

Section 4.1

Planned Action Theories

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Key Learning Points

- Data on the validity and transferability of planned action theories are limited
- A planned action theory can focus implementation efforts and provide all stakeholders with a common script or understanding of the action plan



What is a planned action theory and why do we care?

A planned change (prescriptive) theory:

- Is a set of logically interrelated concepts that explain, in a systematic way, the means by which planned change occurs,
- Predicts how various forces in an environment will react in specified change situations,
- Helps planners or change agents control variables that increase or decrease the likelihood of the occurrence of change

Planned change, in this context, refers to deliberately engineering change that occurs in groups that vary in size and setting.



What is a planned action theory and why do we care?

Classical theories of change

- Describe change but were not specifically designed to be used to cause or guide change in practice
- Can be quite informative and helpful for identifying the determinants of change,
- Are passive; they explain or describe how change occurs
- But - researchers, policy makers, and change agents tend to be more interested in planned change theories that are specifically intended to be used to guide or make a change



We undertook a focused literature search of the social science, education, management and health sciences literature.

The literature search yielded 78 articles that were subject to data abstraction by two reviewers.

Thirty one planned action theories were identified and subjected to a “theory analysis”, which is a useful process for determining the strengths and limitations of theories and to determine similarities and differences between them.



Steps in a theory analysis:

- 1) Determine the origins of the theory (i.e. Who developed it? Where are they from? What prompted the originator to develop it? Is it inductive or deductive in form? Is there evidence to support or refute the development of the theory?)
- 2) Examine the meaning of the theory (what are the concepts and how they relate to each other?)
- 3) Analyze the logical consistency of the theory (Are there any logical fallacies?)
- 4) Define the degree of generalizability and parsimony of the theory
- 5) Determine the testability of the theory
- 6) Determine the usefulness of the theory.



Description of the theories

- The 31 theories identified by our search were published between 1983 and 2006. Of these, 16 were interdisciplinary, 6 were from Nursing, 2 were from Medicine, 2 from Social Work, and one each were from HIV/AIDS Prevention, Occupational Therapy, Family Planning, Health Education and Health Informatics literature.
- The intended foci for these theories were:
 - Healthcare
 - Social work
 - Management



Description of the theories

The theories were most commonly derived from the literature, followed by research, or the experience of the originators.

Most (21/31) of the identified theories have not yet been tested empirically.

The model by Graham and Logan has demonstrated face and content validity through use in a number of unpublished studies and implementation projects

Same is true for Green's model, which was used to conduct systematic baseline-diagnostic interviews with asthma patients treated in the emergency room or as outpatients.



Methods

We examined all of the components in each of the theories in order to determine commonalities and to develop a framework to compare the focus of each of them. This sifting exercise resulted in 10 action steps with some steps having sub actions and each theory could then be analyzed as to whether or not it addressed each action category.



The 10 Action Steps

1. Identify a problem that needs addressing (n=19)
 - Identify the need for change (n=22)
 - Identify change agents (i.e. the appropriate actors to bring about the change) (n=15)
 - Identify target audience (n=13)
 - Link to appropriate individuals or groups who have vested interests in the project (n=15)
2. Review the evidence or the literature (n=21)
3. Adapt the evidence and/or develop the innovation (n=11)
4. Assess barriers to using the knowledge (n=18)



The 10 Action Steps

5. Select and tailor interventions to promote the use of the knowledge (n=26)
6. Implement the innovation (n=22)
7. Develop a plan to evaluate use of the knowledge (n=14)
 - Pilot test (n=11)
 - Evaluate the process to determine whether and how the innovation is used (n=19)
8. Evaluate the outcomes or impact of the innovation (n=20)
9. Maintain change- Sustain ongoing knowledge use (n=11)
10. Disseminate results of the implementation process (n=7)



Observations / Conclusions

- No theory included all of the action steps and no action step was included in all of the theories.
- Some theories focus more on evaluation, for example, others on identification of the problem and their barriers to implementation.
- In choosing a planned action theory to guide implementation efforts, we would advise careful review of the component elements and how they have been coded into action categories and determine which theory is the best fit for the context and culture in which you are working.



Conclusions

Regardless of the selected theory (or whether you choose to use the list of action categories as a kind of “meta-theory”) documenting experiences with the model will advance understanding of its use and provide information to others who are attempting a similar project.



Future Research

- Planned action theories need to be tested empirically to be useful
- More research is needed to determine the relative advantage of one theory over another
- Research is needed to determine which elements of the planned action theories are important under what circumstances



Summary

- Theory driven implementation can further the study of knowledge translation by providing a framework in which we can:
 - understand the change process
 - see which implementation components were successful and which were not
- For each action category in the knowledge to action cycle, there could be a host of theories from multiple disciplines to draw on for guidance



Appendix

List of identified planned action theories





Identified Planned Action Theories

- Ashford J, Eccles M, Bond S, Hall LA, Bond J. Improving health care through professional behaviour change: introducing a framework for identifying behaviour change strategies. *British Journal of Clinical Governance* 1999;4(1):14-23.
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Identified Planned Action Theories

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Identified Planned Action Theories

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Identified Planned Action Theories

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(2008). Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. In Glanz K, Rimer BK, Viswanath K, Eds. (4th ed). Health Behavior and Health Education: Theory, Research, and Practice. San Francisco: Jossey-Bass. pp 67-96. Fax to Assist. theory of planned behavior is the individual*s intention to perform a given. behavior. Intentions are assumed to capture the motivational factors that.Â theory of reasoned action in its addition of perceived behavioral control. Before considering the place of perceived behavioral control in the. prediction of intentions and actions, it is instructive to compare this con The theory of reasoned action (TRA or ToRA) aims to explain the relationship between attitudes and behaviors within human action. It is mainly used to predict how individuals will behave based on their pre-existing attitudes and behavioral intentions. An individual's decision to engage in a particular behavior is based on the outcomes the individual expects will come as a result of performing the behavior. Developed by Martin Fishbein and Icek Ajzen in 1967, the theory derived from previous research...