Evaluating the implementation of a person-centred transition programme for adolescents and young adults with long-term conditions: The role of context and organisational behaviour

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Abstract

Purpose: Drawing on the experiences of healthcare professionals in one paediatric hospital, this paper explores the influence of context and organisational behaviour on the implementation of a person-centred transition programme for adolescents and young adults (AYA) with long-term conditions.

Design/methodology/approach: A single embedded qualitative case study design informed by a realist evaluation framework was used. Participants who had experience of implementing the transition programme were recruited from across seven individual services within the healthcare organisation. Data were gathered through semi-structured interviews (n = 20) and analysed using thematic analysis.

Findings: Implementation of the transition programme was influenced by the complex interaction of macro, meso and micro processes and contexts. Features of organisational behaviour including routines and habits, culture, organisational readiness for change and professional relationships shaped professional decision making around programme implementation.

Originality/value: There exists a significant body of research relating to the role of context and its influence on the successful implementation of complex healthcare interventions. However, within the area of healthcare transition there is little published evidence on the role that organisational behaviour and context play in influencing transition programme implementation. This paper provides an in-depth understanding of how organisational behaviour and context affect transition programme implementation.

Key words Programme implementation, Healthcare organisation, Organisational behaviour, Context, Realist evaluation, Transition of care, long-term conditions

Paper type Research paper

Background

The transition between children's and adult healthcare services can be a challenging time for adolescents and young adults (AYA) with long-term conditions. Current evidence shows that AYAs with long-term conditions often experience negative transitions resulting from inadequate transition preparation (Care Quality Commission, 2014; Coyne *et al*., 2019; Zhou *et al*., 2016) and a lack of coordination and management between children's and adult healthcare organisations (Brown *et al*., 2019; Campbell *et al*., 2016). Poorly planned and delivered transitions are associated with discontinuity of care (Dogba *et al*., 2014), risk of non-adherence to treatment (Kelly and Wray, 2020), poor clinical outcomes and increased healthcare

costs (Moore Hepburn *et al*., 2015) and negative consequences relating to morbidity and mortality (Viner, 2008).

There have been multiple reports and policies developed internationally that stipulate standards of best practice for transition services to improve transition of care for AYAs with long-term conditions. The most recent of these being guidelines published by the National Institute for Health and Care Excellence (NICE, 2016). Yet despite this guidance there has been limited support from commissioners and healthcare providers due to a lack of evidence underpinning the guidance (Colver *et al*., 2019). Coyne *et al*. (2017) suggest that guidelines are "based on expert clinical experience and a best practice approach rather than strong evidence from empirical studies" (p 17). Despite a lack of rigorous evaluation evidence to support the implementation and outcomes of transition guidance, organisations have used national good practice guidance and standards to inform the development of their own quality improvement programmes. This paper reports on findings from an evaluation of one such programme which was developed and implemented in a single paediatric hospital in the Northwest of England, UK.

The evaluation investigated a healthcare transition programme comprising a multi-disciplinary, collaborative pathway with multiple interventions aimed at both supporting and facilitating transition and transfer for young adults (aged 14-25) with any long-term condition, their parents and carers and professionals in both children's and adult healthcare services. The programme incorporates some of the main features of transition programmes associated with good-practice guidance (NICE, 2016). Key components of the programme include transition education and preparation, a written transition plan, multi-disciplinary team working, identification of a keyworker to co-ordinate transition and joint transition reviews between children's and adult services. The transition programme targeted both 'transition of care' through the provision of education to support young people to self-manage their health conditions and 'transfer of care' from a paediatric service to an adult service (Meadows et al., 2009). The programme was developed with the aim to standardise transition practice across the paediatric hospital, improving the process of transition for young people and their families and leading to improved long-term health outcomes. Implementation of the transition programme commenced in 2016 with programme designers adopting a phased approach to programme implementation.

Whilst there remains a paucity of formal evaluations of transition programmes and their implementation, studies which do evaluate transition programmes predominantly focus on measuring outcomes in isolation of implementation processes and contexts (Campbell *et al.,* 2016; Chu *et al.,* 2015; Crowley *et al.,* 2011). Although a number of studies have identified factors that influence implementation (Allen *et al.,* 2010; Hergenroeder *et al.,* 2016; Kingsnorth *et al.,* 2011; Watson *et al.,* 2011) the role of context and its influence on transition programme implementation has, to date, not been fully explored. There is a significant body of existing research that helps us understand how context influences the implementation of complex healthcare interventions (Paparini *et al*., 2021; Billings *et al*., 2020; Dryden-Palmer *et al.,* 2020; Rogers *et al*., 2020; Gagliardi *et al*., 2014). However, with the exception of studies undertaken by Saarijärvi et al. (2021;

2022), there remains limited empirical evidence specific to why and how implementation processes and contexts determine the success or failure of transition programmes. A systematic review undertaken by Le Roux et al. (2017) highlights the need for future evaluations of transition programmes to take into consideration the role of contextual factors in influencing implementation processes, mechanisms and outcomes.

