Organizational Readiness for Implementing the Oral Cancer Care Line in Mato Grosso do Sul

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Prontidão Organizacional para Implementação da Linha de Cuidado do Câncer de Boca em Mato Grosso do Sul

Preparación Organizacional para la Implementación de la Línea de Cuidado del Cáncer Bucal en Mato Grosso del Sur

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ABSTRACT

Introduction: Organizational readiness is essential for the success of health interventions, especially when they involve changes in care practices. This study evaluated the organizational readiness for implementing the Oral Cancer Care Pathway in Mato Grosso do Sul using the Brazilian version of the Organizational Readiness for Implementing Change questionnaire (ORIC-Br) and analyzed the potential of the TeleEstomato/MS application as a support tool. **Objective**: To assess the organizational readiness of Primary Health Care managers and dentists from the four macro-regions of the state before and after a structured educational intervention. **Method:** The study was conducted with managers and dentists from Primary Health Care across the four macro-regions of the state. The ORIC-Br questionnaire was applied in the pre- and post-training phases, based on the Expert Recommendations for Implementing Change (ERIC) consensus. **Results:** High initial organizational readiness was observed, with approximately 83% positive responses in the domains of commitment and collective efficacy. After the training, scores decreased to around 68%, suggesting increased recognition by teams of operational challenges and a consequent reassessment of their readiness. **Conclusion:** The Oral Cancer Care Pathway demonstrated high initial organizational readiness for implementation in Mato Grosso do Sul. The reduction in post-test scores indicates that the intervention deepened the understanding of practical barriers, adjusting teams' perceptions of their implementation capacity. The results reinforce the importance of adaptive strategies and continuous support to consolidate implementation within the state context.

Key words: Health Management; Mouth Neoplasms; Implementation Science; Primary Health Care.

RESUMO

Introdução: A prontidão organizacional é essencial para o êxito de intervenções em saúde, especialmente quando implicam mudanças em práticas assistenciais. Este estudo avaliou a prontidão organizacional para a implementação da Linha de Cuidado do Câncer de Boca em Mato Grosso do Sul, utilizando o questionário *Organizational Readiness for Implementing Change*, versão brasileira (ORIC-Br), e analisou o potencial do aplicativo TeleEstomato/MS como ferramenta de suporte. **Objetivo:** Avaliar a prontidão organizacional de gestores e cirurgiões-dentistas da Atenção Primária à Saúde das quatro Macrorregiões do Estado antes e após uma intervenção educativa estruturada. **Método:** A pesquisa foi conduzida com gestores e cirurgiões-dentistas da Atenção Primária à Saúde das quatro Macrorregiões do Estado. Aplicou-se o questionário ORIC-Br nas fases pré e pós-capacitação, fundamentadas no consenso *Expert Recommendation for Implementing Change* (ERIC). **Resultados:** Verificou-se elevada prontidão organizacional inicial, com cerca de 83% de respostas positivas nos domínios de comprometimento e eficácia coletiva. Após a capacitação, os escores reduziram para aproximadamente 68%, sugerindo maior reconhecimento das equipes sobre desafios operacionais e consequente reavaliação de sua prontidão. **Conclusão:** A Linha de Cuidado do Câncer de Boca apresentou alta prontidão organizacional inicial para implementação em Mato Grosso do Sul. A redução no pós-teste indica que a intervenção aprofundou a compreensão das barreiras práticas, ajustando a percepção das equipes quanto à capacidade de implementação. Os resultados reforçam a importância de estratégias adaptativas e suporte contínuo para consolidar a implementação no contexto estadual.

Palavras-chave: Gestão em Saúde; Neoplasias Bucais; Ciência da Implementação; Atenção Primária à Saúde.

RESUMEN

Introducción: La preparación organizacional es esencial para el éxito de las intervenciones en salud, especialmente cuando implican cambios en las prácticas asistenciales. Este estudio evaluó la preparación organizacional para la implementación de la Línea de Cuidado del Cáncer Bucal en Mato Grosso del Sur utilizando la versión brasileña del cuestionario *Organizational Readiness for Implementing Change* (ORIC-Br) y analizó el potencial de la aplicación TeleEstomato/MS como herramienta de apoyo. **Objetivo:** Evaluar la preparación organizacional de los gestores y odontólogos de la Atención Primaria de Salud de las cuatro macrorregiones del estado antes y después de una intervención educativa estructurada. **Método:** El estudio se llevó a cabo con gestores y odontólogos de la Atención Primaria de Salud en las cuatro macrorregiones del estado. El cuestionario ORIC-Br se aplicó en las fases pre y poscapacitación, fundamentadas en el consenso *Expert Recommendations for Implementing Change* (ERIC). **Resultados:** Se observó una alta preparación organizacional inicial, con aproximadamente un 83% de respuestas positivas en los dominios de compromiso y eficacia colectiva. Tras la capacitación, los puntajes disminuyeron a un 68%, lo que sugiere un mayor reconocimiento por parte de los equipos de los desafíos operativos y una reevaluación consecuente de su preparación. **Conclusión:** La Línea de Cuidado del Cáncer Bucal mostró una alta preparación organizacional inicial para su implementación en Mato Grosso del Sur. La reducción en los puntajes posteriores a la intervención indica que esta profundizó la comprensión de las barreras prácticas, ajustando la percepción de los equipos sobre su capacidad de implementación. Los resultados refuerzan la importancia de estrategias adaptativas y de un apoyo continuo para consolidar la implementación en el contexto estatal.

