C 4: Scientific approaches to patient involvement

Service user participation in the clinical microsystem

Susanne Kvarnström, RN, Licentiate of Medical Sciences,
PhD-student Bridging the Gaps, Jönköping University
County Council Office of Östergötland, Sweden

Bridging the Gaps

12 PhD-students
4 universities in Sweden
Including all 4 schools of Jönköping University
The Dartmouth Institute
Jönköping County Council

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Content

Societal values and various scientific approaches to patient involvement and service user participation

A model for service user participation in the interprofessional clinical microsystem and implications for collaborative practice

Societal values
patient involvement and service user participation

Societal values as implications for improvement endeavors:

- **Social citizenship**
  people’s autonomy, rights and integrity *Health and Medical Service Act, Social Services Act* (SFS 1982:763; 2001:453)

- **Service quality**
  learning from user needs and as co-creator
  *Management systems for quality* (SOSFS 2005:12; 2006:11)

- **New public management**
  citizens are gaining influence in as empowered costumers
  *The Act on System of Choice in the Public Sector* (SFS 2008:962)
Various scientific approaches in empirical studies on participation

1. **Face-to-face individual service**, including attitudes and interactions between service users and professionals.  
   (Susanne)

2. **Management of the services**, including policies, evaluations and building innovation systems.  
   (Andreas)

3. **Society**, including neighbourhood community activities.

4. **Tools and measurements** of participation.

5. **Education and research**, including various forms of interactive research approaches.  
   (Susanne and Andreas)

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Gaps between users and professionals conceptions of participation

2 previous studies

- Patients: a personal active attitude and something they *have*.
- Professionals: something they *give* as they activates the patient.  
  (Sahlsten et al. 2008) Swedish nursing contexts

- Older adults: obtaining necessary help.
- Professionals: a social pedagogic rehabilitating meaning.  
  Redefined as the activity of the service user, i.e. to take part in care in order to preserve functions.  
  (Damberg, 2010). Swedish care of older people
Study: aim and material

To explore and describe the variations of service users’ and front-line professionals conceptions of service user participation, specifically in interprofessional practice

Phenomenography and interactive research approach to describe and understand the nature of the variations of experiencing a certain phenomenon, ordered according to complexity (Marton, 1981, 1997).

• Individual interviews with service users (n=22)
  – 2nd stage: interactive follow up dialogues
• Individual interviews with professionals (n=15)
  – 2nd stage: interactive reflection seminars

What comes to mind when you think about participation? (for professionals: service user participation) and then ‘How do you conceive of participation when several different professions are involved?’

Settings

Clinical microsystems (n=3) in health and social care
  • a short-term municipal home for older adults.
  • a program for chronic pain rehabilitation
  • a program for surgical treatment of obesity

Interprofessional teamwork
The clinical microsystem is the front line; the place where patients and families and care teams meet. (Batalden et al, 2007, pp 74)

**Participation in the clinical microsystem**

- **Conditions: organizational**
  - Interacting with the team members for increased understanding
  - Communication and mutual relationship
  - Information transmission
  - Choice, decision and self-determination
  - Taking part in activities and social events

- **Conditions: individual including family support**
• Acknowledges that user participation in interprofessional clinical Microsystems can be more or less complex (activity, proximity, conscious interaction).

• Can be adapted to each individual service user and the focus of participation can be “placed” anywhere in the circle according to the individual’s needs and preferences.

• Acknowledges that the focus for empowerment processes and the participation of the service user can evolve and change during the course of the persons’ interactions with the professionals within the clinical microsystem.

• Consider both organizational and individual resources/barriers to participation.

• Potentials to capture the dynamic and evolutionary nature of user involvement.

• Bridging the gaps between users’ and professionals’ perceptions.

• A tool for improvement of user centred collaborative practice.

“Now is an exciting time of progress for interprofessional education and collaborative practice. Working together for better health is more important than ever”

WHO Announcement.
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