To address this gap, the study reported on in this paper used a realist evaluation framework to explore the influence of context and organisational behaviour on the implementation of a newly developed person-centred transition programme for adolescents and young adults (AYA) with long-term conditions. The study did not evaluate the effectiveness of the transition programme but rather the effectiveness of programme implementation and the multiple contexts which facilitated and/or hindered implementation efforts.

Design and Methods

Theoretical framework

The study was informed by a realist evaluation framework which was used to examine the processes that existed within the implementation of the transition programme. Realist evaluation is a theory-driven approach, which seeks to understand and explain how and why complex programmes work, for whom and in what contexts (Pawson and Tilley, 1997; Astbury, 2013; Wong *et al*., 2017). It recognises the role that both human agency and context play in determining the success or failure of programme implementation. Realist evaluation informed all aspects of the study including the design, data collection methods and data analysis. RAMESES II reporting standards for realist evaluations were used to guide the evaluation (Wong *et al.,* 2016).

Study design

A single qualitative embedded case study design (Yin, 2018) informed by a realist evaluation framework was adopted (Pawson and Tilley, 1997). The case was defined as the implementation of the transition programme as the objective of the study was to capture the processes and contexts that influenced the success or failure of programme implementation. Ethical approval for the research was granted by Edge Hill University Faculty of Health and Social Care Research Ethics Committee and the Health Research Authority (Ref: 227709).

Setting and participants

The case study site was a single paediatric hospital in the Northwest of England, UK. The healthcare organisation was commencing a quality improvement initiative to improve the process of transition for AYA's with long-term health conditions moving between children's and adult services. The transition programme was initially piloted by the healthcare organisation in several specialist services including diabetes, rheumatology, respiratory, orthopaedics, epilepsy and urology. The organisation

wanted to understand how the transition programme was being implemented by healthcare professionals. Seven individual services in the healthcare organisation were identified as sub-units of analysis within the single case. To ensure anonymity of participants, services are referred to by a number rather than their given name (Table 1). Purposive sampling was used to identify participants from seven pre-selected services (sub-units of analysis) involved in implementing the transition programme. Participants included paediatric consultants (n = 6), specialist nurses (n = 10), physiotherapists (n = 2), integrated practitioners (n = 1) and dieticians (n = 1) (Table 1).

Data collection

Semi-structured, face to face (n = 18) and telephone interviews (n = 2) were conducted between January 2018 and January 2019. The sample size (n = 20) was determined by the quality, depth and detail of experiential and contextual information provided by participants about the transition programme (Ritchie et al., 2014). Interviews were conducted by one interviewer (JF) who is an experienced qualitative researcher. A structured interview topic guide informed by realist evaluation was used to support interviews. Interview questions were exploratory and focused on information relating to relevant contexts, potential mechanisms, and key outcomes of implementation (Mukumbang et al., 2018). This offered sufficient flexibility to allow for modifications during interviews resulting from discussion and inquiry. Interviews lasted between 20 and 60 minutes, and were audio recorded with the permission of participants. Interviews were transcribed verbatim, and field notes were taken to take account of non-verbal cues and interpreted meanings that were later explored during data analysis (Spencer *et al*., 2014).

Data analysis

Data from interviews generated through the realist evaluation were analysed thematically by the research team using Braun and Clarke's (2006) stages of thematic analysis. Interview transcripts were imported into NVivo 12 data management software. One researcher (JF) read through interview transcripts and identified initial codes. Three coding sweeps were undertaken to refine codes. Similar codes were grouped together to identify initial themes using visual thematic maps. Initial themes were reviewed by JF, AK and JK resulting in three final themes.

The team wanted to identify the different levels of context operating across the healthcare system and how these interacted to shape programme implementation. Fulop and Robert's (2015) definitions of macro, meso and micro level contexts were adopted. Fulop and Robert's (2015, p. 31) suggest that it is "the dynamic relationships between different contextual factors, both within and between levels" which impacts on the success and sustainability of quality improvement efforts. They argue that little attention has been paid to the interaction of multiple levels of context and how they impact on the effectiveness of quality improvement. Fulop and Robert's (2015) definition of contextual levels was therefore deemed to be an appropriate framework to analyse and structure findings.

