European Journal of Physical and Rehabilitation Medicine 2023 Jul 24
DOI: 10.23736/S1973-9087.23.07857-7

ORIGINAL ARTICLE

Measuring the determinants of implementation behavior in multiprofessional rehabilitation

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ABSTRACT

BACKGROUND: The Determinants of Implementation Behavior Questionnaire (DIBQ) measures facilitators or barriers of healthcare professionals' implementation behaviors based on the current implementation research on practice and policy. The DIBQ covers 18 domains of the Theoretical Domains Framework and consists of 93 items. A previously tailored version (DIBQ-t) covering 10 domains and 28 items focuses on implementing best-practice low back pain care.
AIM: To tailor a shortened version of DIBQ to multiprofessional rehabilitation context with cross-cultural adaptation to Finnish language.
DESIGN: A two-round Delphi study.
SETTING: National-level online survey.
POPULATION: Purposively recruited experts in multiprofessional rehabilitation (N.=25).
METHODS: Cross-cultural translation of DIBQ to Finnish was followed by a two-round Delphi survey involving diverse experts in rehabilitation (physicians, physiotherapists, occupational therapists, psychologists, nursing scientists, social scientists). In total, 25 experts in Round 1, and 21 in Round 2 evaluated the importance of DIBQ items in changing professionals' implementation behavior by rating on a 5-point Likert Scale (1=Strongly Disagree, 5=Strongly Agree) of including each item in the final scale. Consensus to include an item was defined as a mean score of ≥4 by ≥75% of Delphi participants. Open comments were analyzed using inductive content analysis. Items with agreement of ≤74% were either directly excluded or reconsidered and modified depending on qualitative judgements, amended with experts' suggestions. After completing an analogous second-round, a comparison with DIBQ-t was performed. Lastly, the relevance of each item was indexed using content validity index on item-level (I-CVI) and scale-level (S-CVI/Ave).
RESULTS: After Round 1, 17 items were included and 48 excluded by consensus whereas 28 items were reconsidered, and 20 items added for Round 2. The open comments were categorized as: 1) "modifying"; 2) "supportive"; and 3) "critical". After Round 2, consensus was reached regarding all items, to include 21 items. After comparison with DIBQ-t, the final multiprofessional DIBQ (DIBQ-mp) covers 11 TDF domains and 21 items with I-CVIs of ≥0.78 and S-CVI/Ave of 0.93.
CONCLUSIONS: A Delphi study condensed a DIBQ-mp with excellent content validity for multiprofessional rehabilitation context.
CLINICAL REHABILITATION IMPACT: A potential tool for evaluating determinants in implementing evidence-based multiprofessional rehabilitation interventions.

(*Cite this article as*: Paukkunen M, Ala-Mursula L, Öberg B, Karppinen J, Sjögren T, Riska H, *et al.* Measuring the determinants of implementation behavior in multiprofessional rehabilitation. Eur J Phys Rehabil Med 2023 Jul 24. DOI: 10.23736/S1973-9087.23.07857-7)

KEY WORDS: Rehabilitation; Implementation science; Delphi Technique; Surveys and questionnaires.

In many fields of social and health care and rehabilitation, there is a gap between what has been proven to be effective and what is practiced.[1-4] Narrowing this gap through the successful implementation of evidence-based practices depends on changing the behavior of the professionals.[3, 5] Implementation research aims to generate knowledge of strategies helping to translate research evidence to clinical practice, and to understand key factors associated with changing professionals' implementation behavior.[3, 6-10] This can be complicated, especially in the multiprofessional rehabilitation context due to heterogeneous professional roles and complex interventions.[11, 12] Multiprofessional rehabilitation involves collaborative teams or work communities consisting of professionals from different social and health care disciplines working together to deliver services.[13]

The Theoretical Domains Framework (TDF) was initially developed for implementation research to identify factors influencing professionals' behavior regarding implementation of evidence-based practice recommendations. The TDF is an integrative framework synthetizing 33 theories of behavior and behavior change, originally sorted into 14 domains, with 4 additional domains later added.[14, 15] According to the TDF, barriers and facilitators of implementation may relate to the innovation itself (*e.g.* innovation characteristics), the social setting (*e.g.* norms, support), the individual professionals (*e.g.* skills, self-efficacy), health care organizations (*e.g.* resources and support), innovation strategies (*e.g.* training), the patients or participants in treatment and rehabilitation (*e.g.* attitudes) - or health care system and society per *se*.[3, 7, 16-21]

The Determinants of Implementation Behavior Questionnaire (DIBQ) has been developed based on TDF.[14, 15, 22] It quantifies the role of TDF domains in the implementation process, so that the factors influencing implementation behavior can be identified.[23] The DIBQ was initially developed for evaluating potential determinants of health care professionals' implementation behavior[24] and it was first tested with physiotherapists in physical activity interventions.[22] The original DIBQ is extensive, including 93 items assessing 18 domains,[22] but it was successfully shortened and tailored to different research questions, contexts and intervention types.[25]

The success of strategies for implementing evidence-based procedures into health care is often overlooked, and only patient-reported outcomes or economic impacts are often examined. Clinical guideline recommendations alone do not seem to be sufficient to change treatment practices.[26] Moreover, it has been shown that dissemination of guidelines is not enough to change behavior, and thus, more active implementation strategies are needed.[26] Therefore, it is important to have feasible and valid instruments for assessing facilitators and barriers of professionals' behavior regarding implementation of theory-based interventions. In science as well as in practice and policy, there is a growing need for robust, transparent and systematic as well as rapid and pragmatic methods for supporting implementation processes. In the multiprofessional rehabilitation context, a user-friendly and context adapted tool is required for monitoring and scaling the factors influencing implementation and for enhancing the use of evidence in daily routines that are often characterized by busyness and limited resources.

The current study aimed to tailor a shortened version of DIBQ to multiprofessional rehabilitation context and cross-culturally adapt a Finnish language version.

Materials and methods

The study design is described in Figure 1. Mixed methods were used. The original DIBQ in English language was first translated and cross-culturally adapted to Finnish (phase 1); and then tailored by means of a two-round Delphi process among a purposively recruited national-level group of experts, giving both quantitative ratings allowing content validity assessments as well as qualitative written judgements regarding DIBQ items to be included into a shortened multiprofessional rehabilitation context version of the DIBQ (DIBQ-mp) (phase 2). Support for adaptation and validation of the DIBQ to multiprofessional context was given by the original developer of the questionnaire through an e-mail communication.[22] This study did not include patients, but non-identifiable health care professionals who participated as volunteers.

Translation of the English version and cross-cultural adaptation to Finnish (phase 1)

The aims of the cross-cultural translation process were to translate all items of the English version and cross-culturally adapt them to Finnish language. A forward-backward translation was completed using the 4-stage process outlined by Beaton[27] based upon the English version of the questionnaire.[22, 28] Cross-cultural adaptation is defined as "a process which looks at both language (translation) and cultural adaptation issues in the process of preparing a questionnaire for use in another setting"[27].

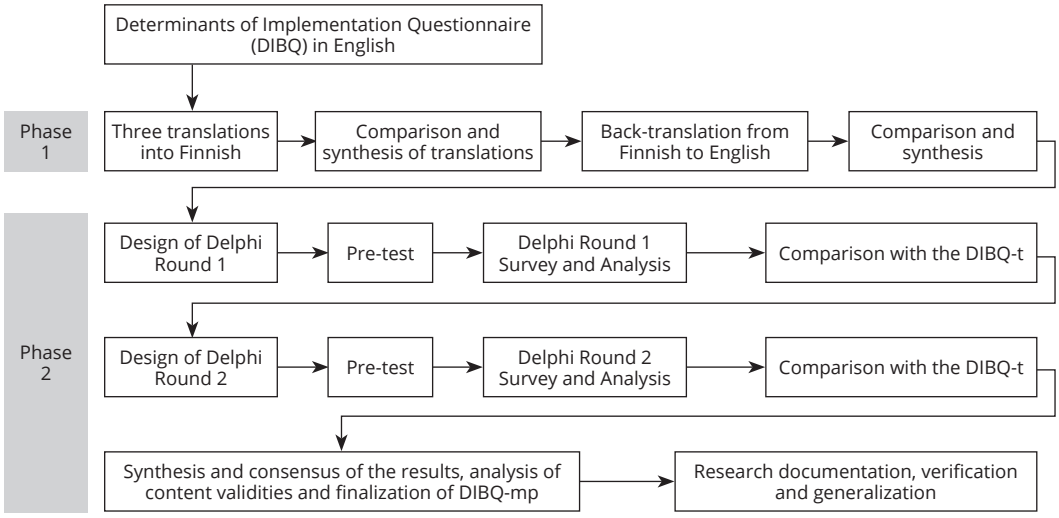

Figure 1.—Cross-cultural adaptation (phase 1) and Delphi procedure (phase 2).

Delphi procedure (phase 2)

The aim of phase 2 was to reduce the number of items and tailor DIBQ to multiprofessional rehabilitation context. The Delphi method was utilized to collect the judgments of experts in a group decision making setting to gain understanding of the items and for identification of critical factors to obtain a shorter version of the DIBQ. The research questions in the Delphi process were "which factors are the most critical in multiprofessional rehabilitation implementation, implying the question, which DIBQ domains and items thus cannot be left out of the shorter version of the questionnaire?". The study was conducted following the principles of classical Delphi.[29-31] Both qualitative and quantitative methods were used in the Delphi process. The Delphi process consisted of two iterative rounds of ratings using an online survey and pre-tests before and comparison to DIBQ-t after each round.

Prior to the Delphi rounds, pre-tests were conducted with the goal of testing and adjusting the Delphi questionnaire to improve comprehension, and to work out procedural problems. The survey was revised as the result of the pre-tests. To ensure sufficient contribution and take account of the typically high drop-out rate in Delphi-studies, the purpose of this study was to recruit 30 participants,[32] which would allow the diversity in views while accounting for expected attrition rate.[32]

A purposive sampling strategy was used to recruit a panel of experts from the authors' networks covering all health care districts, private and public sector and research and education networks in Finland. The following eligibility criteria and requirements for expertise for Delphi participants were used: 1) knowledge and experience with multiprofessional rehabilitation and/or evidence-based health care research implementation in the Finnish health care system; 2) capacity and willingness to participate; 3) sufficient time to participate in the Delphi-process.[33] Research team identified an initial group of experts with a good geographical coverage and multiprofessional diversity (including specialists in rehabilitation medicine, occupational health care, general medicine, psychology, physiotherapy, nursing sciences, occupational therapy and social sciences), and the "snowball" sampling technique was used to generate subsequent participants.[34] The Delphi study was conducted online, using Webropol, over a three-month period to provide sufficient time to gather data and aggregate group responses. Data collection took place in the period of April to June 2021.

Design of Delphi Round 1

The initial instruction of the Delphi questionnaire to Round 1 was: Please evaluate the importance of each item as a facilitator of or a barrier to changing professionals' implementation behavior. The survey was comprised of 5-point Likert scale questions with comments and free-text sections. The purpose of the first round was to: 1) rate the content and structure of each DIBQ item; 2) recommend items to be included or excluded from the multiprofessional DIBQ (DIBQ-mp); and 3) to comment on the comprehensibility, suitability and usability of the questionnaire. The descriptive comments were obtained within each domain:" Are the items understandable and clear? If no, please comment briefly". The DIBQ items as well as

new items suggested in the comments were then reconsidered and/or modified based on the ratings and remarks of the participants. Participants' age, gender, education, educational level, primary role, years of experience, and field of expertise were inquired to evaluate overall representativity/feasibility to be included in the Delphi process, but not further used in item-level considerations.

Design of Delphi Round 2

Delphi Round 2 was designed to 1) determine agreement on items revised based on results of Round 1; and 2) determine preliminary agreement of the new items generated in Round 1; 3) elicit further comments and feedback using a 5-point Likert scale and free text to state the reasoning for their rating or provide additional comments. Participants received the summary of Round 1 results and were free to review and reflect on these results as they submitted their responses and feedback in Round 2. Participants were also asked again to comment the comprehensibility of the items.

Data analysis

Descriptive statistics (ranges, means of ratings with standard deviations and percentages of agreements) for each item were calculated for Round 1 and Round 2 results. Participants rated and commented on the importance of each DIBQ item as a facilitator of or a barrier to changing professionals' implementation behavior. Consensus to include items was defined as a mean score of ≥4 on a Likert Scale (1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree) by at least 75% of Delphi participants. Delphi questions with a group level of agreement of 75% or higher were included and 74% or lower were either excluded or reviewed depending on qualitative judgements. A second-round survey followed the same process as the first round.