Palabras clave: Gestión en Salud; Neoplasias de la Boca; Ciencia de la Implementación; Atención Primaria de Salud.

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INTRODUCTION

Organizational readiness for implementing changes to healthcare services was acknowledged as a critical factor in the success of these transformations, especially when involving the incorporation of innovations into public policies and specific care pathways[1,2]. This construct is assessed based on the commitment and collective efficacy domains, which reflect, respectively, the degree of involvement of organization members in the proposed change and their trust in the collective ability to implement it[3,4].

In Brazil, Primary Health Care (PHC), in the scope of the National Health System (SUS), has aimed to qualify its response to chronic conditions and priority needs of the population, with emphasis on diseases with a high burden of morbidity and mortality, such as oral cancer.[5]. This neoplasm constitutes an important public health problem, presenting high incidence among men over 40 years old, especially in socially and ethnically vulnerable groups[5]. The actions targeted at oral cancer prevention and control encompass health promotion, prevention of risk factors, early detection, timely treatment, and palliative care. However, early detection is limited by fragilities in the articulation between care levels, lack of well-defined assistance workflows, and gaps in the training of PHC professionals[6].

In this context, the care pathway is a fundamental strategy to qualify healthcare by articulating multiple services through agreements between the many actors involved, with the user positioned at the center of the full process of care production. This approach aims to overcome the fragmentation of services through the organization of care workflows, ensuring integrity,[7], access, and resolution of healthcare actions. To be effective, in addition to primary, secondary, and tertiary care services, it becomes essential to organize support systems, logistic systems, and governance systems that involve actors, mechanisms, and shared network management processes, as proposed by Cecílio and Merhy[7].

As part of the strategies targeted at strengthening specific components of this care pathway, the incorporation of the TeleEstomato/MS application, a digital telemedicine tool developed to support screening, teleconsultation, diagnosis, and referral of suspected oral cancer cases within the PHC scope, stands out. The use of the application aims to qualify communication between professionals and PHC and specialized services, contributing to greater agility and resolution in healthcare, without, however, draining the concept of Care Pathway, which assumes care coordination and integrity of care within the Health Care Network. In this sense, public oral pathology laboratories, including those linked to public universities, play a strategic diagnostic support role in SUS[8], reinforcing the importance of their integration into care workflows and technological support tools, like TeleEstomato/MS.

To assess the capacity of PHC teams for implementing the Oral Cancer Care Pathway in the State of Mato Grosso do Sul (LCCB-MS) and incorporate this organizational innovation and its associated technological elements, we used the Brazilian version of the Organizational Readiness for Implementing Change (ORIC-Br) questionnaire, an instrument validated in Brazil to measure organizational readiness for changes, adapted to the context of primary care[9]. Thus, analyzing the best approach to qualifying the workforce became a fundamental step to reduce the discrepancy between the current and desired performance levels in healthcare services.

This study aimed to evaluate the organizational readiness for implementing the LCCB-MS, based on the commitment and collective efficacy domains of ORIC-Br, considering the TeleEstomato/MS, articulated to the public laboratory for oral pathology as a strategic component for innovation in digital healthcare.

METHOD

Longitudinal study aiming to assess the organizational readiness to implement the LCCB-MS. This search aims to organize and regionalize integral care within the Health Care Network, ensuring timely access, early diagnosis, regulation, and treatment at all care levels. It also prioritizes clinical protocols, biopsies, and qualified screening, with the support of technologies to speed up care to suspected and confirmed cases. The adopted implementation strategy was to educate the interested parties, as described in the Expert Recommendation for Implementing Change (ERIC)[9] consensus.