Findings

The analysis of interview data revealed that context featured across three separate levels of the healthcare system in which the transition programme was implemented. These were (1) macro level contexts operating at system level; (2) meso level contexts operating at organisational level; and (3) micro level contexts operating at team and individual level. Levels of context were defined as themes supported by several sub-themes which relate to individual contextual factors operating at each level of the healthcare system. The themes and sub-themes are illustrated in figure 1. The section below deals with each healthcare system level in turn and discusses the themes and sub-themes for each level.

Macro level contexts

Inter-organisational commonalities and differences

Healthcare professionals frequently commented on how similarities and differences between children's and adult healthcare organisations influenced the direction of programme implementation. Some paediatric services within the organisation had well-integrated transition processes and shared a similar set up to adult services for the delivery of care. This appeared to be influenced by the nature of individual health conditions and treatment requirements in adulthood:

> "And the youngsters to a main were absolutely fine and the parents. Every one of them. Their fears had been ameliorated by the similarities in the way that the team worked" (Service 2).

Similarities between paediatric and adult services was reported by healthcare professionals to be a key enabler in supporting implementation of the transition programme. However, healthcare professionals across several paediatric services reported challenges to programme implementation due to perceived structural and cultural differences between children's and adult organisations. A lack of equivalent adult services, moving between tertiary to non-tertiary hospitals and different approaches taken to supporting patients were commonly raised by healthcare professionals as barriers to programme implementation:

> "We just knew certainly from a physiotherapy point of view that there's no real physiotherapy services available in adult's so… and that's something that we just kind of accept really" (Service 4).

Proximity and social networks

The geographical proximity of children's and adult organisations was reported by healthcare professionals as a key consideration for successful programme implementation. Interventions within the transition programme such as joint transition reviews were more likely to be implemented by healthcare professionals when children's and adult organisations were geographically close:

> "There's just that one clinic. The nurses and the consultants will pop out because they are only down the road. They will come before that to meet most of the patients who are transitioning from our hospital" (Service 2).

For young people receiving their adult care outside of the local area in which their paediatric care was delivered, joint transition reviews were less likely to be implemented. Healthcare professionals described how professional networks with adult hospitals outside of their locality were less established making it more difficult to implement joint transition reviews for out of area patients. This finding suggests that geographical proximity of healthcare organisations influences professional proximity:

> "The only thing we have got is we have only got the [adult hospital], but we have got other children that may go to like [area], or you know other places that we haven't got that contact and that link with yet" (Service 2).

Funding

Implications of the wider financial context of adolescent care and transition were commonly discussed by healthcare professionals. Two out of seven services within the paediatric organisation stated that their adult counterparts received funding to undertake joint transition reviews. Where funding was in place healthcare professionals reported success in implementing joint transition reviews with their adult colleagues:

> "It's been quite a robust process since 2014/2015. And that's been more around the fact that before then it was sort of done on good will. Whereas now we actually have funding for the adult teams to come and join us for those clinics. So, it's quite… you know it's a very definite thing now" (Service 3).

However, for the remaining services joint transition reviews were less likely to be implemented due to the lack of funding available to support adult healthcare professionals to attend. Implementation of joint transition reviews in these services were often dependent on the good will of individual healthcare professionals:

> "Funding is difficult because what they're saying is… because one of them has said he can come monthly, and it is part of his contract that he can do these. But they don't get funded for it. That's the thing. Whereas, the other consultant it's not part of her. So, she does one every three months and for her to do more will be difficult and she will have to put that forward because she's just not funded for it" (Service 1).

Meso level contexts

Organisational readiness for change

Implementation of the transition programme appeared to be influenced by the healthcare organisations readiness for change. Most healthcare professionals voiced positive views of the transition programme and saw the value of implementing the

programme to improve transition for young people. Healthcare professionals described how they had been actively involved in the development and early stages of programme implementation which appeared to facilitate high levels of commitment to implementation:

> "So, anyone who is interested in transition has talked to us and [lead transition service nurse] has been very inclusive" (Service 2).

> "I think because it's been highlighted it's bringing it to everyone's attention. So, I'm hopeful" (Service 4).

The flexible design of the transition programme was also regarded positively by healthcare professionals. Several healthcare professionals commented on their ability to adapt the transition programme and implement the changes that they felt were achievable to patients in their individual services:

> "So, I think it is appropriate and it should be as flexible as it can be. That's my view" (Service 1).

> "It just needs to be adapted to their understanding or adapted to how they are best going to you know (pauses) understand what's going on and sort of things. But I think it needs to be brought to their level" (Service 6).

However, a perceived lack of engagement from adult healthcare professionals and commitment to the transition programme from senior managers and commissioners in adult organisations affected how paediatric healthcare professionals interacted with the programme:

> "I would be more than happy to use this (points to transition pathway) … and even though it's come from high above… NHS England… you know filtered down from management and everything… until we get adult services on board my personal opinion is that it's not going to work" (Service 5).