Experts were asked to rate the relevance of each item on a 5-point scale (1 = not relevant, 2 = somewhat relevant, 3 = not relevant nor relevant, 4 = quite relevant, 5 = highly relevant). The relevance of each item scored by experts was indexed using content validity index (CVI). The rating of 3 on the scale was not included in the calculation of an item-level CVI. For each item, the I-CVI was computed as the number of experts giving a rating of either 4 or 5, divided by the number of experts. An item was considered 'relevant' when scoring an item-level CVI (I-CVI) of 0.78 or more.[35]

The qualitative data from survey comments within items, domains and the free-text sections were analyzed by using inductive content analysis to classify the comments in favor of exclusion, inclusion or modification before potential inclusion to the shortened version.[36, 37] Initially the participants' statements were read and re-read by the first author to gain familiarity. Subsequently, meaningful units of analysis (core sentences and words) were selected. Each meaningful unit was condensed and labelled with a code using qualitative data analysis program MAXQDA 2020 Analytics Pro. The codes were sorted and grouped into subcategories and categories in discussion among the authors. Analysis of the comments was also used to guide the modifications and considerations of the importance and suitability of the items for the multiprofessional rehabilitation context. An item could be included even it was quantitatively rated below threshold if qualitative assessment captured important issues in relation to the targeted context.[38]

Comparison with DIBQ-t

Finally, the results of the Delphi-procedure were compared with DIBQ-t tailored versions in Danish and Swedish before synthesis of the results.[25] A comparison to previously tailored versions was done for benchmarking and comparison of the items chosen, reflecting on differences between the two versions, identifying the items that overlap in content and reflecting experiences of the use of the DIBQ-t.

Data availability

The data associated with the paper are not publicly available but are available from the corresponding author on reasonable request.

Results

Translation of the DIBQ in English and cross-cultural adaptation to Finnish (phase 1)

The forward and backward translation (steps 1-4) were performed successfully. Since the multiprofessional rehabilitation context was considered, the 'profession' in the original DIBQ was modified to relate to 'social and health care professional'. 'Action' was modified to relate to 'intervention/procedure'. 'Context' was modified to relate to 'rehabilitation'. 'Target' was modified from 'patient' to 'patient, client, participant or rehabilitee' depending on the social and health care setting.

Taxonomy in Finnish language for implementation is in its early development and there are no scientific publications on translation of TDF to Finnish language. Another

challenge in the translation was that in Finnish language the variations of multiple meanings for words often differ from the corresponding variations in English. For example, the word 'worthwhile' can refer to health-economical perspective, financial profit for professional or workplace, or more abstract personal relevance or meaningfulness from client perspective, *i.e.* is it worthwhile to the client to participate on rehabilitation with regards to costs and outcomes. The results from the expert panel review and the inductive content analysis were used to answer the questions about content validity and cross-cultural adaptation to a Finnish social and healthcare setting. The Finnish translation of DIBQ and the TDF domain titles is presented in (Supplementary Digital Material 1: Supplementary Table I).

Delphi procedure to identify factors of importance in multiprofessional rehabilitation program implementation (phase 2)

Of the invited 111 persons, 25 experts (23%) participated in the Round 1 survey. Of the participants, half were women (52%), a third were aged from 51 to 60 years (32%), and two thirds had a doctoral level education (64%). Most often, the participants had 11 to 15 years of experience in clinical work (40%) and 16 to 20 years in academic work (32%, Figure 2). All experts used both spoken and written English regularly. Many reported having several professions or professional roles. Professions represented included physicians (specialized in rehabilitation medicine, occupational medicine and general practice), physiotherapists (specialized in orthopedic manual therapy, musculoskeletal physiotherapy and chronic pain), occupational therapists, psychologists, psychotherapists, social psychologists, educationists, health scientists, nursing scientists and social scientists (Table I). The experts represented of diverse settings and contexts in health, social welfare and education – and the perspectives of scientists, researchers, educators, organizational leaders, practitioners and policymakers. The participants were representative of the invited persons' professions and positions in the Finnish rehabilitation system. The pre-test of Delphi questionnaire resulted in revisions of improving clarity of the instructions for the Delphi panellists and spelling.

Round 1

In Round 1, participants reached agreement for 65 of the 92 content questions: 17 items reached consensus to be included, and 48 items were excluded because of low ratings or qualitative assessments favouring exclusion. The domains on which items reached agreement to be included concerned 'Knowledge', 'Skills', 'Beliefs about capabilities', 'Intentions', 'Innovation', 'Organization', 'Patient', 'Innovation strategy', 'Social influences' and 'Behavioral regulation'. The domains in which all items reached agreement to be excluded were 'Social/professional role and identity', 'Optimism', and 'Goals'. Mean scores ranged from 2.4 to 4.6, and the standard deviations from 0.51 to 1.22 (Supplementary Digital Material 2: Supplementary Table II).

In reconsiderations of items, which did not reach consensus in Round 1, 48 changes were made to the questionnaire. Changes included revisions to wordings (N.=27), adding one missing item (6.2) from original 93-item DIBQ

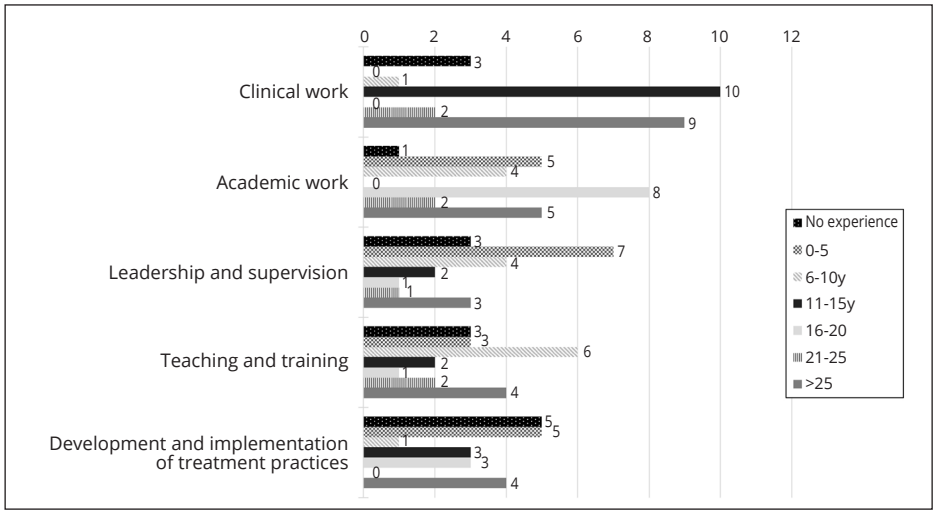

Figure 2.—Professional experience of participants.
X-axis describes the number of participants in each field and category.

TABLE I.—*Participants' field of education, primary role and field of expertise.*

Participant	Field of education	Primary role	Field of expertise
P1	Health Sciences Health Economics	Senior Planning Officer	Health economics Health technology assessment
P2	Health Sciences Occupational Therapy	Service Manager	Research and development of health care services Rehabilitation service system Management and supervision of social and health services Primary care
P3	Health Sciences Physiotherapy	Physiotherapist	Research and development of rehabilitation Research and development of health care services Education and training Biopsychosocial evaluation and treatment Direct access to physiotherapist Primary care
P4	Health Sciences Physiotherapy	Physiotherapist	Research and development of rehabilitation Education and training Biopsychosocial evaluation and treatment Direct access to physiotherapist Clinical expert: orthopedic manual therapy Rehabilitation entrepreneur
P5	Health Sciences Physiotherapy	Researcher	Education and training Clinical expert
P6	Health Sciences Physiotherapy	Educator	Research and development of rehabilitation Education and training: physiotherapy
P7	Medicine	Physician	Research and development of health care services Implementation research Management and supervision of social and health services Clinical expert Evidence-based medicine
P8	Medicine	Physician	Research and development of health care services Implementation research: clinical guidelines
P9	Medicine	PRM specialist	Research and development of health care services Research and development of occupational health care services Education and training: medical sciences Clinical expert
P10	Medicine	Specialist in neurology	Research and development of health care services Social insurance institution
P11	Medicine	Specialist in General Medicine	Research and development of health care services Implementation research Biopsychosocial evaluation and treatment Management and supervision of social and health services Primary care
P12	Music Therapy Psychotherapy	Researcher Trainer Facilitator Therapist	Research and development of rehabilitation: evaluation and effectiveness research Education and training Clinical expert
P13	Nursing Sciences	Doctoral Researcher Research Coordinator	Education and training
P14	Nursing Sciences	Educator	Education and training
P15	Psychology	Researcher, Psychotherapist	Research and development of rehabilitation Research and development of health care services Clinical expert
P16	Psychology and Educational Sciences	Senior Advisor	Multidisciplinary and customer-oriented development of social and health services Development of the cooperation structures in the social and welfare services
P17	Medicine	Researcher Physician	Research and development of rehabilitation Implementation research Rehabilitation service system Working life research Occupational health care
P18	Medicine	Chief Medical Officer PRM specialist	Research and development of rehabilitation Education and training Management and supervision of social and health services Clinical expert: secondary care
P19	Medicine	Chief Medical Officer PRM specialist	Research and development of health care services Primary care

(To be continued)

TABLE I.—*Participants' field of education, primary role and field of expertise (continues).*

Participant	Field of education	Primary role	Field of expertise
P20	Medicine	Chief Medical Officer PRM specialist	Research and development of rehabilitation Research and development of occupational health care services Rehabilitation service system
P21	Medicine	Chief Medical Officer PRM specialist	Research and development of rehabilitation Research and development of health care services Rehabilitation service system Management and supervision of social and health services Biopsychosocial evaluation and treatment Clinical expert: primary care
P22	Medicine	Researcher Chief Medical Officer PRM specialist	Research and development of rehabilitation Research and development of health care services Education and training
P23	Social, Health and Sports Sciences	Educator Project Manager Researcher	Research and development of rehabilitation: rehabilitation of the elderly Research and development of health care services Education and training
P24	Social Psychology	Executive Manager	Education and training: Social psychology, behavior change, motivational interview Associations and foundations
P25	Social Sciences	Senior Advisor	Research and development of rehabilitation Implementation research Implementation support Rehabilitation service system Management and supervision of social and health services: Self-assessment strategies Occupational health care

PRM: physical and rehabilitation medicine.

in Round 1 (N.=1) and addition of new items (N.=20). All new items were added as suggested by the experts for the Round 2.

Inductive content analysis of the feedback provided by the experts in Round 1 identified three key categories of statements that described the contents being: 1) 'modifying', 2) 'supportive' and 3) 'critical'. The total number of coded statements was 303. The statements were classified into three categories and five subcategories. 'Modifying' (N.=67) included subcategories of 'modifying the content of an existing item' (N.=47) and 'modifying the content of the domain with a new item' (N.=20). 'Supportive' included a subcategory of 'encouraging the use of an item or domain' (N.=36). 'Critical' (N.=200) included subcategories of 'critical constructive' statements reflecting of how the items are worded, presented and understood in Finnish language (N.=165) and 'exclude' statements suggesting excluding the item or domain (N.=35). Categories and subcategories were conceptualized based on the data of the research question, and iteratively developed from the coding. The results of content analysis are presented in the Table II.

In the end of Round 1, 68% (N.=17) expected the questionnaire as 'suitable' for Finnish context, 4% (N.=1) 'not suitable' and 28% (N.=7) 'could not yet say'. Half of the drop-outs (N.=4) rated the questionnaire as 'suitable' and half 'could not say'. The Delphi expert that rated the questionnaire not suitable criticized on the length, imbalance of the domains and lacking compatibility for all professional groups. On the other hand, the question categories were found to be useful in different situations, and the possibility to choose the most appropriate questions for different purposes was discussed.

Round 2

For Round 2, 84% of Round 1 participants completed the survey (N.=21). Three of the experts dropped out due to lack of time and one had volunteered to participate in Round 1 only. In total, 48 amendments to the questionnaire were proposed. In addition, four items reached consensus to be included while 44 items were excluded. Mean scores ranged from 2.9 to 4.6, with the standard deviation ranging from 0.49 to 1.22 (Supplementary Table II). Supplementary Digital Material 3 (Supplementary Table III) presents the ratings of items that are included in DIBQ-mp for Round 1 and Round 2.

