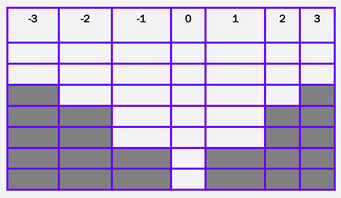
Building a Strategic Framework for Identifying Patterns of Relational Value (R^V) in Different Health and Care Settings

Dr Paul Grimshaw; Peter Lacey (WSP); Prof. Linda McGowan; Dr Elaine McNichol

Contact: paul.grimshaw@leeds.ac.uk

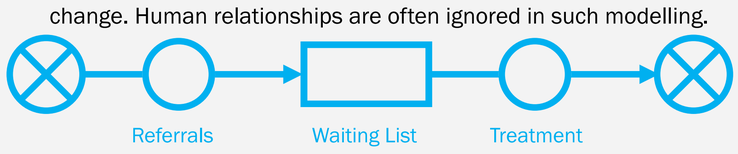
What is Q Methodology?

- Method derived by Stephenson (1953)[1] is designed to holistically capture subjective or first person viewpoints of individuals or groups of individuals.
- Q sort comprises a number of statements for visual presentation to participants.
- These statements are organised by participants into a pre-arranged framework.
- This framework forces individuals to make choices about what matters to them. Revealing a categorisation that can be aggregated with other Q sorts to create factors or patterns of meaning.



Whole Systems Partnership (WSP) provide strategic advice in health and care systems. WSP use systems thinking and System Dynamics modelling to represent and explore complex change.

Systems work involves understanding tangible stocks and flows such as the flow of people or resources through an organisation or department and using this model as strategic tool for modelling change. Human relationships are often ignored in such modelling.



WSP have recognised the need to help Health and Care organisations to effectively map their relational environment at a system level.

The Challenge

What is system thinking?

Systems thinking is a way of positioning yourself relative to an organisational issue. People who use systems thinking keep one eye on the big picture and one eye on the detail. They recognise how structures in one part of the organisation can impact on other parts, and understand the longer term patterns of behaviour that lead to events and crises. Systems thinking is an essential component informing strategic consultancy work.

50 research derived statements will be presented to people throughout an elderly care context (N:40). The cohort will include families, staff & stakeholders.

- Patterns will be mapped from the distribution of the most common responses (most important to least important), against additional demographic data e.g. marital status, age, time in institution & well-being data scores from the Older People's Quality of Life questionnaire (OPQOL-brief).
- From a combination of Q-sort data patterns and initial research we will develop a framework which will enable health and care organisations in a similar context to examine the patterns of their own relationships.
- The aim is to develop a framework that, through practical iteration, will ultimately connect with systems tools.

Next Steps

Why relationships?

In the context of strategic decision making relationships are often neglected and merit consideration:

- Market based approaches can over-emphasise objective measureable outcomes and ignore the value of relationships.
- Patient focussed approaches through choice/autonomy worldviews provide advantages to the service users yet may also undermine the ability to promote more sustainable trust.
- Traditional rational calculation viewpoint challenges notions of social solidarity.
- Existing bases of social cohesion have been eroded and replaced with hierarchies, economic individualism and fragmentation.

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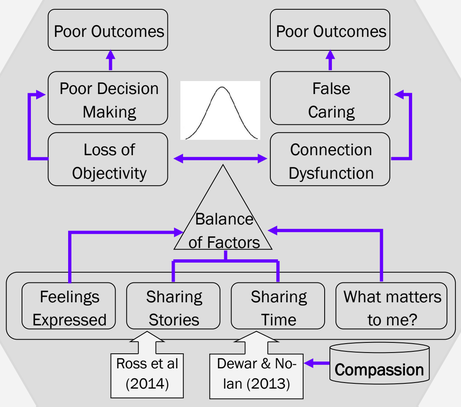


1. Developed a steering group to advise the research.
2. Developed search strategy and applied to management & health databases.
3. Ran searches, collected papers, read abstracts and created short list for study inclusion and applied (CASP) quality framework.
4. Papers selected (44) for inclusion, reviewed and developed emergent themes.
5. Emergent themes categorised as: **integrity, respect, fairness, compassion & trust.**
6. Statements derived from data supporting emergent themes & mapped against socio-technical categories: **culture, people, process, vision, technology, infrastructure** (to ensure full coverage of organisational activity)
7. Statements prepared for inclusion into a **Q Methodology** statement set (concourse) for validation.

