

March 2020

## Using Online Learning Courses as a Tool to Support Implementation of National Standards: A Case Study

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### Recommended Citation

McCarthy, Shauna; Connolly, Deirdre; Weir, Linda; O'Connor, Laura; and O'Rourke, Niamh (2020) "Using Online Learning Courses as a Tool to Support Implementation of National Standards: A Case Study," *Journal of Social Care*: Vol. 3, Article 9.

doi:<https://doi.org/10.21427/j17x-rc27>

Available at: <https://arrow.tudublin.ie/jsoc/vol3/iss1/9>

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## Using Online Learning Courses as a Tool to Support Implementation of National Standards: A Case Study

### Background

Health and social care systems aim to deliver high-quality and safe services. The delivery of high-quality and safe services is linked to improved outcomes for service users (World Health Organization, 2018). National standards promote practice that is up-to-date, evidence-based, effective and consistent, and support the providers of health and social care services to identify their strengths and weaknesses (Health Information and Quality Authority, 2022). It is internationally recognised that the development and implementation of national standards are key drivers in improving safety and quality in health and social care settings (Health Information and Quality Authority, 2018b). In Ireland, the Health Information and Quality Authority (HIQA) is an independent statutory body, established under the Health Act 2007, tasked with driving high-quality and safe care for people using health and social care services (Health Act, 2007).

HIQA develops national standards relevant to those working in health and social care services. One of HIQA's functions is to set national standards for certain health and social care services and, through registration and inspection, assess whether these standards are met. National standards developed by HIQA aim to promote progressive quality improvements in the care and support provided in health and social care services. When developing standards, HIQA conducts a comprehensive review of national and international evidence and also engages extensively with stakeholders through focus groups, advisory groups and public consultations (Health Information and Quality Authority, 2018a, 2021).

To evaluate the robustness of its standards development process, HIQA conducted a review of international practice in 2018 to examine how similar organisations in other jurisdictions develop standards for health and social care services and also how organisations support the implementation of these standards in order to sustain quality improvements within health and social care services (Health Information and Quality Authority, 2018b). Through appraisal of the literature and engagement with international subject matter experts, 13 organisations across nine jurisdictions were examined. These jurisdictions were; England, Scotland, Ontario, Australia, Wales, Northern Ireland, Sweden, Denmark and New Zealand. The findings from this review validated HIQA's comprehensive process for developing national standards for health and social care services and also identified a number of actions that could be made to further enhance the process (Health Information and Quality Authority, 2018b, 2022).

A key finding from the review was that increased emphasis is being placed on developing supporting tools and resources (Health Information and Quality Authority, 2018b). These tools and resources are developed to assist health and social care staff to adopt and implement the standards consistently and increase understanding regarding the practical application of the standards. Examples of tools and resources included summary materials such as infographics, posters, leaflets, 'easy-read' guides and frequently asked questions (FAQs). The National Health Service (NHS) Wales develop tools and resources, informed by engagement with stakeholders, to help services to meet standards. For example, 'How to Guides' provide practical advice on how to implement the standards and how to self-assess against these standards within NHS teams and services. In England, the National Institute for Health and Care Excellence (NICE) has developed a digital hub to help services to understand how to use NICE guidance and quality standards to improve the quality of care

and services. Supporting resources that have been developed within this hub include practice guidance, implementation flowcharts to help services to put guidance into practice, and more specific information on how NICE guidance can help health professionals (Health Information and Quality Authority, 2018b).

Another example is Health Quality Ontario, which develops a number of additional resources to accompany each quality standard to facilitate their use by healthcare professionals, organisations and the public (Health Information and Quality Authority, 2018b). Additional tools and resources include a slide-deck outlining why a particular quality standard was created and the data that supports the need for it. A reference guide was also developed to raise awareness among patients and residents on the level of care they should expect and, helps to empower them to make decisions about their care. Health Quality Ontario also developed a 'getting started' guide for staff that describes the process for using quality standards as a resource for delivering care and the process of planning, implementing and supporting change. The guide includes an action plan template, a measurement plan template and a checklist for identifying barriers and facilitators in the service (Health Information and Quality Authority, 2018b).