In the end of Round 2, 76% (N.=16) expected the questionnaire to be 'suitable' for Finnish context and 24% (N.=5) could not yet say. Examples of responses included:

"If such a questionnaire were available, it could facilitate the implementation of the various guidelines and make it more targeted at the services." (P1)

"*The questionnaire can be used to design, adjust and provide the right kind of training for professionals, and*

TABLE II.—*Results of the content analysis of expert panel comments.*

Category (number of statements)	Subcategory (number of statements)	Example of comments	Examples of quotations	Adaptations
Modifying (67)	Modifying the content of an existing item (47)	• Context related feedback. • Improve clarity and legibility by shortening the sentences. • Content related feedback on the wording of the items.	• *"The system is shifting towards common social and health care organizations. The forms of the questions are targeted only to health care professionals."* (P17) • *"A 'participant' is not a suitable term for all interventions."* (P8) • *"Shorten "following the guidelines" out of the questions."* (P9) • *"6.9 Strange emphasis on physical activity. Rehabilitation is a learning process.* (P25) • *"18.1 The word 'automatically' does not seem appropriate here. Could it be 'naturally', which suggests that it does not require effort. Automatic rehabilitation intervention is more like robotics."* (P12) • *"14.7 The word "helpful" is challenging. It may or may not mean concrete help."* (P2)	• Modifying the items to have a multidisciplinary 'social and health care professional' perspective. • Modifying the items to refer to patient, client, participant or rehabilitee depending on the social and health care setting. • Modifying a few items by shortening out "following the guidelines". • Modifying the item 6.9 by replacing "physical activity" with "activity in the daily living". • Modifying the item 18.1 by replacing the word "automatically" with "naturally". • Modifying the items 14.7 and 11.4 with replacing "are helpful" with "are supportive and willing to provide solutions".
	Modifying the content of the domain with a new item (20)	• New questions suggested by Delphi experts.	• *"I believe that […] is achieving results"* • *"I experience positive emotions (e.g., calmness, optimism, comfort) when working in an […].* • *"I believe that I am doing relevant work in delivering […]"*	• The importance of all the proposed 20 new items were evaluated in Delphi round 2.
Critical (200)	Critical constructive (165)	• Choice of wording and phrasing in Finnish. • Imprecise sentences that should be clarified. • Understanding. • General critical statements of the questionnaire.	• *"The term intervention is not clear to everyone."* (P14) • *"The questions are formulated as if assuming that the intervention is a one-time operation that is performed and can then be considered performed (such as surgery on a single patient). I guess the intention should be for a professional to take intervention in a tool that is used constantly and over and over again with several different clients."* (P16) • *"The issue of motivation of participants is problematic because professionals should not drift into a situation where "they" accomplish something for "those" who are not motivated."* (P12) • *"It is essential to specify what is meant by an evaluation (4.9)."* (P25) • *"The question of the focus of primary health care on prevention is surprising in this context and, if it is held, it must somehow be explained (10.3). In order to have sufficient resources, primary health care should focus more on prevention ...?"* (P16) • *"13.7. I do not understand the question."* (P2) • *"This domain [Organization] is limited to thinking about a paid work model, as is the case in the original survey. But while this work is done in many other different "labour market positions" such as self-employed, it should be possible to answer similar questions from those positions as well".* (P17)	• Modifying the Finnish wording of "guideline-based intervention/procedure" to support the continuous use. • Comments were used to guide the considerations of the importance and suitability of the items 4.4 and 17.4 and changing the wording of the item 12.1 from "motivation" to "meaningfulness". • Specifying and clarifying items 4.9, 4.11, 10.3 and 13.7 for increased understanding. • The general critical comments were saved for research group for future studies.
	Exclude (35)	• Statements suggesting excluding the item or domain.	• *"14.1 is definitely useless."* (P8) • *"Slightly unclear how this relates to a particular intervention, in particular 10.3."* (P3)	• No adaptations made to items. • Comments were used to guide the considerations of the importance and suitability of the items.
Supportive (36)	Encouraging the use of the item or the domain (36)	• Confirmatory feedback on the importance of the items or the domains.	• *"Really important questions."* (P25) • *"Really important that implementation intentions are involved!"* (P24)	• No adaptations made to items. • Comments were used to guide the considerations of the importance.

supervisors will also be informed about their own role in the success of the implementation." (P13).

"The questionnaire would reveal the views of the professional delivering the intervention as well as it can explain the results of the intervention or whether it is not taking place actually in practice." (P2)

"This is a good universal questionnaire for evaluation of the implementation. If particularly interested in some aspect in addition to the core-set, such as emotions or organizational support, you may add questions related to this topic to the questionnaire." (P25)

Synthesis and consensus of the results with validity ratings

After Round 2, comparison with DIBQ-t resulted in further exclusion of four and inclusion of four items. Items were included in the synthesis based on importance for research purposes (2.1), multiprofessional work (6.7), the need of further support for professionals (4.6) and emphasis on client perspective (12.1). Items (1.3, 11.4, 14.5) were excluded due to overlapping with content. Suggested new item "I believe that I am doing relevant work in delivering [guideline-based intervention/procedure]" was excluded due to not having TDF classification. After the synthesis, the Delphi process was concluded. Figure 3 illustrates the Delphi Process Summary.

The final DIBQ-mp covers 21 items representing 11 out of 18 TDF domains: 'Knowledge', 'Skills', 'Beliefs about Capabilities', 'Beliefs about Consequences', 'Intentions', 'Innovation', 'Organisation', 'Client/Participant/Patient', 'Innovation strategy', 'Social influences' and 'Behavioral regulation'. Table III demonstrates the final multiprofes-

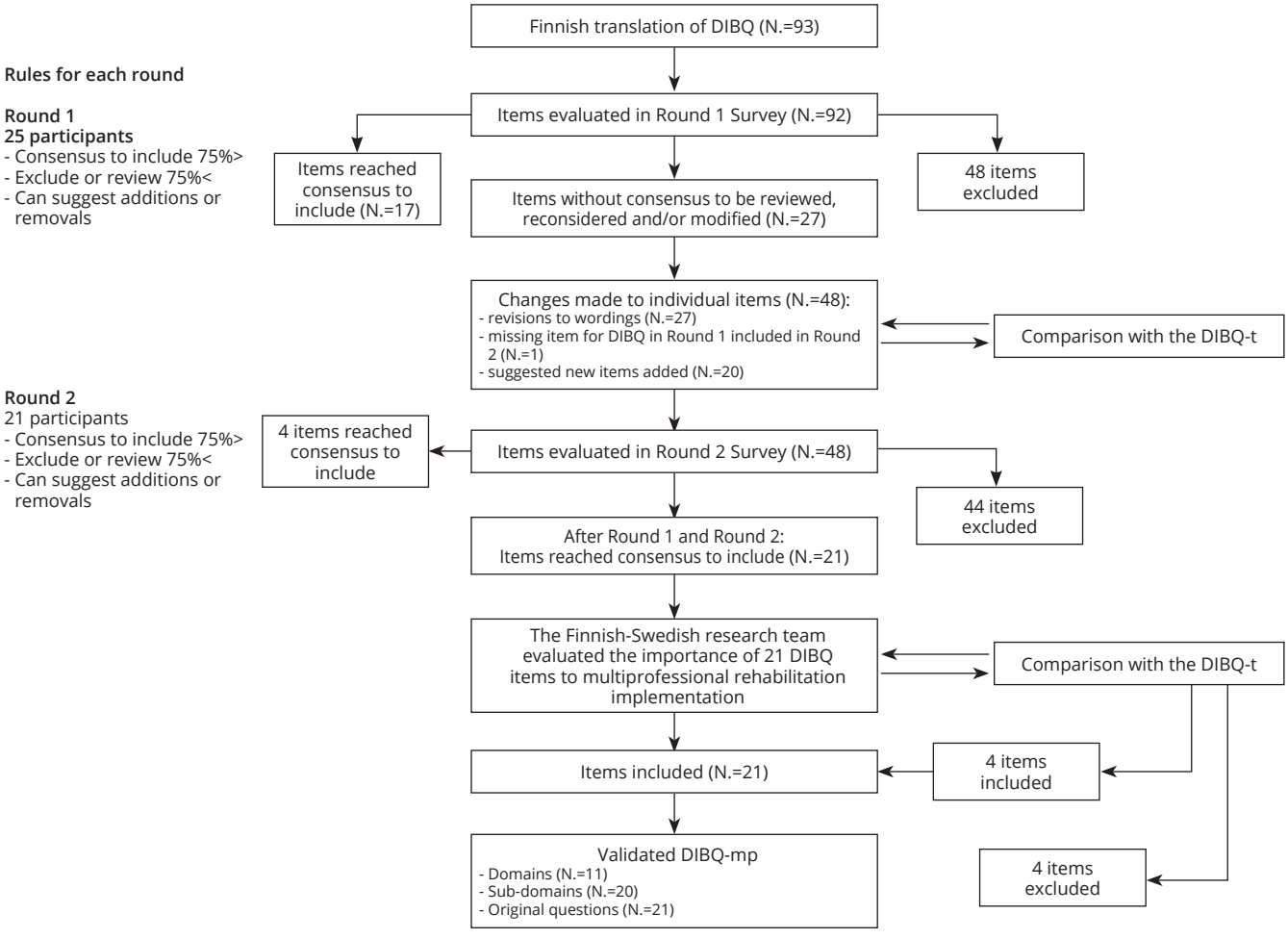

Figure 3.—The Delphi Process Summary.

TABLE III.—*The Final DIBQ-mp.*

Domain and construct	Item	Experts in agreement (N.)	Number of experts (N,)	I-CVI
Knowledge				
Knowledge	I know how to deliver [guideline-based intervention/procedure].	25	25	1.00
Role clarity	Objectives of [guideline-based intervention/procedure] and my role in this are clearly defined for me.	22	22	1.00
Skills				
Skills	I have been trained in delivering [guideline-based intervention/procedure].	18	23	0.78
	I have the skills to deliver [guideline-based intervention/procedure].	22	23	0.96
Beliefs about capabilities				
Self-efficacy	I am confident that I can deliver [guideline-based intervention/procedure]	20	21	0.95
Perceived behavioral control	For me, delivering [guideline-based intervention/procedure] is (very difficult – very easy).	18	20	0.90
Beliefs about consequences				
Attitude	For me, delivering [guideline-based intervention/procedure] is (not useful at all – very useful).	21	21	1.00
Outcome expectancies	If I deliver [guideline-based intervention/procedure] following the guidelines, this will strengthen the collaboration with professionals with whom I deliver [guideline-based intervention/procedure].	17	19	0.88
Intentions				
Intentions	How strong is your intention to deliver [guideline-based intervention/procedure] in the next three months? (not strong – very strong)	19	22	0.86
Innovation				
Innovation characteristics	It is possible to tailor [guideline-based intervention/procedure] to patients'/clients'/rehabilitees'/participants' needs?	20	22	0.91
	[Guideline-based intervention/procedure] is compatible with daily practice.	21	23	0.91
Organization				
Organizational resources and support	In the organization I work, all necessary resources are available to deliver [guideline-based intervention/procedure].	20	21	0.95
	I can count on support from the management of the organization I work in, when things get tough around delivering [guideline-based intervention/procedure].	25	25	1.00
Patient/client				
Patient/client characteristics	Patients/Clients/Rehabilitees/Participants consider participation in [guideline-based intervention/procedure] meaningful.	14	16	0.88
	Patients/Clients/Rehabilitees/Participants of [guideline-based intervention/procedure] are positive about [guideline-based intervention/procedure].	22	24	0.92
Innovation strategy				
Innovation strategies	[Implementing organization] provides professionals with a training to deliver [guideline-based intervention/procedure].	21	22	0.95
	[Implementing organization] provides sufficient intervention instructions and materials.	19	21	0.90
	[Implementing organization] provides assistance to professionals with delivering [guideline-based intervention/procedure].	22	24	0.92
Social influences				
Descriptive norm	Professionals with whom I deliver [guideline-based intervention/procedure] deliver [guideline-based intervention/procedure] following the guidelines.	20	21	0.95
Social support	I can count on support from professionals with whom I deliver [guideline-based intervention/procedure] when things get tough around delivering [guideline-based intervention/procedure].	22	23	0.96
Behavioral regulation				
Action planning	I have a clear plan of how I will deliver [guideline-based intervention/procedure].	23	23	1.00

S-CVI/Ave 0.93
I-CVI: Item-level content validity index; S-CVI/Ave: scale-level content validity index, averaging method.

sional DIBQ (DIBQ-mp), re-translated back to English language. Supplementary Digital Material 4 (Supplementary Table IV provides the Finnish version of the final DIBQ-mp.

In the content validity assessment, all 21 of the DIBQ-mp items were indexed with CVI≥0.78 (Table III). Most items were rated CVI≥0.90 by majority of the content experts (N.=16-25) except for four items ranging from 0.78 to

0.88 (Table III). The final DIBQ-mp is composed of items that have I-CVIs of ≥0.78 and overall scale-level content validity index S-CVI/Ave 0.93 (excellent content validity: I-CVIs of ≥0.78 and an S-CVI/Ave of 0.90 or higher).[39]

Discussion

The final validated multiprofessional DIBQ, DIBQ-mp, was reduced from 93 items on 18 domains to 21 items on 11 TDF domains of most important to multiprofessional rehabilitation context: 'Knowledge', 'Skills', 'Beliefs about Capabilities', 'Beliefs about Consequences', 'Intentions', 'Innovation', 'Organisation', 'Client/Participant/Patient', 'Innovation strategy', 'Social influences' and 'Behavioral regulation'. Moreover, based on high CVI-ratings, the DIBQ-mp is suitable for different settings in Finnish social and health care in context of multiprofessional rehabilitation.

To our knowledge, other tools intended to be used for the research on implementation of multiprofessional rehabilitation interventions and procedures are not available. The previous studies have applied the DIBQ-t in evaluating the expectations of the implementation process in profession-specific interventions.[40, 41] In the Swedish study, facilitating role of most domains of DIBQ-t was reported.[41] The Danish study investigated clinician-level factors related to implementing evidence-based care for LBP patients in primary care using DIBQ-t and qualitative assessments. Personal gain, practicalities, buying-in on the program, and clinicians' attitudes toward the program were found important for implementation. Qualitative data was valuable in understanding that the participants had high competence in knowledge and skills after evidence-based training irrespective whether they implemented the intervention or not. The study indicated that training alone is insufficient for implementation.[40] DIBQ-mp version was developed for the multiprofessional rehabilitation context whereas DIBQ-t had focus on low back pain management. When DIBQ-mp was benchmarked to DIBQ-t, the determinants of implementation behaviour were same in both versions on the domain level but differed on an item-level.