Existing transition processes

Whilst there was agreement amongst healthcare professionals that the transition programme was flexible enough to be adapted and used alongside existing processes, the data showed that this was not always operationalised in practice. Services that had well-integrated transition processes and existing ways of working were more reluctant to implement changes and deviate from existing practices. Instead, they reported continued use of their own transition processes whilst recognising that these did not entirely align with new ways of working:

> "You can badge it as the [transition pathway] because essentially, it's what we're doing. And you can say that we're adhering to the [transition pathway] or more or less but it's…. I don't think it's really going to change anything we're doing" (Service 2).

Transition preparation and information giving which was a key intervention within the transition programme was further viewed by healthcare professionals as a part of standard clinical care that they were already delivering. However, overall, this was

done informally, and healthcare professionals appeared to be reluctant to formalise this in line with the newly developed transition programme.

> "Their transition is part of their routine care because it goes on for a number of years…. we need to see them from a clinical point of view and so I don't think it's…. I don't see it as a different thing as it's part of their routine care" (Service 2).

Services with less established or no existing transition processes were on the other hand more likely to implement aspects of the transition programme through adapting and prioritising according to individual patient need:

> "I think to do it across the board is probably impossible with our current resource and I suspect we'll start to identify priority patients to focus with initially" (Service 1).

Resources

Healthcare professionals' capacity to implement transition preparation tools was further affected by lack of resources including time and challenges around using internal IT systems. Consistent use of transition preparation tools with young people required additional time which was not always in place to support implementation:

> "We're not given any additional time. Again, from the consultant point of view, I don't think that they get any extra allowances for that at all. So, it's just supposed to be absorbed into your normal workload which is quite hard" (Service 1).

During clinics, priority was given to discussing the medical aspects of a young person's condition with them rather than transition preparation which impacted on professionals' use of transition preparation tools:

> "…we have the resource that we have. Inevitably that resource has limitations and for example in my own role when I meet a young person with their parents/carers, to deliver the medical aspects of the consultation is challenging. To then factor in the information gathering specifically relating to [transition programme] I'm going to find incredibly difficult" (Service 1).

Lack of additional time to deliver transition preparation resulted in some healthcare professionals choosing to prioritise use of tools with young people who they perceived were most in need of transitioning to adult services.

Healthcare professionals further reported difficulties in locating and using transition programme documentation which were stored on an internal IT system. Although some staff had received programme training, this was reported to be ineffective:

> "I'm confused at how to fill in the documentation…. I didn't learn anything new. It was very much how to use it on the computer…. but I don't really understand" (Service 7).

Coordination

Identifying a key professional to support and coordinate transition within and across services was central to the successful delivery of the transition programme. Analysis showed that this was more achievable in services where patient numbers were smaller and where only one service was involved. Identifying a key professional to coordinate transition where multiple services were involved was reported to be more difficult due to services having separate transition processes:

> "No, No. There is absolutely not…and I just don't feel when they are under multiple teams, which all of the complex one's are, that we've really got… No-one really knows… but again, it's like who is leading that? And it's just that confusion" (Service 7).

Micro level contexts

Healthcare professionals' perceptions of adult services

Decision making at an individual level on implementing aspects of the transition programme appeared to be influenced for some clinicians by staff perceptions of adult services. Some services had already established good relationships with their adult sector counterparts and professionals within these services voiced that transition worked well due to strong collaborative working between children's and adult services:

> "So, it is really good you know. The relationship we've got with the other team, the other nurses and that" (Service 2).

However, in other services staff perceived a lack of joint responsibility for transition by adult services which influenced their own decision making around implementing the transition programme:

> "We would love to see… I would be more than happy to use this…and even though it's come from high above… NHS England… you know filtered down from management and everything … until we get adult services on board my personal opinion is that it's not going to work" (Service 5).

Individual motivation and commitment

Implementation of the transition programme was further influenced by the motivations and commitment of individual healthcare professionals across both children's and adult sectors, to improving transition practice. This was particularly evident in services that did not have well established transition processes for young people. In these services implementation of specific interventions within the wider transition programme were reliant on individual healthcare professionals from the adult sector who showed commitment to improving transition practice:

> "Yeah, and if that person wasn't to be there, I'd, I don't know whether the service would continue. I'm not sure who else would have an interest. It's through communication from this side and a special relationship really and I

don't know who else I could go to. It's not a team, it's one person. So, you know it could potentially fall down" (Service 4).

