



University of New England  
Armidale, New South Wales, Australia

***Strengthening Health Service  
Research: Hearing the Voices***

**Presented at 1<sup>st</sup> International Conference on  
Health Service Delivery Management**

**14<sup>th</sup> - 16<sup>th</sup> October, 2009**

Professor Victor Minichiello  
Pro Vice-Chancellor and Dean  
Faculty of The Professions

[vminichi@une.edu.au](mailto:vminichi@une.edu.au)

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



University of New England  
Armidale, New South Wales, Australia

**How do Senior Policy Advisors to Governments  
View Research Evidence?**

- Study conducted by Petticrew et al, *Journal of Epidemiology and Community Health*, 2004:811-16.
- Study interviewed senior policy advisors to governments in the UK using qualitative interviews.

Aim of study:

1. understand how current public health evidence is viewed by users, and
2. how researchers can make their evidence more relevant and useful (eg., how can researchers help users of evidence?)

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## Users of Evidence Context

- Policy makers are used to making decisions without evidence because action was often needed whether strong evidence was there or not.
- Policy makers search for evidence to reinforce policies which have already been decided ('fig-leaf' evidence).
- Public opinion as opposed to scientific research could influence the adoption of particular policies or targets that need to be addressed.
- Researchers over-reliance on simplistic, linear models of decision making. Such models rarely apply to policy questions.



# University of New England

Armidale, New South Wales, Australia

## Relevance of Evidence for Users

1. Local and national needs for evidence is required (eg., mixed evidence).
2. A 'good story': Policy clarity and case studies.
3. Timely research that aligns evidence to ongoing policy debates.





## University of New England

Armidale, New South Wales, Australia

### The New Public Management Paradigm

- Recruitment of staff with a participatory orientation.
- Commitment to participatory monitoring and evaluation, and inclusion of social audits of services.
- Downward accountability via citizen empowerment.
- Transformative learning experience.
- Addressing social inclusion (rich/poor; urban/poor; advantaged/disempowered) and using managers as agents.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



## University of New England

Armidale, New South Wales, Australia

### What are the Views and Experiences of Sick Adults: Taking a Pulse of Health Care

- Study conducted by Schoen et al, 2005, *Health Affairs*
- 2005 survey of patients' experiences in Australia, Canada, New Zealand, UK and USA.
- What do patients have to say about their care, patient safety, care management, patient-centered care, timely access to care and cost?

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



## University of New England

Armidale, New South Wales, Australia

### Views of Sick Patients: What do the Results Show?

- 1 in 4 patients said that explanations of risks were not discussed.
- 1 in 5 patients reported inadequate pain management.
- 1 in 6 patients said they would have liked greater involvement in care decisions.
- 1/3 said that did not receive instructions about symptoms to watch for, did not know whom to contact with questions or left without arrangements for follow-up care.
- 1 in 10 patients were readmitted to hospital or ER as a result of complications after hospital care.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



## University of New England

Armidale, New South Wales, Australia

- Up to 25% of patients reported that a medical mistake had been made in their care. Most patients (61-83%) believed the doctor or health professional involved did not tell them about the mistake.
- 1/3 said that they did not receive a self-management plan to help manage their care at home.
- 1/3 said that their physician did not have conversations about preferences of care and treatment with them.
- Half of the sicker patients said that it was difficult to get after-hour care.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## The connection between qualitative research and hearing the voices of patients

- Different ways of knowing.
- Different approaches to collecting data.

Emphasis of QR: Construct a methodology that positions people as 'participants'/'informants' in order to gain important insights and knowledge that generates explanations about the social world.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## What is Qualitative Research?

- Concerned with understanding people's experiences from the perspective of the participants.
- Assumes a dynamic and negotiated reality.
- Inductive reasoning process.
- Inquisitive methodology to penetrate the private, protected domain of human interaction to reveal data about that which is often disguised, sanitized, hidden.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## Qualitative Research

- Data collected via in-depth interviews, participant observations.
- Propositions developed that synthesize themes and lead to rich descriptions.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## Patient Reports of Medical Errors

Study conducted by Kuzel et al *Annals of Family Medicine* 2004.

- Used a qualitative methodology conducted in the USA to solicit stories of preventable problems with primary health care that led to physical or psychological harm.
- Aim was to develop a patient-focused typologies of medical errors in primary care.
- Assumption: that the public and the medical community view patient safety through possible different lenses and issues of patient safety differs between inpatient and outpatient settings. Most of the current focus about medical error has focused on improving patient safety in hospitals.
- Focus has been on drug events, surgical mishaps, breakdown in information transfer and ultimate treatment errors.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

Kuzel et al study found:

1. Patients' description of breakdowns in the clinician-patient relationships were dominated by stories of disrespect or insensitivity.
2. Ranking the incidents in terms of importance were: technical failures of misdiagnosis, failure to disclose test results, inadequate patient education, relationship breakdowns involving rude staff, disregard for patient concerns, and racial bias; access breakdowns created by long waits for appointments.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## Work Culture in Hospitals

- Qualitative study conducted in Canada by Pikhoker et al, *Journal of Health Organization*, 2009
- A qualitative study that sheds light on how patients influence the work culture.
- Interesting voice captured by this study: patients rarely figure into the description or conceptualization of hospital culture other than in terms of patient outcomes and quality of care.
- Key insights: 1. Relationships with patients differ by unit specific factors (ER, maternity care units, head or neck surgical units) 2. That in open units patients can have a substantial influence on the professional work culture in the unit.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND



# University of New England

Armidale, New South Wales, Australia

## **A Final Comment**

That the Phitsanulok Declaration will acknowledge that the experiences of patients in the health care system has important contributions to make to how we manage, restructure and shape health services in the future and train our health workforce.

**UNE**  
UNIVERSITY OF  
NEW ENGLAND