The domains that were excluded from the original DIBQ related, firstly, to the individual level (micro level such as emotions and optimism), and secondly, to the system-related domains (macro-level such as professional role, and social and political context). It might reflect that the system level in Finland and in other Scandinavian countries is considered stable and allows professionals to choose interventions based on rather autonomous understandings on evidence-based guidelines instead of being strictly regulated by the authorities. Organizational level (meso-level such as organizational support) was considered more important in the local clinical context. On the individual level, the domains that were ruled out related to the psychological profiles, whereas included domains such as knowledge and skills were considered of more importance. System and individual level were potentially less influential considering barriers or facilitators of implementation behavior in multiprofessional rehabilitation context.

The purpose of the Round one Delphi was to detect the DIBQ questions that experts valued as potentially important determinants of professionals' implementation behavior and the purpose of the Round two was to condense the list. However, instead of just removing unnecessary questions, Delphi panellists suggested multiple new items to be included. Delphi participants raised up relevant themes that they felt were missing from the original DIBQ questionnaire: 1) support for multiprofessional work in rehabilitation; 2) beliefs about outcome-expectancies and meaningfulness of the work; 3) patient perspectives: expectations, values, satisfaction, recovery; 4) compatibility (is the intervention perceived as being consistent with the professional's existing values, past experiences, and needs); 5) perspectives of continuous learning, learning organization and special features of adult learning; 6) advantages from the patient's point of view; and 7) estimation of the professional's own willingness to embrace and apply, and ability to monitor the implementation (Supplementary Table II). Notably, in Round 2, none of the added items reached consensus to be included in the final DIBQ-mp.

One aspect that was not raised by Delphi panellists was which DIBQ items would capture barriers and facilitators from a health care/societal economic point of view. For example, items regarding beliefs about consequences (6.1, 6.2, 6.5), innovation (9.3), social-political context (10.2), innovation strategy (13.6) capture certain economical aspects. However, the experts prioritized the item 6.1 asking if delivering the intervention following the guidelines is "useful". This could be interpreted as capturing aspects of cost utility from the professional perspective, but for more robust coverage of cost utility, researchers would probably need to include additional items to the DIBQ-mp for their specific research purpose.

The original version of the questionnaire was developed to be applicable to any context but was first tested in a specific context. A recent Cochrane review suggests that mixed-methods studies with longer acclimatization period before evaluation of newly implemented teamwork interventions, and longer follow-up, are needed when

implementing interventions that require multiprofessional collaboration.[11] For this purpose, valid and reliable tools are necessary. A scale has been developed to measure multiprofessional (nurse-physician) collaboration[42] but there are limitations with the validity, reliability, and the extent the scale can be used with different professional groups.

Engaging clinicians in multiprofessional collaboration belongs to managers' role, starting with an evaluation of the quality of services and establishing reimbursements that support teamwork, local quality improvement and the interdisciplinary sharing of knowledge.[43] Therefore, managers need information about the relationship of professionals with other disciplines, and professionals' attitudes, beliefs and motivational factors for multiprofessional collaboration.[44, 45] We propose the use of implementation research -based questionnaire to collect data on the use of evidence in daily routines, to advance problem solving when putting evidence into practice, and to facilitate the implementation of guideline-based interventions and procedures.

The DIBQ-mp would seem most suitable for multiprofessional training of evidence-based interventions and in improving future implementation strategies. Essentially, DIBQ-mp can identify factors of importance at individual, system and organization levels. The 'Socio-political context' domain was excluded from the DIBQ-mp. The society context was seen critical to success by Delphi experts, but the important actors are context- and system-related. When aspects of information at society level is needed, items considering larger operational environment can be added to the questionnaire.

We used well-established methods in the cross-cultural adaptation and Delphi process. The strength of the Delphi method was that we were able to gather participants with different professions in rehabilitation from all parts of Finland. Good geographical coverage also provided diversity in Delphi experts' accents and wordings in different parts of the country. Finland has approximately 5.5 million inhabitants. The Finnish rehabilitation system includes practicing rehabilitation experts from the primary care, secondary care, rehabilitation entrepreneurs, associations and foundations, occupational health care, scholars of the field in universities and research institutions as well as experts acting in the funding organizations such as the national social insurance institution, earnings-related pension providers, insurance companies and State Treasury.[1] The group of experts included was representative in terms of practicing experts and educators of the Finnish rehabilitation system. A minimum panel of 15-20 experts is recommended to ensure sufficient contributions in a Delphi study,[32] and we had over 20 experts in both rounds. Also, the use of both quantifiable and qualitative measures, and especially, inclusion of a qualitative assessment can be regarded as a strength of the study. However, the use of Finnish multiprofessional experts for the Delphi process can be regarded as a limitation too as the generalizability of DIBQ-mp to other European countries and worldwide needs to be evaluated. However, the authors of the study comprise a multiprofessional group of researchers from Sweden and Finland, intensively networking internationally.

The process of translation of DIBQ involved cross-cultural translation process followed by Delphi procedure, which provided expert opinions on the comprehensiveness of the questionnaire. The cross-cultural translation included a backward translation by one professional translator, while a minimum of two professional translators is recommended to assure consistent translation.[27] However, there is controversy of the need and value of backward translation.[46, 47] It has been proposed that the inclusion of an expert panel improves the quality of the instrument, especially the face validity and content validity.[48] In addition, the qualitative assessment can maximize the attainment of semantic, idiomatic, experiential and conceptual equivalence.[49]

There are no validated quality indicators for Delphi studies. A set of four criteria has been proposed as quality indicators:[31] 1) Were criteria for participants reproducible? 2) Was the number of rounds to be performed stated? 3) Were criteria for dropping items clear? 4) Stopping criteria other than rounds specified? In this study, the recruiting strategy and criteria for participants produced the desired number of professionals with diversity of professions and convincing experience in implementation or rehabilitation system. Four Delphi participants did not attend Round 2 with a drop-out rate of 16%, which is quite low. The planned number of rounds was performed as noted in instructions to Delphi participants. The criteria for dropping items were based on consensus. In Delphi studies the definition of consensus based on percentage can range from 50-97%.[31] In this study, consensus was defined as a proportion within a range (unrestricted), *i.e.* items rated at group level of agreement of 75% or higher were included and 74% or lower were either excluded or reviewed and revised depending on qualitative judgements. The termination of the Delphi was based on *a priori* definition to run two rounds.

Limitations of the study

One of the limitations of *a priori* specification of criteria for dropping items, is that items believed to be important may

fall just below the threshold. If sufficient justification is provided, the authors may consider including these items *a posteriori*.[31] In our study, three original items with ≤74% agreement (2.1; 4.6; 12.1) were included in the final DIBQ-mp.

Implementing and changing behavior in a multiprofessional context can be even more challenging than in a profession-specific setting. The research on multiprofessional collaborative practices is still developing.[50, 51] The factors that facilitate multiprofessional collaboration are often specifically related to the operating environment (organizational and processual aspects) and relational and contextual factors of multiprofessionalism.[12]

The study presents a tool, a tailored questionnaire for multiprofessional rehabilitation implementation use, the DIBQ-mp, consisting of 21 items. DIBQ-mp can be used in evaluating determinants, either facilitators or barriers, of implementing evidence-based multiprofessional rehabilitation in clinical practice. The questionnaire can address the issues professionals encounter when implementing new evidence-based models for the benefit of patients. The specific name of the training, intervention, model, innovation or procedure is replaced for [guideline-based intervention /procedure] within each item. The DIBQ-mp with 21 items is a shorter, and more pragmatic version of the original DIBQ. Expert statements denoted that a questionnaire aimed for professionals should be kept short as a long questionnaire is more difficult to use for multiprofessional rehabilitation.

In all, the focus of the research was directed by the opinions of the Delphi participants. Therefore, the results of the study reflect the consensus opinion. The Delphi study objective was to present the results as a core set of items important in multiprofessional rehabilitation implementation. As all the DIBQ items are tailored to multiprofessional rehabilitation context (Supplementary Table II), certain domains or individual items can be added to the DIBQ-mp according to singular research purpose. The TDF is generally used to build a semi-structured interview guide. In future studies, it would be interesting to use the determinant questionnaire as a low-cost strategy to survey a large sample of professionals in different fields of multiprofessional rehabilitation.

Conclusions

We present a national-level development process of cross-culturally adapted and condensed DIBQ-mp tool. It consists of 21 items to assess determinants of professionals' implementation behavior in multiprofessional rehabilitation context, representing 11 of the initial 18 DIBQ domains.

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Conflicts of interest
The authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

Authors' contributions
Conceptualization: Maija Paukkunen, Allan Abbott, Jaro Karppinen, Birgitta Öberg, Tuulikki Sjögren, Riku Nikander; data curation: Maija Paukkunen; formal analysis: Maija Paukkunen; interpretation of data: Maija Paukkunen, Allan Abbott, Leena Ala-Mursula, Birgitta Öberg, Jaro Karppinen, Tuulikki Sjögren, Riku Nikander, Heidi Riska; writing—Original Draft Preparation: Maija Paukkunen; Writing—Review & Editing: all authors. All authors read and approved the final version of the manuscript.

Acknowledgements
The authors acknowledge all rehabilitation experts who volunteered to participated in the Delphi process, and Michael Freeman for English translation.

History
Article first published online: July 24, 2023. - Manuscript accepted: June 20, 2023. – Manuscript revised: May 4, 2023. - Manuscript received: December 31, 2022.

SUPPLEMENTARY DIGITAL MATERIAL 1

Supplementary Table I.—The Finnish Translation of Determinants of Implementation Behavior Questionnaire.

Toiminnan muutosta ohjaavat tekijät -kysely sovellettuna moniammatilliseen kuntoutuskontekstiin. Kysely kartoittaa ammattilaisten kokemuksia mm. tietoihin, taitoihin, käyttäytymiseen, asenteisiin ja toimintakulttuuriin liittyen, jotka voivat joko edistää tai estää näyttöön pohjautuvan suosituksen mukaisen hoidon toteuttamista. Kyselyn taustateorioina ovat Teoreettisten aihealueiden viitekehys (Theoretical Domains Framework) ja Käyttäytymisen muutospyörä (Behavioural Change Wheel).

Vastausvaihtoehtoina käytetään 7-portaista Likertin asteikkoa (1= täysin eri mieltä, 7 = täysin samaa mieltä) kaikissa kysymyksissä paitsi 4.6, 4.7, 4.8, 6.1, 6.2, 6.3, 6.4 ja 7.3. Kussakin kohdassa käytetään tarkasteltavan suosituksen nimeä [Näyttöön pohjautuvan toimintamallin] sijaan, esimerkiksi ”Tiedän, miten alaselkäkivun Käypä hoito -suosituksen mukainen hoito toteutetaan”.

Osa-alue	Käsite	Kysymys
D1 TIEDOT		
D1.1	Tiedot (1)	Tiedän, miten [Näyttöön pohjautuvaa toimintamallia] toteutetaan
D1.2	Tehtävien selkeys (3)	[Näyttöön pohjautuvan toimintamallin] tavoitteet ja osuuteni niissä on selkeästi määritelty minulle
D1.3		Tiedän omat velvollisuuteni [Näyttöön pohjautuvaan toimintamalliin] liittyen
D1.4		Tiedän tarkalleen mitä minulta odotetaan työssäni [Näyttöön pohjautuvan toimintamallin] parissa
D2 TAIDOT		
D2.1	Taidot (3)	Minut on koulutettu toteuttamaan [Näyttöön pohjautuvaa toimintamallia]
D2.2		Minulla on taidot toteuttaa [Näyttöön pohjautuvaa toimintamallia]
D2.3		Olen harjaantunut toteuttamaan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
D3 SOSIAALINEN JA AMMATILLINEN ROOLI, IDENTITEETTI		

D3.1	Ammatillinen rooli (3)	[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on osa työtäni sosiaali- ja terveydenhuollon ammattilaisena
D3.2		Sosiaali- ja terveydenhuollon ammattilaisena tehtäväni on toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
D3.3		On vastuuni sosiaali- ja terveydenhuollon ammattilaisena toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
D4 OMIA KYKYJÄ KOSKEVAT KÄSITYKSET		
D4.1	Minäpystyvyys (4)	Olen varma, että osaan toteuttaa [Näyttöön pohjautuvaa toimintamallia]
D4.2		Olen varma, että osaan toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, vaikka muut [Näyttöön pohjautuvassa toimintamallissa] mukana olevat ammattilaiset eivät toimisi samoin
D4.3		Olen varma, että osaan toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, vaikka käytettävissä olisi vain vähän aikaa
D4.4		Olen varma, että osaan toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, vaikka potilaat/asiakkaat/kuntoutujat/osallistujat eivät olisi motivoituneita
D4.5		Hallitsen [Näyttöön pohjautuvan toimintamallin] toteuttamisen suositusten mukaisesti
D4.6	Koettu toteutuksen osaaminen (7)	Minulle [Näyttöön pohjautuvan toimintamallin] toteuttaminen on erittäin vaikeaa - erittäin helppoa
D4.7		Minulle osallistujien valinta on erittäin vaikeaa - erittäin helppoa
D4.8		Minulle [Näyttöön pohjautuvaan toimintamalliin] liittyvän koulutusohjelman toteuttaminen on erittäin vaikeaa - erittäin helppoa