Discussion

Our main findings evidence the important role that contextual factors within and across macro, meso and micro levels of the healthcare system have on transition programme implementation processes. Findings show that the success of implementation of the transition programme was dependent on the extent to which contextual factors either supported or hindered implementation processes. Findings regarding the role of context as a barrier or facilitator to programme implementation are consistent with the wider literature on context (Dryden-Palmer *et al*., 2020; Rogers *et al*., 2020). Inter-organisational commonalities and differences, geographical proximity, social networks, and funding for transition were important external contexts that affected how healthcare professionals engaged with the transition programme. Features of organisational behaviour including organisational readiness for change, routines and habits, culture and professional relationships located at meso and micro levels of the healthcare system influenced professional decision making. Implementation processes were further influenced or hindered by availability of resources, transition coordination and the motivation and commitment of individual healthcare professionals. In the discussion that follows, we use the theoretical constructs of capability, contribution, capacity and potential from a general theory of implementation (GTI) (May, 2013) to interpret and explain how context and organisational factors impact on professionals ability to implement new ways of working.

Emergent expressions of agency: capability and contribution

The theoretical constructs of capability and contribution as proposed in GTI may help to explain how professional decision-making regarding implementation is influenced by contextual factors at micro, meso and macro levels. May (2013) suggests that the capability of individuals to implement new interventions depends on both its workability and integration into standard practice. In this study, the flexible design of the transition programme offered a high degree of workability and integration. Although many healthcare professionals agreed that the programme was flexible, could be adapted and used alongside existing processes, this was not always operationalised in practice with several services reporting no changes to their practice. This finding is similar to that of Geerligs *et al.* (2018, p. 10) who found evidence that healthcare professionals were less likely to adopt the changes required for effective implementation if they 'felt they were already equipped to address the issue targeted by the intervention'. The construct of contribution offers a more comprehensive explanation of this finding.

May (2013) suggests that participants invest sense-making, commitment, effort and appraisal into implementation of new practices over time. How participants understand and make sense of a practice is key to how they move forward with implementation. Differentiation is seen to be an important aspect of coherence (May

and Finch, 2009). A study undertaken by Sutton *et al*. (2018) which explored sense-making in implementation of an enhanced recovery after surgery programme, found that professionals had to be able to differentiate the new practice favourably from the old practice in order to invest in implementation. Furthermore, professionals had to believe in the new practice both as an individual and as a team. This finding is similar to that of Roger's *et al*. (2020) who found that perceptions of teams are an important contextual feature within the wider literature on context in healthcare implementation. Professionals thus considered the meaning of implementing the new practice by assessing its value, benefits and importance to patient care and linking it to personal norms and values. Coherence or sense-making may help to explain how the contexts 'inter-organisational commonalities and differences' and 'existing transition processes' both supported and hindered implementation decisions and outcomes.

In this study, similarities between the new transition programme and existing processes were commonly reported by healthcare professionals. In doing so, healthcare professionals attempted to differentiate between existing ways of delivering transition and the new approach. Where professionals viewed the new programme as being 'no different' to their own processes, they were less likely to make changes to their practice, even though they recognised that certain interventions within the programme were not being implemented. In Sutton *et al's*. (2018) study, many participants stated that the new programme had formalised practice that was already being enacted. For others, the introduction of the new programme had resulted in significant changes to their practice. Similar findings were uncovered in this study. In services with well-established existing transition processes professionals suggested that the new programme had formalised transition practice across the trust, and they continued to use their own practices. In services with less established or no existing processes there were some changes resulting from implementation of the new programme. However, further contexts across the micro, meso and macro levels of the system affected implementation processes and outcomes across different services.

Results from this study further indicate that professionals considered the value, benefits and importance which implementation of interventions would bring to patient care as part of their 'sense-making' process. Professionals' perceptions of individual need helped them to make sense of how they could best use interventions such as transition preparation tools with young people. Adaptation and prioritisation of the programme were important outcomes that were partly influenced by limited material and cognitive resources (such as time constraints and unsupportive technology) which shaped emergent expressions of agency (May, 2013). Professionals expressed their agency by choosing to use the programme flexibly, prioritise and adapt tools based on perceived relevance and 'benefit' to each individual. This finding relates to work undertaken by Greenhalgh *et al.* (2004) who argue that the ability to adapt, modify or reinvent an innovation to suit one's own needs supports the overall process of adoption. The flexible design of the programme supported the outcomes of adaptation and prioritisation. However, in some instances although

professionals perceived the transition programme favourably, it was evident that they found it difficult to change from their existing practices.