The study used the ORIC-Br questionnaire to assess organizational readiness to implement changes, an instrument that has been validated for the Brazilian context[9]. ORIC-Br consists of 11 items distributed in 2 main domains: commitment and collective efficacy[9]. Commitment is defined as the mentality that binds individuals to the proposed course of action, while collective efficacy represents the belief shared by members of an organization in their collective capacity to organize and execute the necessary actions for change[1]. The answers were recorded on a Likert 5-point scale, ranging from 1 (disagree) to 5 (agree). The instrument assessed organizational readiness from a supraindividual perspective, measuring the perception of professionals on the team involved in implementing the innovations[9].

The questionnaire was applied at two separate times: immediately before the start and at the end of

an educational intervention aimed at presenting and discussing the concepts, scope, and problem resolution related to LCCB-MS. The intervention occurred on May 29th and 30th, 2025, through a workshop targeted at oral health municipal coordinators and dentists involved in caring for people with oral cancer. The objective of the workshop was to raise awareness and qualify professionals to adopt innovative practices within the Health Care Network, with emphasis on integrating digital tools into care workflows. This intervention was characterized as an educational strategy for interested parties, involving dentists and managers from the four health macro-regions of Mato Grosso do Sul, based on the ERIC[9] consensus.

Data collection was conducted in person during the meeting promoted within the training scope, ensuring that the participants were immersed in the context of the pedagogic proposal. This approach allowed us to capture the professionals' perspective on organizational readiness for change with more precision, considering both subjective aspects of commitment and the collective perception of team efficacy. The comparison between the two moments of application enabled us to assess occasional changes in the disposition of professionals to adopt innovations and identify potential barriers and facilitators to the incorporation of innovative technologies in oral health services.

The training was structured in a hybrid format, combining in-person workshops, small group discussions, and practical activities. The activity was conducted following The World Café[10] participative methodology, structured into four rounds of thematic discussions, to promote collective reflection and enable Oral Health Care Network professionals from different health regions of the State of Mato Grosso do Sul to share their experiences.

Regarding the selection of participants for the educational workshop, 79 oral health municipal coordinators and 79 dentists, corresponding to one professional from each municipality, who conduct screening or follow up with oral cancer patients. Therefore, the sample is characterized by convenience, composed of professionals who were able to travel to the State capital to participate in the workshop. This approach enabled the engagement of representatives from every macro-region of Mato Grosso do Sul, although the sample size was conditioned to the availability of professionals to participate in person, considering the State's territorial extension. The participants were organized into groups and distributed into thematic tables, each with a fixed host responsible for conducting the debate, supported by research questions. At each round, the participants changed stations, circulating between the thematic tables to stimulate diversity of ideas and the exchange of different regional experiences[10].

The discussions were organized in four stations, which approached the following thematic axes: (1) Components of a care pathway; (2) Role of the healthcare network units; (3) Screening and assessment; and (4) Elaboration of an action plan. The discussions encompassed aspects such as the LCCB-MS in the context of PHC, care and regulation flows, the role of TeleEstomato/MS as a diagnosis supporting tool, screening and referral, barriers and facilitators to the integration of technology in the routine of services, in addition to collaborative practices between PHC teams and oral health specialists.

During the rounds, the groups recorded relevant information on colored cards and panels, while the fourth round was dedicated to the elaboration of a regionalized action plan, with the help of their respective supporters. The dynamic ended with an assembly in which the main findings were collectively presented. This methodological approach enabled the collaborative construction of knowledge and systematization of strategies applicable to the local context, strengthening the role of PHC in the LCCB-MS and promoting integration across care levels.

As part of the practical activities, the participants also simulated using the TeleEstomato/MS application, a digital tool for screening, teleconsultation, diagnostic support, and referral of suspicious cases, associated with the public oral pathology lab[11] from the Federal University of Mato Grosso (UFMS). This experience enabled them to use the tool in simulated clinical situations and find opportunities for improvement when integrating the digital resource into existing workflows.

The person in charge of the analysis conducted statistical analyses based on means, proportions, and 95% confidence intervals (95% CI) for the ORIC-Br[9] scores of domains and items, compared the pre- and post-educational implementation strategy results of the interested parties to assess possible changes in the perception of organizational readiness[9], and calculated means and 95% CI for the scores obtained in the commitment and collective efficacy domains of the ORIC-Br, in pre- and post-intervention moments.

The study, in addition to a traditional descriptive analysis, performed a complementary assessment using the minimum response of 4 on the Likert scale (corresponding to the options "agree a bit" and "agree") as a cohort point, adopted as an initial organizational readiness criterion[9]. The study defined that, to indicate a team as potentially ready to implement innovation, at least 50% of participants must score four or higher on each item of the instrument[10]. The assessment enabled identifying which dimensions were more aligned between professionals and which maintained resistances or uncertainties towards the proposed change.

