

Supplementary material

Consolidated Framework for Implementation Research

In the Consolidated Framework for Implementation Research, decision-makers identified communication among staff, and the well-being of employees (inner setting and individual characteristics) as crucial for the quality of an intervention, and the financial, human, and material resources as the main obstructions for the implementation of patient-centred care (Hower et al., 2019).

Health and social services researchers recognise the need to assess the outcomes of each implementation to see if it is effective or if it is sustainable. Due to the lack of consistency in terminology across theories, the Consolidated Framework for Implementation Research (CFIR) was developed (Damschroder et al., 2009). The CFIR is a well-established framework that proposes a list of constructs that influence (positively or negatively) the effectiveness of an intervention. The CFIR comprises five major domains, namely intervention characteristics; outer settings; inner settings; characteristics of the individuals involved and the process of implementation.

The first domain refers to the characteristics of the intervention which is implemented in a specific institution. Without knowledge, an adaptation, and an engagement of all the people involved, interventions might have a poor fit, as individuals could resist the subsequent changes.

The outer and inner settings are also two domains of CFIR that can influence implementation (Damschroder et al., 2009). Outer settings comprise economic, political, and social contexts that have an impact on the organisation, such as external policies and incentives received if a specific intervention is implemented. Inner settings include the structural characteristics of each centre, such as the number of years since the foundation, size of the organisation, and how small groups inside the organisation co-articulate their work with global services. The culture, with organisational values, and implementation climate, in connection with leadership engagement, available resources, access to information and knowledge are subcategories concerning inner settings as are networks and communications. The quality and the complexity of social networks and formal and informal communication have an impact on the implementation of interventions (Fitzgerald & van Eijnatten, 2002). If, on the one hand, communication failures result in low levels of effectiveness, on the other, peer cooperation, open feedback from peers and hierarchies, clear communication of goals, and cohesion between workers contribute to higher levels of effectiveness (Simpson & Dansereau, 2007).

The fourth domain of CFIR concerns the characteristics of the individuals involved in the intervention. Organisations include individuals, and changes in organisations depend on individual behaviour changes.

Individuals' beliefs about the intervention and the knowledge developed about the rationale and the principles can be reflected in a positive response to interventions. Other personal attributes, such as motivation, competence, tenure or learning styles are also included in the fourth domain.

The fifth domain is the implementation process and includes four activities: planning, engaging, executing, and reflecting/assessing, that can occur concomitantly or step-by-step, enabling a continuous adaptation of the intervention to obtain the aimed effectiveness, identifying barriers and facilitators in the process.