Organisational routines (Feldman and Pentland, 2003; Pentland *et al*., 2012) or routine dynamics (Feldman *et al*., 2016) offer valuable insights into why healthcare professionals were reluctant to implement new ways of working and make changes to current practice. Feldman and Pentland (2003, p. 93) define organisational routines as "repetitive, recognizable patterns of interdependent actions, carried out by multiple actors". Makowski *et al*. (2021, p. 1060) suggest that organisational routines "may be more or less automatic" and are closely related to psychological habits. Although organisational routines research considers routines to be different from psychological habits Makowski *et al.* (2021) point to key similarities such as automaticity, stability and repetition. The literature on organisational routines and habits are both important to understanding and interpreting findings in this study.

Nilsen *et al*. (2012, p. 57) argue that healthcare professionals are "prone to developing efficient and automatically activated habits" as their daily practice is primarily habitual by nature. Implementing change can be more difficult where practices are well-established and healthcare professionals may be more predisposed to familiar ways of working (Davidoff, 2015). In response to changing current practice professionals may instinctively attempt to fit new ways of working into existing routines (Kaehne, 2022). Findings from this study support the findings of Nilsen *et al*. (2012), Davidoff (2015) and Kaehne (2022) by highlighting how healthcare professionals form routine behaviours which impact on how and to what extent they choose to engage with the implementation of new practices. This helps to explain why in some services healthcare professionals failed to implement certain interventions within the programme even though they differed to existing processes. The added value that implementation of the transition improvement programme would bring was not always recognised by healthcare professionals.

Dynamic elements of context: capacity and potential

According to May (2013) implementation of complex interventions are dependent on the capacity of the system to accommodate change (capacity) and individual and collective commitment to realising change (potential). When applied to the findings from this study, the constructs of capacity and potential provide important insight into the role of context and organisational behaviour in shaping implementation decisions. Social network theory, which is one of several mid-range theories which underpin and inform the construct of capacity in GTI, may help to explain how and why similarities/differences between organisations affected implementation of the transition programme. A key argument within this theory is that adoption and implementation of innovations by individuals, are influenced by the structure and quality of their social networks (Greenhalgh *et al*., 2004). Social networks are "important antecedent conditions for implementation processes, because they provide relational contexts for the reciprocal chains of interactions and flows of information that form social systems" (May, 2013, p. 5). Findings from this study suggest that inter-organisational social networks were strong in some services yet lacking in others. Professionals' capacity to co-operate and co-ordinate their actions

to implement the transition programme were constrained by weak inter-organisational social networks.

Structural and cultural differences between children's and adult services in terms of resources such as funding and infrastructure, and conflicting professional values further created barriers for paediatric healthcare professionals when making implementation decisions. Healthcare professionals' perceptions of transition, in particular adult services, appeared to be influenced by the structural and cultural divide between children's and adult services and the wider funding agenda for transition. Differences in infrastructure, approaches to care and funding informed and shaped how participants regarded adult professionals and the role they played in transition. This finding relates to the wider literature on healthcare provider attitudes and barriers to implementation of transition programmes (Sparud-Lundin *et al.*, 2017; Colver *et al*., 2019).

Differences in organisational culture between children's and adult services are well recognised in the healthcare transition policy and literature field and can create additional challenges for young people moving between services (Brown *et al*., 2019; Kerr *et al*., 2017; NICE, 2016). Organisational culture is further highlighted as an important element of context within the wider literature on context and implementation processes (Dryden-Palmer *et al*., 2020). Having well-established inter-organisational social networks and 'buy in' from adult organisations were critical to full implementation of the transition programme. This is an important finding from our study as it highlights how lack of inter-organisational social networks affect how paediatric healthcare professionals choose to implement transition programmes.

Within this study healthcare professionals' perceptions of adult providers further affected commitment levels to implement change. The construct of potential, which is informed by the theory of organisational readiness for change may be helpful in making sense of this finding. Weiner (2009, p. 70) states that "past experience with change could positively or negatively affect organisational members' change valence (e.g., whether they think the change really will deliver touted benefits) and change efficacy judgements (e.g. whether they think the organisation can effectively execute and co-ordinate change related activities)". In this study professionals' ability to see the value and benefit that implementation would bring to each individual (change valence) was adversely affected by their perceptions of adult providers. Geerligs *et al*. (2018) argue that motivation and commitment are influenced by staff attitudes to the change process which impacts on how they choose to engage with implementation. In this study, the attitudes and intentions of healthcare professionals were mostly positive, and staff appeared to be motivated to make changes. Most professionals were in support of the transition programme. They saw it as being necessary and of benefit to some young people. Change valence and change efficacy were high in some services which determined their level of commitment.

Additionally, there appeared to be a wider set of shared commitments in some services, in which professionals demonstrated a sense of collective readiness, and they worked to accommodate the changes that the new pathway brought (May, 2013). However, in services where participants perceived adult providers to be

disengaged with the transition programme, perceptions of change efficacy were low and collective commitment to implement the programme was absent. This resulted in professionals feeling disheartened by a perceived lack of engagement from adult providers which affected implementation outcomes. Weiner *et al*. (2008) argue that implementation success is dependent on collective and coordinated behaviour change by the majority of organisational members. This study builds on this and highlights that implementation success of transition programmes is dependent on collective commitment and coordinated behaviour change by both paediatric and adult organisational members.