This study has been approved by the UFMS Research Ethics Committee, report number 6932602 (CAAE (submission for ethical review): 80683924.8.0000.0021), following Resolution N. 466/12[12] for research with human beings in Brazil.

RESULTS

The sample was composed of 58 dentists from the Oral Health Care Network, distributed across the four macro-regions of the State, in the pre-training phase. Of that total, 16 had management positions, and 42 worked directly in healthcare. In the post-training phase, 47 dentists from the Oral Health Care Network participated, of which 14 had management positions, and 33 worked in healthcare.

Table 1 presents the mean scores in the Commitment and Collective Efficacy domains of the ORIC-Br instrument before and after training aimed at implementing LCCB-MS, which included the use of the TeleEstomato/MS application as a technological innovation of support to primary care. Despite the variation in means after the intervention, no statistically significant differences were found between the pre- and post-intervention periods.

Table 2 presents the proportion of participants with a response mean equal to or higher than 4, per domain. The results indicate a significant reduction in the proportions of commitment and organizational efficacy after the intervention (from 82.8% to 68.1% and from 84.5% to 68.1%, respectively).

Table 3 details the proportion of favorable responses (scores 4 and 5) per item of the ORIC-Br. The results show that, despite initially high proportions indicating optimism regarding organizational readiness, there was a perceptible drop in several items after the training, especially item 7 ("overcoming challenges"), whose proportion dropped from 91.4% to 71.7%. The results indicate variations in the perceptions of professionals after the implementation period, especially in items related to the viability and execution of changes in the daily routine of services. These findings may reflect a reassessment of the implementation conditions throughout the process, according to the practical experience of the proposed actions.

Table 1. Commitment and Efficacy domains: LCCB, Mato Grosso do Sul

LCCB	n	mean	95% CI	
Commitment before	58	4.33	4.17	4.49
Commitment after	47	4.26	4.08	4.44
Efficacy before	58	4.31	4.15	4.47
Efficacy after	47	4.13	3.95	4.32

Captions: LCCB = Oral Cancer Care Pathway; 95% CI = 95% Confidence Interval.

Table 2. Proportion of Commitment and Efficacy LCCB, Mato Grosso do Sul

LCCB	n	%	95% CI	
Commitment before*	58	82.8	70.5	90.6
Commitment after*	47	68.1	53.3	80.0
Efficacy before*	58	84.5	72.5	91.8
Efficacy after*	47	68.1	53.3	80.0

Captions: LCCB = Oral Cancer Care Pathway; 95% CI = 95% Confidence Interval; * = domain mean (sum of questions/number of questions) ≥4.

DISCUSSION

The results from this study indicate positive initial organizational readiness among managers and dentists from the four macro-regions of Mato Grosso do Sul regarding the implementation of the LCCB-MS, reflected by high scores in the ORIC-Br domains Commitment and Efficacy[9]. This initial optimistic perception reveals a disposition for change and a positive expectation regarding the use of the TeleEstomato/MS application, a teleconsultation tool aimed at diagnostic support and management of lesions in the stomatognathic system, associated with a public oral pathology laboratory[7].

The reduction in mean scores and proportion of positive responses after the training shows an expected movement in processes of organizational change: as the professionals come in direct contact with the practical challenges of implementation, such as the use of new technologies and reorganization of workflows, their perceptions become more realistic and critical[13,14]. Items related to the confidence of teams in overcoming obstacles, coordinating tasks, and maintaining the rhythm of change presented variations in means, reflecting possible insecurities regarding the viability of supporting innovation in the daily routine of services[13]. Still, the means remain above four, indicating that disposition for change was not compromised, but adjusted given the complexity of the process.

The training played a significant role by giving visibility to structural and operational barriers, mainly in the use of TeleEstomato/MS, such as digital infrastructure limitations, doubts about the workflow with specialists, and difficulties articulating specialized care and health

Table 3. Analysis of the proportion of each ORIC-Br question. LCCB, Mato Grosso do Sul

	Before % (N=58)	After % (N=47)
ORIC 1 – The people who work here are engaged in implementing this change	91.4	91.5
ORIC 2 – The people who work here feel confident that the organization can get people involved in implementing this change	87.9	87.2
ORIC 3 – The people who work here will do everything needed to implement this change	89.7	80.9
ORIC 4 – The people who work here feel confident that the organization can support people while they adapt to this change	87.9	85.1
ORIC 5 – The people who work here want to implement this change	91.4	87.2
ORIC 6 – The people who work here feel confident that the organization can monitor the progress of the implementation of this change	86.2	80.9
ORIC 7 – The people who work here feel confident that they will be able to cope with the challenges that may emerge in the implementation of this change	91.4	71.7
ORIC 8 – The people who work here are determined to implement this change	87.9	85.1
ORIC 9 – The people who work here feel confident that they can coordinate tasks, so the implementation is done with no problems	91.4	80.9
ORIC 10 – The people who work here are motivated to implement this change	87.9	87.2
ORIC 11 – The people who work here feel confident that they can administer the implementation policy of this change	89.7	85.1