D4.9		Minulle [Näyttöön pohjautuvaan toimintamalliin] liittyvän arvioinnin suorittaminen on erittäin vaikeaa - erittäin helppoa
D4.10		Sen huomiointi ylläpitääkö osallistuja käyttäytymistään [Näyttöön pohjautuvan toimintamallin] ulkopuolella on minulle erittäin vaikeaa - erittäin helppoa
D4.11		Minulle [Näyttöön pohjautuvan toimintamallin] tulosten tulkinta, yhteenvedon tekeminen ja raportointi muille on erittäin vaikeaa - erittäin helppoa
D5 OPTIMISMI		
D5.1	Optimismi (3)	Työssäni sosiaali- ja terveydenhuollon ammattilaisena odotan epävarmoinakin aikoina useimmiten parasta
D5.2		Työssäni sosiaali- ja terveydenhuollon ammattilaisena olen aina optimistinen tulevaisuuden suhteen
D5.3		Työssäni sosiaali- ja terveydenhuollon ammattilaisena ylipäänsä odotan tapahtuvan enemmän hyviä asioita kuin huonoja
D6 KÄSITYKSET TOIMINNAN VAIKUTUKSISTA		
D6.1	Asenne (4)	Mielestäni [Näyttöön pohjautuvan toimintamallin] toteuttaminen on (erittäin hyödytöntä - erittäin hyödyllistä)
D6.2		Mielestäni [Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on (erittäin kannattamatonta - erittäin kannattavaa)
D6.3		Minulle [Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on (erittäin epämieluisaa - erittäin mieluisaa)
D6.4		Minulle [Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on (erittäin yhdentekevää - erittäin kiinnostavaa)
D6.5	Tulosodotukset (5)	Jos toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, [Näyttöön pohjautuva toimintamalli] on kaikkein vaikuttavinta
D6.6		Jos toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, potilaat/asiakkaat/kuntoutujat/osallistujat arvostavat sitä

D6.7		Jos toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, se vahvistaa yhteistyötä [Näyttöön pohjautuvaa toimintamallia] toteuttavien ammattilaisten kanssa
D6.8		Jos toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, olen tyytyväinen.
D6.9		Jos toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, se edistää osallistujan aktiivisuutta ja toimijuutta elämässään
D6.10	Kannustimet (3)	Kun toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, saan rahallista hyötyä
D6.11		Kun toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, saan työyhteisössäni arvostusta
D6.12		Kun toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, saan osallistujilta tunnustusta.
D7 AIKOMUKSET		
D7.1	Aikomukset (3)	Aion toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti seuraavan 3 kuukauden kuluessa
D7.2		Aion ehdottomasti toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti seuraavan 3 kuukauden kuluessa
D7.3		Kuinka vahva on aikomuksesi toteuttaa [Näyttöön pohjautuvaa toimintamallia] seuraavan 3 kuukauden kuluessa (erittäin vähäinen – erittäin vahva)
D8 TAVOITTEET		
D8.1	Ensisijaisuus (2)	Kuinka usein muiden töiden tekeminen on tärkeämmällä sijalla kuin [Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti
D8.2		Kuinka usein muiden töiden tekeminen on kiireellisempää kuin [Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti
D9 UUSI TOIMINTAMALLI		

D9.1	Uuden toimintamallin ominaisuudet (5)	[Näyttöön pohjautuva toimintamalli] on mahdollista räätälöidä potilaiden/asiakkaiden/kuntoutujien/osallistujien tarpeiden mukaisesti
D9.2		[Näyttöön pohjautuva toimintamalli] on mahdollista räätälöidä ammattilaisten tarpeiden mukaisesti
D9.3		[Näyttöön pohjautuvan toimintamallin] toteuttaminen ei vie paljon aikaa
D9.4		[Näyttöön pohjautuva toimintamalli] sopii päivittäiseen asiakastyöhön
D9.5		[Näyttöön pohjautuva toimintamalli] on yksinkertainen toteuttaa
D10 TOIMINTAYMPÄRISTÖ JA RESURSSIT		
D10.1	Yhteiskunnallinen toimintaympäristö (3)	Palveluista ja etuuksista valtakunnallisesti, alueellisesti ja paikallisesti päättävät tahot antavat riittävän tuen [Näyttöön pohjautuvalle toimintamallille]
D10.2		Sosiaalivakuutusjärjestelmä (KELA, työeläkeyhtiöt, tapaturmavakuutusyhtiöt) antaa riittävän tuen [Näyttöön pohjautuvalle toimintamallille]
D10.3		Resurssien riittämiseksi perusterveydenhuollon tulisi suuntautua nykyistä enemmän ennaltaehkäisyyn
D11 TYÖPAIKKA		
D11.1	Työpaikan resurssit ja tuki (4)	Työpaikallani on kaikki tarvittavat resurssit käytettävissä [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
D11.2		Voin luottaa työpaikkani johdon tukeen, kun [Näyttöön pohjautuvan toimintamallin] toteuttamisessa ilmaantuu ongelmia
D11.3		Työpaikkani johto on halukas kuuntelemaan ongelmiani [Näyttöön pohjautuvan toimintamallin] toteuttamisessa suositusten mukaisesti
D11.4		Työpaikkani johto on halukas antamaan tukea ja ratkaisuja [Näyttöön pohjautuvan toimintamallin] suositusten mukaiseen toteuttamiseen
D12 POTILAS / ASIAKAS		

D12.1	Potilaan / asiakkaan käsitykset (2)	Potilaat/asiakkaat/kuntoutujat/osallistujat kokevat [Näyttöön pohjautuvan toimintamallin] merkityksellisenä
D12.2		[Näyttöön pohjautuvan toimintamallin] potilaat/asiakkaat/kuntoutujat/osallistujat suhtautuvat myönteisesti [näyttöön pohjautuvaan toimintamalliin]
D13 TOIMEENPANOON LIITTYVÄT KÄYTÄNNÖT		
D13.1	Toimeenpanoon liittyvät käytännöt (7)	[Toimeenpaneva taho] tarjoaa ammattilaisille koulutusta [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
D13.2		[Toimeenpaneva taho] tarjoaa ammattilaisille mahdollisuuden testata [Näyttöön pohjautuvan toimintamallin] toteuttamista ennen kuin heidän täytyy sitoutua siihen
D13.3		[Toimeenpaneva taho] tarjoaa riittävästi käyttöä tukevaa materiaalia [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
D13.4		[Toimeenpaneva taho] tarjoaa tukea ammattilaisille [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
D13.5		[Toimeenpaneva taho] järjestää suunnittelukokouksia ammattilaisille
D13.6		[Toimeenpaneva taho] tarjoaa ammattilaisille riittävän taloudellisen korvauksen [Näyttöön pohjautuvan toimintamallin] toteuttamisesta
D13.7		[Toimeenpaneva taho] auttaa ymmärtämään [Näyttöön pohjautuvan toimintamallin] tavoiteltuja tai saavutettuja tuloksia
D14 SOSIAALISEN YMPÄRISTÖN VAIKUTUKSET		
D14.1	Käsitykset toiminnasta (2)	Useimmat minulle tärkeistä ihmisistä ovat sitä mieltä, että minun tulisi toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
D14.2		Ammattilaiset, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia] ovat sitä mieltä, että minun tulisi toteuttaa [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti

D14.3	Toiminnan vakiintuneisuus (2)	Ammattilaiset, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia], toteuttavat [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
D14.4		Muut ammattilaiset, jotka työskentelevät [Näyttöön pohjautuvan toimintamallin] parissa, toteuttavat [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
D14.5	Sosiaalinen tuki (3)	Voin luottaa, että saan tukea ammattilaisilta, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia], kun sen toteuttamisessa ilmaantuu ongelmia
D14.6		Ammattilaiset, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia] ovat halukkaita kuuntelemaan ongelmiani [Näyttöön pohjautuvan toimintamallin] toteuttamisessa suositusten mukaisesti
D14.7		Ammattilaiset, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia] ovat halukkaita antamaan tukea ja auttavat löytämään ratkaisuja [Näyttöön pohjautuvan toimintamallin] toteuttamiseen suositusten mukaisesti
D15 TOIMINTAAN LIITTYVÄT MYÖNTEISET TUNTEET		
D15.1	Myönteiset tunteet (6)	Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni optimistiseksi
D15.2		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni mukavaksi
D15.3		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni rauhalliseksi
D15.4		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni rentoutuneeksi
D15.5		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen itseni iloiseksi
D15.6		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen itseni innostuneeksi
D16 TOIMINTAAN LIITTYVÄT KIELTEISET TUNTEET		
D16.1	Kielteiset tunteet (6)	Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni hermostuneeksi

D16.2		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen itseni pessimistiseksi
D16.3		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni alakuloiseksi
D16.4		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen itseni levottomaksi
D16.5		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni surulliseksi
D16.6		Kun työskentelen [Näyttöön pohjautuvassa toimintamallissa] tunnen oloni epämukavaksi
D17 OMAN TOIMINNAN OHJAUS		
D17.1	Oman toiminnan suunnittelu (3)	Minulla on selkeä suunnitelma, kuinka aion toteuttaa [Näyttöön pohjautuvaa toimintamallia]
D17.2		Minulla on selkeä suunnitelma, millaisissa tilanteissa toteutan [Näyttöön pohjautuvaa toimintamallia]
D17.3		Minulla on selkeä suunnitelma, milloin aion toteuttaa [Näyttöön pohjautuvaa toimintamallia]
D17.4	Ongelmiin varautuminen (3)	Minulla on selkeä suunnitelma, miten toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, kun potilaat/asiakkaat/kuntoutujat/osallistujat eivät ole motivoituneita
D17.5		Minulla on selkeä suunnitelma, miten toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, kun käytettävissä on vain vähän aikaa
D17.6		Minulla on selkeä suunnitelma, miten toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, vaikka muut [Näyttöön pohjautuvassa toimintamallissa] mukana olevat ammattilaiset eivät toimisi samoin
D18 TOIMINNAN SUJUVUUS		
D18.1	Luontevuus (4)	[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti tapahtuu minulta luontaisesti
D18.2		[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti tapahtuu minulta ilman tietoista muistelua

D18.3		[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti tapahtuu minulta ajattelematta
D18.4		[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on jotain mitä alan tekemään ennen kuin tajuan tekeväni sitä
D18.5	Muistinvaraisuus (2)	[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on jotain, jonka unohdan harvoin
D18.6		[Näyttöön pohjautuvan toimintamallin] toteuttaminen suositusten mukaisesti on jotain, jonka unohdan usein

Kyselyn lyhennetty versio on sävytetty harmaalla.

Delphi-panelistien ehdottamat uudet kysymykset
Tunnen [Näyttöön pohjautuvan toimintamallin], mutta en osaa toteuttaa sitä
Työnantajani ei välttämättä velvoita minua toimimaan [Näyttöön pohjautuvan toimintamallin] mukaisesti, mutta näen sen ainoana vastuullisena tapana
Työnantajani velvoittaa minua toimimaan [Näyttöön pohjautuvan toimintamallin] suositusten mukaisesti, mutta mielestäni olisi vastuullisempaa toimia toisella tavalla
Kokisin toimivani vastuuttomasti, jollen toimisi [Näyttöön pohjautuvan toimintamallin] suositusten mukaisesti
Olen varma, että pystyn toimimaan [Näyttöön pohjautuvan toimintamallin] suositusten mukaisesti, vaikka muut [Näyttöön pohjautuvassa toimintamallissa] mukana olevat ammattilaiset eivät toimisi samoin.
Tarvitsen muiden tukea [Näyttöön pohjautuvan toimintamallin] suositusten toteuttamiseen
Tunnen [Näyttöön pohjautuvan toimintamallin] ja osaan käyttää sitä, mutta työyhteisön paine estää minua toimimasta sen mukaisesti.
Tunnen [Näyttöön pohjautuvan toimintamallin] ja osaan käyttää sitä, mutta työyhteisön vallitsevien tapojen muuttaminen on liian työlästä
Tunnen [Näyttöön pohjautuvan toimintamallin] ja osaan käyttää sitä, mutta se vaatii liikaa kognitiivista ponnistelua suhteessa annettuun työaikaan
Jaksan pitää uudesta työtavasta kiinni silloinkin, kun olen väsynyt
Jaksan pitää uudesta työtavasta kiinni vielä kolmen kuukauden päästä
Mielestäni [Näyttöön pohjautuva toimintamalli] on paras tapa toimia

Mielestäni [Näyttöön pohjautuva toimintamalli] on parempi tapa edetä kuin aikaisempi toimintamalli
Koen, että [Näyttöön pohjautuvalla toimintamallilla] saavutetaan tavoitellut tulokset
Uskon [Näyttöön pohjautuvan toimintamallin] olevan hyödyllisin vaihtoehto osallistujalle
Uskon [Näyttöön pohjautuvan toimintamallin] olevan hyödyllisin vaihtoehto minulle
Koen myönteisiä tunteita (esimerkiksi rauhallisuus, optimismi, mukavuus), kun työskentelen [Näyttöön pohjautuvassa toimintamallissa].
Tunnen tekeväni merkityksellistä työtä toteuttaessani [Näyttöön pohjautuvaa toimintamallia]
Koen kielteisiä tunteita (esim. hermostuneisuus, ärtyneisyys, epämukavuus), kun työskentelen [Näyttöön pohjautuvassa toimintamallissa]
Kun työskentelen [Näyttöön pohjautuva toimintamallin] periaatteiden mukaisesti, koen että en voi hyödyntää aikaisempaa osaamistani

SUPPLEMENTARY DIGITAL MATERIAL 2

Supplementary Table II.—Results for Round 1 and Round 2.

