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The Concept of Implementation Science in Healthcare: A Review of Frameworks

Reethee Antony*, Kiana Tanghatar, Ladan Khoshbin, Sundeep Venkatesan and Samiksha Gaur

Division of Speech and Language Pathology, Binghamton University, State University of New York (SUNY), Binghamton, New York.

***Corresponding author**

Reethee Antony,
Division of SLP, Binghamton University, 10 Gannett Dr., Johnson City, NY 13790.

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Abstract

Background: *Implementation Science is the science of planned behavior change related to adoption of evidence-based practices into routine. While implementation science is an emerging field with various resources, it is important for researchers and for clinicians to understand theoretical frameworks related to implementation science in a comprehensive manner; hence the need for this review.*

Aims: *The aims of this review are to describe the frameworks related to implementation science and to better understand the theoretical frameworks guiding implementation science.*

Procedures: *The theories and frameworks have been classified in this review into five categories: Determinants-focused frameworks, process-oriented frameworks, technology-oriented framework, outcome-oriented frameworks, and health equity-oriented frameworks.*

Outcomes: *This review demonstrates that implementation is best understood as a dynamic, multi-level process shaped by context, infrastructure, and power relations, rather than as a discrete act of adoption. Factors affecting implementation science, challenges, and strategies to foster implementation science have been discussed.*

Conclusions: *This review serves as a resource material for clinicians and for researchers to learn about implementation science. This paper also emphasizes the need for implementation science to advance clinical practice across disciplines.*

Keywords: Implementation Science, Frameworks, Theories.

Background

Implementation science has emerged as a critical field aimed at addressing the persistent gap between evidence generation and routine practice across health, education, and social service systems. Implementation science shifts the focus from whether interventions work under controlled conditions to how they can be adopted, implemented with fidelity, adapted appropriately, and sustained in real-world settings. Per the Active Implementation Research Network (AIRN), the stages in implementation science include exploration, installation, initial implementation, and full implementation (Fixsen & Blase, 2020). Closely related, dissemination science focuses on the planned and strategic spread of evidence-based innovations to intended users, emphasizing reach and accessibility (Hart et al., 2025). Together, dissemination and implementation science represent a shift from passive knowledge transfer toward systematic examination of how evidence is integrated within real-world systems.

Across disciplines, including communication sciences and disorders, public health, rehabilitation, and health services research, implementation science frameworks provide a shared conceptual language for understanding the multilevel determinants of practice change. These frameworks support systematic investigation of contextual, organizational, and behavioral factors that influence implementation success and inform the selection of strategies designed to enhance uptake, effectiveness, and sustainability (Fixsen et al., 2019).

Conceptual Foundations of Implementation Science

At its core, implementation science is concerned with the systematic uptake of evidence-based practices into routine care, with explicit attention to context, stakeholders, and processes rather than intervention efficacy alone. Olswang and Prelock (2015) describe implementation science as a response to the limitations of the traditional "pipeline" model of research translation, in which knowledge is presumed to flow linearly from basic research to clinical application through publication and dissemination. This model assumes that practitioners will independently identify, interpret, and apply research findings, an assumption that has repeatedly proven unrealistic across disciplines.

Implementation science reframes translation as an active, iterative, and socially embedded process that requires early and sustained engagement with practitioners, administrators, and communities. Rather than treating context as a source of error

to be controlled, implementation science positions context as a central object of inquiry.

Implementation Science in Surgical Procedures related to Stroke

Implementation science is used in stroke-related surgery to move evidence-based procedures from trials and guidelines into reliable, equitable, and sustainable routine care. In this context, the focus is not only whether a procedure works, but how it is adopted, delivered with fidelity, adapted to local resources, monitored, and sustained across real-world surgical systems (Eccles & Mittman, 2006; Proctor et al., 2011). For stroke-prevention surgery, this is seen in carotid endarterectomy and carotid revascularization pathways, where guideline implementation includes areas such as registry benchmarking, perioperative protocols, preoperative medication management, postoperative monitoring, complications, length of stay, and discharge readiness. For example, Feldman et al. (2023) implemented a consensus-driven carotid endarterectomy protocol targeting postoperative hypertension and urinary retention and reported improved length-of-stay performance without a significant increase in 30-day readmission. Similarly, the Society for Vascular Surgery's implementation document translates extracranial cerebrovascular disease evidence into practical recommendations for vascular surgeons managing carotid stenosis and stroke prevention (AbuRahma et al., 2022).