The organisations reviewed have also developed specific information and tailored guidance for certain audiences, as well as an array of digital learning materials (Health Information and Quality Authority, 2018b). For example, the Australian Commission on Safety and Quality in Healthcare has invested significantly in developing tools and resources for staff and service providers to support consistent interpretation and implementation of the National Safety and Quality Health Service (NSQHS) Standards (The Australian Commission on Safety and Quality in Health Care, 2018). The Commission engages widely with stakeholders when developing any such resources to ensure that they are suitable for the intended audience and service setting, and that they will be useful in bringing about improvements across the sector based on individual requirements and needs. The Commission works in partnership with other organisations to provide a range of health professional education and training resources. For example, to support clinicians to develop and refine their skills in communicating effectively about the benefits and risks of treatment options with patients, the Commission developed a two-hour online learning course, *Helping Patients Make Informed Decisions: Communicating benefits and risks* (Health Information and Quality Authority, 2018b). Similarly, a range of support material was developed to assist in implementing the Health and Social Care Standards in Scotland (Mathias, 2018). The types of tools and resources developed and available to staff and service providers include an easy-to-read version of the standards, a slide deck used for information sessions, as well as videos of people's experience of services, video animations about the standards and case studies.

Following findings from the international review, HIQA committed to supporting the implementation of national standards in practice in health and social care settings. The project team identified that additional tools and resources to support the implementation of national standards were of benefit to staff working in health and social care settings. The 2018 review identified a number of potential tools and resources for development, however the team specifically noted that training courses delivered online were an effective method of reaching a wide range of relevant staff, providing flexibility by reducing travel time and costs, and offering efficiencies in accessing and delivering training (Health Information and Quality Authority, 2018b). Following this review and upon obtaining feedback from stakeholders, the team developed three online learning courses to support the implementation of national standards.

These online learning courses aim to improve staff knowledge and understanding of national standards, which will in turn improve the implementation of national standards into practice (Kelly, et al., 2023). Internationally there is a growing body of work which focuses on the development of tools and resources to support implementation, however there is little documented around the evaluation of these tools and resources. This case study aimed to describe the development, dissemination and uptake of online learning courses and examine the effectiveness of online learning courses as tools to improve the knowledge and understanding of frontline health and social care staff in Ireland when applying national standards into practice. These standards are:

- National Standards for Infection Prevention and Control in Community Services (Health Information and Quality Authority, 2018d).
- National Standards for Adult Safeguarding (jointly developed with the Mental Health Commission) (Health Information and Quality Authority, 2019b).
- Guidance on a Human Rights-based Approach in Health and Social Care Services (Health Information and Quality Authority, 2019a).

## **Methods**

This case study analysed feedback provided by learners through individual course evaluations embedded into each course. The evaluations assessed the effectiveness of online learning courses as a tool to support frontline staff in health and social care services to implement national standards by increasing their knowledge and understanding of the national standards and their role in putting them into practice. The evaluations also assessed if frontline staff intended to change their practice following their completion of the online learning courses.

### **Stakeholder Feedback**

During the standards development process, HIQA engages extensively with stakeholder (Health Information and Quality Authority, 2018d, 2018e, 2019a, 2019b, 2019c, 2019d). This includes the establishment of an Advisory Group, comprising of representatives from statutory and non-statutory services, advocacy groups and individuals with experience of health and social care services, whose purpose it is to provide advice in the development of standards. These groups advised the team on the development of the national standards. Focus groups were also conducted with frontline staff, experts in the sector and individuals using services to gather their views on draft versions of the national standards. Finally, a public consultation was held to inform the standards, where feedback from members of the public, frontline staff and individuals with experiences of services, as well as experts in the area was received on the content and structure of the draft standards. Feedback from each of these stages of stakeholder engagement was compiled and analysed to inform the development of each set of national standards. (Health Information and Quality Authority, 2018e, 2019c, 2019d). Additionally, the team thematically analysed this feedback to identify potential barriers and enablers to implementing the national standards into practice.

The qualitative data generated by stakeholders from health and social care services during the standards development process was analysed to identify emerging themes to inform the online learning courses. Two project team members coded the stakeholder feedback and developed a coding framework to guide further analysis. The framework was adapted and refined by the team members as the convergence and divergence of themes were identified, and from this, the main thematic categories emerged. Consensus on themes was determined through discussion within the project team and this resulted in a high level of intercoder reliability. The data from this thematic analysis identified the barriers and enablers

to implementation of the standards in practice. Perceived lack of knowledge and understanding of how to put the standards into practice in particular services and a need for clarity around the role of frontline staff were identified as the main barriers to the implementation of national standards.

### **Online Learning Course Development**

A project team was set up comprising of staff with experience of developing national standards for health and social care services. By analysing the feedback from stakeholders and examining what was currently available in the sector, the team recognised that the audience for the online learning courses was frontline staff in health and social care services. Informed by the stakeholder feedback, the project team identified a need for online courses to address the knowledge and behaviour gap identified by frontline staff. It was also important that the courses could be mapped directly to the relevant standards. In addition, as frontline staff generally undertook their training during work hours alongside their other activities and tasks, the courses content needed to be delivered in short, manageable modules that could be completed over a short period of time and returned to by learners at a later time.