	Original DIBQ item	**Modified DIBQ item**	**Round 1 Results n=25**			**Round 1 Conclusion**			**Rationale**	**Round 2 Results n = 21**		**Round 2 Conclusion**			**Synthesis statement**
	PA = Physical Activity PT = Physiotherapist PHC = Primary health care	The refined wording for multiprofessional purpose is written in *cursive.* The highlighted items reached consensus (≥75%) to include in the final DIBQ-mp.	Mean	SD	% of agreement	Incl	Excl	Revised		Mean	SD	% of agreement	Incl	Excl	
D1 KNOWLEDGE															
D1.1	I know how to deliver [PA intervention] following the guidelines.	I know how to deliver *[guideline-based intervention/procedure]*.	4.44	0.51	100	x									

D1.2	Objectives of [PA intervention] and my role in this are clearly defined for me.	Objectives of *[guideline-based intervention/procedure]* and my role in this are clearly defined for me.	4.2	0.64	88	x									
D1.3	With regard to [PA intervention], I know what my responsibilities are	With regard to *[guideline-based intervention/procedure]*, I know what my responsibilities are	4.08	0.64	84	x									Excluded in the synthesis, overlaps 1.2
D1.4	In my work with [PA intervention], I know exactly what is expected from me.	In my work with *[guideline-based intervention/procedure]*, I know exactly what is expected from me.	4	0.76	72		x								
D2 SKILLS															
D2.1	I have been trained in delivering [PA intervention] following the guidelines.	I have been trained in delivering *[guideline-based intervention/procedure]*.	3.72	1.02	72		x								Included in the synthesis based on importance for research purpose (if the same survey for trained and not-

															trained professionals)
D2.2	I have the skills to deliver [PA intervention] following the guidelines.	I have the skills to deliver *[guideline-based intervention/procedure]*.	4.32	0.80	88	x									
D2.3	I am practiced to deliver [PA intervention] following the guidelines.	I am practiced to deliver *[guideline-based intervention/procedure]* following the guidelines.	3.64	0.76	56		x								
D3 SOCIAL/PROFESSIONAL ROLE AND IDENTITY															
D3.1	Delivering [PA intervention] following the guidelines is part of my work as a PT.	Delivering *[guideline-based intervention/procedure]* following the guidelines is part of my work *as a social- and health care professional.*	3.72	0.89	60		x								
D3.2	As a PT, it is my job to deliver [PA intervention]	*As a social- and health care professional*, it is my job to deliver *[guideline-*	3.56	0.87	60		x								

	following the guidelines	*based intervention/procedure]* following the guidelines													
D3.3	It is my responsibility as a PT to deliver [PA intervention] following the guidelines	It is my responsibility as a *social- and health care professional* to deliver *[guideline-based intervention/procedure]* following the guidelines	3.52	1.08	52		x								
D4 BELIEFS ABOUT CAPABILITIES															
D4.1	I am confident that I can deliver [PA intervention] following the guidelines.	I am confident that I can deliver *[guideline-based intervention/procedure]*.	4	0.91	80	x									
D4.2	I am confident that I can deliver [PA intervention] following the guidelines even when other professionals with whom I deliver	I am confident that I can deliver *[guideline-based intervention/procedure]* following the guidelines even when other professionals with whom I deliver *[guideline-based intervention/procedure]* do	3.28	1.02	40		x								

	[PA intervention] do not do this	not do this													
D4.3	I am confident that I can deliver [PA intervention] following the guidelines even when there is little time.	I am confident that I can deliver *[guideline-based intervention/procedure]* following the guidelines even when there is little time.	3.64	1.04	64			x	Revised with rewording of Finnish translation	3.62	1.20	67		x	
D4.4	I am confident that I can deliver [PA intervention] following the guidelines even when participants are not motivated.	I am confident that I can deliver *[guideline-based intervention/procedure]* following the guidelines even when *patients/clients/rehabilitees/participants* are not motivated.	3.22	1.12	44		x								
D4.5	I have control over delivering [PA intervention] following the guidelines	I have control over delivering *[guideline-based intervention/procedure]* following the guidelines	3.84	1.03	76		x								
D4.	For me,	For me, delivering	4.0	0.9	72		x								Included in the

6	delivering [PA intervention] following the guidelines is (very difficult – very easy).	*[guideline-based intervention/procedure]* is (very difficult – very easy).	4	8											synthesis, important in considering the need of support, training, mentoring.
D4.7	For me, performing the intake is (very difficult – very easy).	For me, performing the intake is (very difficult – very easy).	3.24	1.09	44		x								
D4.8	For me, delivering the training program is (very difficult – very easy).	For me, delivering the training program is (very difficult – very easy).	3.32	1.07	4		x								
D4.9	For me, performing the evaluation is (very difficult – very easy).	For me, performing the evaluation *related to [guideline-based intervention/ procedure]* is (very difficult – very easy).	3.88	0.73	76			x	Revised with rewording	3.86	1.01	52		x	
D4.	For me, giving	For me, giving attention to	3.4	1	48		x								

10	attention to participant's maintenance of PA behavior outside [PA intervention] is (very difficult – very easy)	participant's maintenance of behaviors outside *[guideline-based intervention/procedure]* is (very difficult – very easy)													
D4.11	For me, reporting about the [PA intervention] to the referring professional is (very difficult – very easy).	For me, *interpreting the results, making conclusions* and reporting about the *[guideline-based intervention/procedure]* to *others* is (very difficult – very easy).	3.68	0.99	60			x	Revised with rewording	3.71	0.96	56		x	
D5 OPTIMISM															
D5.1	In my work as a PT, in uncertain times, I usually expect the best.	In my work *as a social and health care professional*, in uncertain times, I usually expect the best.	2.8	0.96	24		x								
D5.2	In my work as a PT, I'm always	In my work *as a social and health care*	3.2	1.04	48		x								

	optimistic about the future.	*professional*, I'm always optimistic about the future.													
D5.3	In my work as a PT, overall, I expect more good things to happen than bad.	In my work *as a social and health care professional,* overall, I expect more good things to happen than bad.	3.48	1.05	60		x								
D6 BELIEFS ABOUT CONSEQUENCES															
D6.1	For me, delivering [PA intervention] following the guidelines is (not useful at all – very useful).	For me, delivering *[guideline-based intervention/procedure]* is (not useful at all – very useful).	3.92	1.04	72			x	Revised with rewording of Finnish translation	4.62	0.50	100	x		
D6.2	For me, delivering [PA intervention] following the guidelines is (not worthwhile at all – very worthwhile).	For me, delivering *[guideline-based intervention/procedure]* following the guidelines is (not worthwhile at all – very worthwhile).	missing data	missing data	missing data			x	Revised due to missing data from Round 1	3	1.22	43		x	

D6.3	For me, delivering [PA intervention] following the guidelines is (not pleasurable at all – very pleasurable).	For me, delivering *[guideline-based intervention/procedure]* following the guidelines is (not pleasurable at all – very pleasurable).	3.88	1.08	64			x	Revised with rewording of Finnish translation	3.57	1.08	62		x	
D6.4	For me, delivering [PA intervention] following the guidelines is (not interesting at all – very interesting).	For me, delivering *[guideline-based intervention/procedure]* following the guidelines is (not interesting at all – very interesting).	3.52	1.12	56			x	Revised with rewording of Finnish translation	2.95	1.16	29		x	
D6.5	If I deliver [PA intervention] following the guidelines, [PA intervention] will be most effective.	If I deliver *[guideline-based intervention/procedure]* following the guidelines, *[guideline-based intervention/procedure]* will be most effective.	3.6	1.22	56			x	Revised with rewording of Finnish translation	3.38	1.16	38		x	
D6.	If I deliver [PA	If I deliver *[guideline-*	3.3	1.0	44			x	Revised	3	0.	24		x	

6	intervention] following the guidelines, participants will appreciate this.	*based intervention/procedure]* following the guidelines, *patients/clients/rehabilitees/participants* will appreciate this.	2	7					with rewording of Finnish translation		95				
D6.7	If I deliver [PA intervention] following the guidelines, this will strengthen the collaboration with professionals with whom I deliver [PA intervention].	If I deliver *[guideline-based intervention/procedure]* following the guidelines, this will strengthen the collaboration with professionals with whom I deliver *[guideline-based intervention/procedure]*.	3.76	1.01	76			x	Revised with rewording of Finnish translation	3.57	1.12	67		x	Included in the synthesis based on the purpose of multiprofessional implementation use
D6.8	If I deliver [PA intervention] following the guidelines, I will feel satisfied.	If I deliver *[guideline-based intervention/procedure]* following the guidelines, I will feel satisfied.	3.72	0.98	64			x	Revised with rewording of Finnish translation	3.05	1.17	28		x	

D6.9	If I deliver [PA intervention] following the guidelines, it will help participants to be more physically active.	If I deliver *[guideline-based intervention/procedure]* following the guidelines, it will help participants to be more *active in their daily living.*	3.48	1.00	48			x	Revised with rewording	3.38	0.97	43		x	
D6.10	When I deliver [PA intervention] following the guidelines, I get financial reimbursement.	When I deliver *[guideline-based intervention/procedure]* following the guidelines, I get financial reimbursement.	2.72	1.06	24		x								
D6.11	When I deliver [PA intervention] following the guidelines, I get recognition from the work context.	When I deliver *[guideline-based intervention/procedure]* following the guidelines, I get recognition from the work context.	3.52	0.92	52			x	Revised with rewording of Finnish translation	3.19	1.03	28		x	
D6.12	When I deliver [PA intervention] following the	When I deliver *[guideline-based intervention/procedure]*	3.2	0.87	36			x	Revised with rewordin	3.14	1.01	38		x	

	guidelines, I get recognition from participants.	following the guidelines, I get recognition from participants.							g of Finnish translation						
D7 INTENTIONS															
D7.1	I intend to deliver [PA intervention] following the guidelines in the next three months.	I intend to deliver *[guideline-based intervention/procedure]* the guidelines in the next three months.	3.72	1.06	64		x								
D7.2	I will definitely deliver [PA intervention] following the guidelines in the next three months.	I will definitely deliver *[guideline-based intervention/procedure]* following the guidelines in the next three months.	3.2	1.08	32		x								
D7.3	How strong is your intention to deliver [PA intervention] following the	How strong is your intention to deliver *[guideline-based intervention/procedure]* in the next three months?	3.96	1.10	76	x			Included based on favourable qualitativ						

	guidelines in the next three months?								e comments						
D8 GOALS															
D8.1	How often is working on something else on your agenda a higher priority than delivering [PA intervention] following the guidelines?	How often is working on something else on your agenda a higher priority than delivering *[guideline-based intervention/procedure]* following the guidelines?	3.76	1.13	68		x								
D8.2	How often is working on something else on your agenda more urgent than delivering [PA intervention] following the guidelines?	How often is working on something else on your agenda more urgent than delivering *[guideline-based intervention/procedure]* following the guidelines?	3.36	1.19	52		x								
D9 INNOVATION															