Recent research shows that effective implementation depends on multidisciplinary team culture, continuous feedback, collective leadership, communication, workforce capacity, and centralized regional planning (e.g., Jaroenngarmsamer et al., 2025). Sarfo and Ovbiagele (2022) stated that implementation science could facilitate bridging health disparities and improve clinical practice for underserved and vulnerable communities.

Need for this Review and Objective

While implementation science has gained momentum, it is important to synthesize information for clinicians and researchers who are new to implementation science area of research and there is a need to be informed on existing theories and frameworks. While the frameworks reviewed in this article are not the entire list of frameworks, this review will cover the key frameworks and serve as an initial resource material to help the clinicians and researchers new to implementation science. This information and knowledge are important to be disseminated in order for researchers understand implementation science; hence the need for this study. The purpose of this review is to synthesize theories and frameworks related to implementation science.

Theories and Frameworks related to Implementation Science

The key theories and frameworks related to implementation science will be reviewed in this paper in five major categories: Determinants-focused frameworks, Process-oriented frameworks, Technology-oriented framework, Outcome-oriented frameworks, and Health equity-oriented frameworks. Figure 1 displays a schematic representation of the classification of frameworks related to implementation science reviewed in this paper.

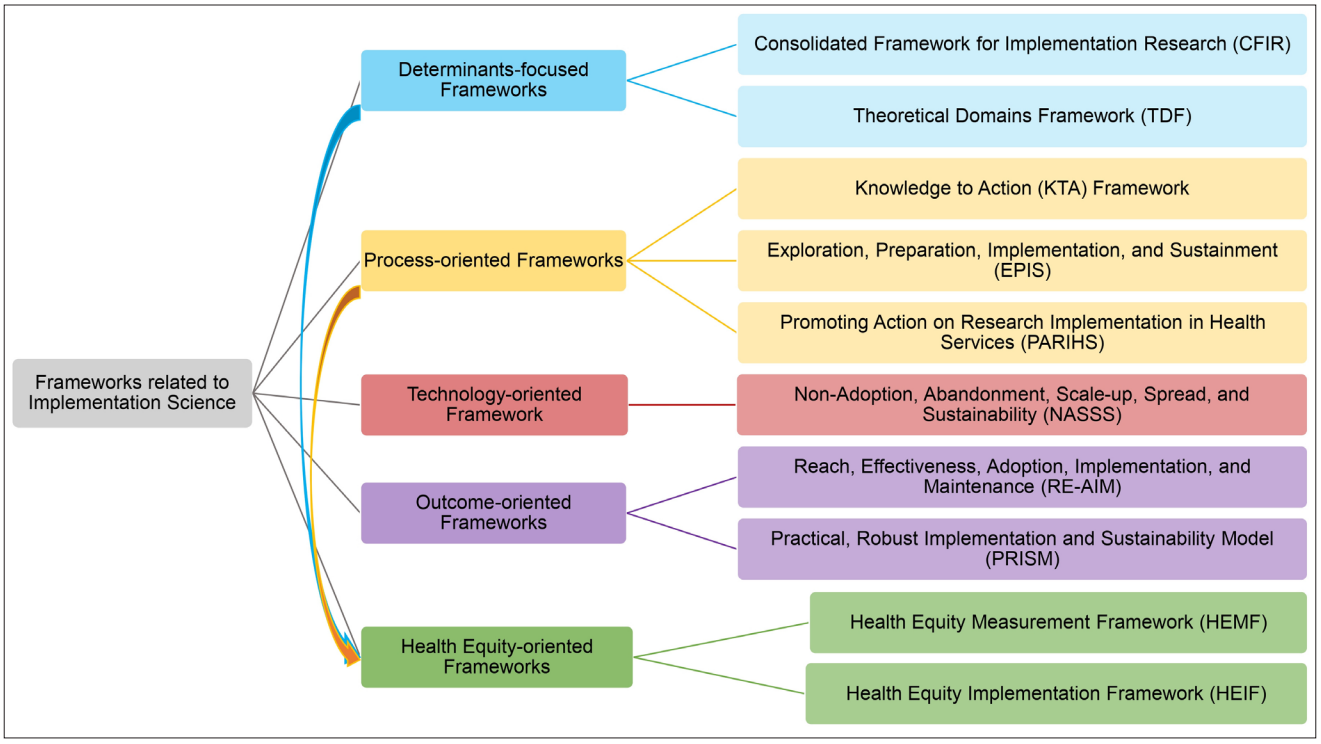

Figure 1: Frameworks Related to Implementation Science

Determinants-focused Frameworks: CFIR, TDF

While stage-based models emphasize when implementation activities occur, determinant-focused frameworks seek to explain what factors influence implementation success or failure. Among the most widely used is the ***Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009),*** which synthesizes constructs from multiple disciplines into a comprehensive taxonomy of implementation determinants (Damschroder et al., 2009; Damschroder et al., 2022). CFIR organizes these determinants into five domains: intervention characteristics, outer setting, inner setting, characteristics of individuals, and implementation process.

CFIR provides a structured approach for examining multilevel barriers and facilitators, allowing researchers to move beyond single-factor explanations of implementation failure. For example, intervention characteristics such as complexity, adaptability, and trialability may interact with organizational culture, leadership engagement, and external policy pressures to shape implementation outcomes. By offering a common language and set of constructs, CFIR supports systematic comparison across studies and contexts.

Sohlberg et al. (2015) demonstrate the utility of CFIR in cognitive rehabilitation research, showing how early attention to intervention adaptability, implementation climate, and stakeholder engagement can improve feasibility and adoption. Their work highlights the importance of examining not only whether an intervention produces desired outcomes, but whether it fits within clinical workflows, aligns with practitioner decision-making, and accommodates patient engagement demands.