A significant finding emerging from this study relates to professionals' ability to implement aspects of the transition programme against the backdrop of contextual constraints within and across the macro, meso and micro levels of the system. A lack of social-structural resources available to professionals affected their potential to translate capacity into action. However, in some services, professionals showed high levels of individual and shared commitment to implement programme interventions. Micro level contexts including 'individual motivation and commitment' interacted with macro level contexts in meaningful ways. Individual level contexts such as autonomy, self-efficacy and attitudes and beliefs are highlighted as influential contextual conditions in a systematic review undertaken by Rogers et al. (2020). Findings from this study show that the social-cognitive resources that were available to professionals such as individual intentions and shared commitments, supported professionals to overcome challenges such as a lack of social-structural resources which affected implementation.

Recommendations

The study findings highlight several recommendations for policy, practice and future research.

Recommendations for policy and practice

When designing future healthcare transition programmes policymakers and managers should ensure that transition programmes are flexible enough to be adapted by services who are at different stages in their transition offer, and individual healthcare professionals wanting to meet different patient needs. As findings from this study showed, the greater the flexibility of the transition programme the more likely professionals are to implement it.

The successful implementation of transition programmes' requires the cooperation and coordination of actions from both children's and adult professionals. Dependency on individual professionals to implement change is not sustainable and transition programmes require organisational wide approaches to implementation. Prior to implementation, programme designers should ensure that inter-organisational social networks are well-established and adult organisations are actively involved in implementation efforts.

Training offered to healthcare professionals on transition improvement programmes should include support for sense making. Paying attention to how new practices are different from old practices and the added value of implementing new ways of working supports sense making processes for healthcare professionals. Findings from the emerging evidence base on transitional care should be used to inform the adaptation of existing transition practices in order to deliver quality of care for patients who access transition services.

Recommendations for future research

This study has highlighted how inter-organisational social networks, which are integral to the successful implementation of transition programmes, are affected by structural and cultural differences between children's and adult organisations. As this study focused specifically on the views and experiences of paediatric healthcare professionals future research should explore the impact of this in further detail through the experiences of adult healthcare professionals. A better understanding of why and how structural and cultural differences affect implementation processes from the perspectives of both children's and adult healthcare professionals may help to improve transition practice overall.

Conclusion

This paper provides insight into the role that context and professional agency play in facilitating or hindering the successful implementation of transition programmes. The paper adds to the knowledge associated with the processes and contexts through which transition programmes function and offers a broader understanding of organisational behaviour and how it affects programme implementation. Findings indicate that successful implementation of transition programmes' requires the cooperation and coordination of actions from both children's and adult professionals. Dependency on individual professionals to implement change is not sustainable and transition programmes require organisational wide approaches to implementation. Prior to implementation, programme designers should ensure that interorganisational social networks are well established and adult organisations are actively involved in implementation efforts.

Limitations

The study was using evidence generated at a single site. It does not include the views and experiences of young people who were recipients of the transition programme. The study was focused on healthcare professional's decision making around implementation of the transition programme. Data were collected from paediatric healthcare professionals in specific services within a single organisation. Findings are thus limited to the experiences of children's healthcare professionals working in acute hospital care in one paediatric healthcare organisation. Furthermore, the sampling of participants used within the study is not representative of the individual experiences and perspectives of service commissioners and managers. Participating healthcare professionals worked in front-line services and therefore offered a particular perspective on implementation of the transition

programme. This is a limitation of the study, as service commissioners and managers often have a more comprehensive understanding of the wider landscape which impacts (both positively and negatively) on programme implementation. The limitations of the participant population accessed within the study are thus recognised.

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Article Title Page

Evaluating the implementation of a person-centred transition programme for adolescents and young adults with long-term conditions: The role of context and organisational behaviour

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N/A

Structured Abstract:
Purpose: Drawing on the experiences of healthcare professionals in one paediatric hospital, this paper explores the influence of context and organisational behaviour on the implementation of a person-centred transition programme for adolescents and young adults (AYA) with long-term conditions.

Design/methodology/approach: A single embedded qualitative case study design informed by a realist evaluation framework was used. Participants who had experience of implementing the transition programme were recruited from across seven individual services within the healthcare organisation. Data were gathered through semi-structured interviews (n = 20) and analysed using thematic analysis.