E.g. a statement covering compassion and the organisational culture* is *"it's important that people work together to get things done".*

How we did it

Role of relationships

The need to provide strategic focus on relationships is also being driven by system level changes:

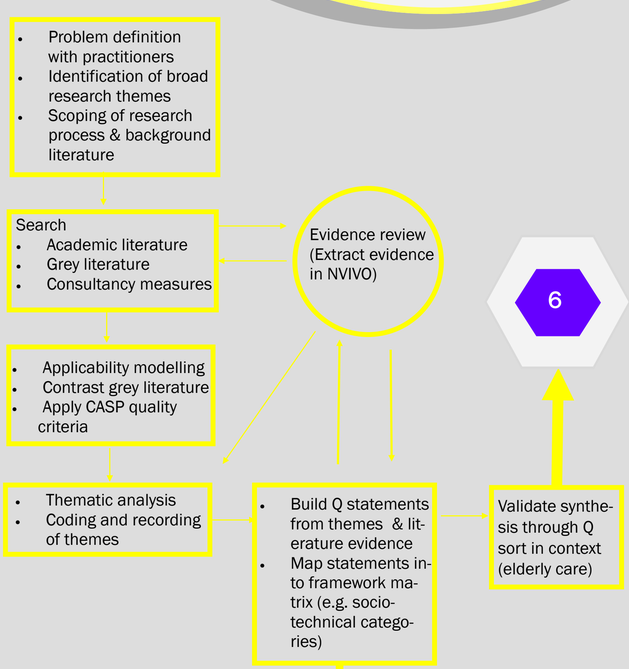
- More widely dispersed teams, multi-disciplinary working and shifting role responsibilities.
- Health and care problems are becoming more complex, 'wicked' and require multiple inputs across disciplines.
- Collaboration behaviours are needed to achieve organisational goals between service users/groups/professions.
- A need to facilitate appropriate knowledge sharing in order to improve organisational performance.

What is a relationship?

We consider relationships as:

- Existing between two or more people, groups and/or organisations.
- Can be ascribed a value that is distinct, though dependent on the parties to the relationship.
- Is dependent on the behaviours of the different parties.
- Has purpose in a particular context - it is something you can (or can't) rely on.
- A relationship understood in this way will have a range of attributes, such as **integrity, respect, fairness, compassion & trust.** that combine to give value in its local context.

Research Aim: To understand the key behaviours that underpin the relational environment in health and social care—starting with the elderly care context.



	Statements	Socio-Technical Frame	Level	Relational Attribute	Influencing Papers
1	People can challenge the rules sometimes to help each other	Process	Organisation	Fairness	Dewar et al (2012)
2	There are good relations between their family and staff or other residents	People	Community	Trust	Rooij (2012); Teeri et al, 2007; Payne (2002)
3	There are opportunities to begin activities with others inside the home	People	Community	Trust	Mcallister et al (1999); Abbott (2012)
4	There are opportunities to begin activities with others in the wider community	People	Community	Trust	Knight et al (2010); Bradshaw, 2012; Rockwell (2012)
5	Everyone works together to get things done*	Culture	Community	Compassion	Dewar & Nolan (2013); Sontag (2001)
6	They have an opportunity to help others	People	Community	Trust	Boerner et al (2003); Brown et al 2003); Cheng (2009)
7	Everyone is generally open and honest	Culture	Community	Trust	Ozawa (2013); Dewar & Nolan (2013)
8	Talk about each other in a positive way	People	Community	Trust	Cross & Parker (2004)
9	There are lots of others around who share the same background, attitudes and values	Culture	Community	Trust	Dilworth-Anderson et al (2012)
10	Different people can take the lead when things go wrong	Process	Organisation	Trust	Gittell (2010/2012)

Social relationships are vital in health and social care and have been considered to have direct health impact through; increasing social activity, improving social integration, reducing social isolation and fostering engagement. In health and care settings social relations impact across systems:

- **Between practitioner and services users** - Improved Health and Care outcomes for service users
- **Between staff and management** - More effective organisational delivery of Health & Care
- **Between health and care institutions** – Improve integrated care delivery models
- **Between service users and institutions** - Impact on societal level trust in institutions

[1]Stephenson, W. (1953) The study of behaviour: Q technique and its methodology. Chicago, University of Chicago Press.

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