D9.1	It is possible to tailor [PA intervention] to participants' needs?	It is possible to tailor *[guideline-based intervention/procedure]* to *patients'/clients'/rehabilitees'/participants'* needs?	4.32	0.99	80	x									
D9.2	It is possible to tailor [PA intervention] to professionals' needs?	It is possible to tailor *[guideline-based intervention/procedure]* to professionals' needs?	3.64	0.91	52		x								
D9.3	[PA intervention] costs little time to deliver.	*[Guideline-based intervention/procedure]* costs little time to deliver.	3.28	1.14	52		x								
D9.4	[PA intervention] is compatible with daily practice.	*[Guideline-based intervention/procedure]* is compatible with daily practice.	4.16	0.90	84	x									
D9.5	[PA intervention] is simple to deliver.	*[Guideline-based intervention/procedure]* is simple to deliver.	3.84	1.07	68		x								
D10 SOCIO-POLITICAL CONTEXT															
D10.1	Government and local authorities	*National, regional and local decision-makers on*	3.68	0.9	56			x	Revised with	3.81	0.98	62		x	

	provide sufficient support to interventions such as [PA intervention].	*services and benefits* provide sufficient support to interventions such as *[guideline-based intervention/procedure]*.							rewording						
D10.2	Insurance companies provide sufficient support to interventions such as [PA intervention].	*The social insurance system* provides sufficient support to interventions such as *[guideline-based intervention/procedure]*.	3.12	0.88	28			x	Revised with rewording	3.38	0.92	48		x	
D10.3	PHC is sufficiently oriented towards prevention	*In order to have sufficient resources, primary health care should be more oriented towards prevention.*	3.52	1.00	48		x								
D11 ORGANIZATION															
D11.1	In the organization I work, all necessary resources are	In the organization I work, all necessary resources are available to deliver *[guideline-based intervention/procedure]*.	4.2	0.87	80	x									

	available to deliver [PA intervention].														
D11.2	I can count on support from the management of the organization I work in, when things get tough around delivering [PA intervention] following the guidelines.	I can count on support from the management of the organization I work in, when things get tough around delivering *[guideline-based intervention/procedure]*.	4.56	0.51	100	x									
D11.3	The management of the organization I work in is willing to listen to my problems with delivering [PA intervention] following the guidelines.	The management of the organization I work in is willing to listen to my problems with delivering *[guideline-based intervention/procedure]* following the guidelines.	3.96	0.98	80			x							

D11.4	The management of the organization I work in is helpful with delivering [PA intervention] following the guidelines.	The management of the organization I work in is *supportive and willing to provide solutions* with delivering *[guideline-based intervention/procedure]* following the guidelines.	3.6		52			x	Revised with rewording	4.24	0.94	86	x		Excluded in the synthesis because overlaps with 11.2
D12 PATIENT															
D12.1	Participants of [PA intervention] are motivated.	*Patients/Clients/Rehabilitees/Participants consider participation [guideline-based intervention/procedure] meaningful*	3.56	1.16	56			x	Revised with rewording	3.90	1.00	67		x	Included in the synthesis, client perspective important to include
D12.2	Participants of [PA intervention] are positive about [PA intervention].	*Patients/Clients/Rehabilitees/Participants* of *[guideline-based intervention/procedure]* are positive about *[guideline-based intervention/procedure]*.	4.16	0.85	88	x									
D13 INNOVATION STRATEGY															

D13.1	[Implementing organization] provides professionals with a training to deliver [PA intervention].	[Implementing organization] provides professionals with a training to deliver *[guideline-based intervention/procedure]*.	4.2	0.82	84	x									
D13.2	[Implementing organization] provides the possibility to experience delivering [PA intervention] before professionals need to commit to it.	[Implementing organization] provides the possibility to experience delivering *[guideline-based intervention/procedure]* before professionals need to commit to it.	3.36	0.99	48			x	Revised with rewording of Finnish translation	3.48	0.75	52		x	
D13.3	[Implementing organization] provides sufficient intervention	[Implementing organization] provides sufficient intervention materials.	3.88	0.97	76	x									

	materials.														
D13.4	[Implementing organization] provides assistance to professionals with delivering [PA intervention].	[Implementing organization] provides assistance to professionals with delivering *[guideline-based intervention/procedure]*.	4.16	0.99	88	x									
D13.5	[Implementing organization] organizes intervision meetings for professionals.	[Implementing organization] organizes intervision meetings for professionals.	3.4	1.04	52		x								
D13.6	[Implementing organization] provides sufficient financial reimbursement to professionals for [PA intervention] delivery	[Implementing organization] provides sufficient financial reimbursement to professionals for *[guideline-based intervention/procedure]* delivery	3	0.913	16			x	Revised with rewording of Finnish translation	3.14	1.06	38		x	

D13.7	[Implementing organization] provides insights into results of [PA intervention].	[Implementing organization] provides insights into results of *[guideline-based intervention/procedure]*.	3.72	1.06	64			x	Revised with rewording of Finnish translation	3.81	0.81	67		x	
D14 SOCIAL INFLUENCES															
D14.1	Most people who are important to me think that I should deliver [PA intervention] following the guidelines.	Most people who are important to me think that I should deliver *[guideline-based intervention/procedure]* following the guidelines.	2.76	1.165	24		x								
D14.2	Professionals with whom I deliver [PA intervention] think I should deliver [PA] intervention] following the guidelines	Professionals with whom I deliver *[guideline-based intervention/procedure]* think I should deliver *[guideline-based intervention/procedure]* following the guidelines	3.64	1.08	68		x								

D14.3	Professionals with whom I deliver [PA intervention] deliver [PA] intervention following the guidelines.	Professionals with whom I *[guideline-based intervention/procedure]* deliver *[guideline-based intervention/procedure]* following the guidelines.	4	0.91	80	x									
D14.4	Other professionals who work with [PA intervention] deliver [PA intervention] following the guidelines	Other professionals who work with *[guideline-based intervention/procedure]* deliver *[guideline-based intervention/procedure]* following the guidelines	3.68	0.95	64		x								
D14.5	I can count on support from professionals with whom I deliver [PA intervention] when things get tough around delivering [PA	I can count on support from professionals with whom I deliver *[guideline-based intervention/procedure]* when things get tough around delivering *[guideline-based*	4.12	0.88	88	x									

	intervention] following the guidelines.	*intervention/procedure]*.													
D14.6	Professionals with whom I deliver [PA intervention] are willing to listen to my problems with delivering [PA intervention] following the guidelines.	Professionals with whom I deliver *[guideline-based intervention/procedure]* are willing to listen to my problems with delivering *[guideline-based intervention/procedure]* following the guidelines.	3.64	1.11	64		x								
D14.7	Professionals with whom I deliver [PA intervention] are helpful with delivering [PA intervention] following the guidelines.	Professionals with whom I deliver *[guideline-based intervention/procedure] are supportive and willing to provide solutions* with delivering *[guideline-based intervention/procedure]* following the guidelines.	3.64	1.11	60			x	Revised with rewording	4.10	0.83	81	x		Excluded in the synthesis because overlaps with 14.5
D15 POSITIVE EMOTIONS															

D15.1	When I work with [PA intervention] I feel optimistic.	When I work with *[guideline-based intervention/procedure]* I feel optimistic.	3.32	1.03	44		x								
D15.2	When I work with [PA intervention] I feel comfortable.	When I work with *[guideline-based intervention/procedure]* I feel comfortable.	3.2	1.15	40			x	Revised with rewording of Finnish translation	2.90	0.94	24		x	
D15.3	When I work with [PA intervention] I feel calm.	When I work with *[guideline-based intervention/procedure]* I feel calm.	3.32	0.99	40		x								
D15.4	When I work with [PA intervention] I feel relaxed.	When I work with *[guideline-based intervention/procedure]* I feel relaxed.	2.76	1.01	16		x								
D15.5	When I work with [PA intervention] I feel cheerful.	When I work with *[guideline-based intervention/procedure]* I feel cheerful.	2.84	0.94	20		x								

D15.6	When I work with [PA intervention] I feel elated.	When I work with *[guideline-based intervention/procedure]* I feel elated.	2.4	1.08	8		x								
D16 NEGATIVE EMOTIONS															
D16.1	When I work with [PA intervention] I feel nervous.	When I work with *[guideline-based intervention/procedure]* I feel nervous.	3.2	1.15	44		x								
D16.2	When I work with [PA intervention] I feel pessimistic.	When I work with *[guideline-based intervention/procedure]* I feel pessimistic.	2.8	1.08	42		x								
D16.3	When I work with [PA intervention] I feel depressed.	When I work with *[guideline-based intervention/procedure]* I feel depressed.	2.52	1.05	16		x								
D16.4	When I work with [PA intervention] I feel agitated.	When I work with *[guideline-based intervention/procedure]* I feel agitated.	2.76	1.01	20		x								
D16.5	When I work with [PA intervention]	When I work with *[guideline-based*	2.36	1.04	8		x								

	I feel sad	*intervention/procedure]* I feel sad													
D16.6	When I work with [PA intervention] I feel uncomfortable.	When I work with *[guideline-based intervention/procedure]* I feel uncomfortable.	3.48	1.19	48			x	Revised with rewording of Finnish translation	3.19	1.03	38		x	
D17 BEHAVIORAL REGULATION															
D17.1	I have a clear plan of how I will deliver [PA intervention] following the guidelines.	I have a clear plan of how I will deliver *[guideline-based intervention/procedure]*.	4.28	0.61	92	x									
D17.2	I have a clear plan under what circumstances I will deliver [PA intervention] following the guidelines.	I have a clear plan under what circumstances I will deliver *[guideline-based intervention/procedure]*.	3.64	1.04	60		x								

D17.3	I have a clear plan when I will deliver [PA intervention] following the guidelines.	I have a clear plan when I will deliver *[guideline-based intervention/procedure]*.	3.32	1.18	52		x								
D17.4	I have a clear plan with regard to delivering [PA intervention] following the guidelines when participants are not motivated.	I have a clear plan with regard to delivering *[guideline-based intervention/procedure]* following the guidelines when *patients/clients/rehabilitees*/participants are not motivated.	3.36	1.15	56		x								
D17.5	I have a clear plan with regard to delivering [PA intervention] following the guidelines when there is little time.	I have a clear plan with regard to delivering *[guideline-based intervention/procedure]* following the guidelines when there is little time.	3.64	1.08	64			x	Revised with rewording of Finnish translation	3.57	0.98	52		x	
D17	I have a clear plan	I have a clear plan with	3.4	1.0	52			x	Revised	3.5	0.	52		x	

.6	with regard to delivering [PA intervention] following the guidelines when other professionals with whom I deliver [PA intervention] do not do this	regard to delivering *[guideline-based intervention/procedure]* following the guidelines when other professionals with whom I deliver *[guideline-based intervention/procedure]* do not do this	4	0					with rewording of Finnish translation	7	98				
D18 NATURE OF THE BEHAVIORS															
D18.1	Delivering [PA intervention] following the guidelines is something I do automatically.	Delivering *[guideline-based intervention/ procedure]* following the guidelines is something I do *naturally.*	3.64	0.99	60			x	Revised with rewording	3.71	0.90	52		x	
D18.2	Delivering [PA intervention] following the guidelines is something I do without having to	Delivering *[guideline-based intervention/procedure]* following the guidelines is something I do without having to consciously	3.6	1	60			x	Revised with rewording of Finnish translatio	3.62	0.86	48		x	

	consciously remember.	remember.							n						
D18.3	Delivering [PA intervention] following the guidelines is something I do without thinking.	Delivering *[guideline-based intervention/procedure]* following the guidelines is something I do without thinking.	2.64	1.11	24		x								
D18.4	Delivering [PA intervention] following the guidelines is something I start doing before I realize I am doing it	Delivering *[guideline-based intervention/procedure]* following the guidelines is something I start doing before I realize I am doing it.	2.84	1.08	20		x								
D18.5	Delivering [PA intervention] following the guidelines is something I seldom forget	Delivering *[guideline-based intervention/procedure]* following the guidelines is something I seldom forget.	3.12	1.13	36		x								
D18	Delivering [PA	Delivering *[guideline-*	2.8	0.9	24		x								

.6	intervention] following the guidelines is something I often forget.	*based intervention/procedure]* following the guidelines is something I often forget.	8	3											
NEW ITEMS SUGGESTED BY DELPHI PARTICIPANTS															
	New item	I am familiar with the [guideline-based intervention/procedure] approach, but I do not know how to implement it								3.71	1.06	57		x	
	New item	My employer may not oblige me to act according the [guideline-based intervention/procedure] recommendations, but I see it as the only responsible way								3.24	1.14	38		x	
	New item	My employer obliges me to according to the [guideline-based intervention/procedure] recommendations, but I								3.33	1.15	47		x	

		believe it would be more responsible to act differently													
	New item	I would feel like I was acting irresponsibly if I did not act in accordance with the recommendations of the [guideline-based intervention/procedure]							3.14	1.01	38		x	
	New item	I am confident that I will be able to act on the recommendations of the [guideline-based intervention/procedure] even if other professionals involved in the [guideline-based intervention/procedure] do not							3.38	0.97	43		x	
	New item	I need the support of others to implement the [guideline-based intervention/procedure]							3.90	0.77	76		x	

		recommendations													
	New item	I know the [guideline-based intervention/procedure] approach and I know how to use it, but the pressure from the work community prevents me from acting on it								3.62	1.12	52		x	
	New item	I am familiar with the [guideline-based intervention/procedure] approach and can use it, but changing the prevailing ways in the work community is too laborious								3.95	0.86	71		x	
	New item	I am familiar with the [guideline-based intervention/procedure] approach and can use it, but it requires too much cognitive effort in relation								3.52	1.21	48		x	

		to the working time given													
	New item	I can maintain a new way of working even when I'm tired								3.43	0.98	48		x	
	New item	I will be able to work according to [guideline-based intervention/procedure] recommendations for another three months								3.48	1.03	57		x	
	New item	In my mind, [guideline-based intervention/procedure] is the best way to act								3.62	0.92	62		x	
	New item	In my mind, the [guideline-based intervention/procedure] is a better way forward than the previous approach								3.81	1.12	67		x	
	New item	I believe that [guideline-based intervention/procedure] is achieving results								3.95	0.86	71		x	

	New item	I believe [guideline-based intervention/procedure] is the most useful option for the participant								3.81	0.98	62		x	
	New item	I believe [guideline-based intervention/procedure] is the most useful option for me								3.24	1.04	38		x	
	New item	When I work with [guideline-based intervention/procedure], I experience positive emotions (e.g., calmness, optimism, comfort).								3.38	1.07	48		x	
	New item	I believe that I am doing relevant work in delivering [guideline-based intervention/procedure]								4.14	0.85	76	x		Excluded in the synthesis because new item does not have a TDF classification
	New item	When I work with [guideline-based intervention/procedure], I								3.48	1.12	52		x	

		experience negative emotions (e.g. nervousness, irritability, discomfort).													
	New item	When I work according to the principles [guideline-based intervention/procedure], I feel that I cannot make use of my previous knowledge							3.86	0.91	71		x		
			TOTAL		**17**	**48**	**28**					**4**	**44**		

SUITABILITY ASSESSMENT FOR FINNISH MULTIPROFESSIONAL REHABILITATION CONTEXT

	Round 1 n (%)	**Drop-outs ratings n (%)**	**Round 2 n (%)**
´Suitable’	17 (68%)	2 (50%)	16 (76%)
´Not suitable’	1 (4%)	0 (0%)	0 (0%)
´Can not say´	7 (28%)	2 (50%)	5 (24%)

SD = Standard Deviation, Incl = Included, Excl = Excluded

SUPPLEMENTARY DIGITAL MATERIAL 3

Supplementary Table III.—Results for Round 1 and Round 2 DIBQ-mp.