The project team used an implementation science approach to inform the development of each online learning course, specifically employing the COM-B Model of behaviour change (Cane, O'Connor, & Michie, 2012). This model was used to assess whether the course content and structure would support learner capability to change their practice, would fit with the opportunities they had to put the behaviour into practice, and whether the courses content would be sufficiently motivating for them to change their practice and sustain the change over time (Michie, Van Stralen, & West, 2011). Bloom's Taxonomy of Learning was also used to ensure that the content and design of each course met the key learning goals of frontline staff in health and social care services (Bloom, Englehart, Furst, Hill, & Krathwohl, 1956). The project team also engaged a learning specialist company who provided training to the team on learning theory, the practicalities of building an online learning course and also provided feedback on the content and design of each course to ensure it was accessible to learners.

Using feedback obtained through focus groups and public consultations, a number of videos, interactive scenarios and exercises were developed for each of the three online learning courses. Feedback was also obtained on draft versions of the courses. Additional focus groups were conducted with frontline staff, as well as inspectors from HIQA's Regulation Directorate to obtain feedback on whether the courses were accessible, fit for purpose, provided meaningful learning opportunities for frontline staff, and would support staff to understand their role in putting the standards into practice.

To meet learner needs, the final structure of the courses was developed as a series of short modules, each module taking approximately 20 minutes to complete. This enabled the learner to complete sections of the course, and return to complete other sections at a later time. Based on stakeholder feedback, modules within the course 'Applying a Human Rights-based Approach in Health and Social Care' were developed as four distinct 30-minute modules, each exploring separate topics in depth. Each of these four modules was launched separately over a three month period between March and May 2021.

All three courses generally comprised of an introduction to the standards, the aims and objectives of the online learning courses, a knowledge test for the learner to assess their own level of knowledge at the beginning of the course, a section on putting the standards into practice, and exercises to test learner knowledge as they progressed through the course. Each

course included a mix of content, with images, videos, interactive scenarios, exercises, quizzes and knowledge tests, self-reflection, and links to relevant external material for further reading.

The online learning courses were launched on a learning management system in August 2020, November 2020, and March 2021 respectively.

Three online learning courses were developed to support the implementation of the standards. These were:

- National Standards for Infection Prevention and Control: Putting national standards into practice
- National Standards for Adult Safeguarding: Putting national standards into practice
- Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice.

A dissemination plan was developed to raise awareness of each online learning course and promote uptake amongst frontline staff in health and social care services. Central to this plan was the use of direct emails to individual health and social care services.

To ensure the courses was accessible to all frontline staff working in health and social care services with responsibility for putting the standards into practice, all courses were made available through a free learning management system, HSE LanD. HSE LanD is run by Ireland's national health service body and is accessible to all health and social care staff and students. (Health Service Executive; McHugh, Byrne, & Liston, 2012) The system hosts a wide range of courses that are relevant to staff across the health and social care sector and allows learners to store their certificates of completion on the site. To facilitate service users, families and advocates who did not have access to the system, the courses were also made available on the HIQA website.

### **Course Evaluation**

The project team included an evaluation for learners to complete at the end of each course in order to assess whether the courses were achieving the aims of addressing barriers identified by frontline health and social care staff. It was not mandatory to complete the evaluation. The evaluation form included binary yes/no questions, Likert scales and qualitative responses in free-text boxes. The opening section of the evaluation prompted respondents to select which type of service they worked in from a drop down menu. The next three questions assessed the impact of the courses. The first question asked if respondents had a greater understanding of the topic having completed the course. The second question asked whether the learner intended to change their practice as a result of completing the course. The third question in the evaluation asked whether or not the learner would recommend the online learning to a colleague. These questions were linked to the learning objectives that were set out when planning these courses. Additionally, learners were asked to describe any additional tools and materials they required to implement the standards.

### **Data Analysis**

In the first three month period following the launch of each course, learner feedback from the evaluations was imported from an online survey software and saved into a Microsoft Excel file (Microsoft Corporation, 2018). The data from each course was analysed individually.

This feedback was collated and analysed to assess whether the courses had achieved the learning objectives of increasing staff knowledge and understanding of the national standards, their role in putting the standards into practice and intended behaviour change. Project team members coded the qualitative feedback from the free-text boxes and developed a coding framework. A deductive approach was taken to facilitate the collation of themes, consensus was reached on the themes and the data from the courses evaluations is presented in the following section.

