

**Tool 4.1: IDENITFYING BARRIERS & DRIVERS: PROGRAM USERS**

**Section in Planner: Phase 2, Step 4 (4.1)**

**Why is this important?**

Planners are encouraged to systematically examine potential barriers (challenges) and drivers (facilitating or supporting factors) to the implementation of the selected/preferred program option. When introducing any change, what is often considered at the outset to be a simple adjustment to the current way of doing things can have much broader impacts as the full extent of the proposed change becomes clear.

**How to use this tool:**

The Stroke Recovery in Motion planning model provides an established framework\* for identifying and addressing barriers and drivers to effective program implementation by grouping potential issues into three categories.

This worksheet outlines factors related to the category: *program users.* Program users include not only the intended participants but also those making the decision to offer the program,those engaged in program delivery, and those who may refer clients to the program. Use and adapt this tool to suit your own setting and circumstances by adding factors, as needed.

You will have answers to most of these questions from the work you completed in PHASE 1. Explore any issues that are not clear or present potential challenges. Rank the priority of each issue. Remember to also consider possible assets; you will want to leverage any key advantages or local support for implementation.

*\** Graham ID, Logan J. Innovations in knowledge transfer and continuity of care. Can J Nurs Res. 2004;36(2):89–103.

**Phase 2, Step 4: Identification of Barriers and Drivers – factors associated with exercise PROGRAM USERS**

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| The following factors associated with exercise PROGRAM USERS are known to influence implementation. Users include program participants/clients, fitness instructors, program managers, agency administration, health partners and community stakeholders. These factors relate to user awareness, attitudes, knowledge, skills, current practices, and concerns. Consider how these characteristics apply to your selected program(s) to identify potential barriers (challenges to overcome) or drivers (supportive assets ) to implementation. Rank the priority of each factor. | | ⌧ NO | Potential BARRIER | 🗹  YES | Potential DRIVER | NOT SURE  (explore further) | PRIORITY (1-12) |
| 1 | Some programs permit people with other balance and mobility challenges. Will your participants be limited to people with stroke or will you include clients with other health conditions/needs? Can you effectively manage a ‘mixed’ class? |  | Not able to accommodate a mixed class |  | Can accommodate  a mixed class |  |  |
| 2 | What is the local level of participant/client receptiveness and commitment?  *e.g. interest, awareness, knowledge, and perceived benefits of program* |  | Minimal/no interest |  | Eager |  |  |
| 3 | What is your anticipated participant/client (individual and family) attendance? |  | Limited attendance |  | High attendance |  |  |
| 4 | Do you have a local program ‘champion’(s)? |  | No local champion |  | Committed local champion |  |  |
| 5 | How prepared are your staff to provide evidence-based exercise programs designed for people with stroke? *e.g. level of expertise, experience, knowledge, and skills* |  | Low level of preparation  Minimal experience |  | High level preparation  Highly skilled |  |  |
| 6 | How would you describe level of staff motivation, confidence, comfort level to deliver the program? |  | Not comfortable |  | Confident |  |  |
| 7 | Are your program users aware and willing to change existing practice(s)  *e.g. health practitioner discharge planning and referral patterns* |  | Minimal/no agreement |  | Willing to change |  |  |
| 8 | Do your participants, provider staff and partners believe in the value of this program; believe that the exercise program is effective for people with stroke, including credibility of the supporting evidence for this program? |  | Perceived as little/no value |  | Perceived as high value |  |  |
| 9 | Do you have access to necessary clinical or technical assistance? e*.g. health professionals/partners to assist with program adaptation, program fidelity* |  | No/minimal access |  | Good access |  |  |
| 10 | Do you have the support of your leadership and key stakeholders/partners? |  | No/Minimal support |  | Strong support |  |  |
| 11 | Do you have a stable complement of staff? *e.g. availability of trained program delivery staff, program manager* |  | High turnover |  | Consistent staffing |  |  |
| 12 | Can you accommodate diversity in your participant population? *e.g. culture and language needs* |  | Difficult to accommodate |  | Easily accommodated |  |  |
|  | Other Factors? |  |  |  |  |  |  |