Does format of clinical guidelines influence acceptability/uptake by healthcare professionals?

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Introduction

Many factors have been identified as affecting the implementation or uptake of clinical practice guidelines. However, the influences of different formats of guidelines on uptake by healthcare professionals have not been examined specifically. Anecdotal reports suggest that professionals find some guidelines overly long and difficult to navigate.

This study aimed to examine whether the format of guidelines influences the acceptability/uptake of clinical guidelines in practice by healthcare professionals; and to explore which characteristics of guidelines are reported by healthcare professionals as affecting implementation.

Methods

For the purposes of this review, guidelines were defined as any clinical practice guidelines (as described by the developers) and no restriction on their inclusion (for example, by developer or by clinical area) was applied.

We first carried out a systematic review of trials evaluating the effectiveness of changing the format or content of any guideline on uptake (as measured by change in healthcare professional behaviour). Two reviewers independently scanned each title and abstract, with any discrepancies resolved through discussion. Studies were included if they evaluated the impact of guideline format or content, and were randomised or controlled trials or interrupted time series. Studies were excluded if they evaluated the intent (that is, the suggested actions) of the guideline recommendations rather than the format.

A second exploratory, qualitative review of the characteristics of guidelines being reported as either helping or hindering implementation was also undertaken. Systematic reviews or primary studies reporting views on the format or content were included. Thematic analysis was planned to synthesise the data from published articles.

Results

Systematic review of the impact of format or content

Focused searches identified 511 possible studies. Of these, the full text was ordered for 92 studies (only 75 were available), and 2 were included in the review. A summary of these two studies can be seen in the table.

We therefore conclude that there is only very limited trial evidence on the impact of the format or content of guidelines on implementation.

Exploratory review of the barriers and aids to implementation related to format or content

Of the 75 identified and available studies, 36 related to format or content of guidelines and aids to implementation.

We recognised from the outset the difficulty in trying to interpret and summarise information, and therefore developed a conceptual framework to categorise and interpret the results of the studies. This was based on our own expertise in developing guidelines, and relevant reviews.

We are currently in the process of refining the framework in order to use it to summarise themes and draw useful conclusions from the data.

Discussion

Guideline developers should adhere to evidence-based guideline formats and content; however, there is very little evidence to determine the most appropriate format.

Further work is needed to determine what characteristics of an evidence-based guideline are most important to users, and whether this influences the uptake of recommendations.