This case study is based on analysis of the online learning courses which was conducted within the first three months of each course. It was anticipated that the first three months of each course would prove to have the highest rates of engagement due to a comprehensive communications strategy applied during this timeframe.

## **Results**

### **Total Number of Completed Courses**

Within three months of launching the courses, a total of 27,211 people completed three courses, 16,362 for the National Standards for Infection Prevention and Control: Putting national standards into practice, 6,007 for National Standards for Adult Safeguarding: Putting national standards into practice and 4,842 for Applying a Human Rights-based Approach in Health and Social Care: Putting national standards into practice. The results from the courses evaluations are set out in Table 1.

As noted in the previous section, the course ‘Applying a Human Rights-based Approach in Health and Social Care’ consists of four distinct modules, which for the purpose of reporting in this study have been combined and are reported below as averages across the four modules.

### **Evaluation of Courses**

Approximately 18% of learners who completed the online learning courses went on to complete the courses evaluation. In order to understand the reach of the courses, respondents completing the evaluations were asked to state the type of service they worked in. Based on the responses gathered from the evaluations, the majority of these learners were frontline staff in residential and community-based services for people with disabilities or older persons.

Table 1			
Results from the evaluations of online learning courses to support the implementation of national standards			
	<b>National Standards for infection prevention and control in community services</b>	<b>National Standards for Adult Safeguarding</b>	<b>Applying a Human Rights-based Approach in Health and Social Care</b>
Total number of course completions	16,362	6,007	4,842
Evaluation responses during the first three month period of each online learning course, % (n)	20.4% (3,340)	16.9% (1,021)	9.2% (582)
	<b>Percentage (n=total number) of evaluation respondents who agreed with the statement</b>		
Respondents that reported better understanding of the topic on completion of the course.	93.2% (3,113)	96.2% (983)	98.9% (576)
Respondents who indicated their intention to change their practice as a result of the course.	77.8% (2,599)	70.7% (722)	80.2% (466)
Respondents who indicated how likely they were to recommend the course to a colleague.	94.6% (3,162)	86.6% (885)	95% (553)

In response to question one of the evaluation on whether respondents had an increased understanding of the topic, a large majority, 93.2-98.9%, across all three online learning courses indicated they did have an increased understanding of the topic that the courses covered. In the free-text boxes provided under question one, over half of respondents provided a qualitative response. Respondents highlighted that they felt the courses provided concise information about the topic being covered, noting that the courses were clearly presented, interesting and informative. Respondents also indicated that the courses contained practical interactive scenarios and real-world examples relevant to their work and, in their view, this helped them translate theory into practice. Respondents frequently commented on the courses being a good refresher on knowledge they had previously learned. Where respondents stated that the courses did not increase their understanding of the topic, they noted that they were already very familiar with the topic and as such did not find the courses added to their knowledge or understanding.

In response to question two on whether they intended to change their practice, a high percentage of the respondents, 70.7%- 80.2%, indicated that they intended to change their



practice following the completion of the courses. In the free-text boxes provided under question two, over half of the respondents provided a qualitative response. Some respondents highlighted that the self-reflection element of the courses was especially beneficial in translating theory into practice. A number of respondents indicated that they planned to discuss their learning with colleagues during team meetings, demonstrating engagement with the courses and a positive extension of their learning outside of the self-directed learning system. Analysis of those who reported that they did not intend to change their practice found that these respondents felt they were already providing care and support that was in line with best practice, and so believed they were already putting the content of the courses into practice.

In response to question three of the evaluation on whether they would recommend the courses to a colleague, 86.6% - 95% of respondents across the three online learning courses answered positively, indicating that they would recommend the relevant course to a colleague. Learners indicated that the relevance and accessibility of the courses was a strong reason for recommending it to colleagues.

The final qualitative question in the evaluation sought to identify if additional tools and materials were needed to support implementation of the relevant standards. While the majority of respondents reported being satisfied with the existing tools and materials, a number of respondents noted that accessible videos and animations would assist in the implementation of the standards. Other respondents suggested ways to improve the courses such as including more case studies and by adding a voice-over for accessibility. At a system level, a number of respondents called for additional financial resources and staffing, as well as the need for more legislation in the health and social care sector.