Captions: LCCB = Oral Cancer Care Pathway ORIC = Organizational Readiness for Implementing Change.

surveillance. Therefore, it becomes necessary to implement training programs aimed at overcoming structural and operational barriers[14], helping professionals recognize and face the practical challenges imposed by the utilization and applicability of the Care Pathway.

Moreover, the results point to the importance of implementation strategies not limited to single, isolated training. It is necessary to build continuous support for the strategies and professionals involved[15], with monitoring of indicators, a clear pact of workflows within care levels, and strengthening the diagnosis support networks, especially the public pathology services targeted at oral diagnosis. The use of the TeleEstomato/MS, when articulated with these elements, may not only make early detection of oral cancer feasible, but also promote structuring changes in the organization of care[16], which is one of the objectives of creating a care pathway for oral cancer.

A pilot study conducted in public primary care units in South Africa, using the original version of ORIC to assess the organizational readiness for the implementation of the medication distribution program, showed that higher scores were associated with factors such as available resources, perception of program value, user satisfaction, and rate of adherence to care after a positive HIV test, although not directly related with the effective implementation level of the program[15]. An Australian study[17] assessed the organizational readiness to implement a new model of obstetric care in rural zones, using the ORIC instrument applied to teams of midwives, nurses, and doctors. The general mean score was 41.5 out of 60 points, indicating a moderate to high readiness, with greater adherence to affirmations related to collective efficacy and commitment to change. Despite this level of readiness, the study did not find a direct correlation with the results of the actual implementation of the care model, suggesting that an important level of readiness does not ensure, by itself, operational success.

This finding is aligned with the results observed in the implementation of TeleEstomato/MS the LCCB-MS, in which, despite an initial high readiness measured by

ORIC-Br, there were score reductions after the training, especially in items related to confidence in overcoming challenges, coordinating tasks, and rhythm of the process, indicating that the perception of readiness strongly depends on the context of support, resources, and practical knowledge of teams[18]. This comparison of studies on organizational readiness shows that, in any context, organizational readiness is a dynamic construct strongly influenced by the degree of alignment between individual perception, available resources, and institutional support across time[19].

It is worth highlighting that there was a reduction in the number of participants between the pre-test (58 professionals) and post-test (47 professionals), characterizing a sample loss of 11 individuals. Although this decrease may potentially generate selection bias, the analysis showed that the composition of groups remained proportional regarding distribution across the health macro-regions. Thus, comparability between the pre- and post-test was preserved, enabling our interpretation of the results. However, we acknowledge that the sample loss limits the generalization of the findings, which we consider a limitation of this study.

In this context, TeleEstomato/MS stands out not only as a technological tool but as a strategic component to mitigate fragilities and strengthen organizational readiness[20]. The service, by offering technical support, qualified screening, and integration of care levels, may reverse perceptions of insecurity and promote greater collective efficacy[7]. ORIC-Br was useful in identifying such variations and guiding adjustments in the management strategies of the change. The results, by reflecting perceived organizational readiness, indicate the relevance of structured strategies to support change, whose effectiveness shall be investigated in further studies that assess the actual implementation and its outcomes.

CONCLUSION

The analysis of results underscored a high initial organizational readiness to implement the LCCB-MS, considering the two domains assessed by the ORIC-Br instrument: commitment and collective efficacy. These domains, which integrally structure the utilized scale, enabled us to analyze both the engagement of professionals towards the proposed change and the shared perception of the collective capacity of the team to implement it.

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CONTRIBUTIONS

Caroline Murat Amadeu Marti, Giovana Soares Buzinaro, Lucas Moura de Oliveira, Eduarda Gomes Onofre de Araújo, Lívian Isabel de Medeiros Carvalho, Hélder Domiciano Dantas Martins, and Paulo Rogério Ferreti Bonan have substantially contributed to the design and planning of the study, data collection, analysis, interpretation, wording, and critical review. Rafael Aiello Bomfim has substantially contributed to the study design and planning, data acquisition, analysis, and interpretation, and critical review. All the authors approved the final version for submission.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

All the contents associated with the article are included in the manuscript.

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