Complementing CFIR, the ***Theoretical Domains Framework (TDF; Cane et al., 2012)*** focuses specifically on behavioral determinants of implementation at the individual level. Rooted in psychological and behavior-change theory, TDF consolidates constructs related to knowledge, skills, beliefs about capabilities, intentions, social influences, and environmental context to explain why individuals do or do not adopt evidence-based practices. By linking determinants to mechanisms of change, TDF supports the development of precise, testable implementation interventions.

Process-oriented Frameworks: KTA, EPIS, and PARiHS

The ***Knowledge to Action (KTA; Graham et al., 2006)*** conceptualizes implementation as an iterative and cyclical process that bridges knowledge generation and real-world application. It comprises two interrelated components: a knowledge creation funnel (knowledge inquiry, synthesis, and tools or products) and an action cycle that guides implementation activities, including identifying practice gaps, adapting evidence to context, assessing barriers, implementing interventions, monitoring use, evaluating outcomes, and sustaining change. The KTA framework emphasizes stakeholder engagement and contextual adaptation, making it particularly applicable to healthcare implementation research focused on translating evidence into routine clinical practice (Graham et al., 2006).

The ***Exploration, Preparation, Implementation, and Sustainment (EPIS; Aarons et al., 2011)*** framework conceptualizes implementation as a phased process influenced by multilevel contextual factors over time. EPIS explicitly distinguishes between outer context influences (e.g., policy, funding, regulatory environments) and inner context influences (e.g., organizational culture, leadership, provider characteristics), while also accounting for bridging factors that connect systems and organizations. The framework has been widely applied in healthcare and public sector service systems to examine how contextual determinants shape adoption, fidelity, and long-term sustainment of evidence-based practices (Aarons et al., 2011).

Studies using implementation science frameworks emphasize that failures frequently occur before or after intervention delivery. For example, studies using the EPIS framework distinguish between exploration, preparation, implementation, and sustainment phases, illustrating how breakdowns in early planning or long-term sustainment undermine intervention impact even when evidence-based practices exist (Snell-Rood et al., 2020; Villaire et al., 2025).

The ***Promoting Action on Research Implementation in Health Services (PARiHS; Kitson et al., 1998)*** framework posits that successful implementation is a function of the interplay among Evidence, Context, and Facilitation. Evidence includes research findings, clinical expertise, patient preferences, and local data; context encompasses the setting in which implementation occurs, including leadership, culture, and evaluation capacity; and facilitation refers to the processes and roles that enable and support change. The framework has evolved into the integrated-PARiHS (i-PARiHS) model, which places greater emphasis on the facilitator as an active agent who tailors implementation efforts to the needs of recipients and the local context (Kitson et al., 1998; Harvey & Kitson, 2016).

