

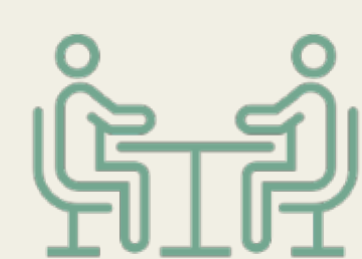
Leadership Perspectives on Implementing Time Together: Barriers and Facilitators in Psychiatric Inpatient Care

Andreas Glantz, RN, MSc, Britt-Marie Lindgren, RN, PhD, Ingeborg Nilsson, PhD, Anna Westerlund, PhD, Ulla Hällgren Graneheim, RNT, PhD Jenny Molin, RN, PhD

INTRODUCTION



Psychiatric inpatient care is from a patient perspective often characterized by loneliness and boredom.



Time Together is a nursing intervention promoting joint meaningful activities



Time Together, however, faces implementation challenges, yet the process is not researched.

AIM



To study how the Consolidated Framework for Implementation Research domains and constructs are conceptualized by mid-level leaders and implementation leads in psychiatric inpatient care during the implementation process of Time Together.

PRELIMINARY RESULTS

Category	Construct	Domain
Addresses a lack of care content	Relative Advantage	Innovation
Staffing and scheduling demands Organizational disruptions	Structural Characteristics – Work Infrastructure	Inner Setting
Reinforcing meaningful care	Mission Alignment	
Moderate funding requirements Inadequate premises	Available Resources – Funding & Space	
Ensuring increased understanding	Access to Knowledge & Information	
Living up to, and being, a leader	Mid-level Leaders	Individuals – Capability, Opportunity and Motivation
Being a persistent motivator Management support and motivation	Implementation Leads	
Lack of knowledge Building consensus	Innovation Deliverers	
Formal and informal follow-ups	Teaming	Implementation Process
Setting reasonable goals	Planning	
Adjustability of approach	Tailoring Strategies	

TAKE AWAYS



There appears to be a discrepancy in the values and attitudes held by leaders and innovation deliverers regarding the content of meaningful care.



Planning for implementation should account for innovation deliverers' values and beliefs and consider the potential need for de-implementing existing norms or practices.

DATA COLLECTION



Semi-structured interviews



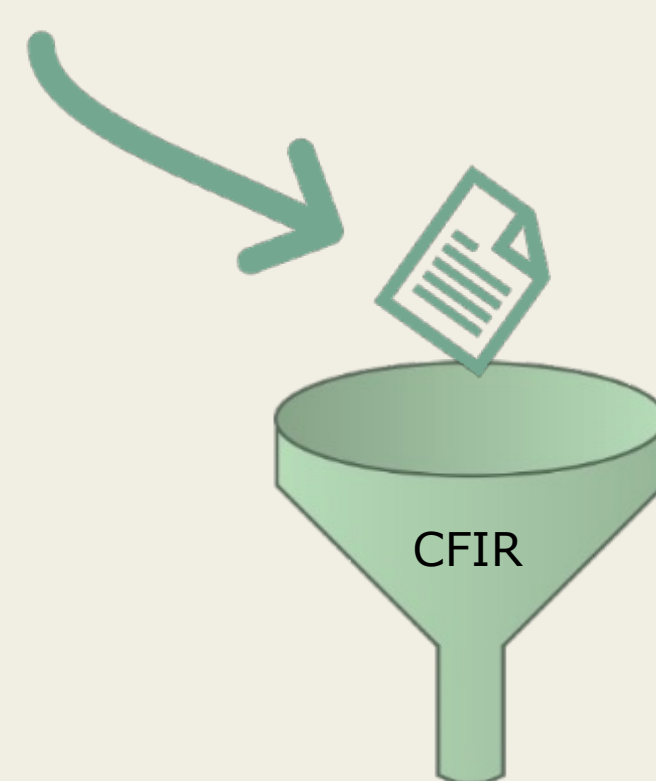
Mid-level leaders



Implementation leads

DATA ANALYSIS

Deductive
Qualitative Analysis



Domains, constructs, categories

“We discussed the content as well... What should we do with our patients except give them pills, so we thought that this was worth trying.”

“There were a lot of concerns from the staff that the patients wouldn’t want to or that they wouldn’t identify suitable activities, but it became pretty clear that for the most part you do identify activities.”