Original DIBQ item		**Modified DIBQ item**	**Round 1 results N.=25**			**Round 1 conclusion**			**Ratio nale**	**Round 2 Results N.=21**		**Round 2 conclusion**			**Synthesis statement**
PA = Physical Activity		The refined wording for multiprofessional purpose is written in *cursive.*	Mean	SD	% of agreement	Incl	Excl	Revised		Mean	SD	% of agreement	Incl	Excl	
D1 KNOWLEDGE															
D1.1	I know how to deliver [PA intervention] following the guidelines.	I know how to deliver *[guideline-based intervention/procedure]*.	4.44	0.51	100	x									
D1.2	Objectives of [PA intervention] and my role in this are clearly defined for me.	Objectives of *[guideline-based intervention/procedure]* and my role in this are clearly defined for me.	4.2	0.64	88	x									
D2 SKILLS															
D2.1	I have been trained in delivering [PA intervention] following the guidelines.	I have been trained in delivering *[guideline-based intervention/procedure]*.	3.72	1.02	72		x								Included in the synthesis based on importance for research purpose (if the same survey used for trained and not-trained professionals)

D2.2	I have the skills to deliver [PA intervention] following the guidelines.	I have the skills to deliver *[guideline-based intervention/procedure]*.	4.32	0.80	88	x									
D4 BELIEFS ABOUT CAPABILITIES															
D4.1	I am confident that I can deliver [PA intervention] following the guidelines.	I am confident that I can deliver *[guideline-based intervention/procedure]*.	4	0.91	80	x									
D4.6	For me, delivering [PA intervention] following the guidelines is (very difficult – very easy).	For me, delivering *[guideline-based intervention/procedure]* is (very difficult – very easy).	4.04	0.98	72		x								Included in the synthesis, important in considering the need of support, training, mentoring.
D6 BELIEFS ABOUT CONSEQUENCES															
D6.1	For me, delivering [PA intervention] following the guidelines is (not useful at all – very useful).	For me, delivering *[guideline-based intervention/procedure]* is (not useful at all – very useful).	3.92	1.04	72			x	Revised with rewording of Finnish translation	4.62	0.50	100	x		
D6.7	If I deliver [PA intervention] following the guidelines, this will strengthen the collaboration with professionals with whom I deliver [PA intervention].	If I deliver *[guideline-based intervention/procedure]* following the guidelines, this will strengthen the collaboration with professionals with whom I deliver *[guideline-based intervention/procedure]*.	3.76	1.01	76			x	Revised with rewording of Finnish translation	3.57	1.12	67		x	Included in the synthesis based on the purpose of multiprofessional implementation use

D7 INTENTIONS															
D7.3	How strong is your intention to deliver [PA intervention] following the guidelines in the next three months?	How strong is your intention to deliver *[guideline-based intervention/procedure]* in the next three months?	3.96	1.10	76	x			Included based on favourable qualitative comments						
D9 INNOVATION															
D9.1	It is possible to tailor [PA intervention] to participants' needs?	It is possible to tailor *[guideline-based intervention/procedure]* to *patients'/clients'/rehabilitees'/participants'* needs?	4.32	0.99	80	x									
D9.4	[PA intervention] is compatible with daily practice.	*[Guideline-based intervention/procedure]* is compatible with daily practice.	4.16	0.90	84	x									
D11 ORGANIZATION															
D11.1	In the organization I work, all necessary resources are available to deliver [PA intervention].	In the organization I work, all necessary resources are available to deliver *[guideline-based intervention/procedure]*.	4.2	0.87	80	x									
D11.2	I can count on support from the management of the organization I work in, when things get tough around delivering [PA intervention]	I can count on support from the management of the organization I work in, when things get tough around delivering *[guideline-based*	4.56	0.51	100	x									

	following the guidelines.	*intervention/procedure].*													
D12 PATIENT															
D12.1	Participants of [PA intervention] are motivated.	*Patients/Clients/Rehabilitees/Participants consider participation [guideline-based intervention/procedure] meaningful*	3.56	1.16	56			x	Revised with rewording	3.90	1.00	67		x	Included in the synthesis, client perspective important to include
D12.2	Participants of [PA intervention] are positive about [PA intervention].	*Patients/Clients/Rehabilitees/Participants* of *[guideline-based intervention/procedure]* are positive about *[guideline-based intervention/procedure].*	4.16	0.85	88	x									
D13 INNOVATION STRATEGY															
D13.1	[Implementing organization] provides professionals with a training to deliver [PA intervention].	[Implementing organization] provides professionals with a training to deliver *[guideline-based intervention/procedure].*	4.2	0.82	84	x									
D13.3	[Implementing organization] provides sufficient intervention materials.	[Implementing organization] provides sufficient intervention materials.	3.88	0.97	76	x									
D13.4	[Implementing organization] provides assistance to professionals with delivering	[Implementing organization] provides assistance to professionals with delivering *[guideline-based*	4.16	0.99	88	x									

	[PA intervention].	*intervention/procedure].*													
D14 SOCIAL INFLUENCES															
D14.3	Professionals with whom I deliver [PA intervention] deliver [PA] intervention following the guidelines.	Professionals with whom I *[guideline-based intervention/procedure]* deliver *[guideline-based intervention/procedure]* following the guidelines.	4	0.91	80	x									
D14.5	I can count on support from professionals with whom I deliver [PA intervention] when things get tough around delivering [PA intervention] following the guidelines.	I can count on support from professionals with whom I deliver *[guideline-based intervention/procedure]* when things get tough around delivering *[guideline-based intervention/procedure].*	4.12	0.88	88	x									
D17 BEHAVIORAL REGULATION															
D17.1	I have a clear plan of how I will deliver [PA intervention] following the guidelines.	I have a clear plan of how I will deliver *[guideline-based intervention/procedure].*	4.28	0.61	92	x									
TOTAL					**17**	**48**	**28**						**4**	**44**	

SUITABILITY ASSESSMENT FOR FINNISH MULTIPROFESSIONAL REHABILITATION CONTEXT

	Round 1 n (%)	**Drop-outs ratings n (%)**	**Round 2 n (%)**
'Suitable'	17 (68%)	2 (50%)	16 (76%)
'Not suitable'	1 (4%)	0 (0%)	0 (0%)
'Can not say'	7 (28%)	2 (50%)	5 (24%)

SD: standard deviation; Incl: included; Excl: excluded.

SUPPLEMENTARY DIGITAL MATERIAL 4

Supplementary Table IV.—The Finnish version of the final DIBQ-mp.

Toiminnan muutosta ohjaavat tekijät -kysely sovellettuna moniammatilliseen kuntoutuskontekstiin. Kysely kartoittaa ammattilaisten kokemuksia mm. tietoihin, taitoihin, käyttäytymiseen, asenteisiin ja toimintakulttuuriin liittyen, jotka voivat joko edistää tai estää näyttöön pohjautuvan suosituksen mukaisen hoidon toteuttamista. Kyselyn taustateorioina ovat Teoreettisten aihealueiden viitekehys (Theoretical Domains Framework) ja Käyttäytymisen muutospyörä (Behavioural Change Wheel).

Vastausvaihtoehtoina käytetään 7-portaista Likertin asteikkoa. Kussakin kohdassa käytetään tarkasteltavan suosituksen nimeä [Näyttöön pohjautuvan toimintamallin] sijaan, esimerkiksi ”Tiedän, miten alaselkäkivun Käypä hoito -suosituksen mukainen hoito toteutetaan”.

Osa-alue	Kysymys
TIEDOT	
Tiedot	Tiedän, miten [Näyttöön pohjautuvaa toimintamallia] toteutetaan
Tehtävien selkeys	[Näyttöön pohjautuvan toimintamallin] tavoitteet ja osuuteni niissä on selkeästi määritelty minulle
TAIDOT	
Taidot	Minut on koulutettu toteuttamaan [Näyttöön pohjautuvaa toimintamallia]
	Minulla on taidot toteuttaa [Näyttöön pohjautuvaa toimintamallia]
OMIA KYKYJÄ KOSKEVAT KÄSITYKSET	
Minäpystyvyys	Olen varma, että osaan toteuttaa [Näyttöön pohjautuvaa toimintamallia]
Koettu toteutuksen osaaminen	Minulle [Näyttöön pohjautuvan toimintamallin] toteuttaminen on erittäin vaikeaa - erittäin helppoa
KÄSITYKSET TOIMINNAN VAIKUTUKSISTA	
Asenne	Mielestäni [Näyttöön pohjautuvan toimintamallin] toteuttaminen on (erittäin hyödytöntä - erittäin hyödyllistä)

Tulosodotukset	Jos toteutan [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti, se vahvistaa yhteistyötä [Näyttöön pohjautuvaa toimintamallia] toteuttavien ammattilaisten kanssa
AIKOMUKSET	
Aikomukset	Kuinka vahva on aikomuksesi toteuttaa [Näyttöön pohjautuvaa toimintamallia] seuraavan 3 kuukauden kuluessa (erittäin vähäinen – erittäin vahva)
UUSI TOIMINTAMALLI	
Uuden toimintamallin ominaisuudet	[Näyttöön pohjautuva toimintamalli] on mahdollista räätälöidä potilaiden/asiakkaiden/kuntoutujien/osallistujien tarpeiden mukaisesti
	[Näyttöön pohjautuva toimintamalli] sopii päivittäiseen asiakastyöhön
TYÖPAIKKA	
Työpaikan resurssit ja tuki	Työpaikallani on kaikki tarvittavat resurssit käytettävissä [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
	Voin luottaa työpaikkani johdon tukeen, kun [Näyttöön pohjautuvan toimintamallin] toteuttamisessa ilmaantuu ongelmia
POTILAS / ASIAKAS	
Potilaan / asiakkaan käsitykset	Potilaat/asiakkaat/kuntoutujat/osallistujat kokevat [Näyttöön pohjautuvan toimintamallin] merkityksellisenä
	[Näyttöön pohjautuvan toimintamallin] potilaat/asiakkaat/kuntoutujat/osallistujat suhtautuvat myönteisesti [Näyttöön pohjautuvaan toimintamalliin]
TOIMEENPANOON LIITTYVÄT KÄYTÄNNÖT	
Toimeenpanoon liittyvät käytännöt	[Toimeenpaneva taho] tarjoaa ammattilaisille koulutusta [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
	[Toimeenpaneva taho] tarjoaa riittävästi käyttöä tukevaa materiaalia [Näyttöön pohjautuvan toimintamallin] toteuttamiseen
	[Toimeenpaneva taho] tarjoaa tukea ammattilaisille [Näyttöön pohjautuvan toimintamallin] toteuttamiseen

SOSIAALISEN YMPÄRISTÖN VAIKUTUKSET	
Toiminnan vakiintuneisuus	Ammattilaiset, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia], toteuttavat [Näyttöön pohjautuvaa toimintamallia] suositusten mukaisesti
Sosiaalinen tuki	Voin luottaa, että saan tukea ammattilaisilta, joiden kanssa toteutan [Näyttöön pohjautuvaa toimintamallia], kun sen toteuttamisessa ilmaantuu ongelmia
OMAN TOIMINNAN OHJAUS	
Oman toiminnan suunnittelu	Minulla on selkeä suunnitelma, kuinka aion toteuttaa [Näyttöön pohjautuvaa toimintamallia]