Technology-oriented Framework: NASSS

The ***Non-Adoption, Abandonment, Scale-up, Spread, and Sustainability (NASSS; Greenhalgh et al., 2017)*** framework was developed to explain why complex healthcare innovations, particularly technology-enabled interventions, succeed or fail in real-world settings. The framework examines seven interacting domains: the condition, the technology, the value proposition, the adopters, the organization, the wider system, and adaptation over time. NASSS foregrounds complexity and dynamic change, offering a structured approach to understanding challenges related to non-adoption, abandonment, and difficulties with scale-up and sustainability. It is especially relevant for implementation research involving digital health and complex service innovations (Greenhalgh et al., 2017; Greenhalgh et al., 2018).

Outcome-oriented Frameworks: RE-AIM and PRISM

In contrast to determinant-focused frameworks, outcome-oriented models emphasize the population-level impact of implementation efforts. The RE-AIM framework, encompassing ***Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM; Glasgow et al., 1999),*** was developed to address the imbalance between internal validity and real-world relevance in intervention research (Glasgow et al., 2019). RE-AIM encourages researchers to consider not only whether interventions work, but who they reach, which settings adopt them, how they are implemented, and whether they are sustained over time.

Glasgow et al. (2019) argue that interventions cannot be considered successful if they demonstrate efficacy, but fail to reach representative populations or are not maintained beyond initial implementation. RE-AIM has been widely applied across public health and clinical contexts and has increasingly been used in combination with other frameworks to guide both planning and evaluation.

Practical, Robust Implementation and Sustainability Model (PRISM; Feldstein & Glasgow, 2008) extends RE-AIM by embedding these outcome dimensions within a broader contextual framework that includes external environment, organizational perspectives, characteristics of implementers and recipients, and implementation infrastructure. Fort et al. (2023) further advance PRISM by explicitly integrating a health equity lens, cautioning that implementation efforts may inadvertently exacerbate disparities if contextual inequities are not addressed. Their work emphasizes that equitable implementation requires ongoing assessment of representation, access, and structural barriers rather than assuming that scale-up inherently promotes equity.

Health Equity-oriented Frameworks: HEMF and HEIF

The ***Health Equity Measurement Framework (HEMF; Dover & Belon, 2019)*** is based on social determinants of health care system. It focuses on identification and measurement of the interrelationships between socioeconomic, cultural context, political context, health policy context, social contexts, environment contexts, biological context, health-related behaviors, beliefs, stress, quality of care, healthcare utilization, and health outcomes.

The ***Health Equity Implementation Framework (HEIF; Woodward et al., 2019)*** combines aspects of the PARiHS Framework and the Healthcare Disparities Framework (Kilbourne et al., 2006) The HEIF focuses on team-based approach that considers local and organizational contexts. For example, facilitation strategies by a neurologist to build evidence-based care for individuals with stroke may be used to supplement implementation success and improve healthcare equity.

Discussion

Detailed procedural guidance, quality assurance practices, adaptation, and sustainment planning are shown to function analogously to implementation strategies in service systems, extending the concept of implementation beyond clinical delivery contexts. There are several factors affecting implementation; these can be classified as inner context determinants and outer-context determinants. Inner-context determinants include workforce capacity, role clarity, leadership engagement, workflow design, and communication infrastructure that influences on feasibility and fidelity. Also, limited training quality, technological constraints, and emotional labor undermined implementation despite rapid adoption mandates (e.g., Naidoo et al., 2022). Outer-context determinants include policy mandates without enforcement mechanisms, fragmented funding streams, regulatory barriers, and sociopolitical constraints that repeatedly undermine implementation efforts. In addition, failure to adapt tools, taxonomies, or interventions to local contexts produces predictable inequities in access and outcomes. It is important to factor in and account for structural marginalization. Structural marginalization including language barriers, lack of cultural adaptation, and unequal access to resource constraints implementation across healthcare. Responsibility for implementation is displaced onto families or individuals, who are expected to navigate fragmented systems without adequate support (Snell-Rood et al., 2020). Taken together, the determinants illustrate the factors to be considered while integrating implementation science into research and clinical practices.

