoretical or too technical for your needs, it probably is.

In Chapter 1 of this *Handbook*, Per Nilsen presents his overview, pointing out the difference between theories, models and frameworks and presenting a taxonomy of five kinds of theoretical approaches. I cannot think of a better way of sorting out a literature that notoriously defies taxonomy, but I would not get too bogged down in this meta-theoretical analysis. Rather, I would encourage you to flick through the book, get to know the different theories, models and frameworks, play around with them, try them out against the real-world implementation challenges that you face right now, and see how their relative strengths and limitations play out in practice. Chapter 20 by Sarah A. Birken on choosing theoretical approaches should help you here.

Unless you are completely new to implementation science, you will probably be familiar with at least one or two of the approaches described in this book. I strongly encourage you to also explore the ones you are less familiar with. We all have many opinions, beliefs and taken-for-granted assumptions that will be challenged by bringing a different lens to bear on a familiar problem or issue. And if you are thinking of doing research (that is, any work that aims to generate new and generalizable knowledge), take a careful and critical look at Part IV on how to do research in implementation science; it covers both traditional and novel approaches.

In summary, this book is not a formula or a cookbook. Use it as a reference guide, and as a reminder that although there are many wrong answers to the question of how to ‘do’ implementation, there is rarely a single right answer. Even when you are confident in all the approaches in the book, implementation problems will still be unique, complex and wicked; but you will be much better equipped to select an appropriate approach and apply it judiciously in the real world.

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