Findings: Implementation of the transition programme was influenced by the complex interaction of macro, meso and micro processes and contexts. Features of organisational behaviour including routines and habits, culture, organisational readiness for change and professional relationships shaped professional decision making around programme implementation.

Originality/value: There exists a significant body of research relating to the role of context and its influence on the successful implementation of complex healthcare interventions. However, within the area of healthcare transition there is little published evidence on the role that organisational behaviour and context play in influencing transition programme implementation. This paper provides an in-depth understanding of how organisational behaviour and context affect transition programme implementation.

Keywords: Programme implementation, Healthcare organisation, Organisational behaviour, Context, Realist evaluation, Transition of care, long-term conditions

Article Classification: Research paper

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Table 1. Participant information

	Services (sub-units)							
Professional category	1	2	3	4	5	6	7	Total
Paediatric Consultants	2	1	3					6
Specialist Nurses	2	1	2		2	2	1	10
Physiotherapists	1			1				2
Integrated Practitioners							1	1
Dieticians							1	1
Total	5	2	5	1	2	2	3	20

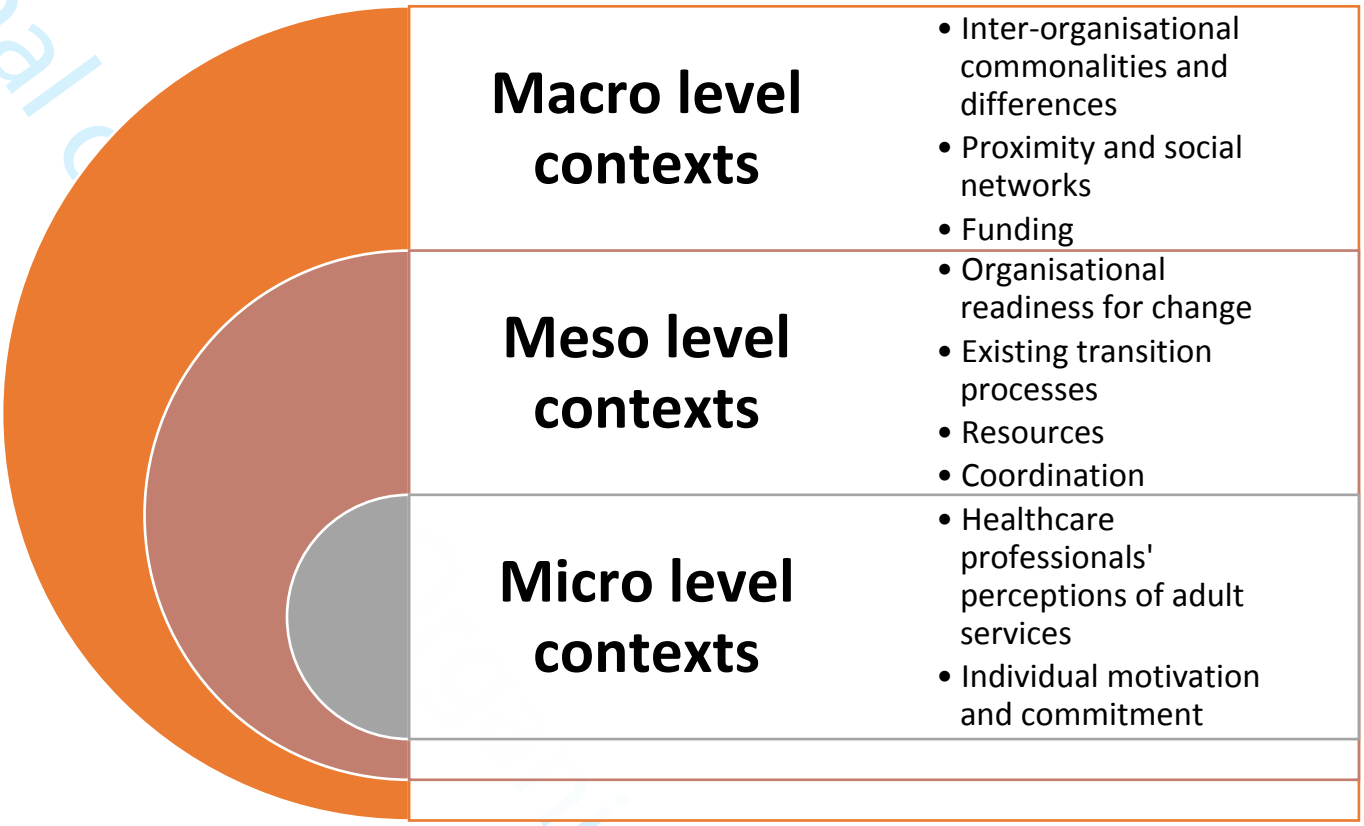

Figure 1. Summary of themes and sub-themes