Strategies to Foster Implementation Science in Practice

More effective implementation efforts employ broader strategy repertoires, including facilitation, coaching, stakeholder co-design, task shifting, peer navigation, and the development of tools that reduce cognitive and administrative burden. Knowledge translation tools such as evidence maps and taxonomies are explicitly framed as implementation strategies designed to support adoption, consistency, and accountability (MacDonald & Shumway, 2024; Petinou-Loizou et al., 2024). Digital health platforms that enable practitioners to author, deploy, and monitor interventions function as implementation infrastructure rather than mere technological adjuncts (Cunha et al., 2021). Collectively, strategies must target systems, workflows, and infrastructures—not only individual knowledge.

Some facilities have also used champions to facilitate implementation. Champions are individuals who either volunteer or are assigned to foster innovation. A recent systematic review has shown that there is an association between association between use of champions versus increased instrumental use of innovations by organizations (Santos et al., 2022).

Implementation Science in Educational, and Culturally Diverse Contexts

Implementation research in educational, and culturally diverse contexts underscores the influence of service systems, family engagement, and sociocultural factors on the uptake of evidence-based practices. In educational and early intervention

settings, Justice et al. (2015) and Cunningham et al. (2018) documented how institutional structures, policy demands, and caregiver beliefs shape the implementation of language and literacy interventions, with limited access to sustained coaching and feedback constraining fidelity and maintenance.

In culturally and linguistically diverse contexts, Komesidou and Hogan (2023) and Nunez et al. (2024) emphasized challenges related to clinician–family language mismatch, culturally grounded interpretations of communication disability, and limited availability of linguistically appropriate materials, arguing for the need to balance intervention fidelity with culturally responsive adaptation. Adaptation is repeatedly described as necessary for low-resource contexts, crisis conditions, and populations with complex needs (Naidoo et al., 2022; Petinou-Loizou et al., 2024). Fidelity is the presence and strength of essential components needed to bring the desired outcomes and innovation. In addition, fidelity has high correlation (+0.70) with outcomes (Fixsen, 2025). Hence, it is important to focus on how infrastructure, and processes governing how evidence becomes actionable within real-world systems.

Implications

Implementation science provides both a conceptual foundation and a methodological imperative. Interventions must be designed not only to demonstrate efficacy, but to function within the realities of practice settings. The frameworks synthesized here offer a robust toolkit for advancing sustainable, equitable, and system-embedded implementation of evidence-based practices.

Taken together, the implementation science literature demonstrates that no single theory or framework is sufficient to address the complexity of translating evidence into practice. Determinant-focused frameworks illuminate multilevel influences on implementation behavior; process-oriented frameworks shed light on steps involved in implementing a practice; outcome-oriented frameworks focus on metric for evaluation adoption and maintenance of practice; technology-oriented framework highlights usefulness and integration of digital health; and health equity-oriented framework focuses on cultural adaptation and practices being implemented across all populations. Increasingly, scholars advocate for hybrid and integrative approaches that combine elements across frameworks, enabling alignment between theory, strategy selection, and outcome evaluation.

Limitations of Current Practices and Future Directions

Despite substantial investment in clinical research, evidence-based practices (EBPs) continue to be adopted and implemented inconsistently across health care and educational systems, reflecting persistent gaps between research and practice (Olswang & Prelock, 2015). While a subset of studies explicitly self-identifies as implementation science and indicate frameworks such as EPIS, CFIR, PARIHS, or the Knowledge-to-Action framework (e.g., Komesidou & Hogan, 2023; MacDonald & Shumway, 2024; Snell-Rood et al., 2020), many others engage implementation implicitly by interrogating why evidence, practices, tools, or models fail to translate into routine use across real-world settings. Across populations, frameworks are most often used in isolation and retrospectively, limiting their capacity to inform proactive strategy selection or evaluation of sustainment and scale-up (Romney et al., 2022). Future research should emphasize sustainable, scalable, and system-level implementation using prospective frameworks, with greater attention to equity, cultural responsiveness, and long-term outcomes to advance real-world practice.

Conclusion

A key contribution of this review is synthesizing the frameworks related to implementation science in a comprehensible manner. It aids clinicians' understanding of implementation science, related frameworks, and its classification. This paper thereby serves as a resource material for clinicians and researchers who are relatively new to integrating implementation science in practice.

Data Availability Statement

No dataset was used for this review article.

Conflict of Interest Statement

There are no conflicts of interest to report.

Funding Statement

There was no funding available for this work.

Learning Outcomes

1. Define implementation science
2. Compare and contrast any two frameworks of implementation science
3. Describe two implications related to implementation science

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