## Discussion

This case study examined the effectiveness of online learning courses as a tool to support a wide range of frontline staff working in health and social care services to translate national standards into practice. The courses sought to address the barriers to the implementation of the standards identified by frontline staff. These were knowledge gaps in their understanding of how to put elements of the standards into practice and a need for clarity around their role in implementing the standards. During the standards development process, frontline staff identified these as the core barriers to the implementation of national standards. To address these barriers the project team developed three online learning courses to support frontline staff to translate national standards into daily practice. The project team identified that educational training courses delivered online are an effective method of reaching a wide range of relevant frontline staff, providing flexibility, reducing travel time and costs, and offering efficiencies for frontline staff in accessing and delivering training. (Cane et al., 2012; Health Information and Quality Authority, 2018b, 2018c)

The COM-B model was used to inform the development of these online learning courses and supported the project team in identifying that the courses needed to provide learners with knowledge that could be practically tried and tested in day-to-day health and social care settings (Bloom et al., 1956). This is reflective of the work undertaken by the Australian Commission on Safety and Quality in Health Care who developed an online learning course 'Helping Patients Make Informed Decisions: Communicating benefits and risks' to support clinicians in developing and refining their skills in communicating effectively about the benefits and risks of treatment options with patients (Health Information and Quality Authority, 2018b).

Analysis of the courses evaluations demonstrated that learners actively engaged with the practical content of the courses, with many noting that the online learning courses had improved their knowledge and understanding of the subject area covered by the standards and would support them to change their practice. A number of respondents also indicated that the interactive scenarios, the self-reflection and the knowledge tests were an important component of facilitating behaviour change amongst frontline health and social care staff. With a majority of respondents reporting that they would recommend the three online learning courses to a colleague, this shows that frontline staff have trust in the validity of the courses content (Qualtrics). The results from this study indicate frontline staff intend to adopt the national standards into their daily practice.

The self-reported intention to change practice from frontline staff indicates that the courses provided the impetus for frontline staff to increase their knowledge and support the central aim of translating the national standards into practice, was achieved in the short-term. This illustrates that online learning is an effective method to support the translation of national standards into practice. However, while the initial responses from frontline staff has shown positive intention to change their practice in line with the standards, the long-term change has yet to be measured. The project team intend to analyse the courses evaluations periodically to investigate whether additional tools are required by frontline staff and these findings will be used to inform the development of future tools and materials, if necessary.

To raise awareness and promote uptake amongst the target audience, the project team developed a comprehensive communications and dissemination plan for each course. A key aspect of this plan was the use of direct email to contact health and social care service providers who are regulated by HIQA. When each online learning course was launched, relevant service providers were sent an email with details of the courses, how the courses related to both the national standards and their work, as well as details of how their staff could access the courses. Service providers were asked to circulate the details to their staff and to act as champions by promoting completion of the courses by frontline staff. Other methods of dissemination included promoting courses on social media, using course content to illustrate the relevance and accessibility of the courses to staff. The team also gave presentations at national and international conferences, lectures and events, as well as engaging with teaching faculties in third level academic institutions to promote the courses amongst health and social care students.

While the team had intended to develop online learning courses, the impact of COVID-19 on the ability of frontline staff to attend in-person training further highlighted the importance of developing relevant courses that can be widely disseminated and easily accessed by any staff member, regardless of location.

### **Strengths and Limitations**

As set out in the findings, these online learning courses reached 27,211 health and social care staff in the first three months of their launch. It is of note that the first course, National Standards for Infection Prevention and Control: Putting national standards into practice, was launched in August 2020, approximately six months after the first cases of the coronavirus were identified in Ireland. Therefore, this course met an immediate need for learners in a wide range of health and social care services affected by COVID-19. Learners who completed this course may also have been alerted to the additional courses developed and completed them as a result of their experience of completing the course on infection prevention and control.

The fact that the evaluations within the online learning courses were not mandatory meant that attrition levels ranged between 79.6% - 90.8%. The evaluations also showed lower response rates from certain services such as acute health services, mental health services and pharmacy services to the courses evaluation, in comparison with staff from residential and community-based services. This means that the project team did not get a complete understanding of how frontline health and social care staff from all services interpret the online learning courses. The team acknowledge that with all self-reported research there exists a risk of response bias. As noted previously further research is required in order to measure the impact of online learning courses on changes to practice.

When examining the design of this study it is important to note that these courses were developed within an Irish context and as such, some of the content such as legislation underpinning the topic may not be transferrable to other jurisdictions. However, the content of each course was informed by an international evidence review and the process of developing and learning from online learning courses evaluations is likely transferable.

### **Conclusion**

The approach detailed in this case study and the feedback from respondents to the evaluations indicate that online learning courses are an effective tool for reaching a wide range of staff working in frontline services, addressing their gaps in knowledge, and are beneficial to building staff capacity to implement the national standards into their practice.

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