Questions? Thoughts? Ideas?

Enacting Mixed Methods Research in Primary Care: the critical importance of stakeholder engagement

Stakeholder engagement

PBRN Workshop
Thea Luig, PhD, Milton Eder, PhD, Denise Campbell-Scherer, MD, PhD
Stakeholder engagement

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Thea Luig, PhD, Milton Eder, PhD, Denise Campbell-Scherer, MD, PhD
• Who are we?
• What are we talking about? Definitions and meanings.
• Question/opinions/ideas?
• What would you do?
• Gathering ideas. Case examples
• Take-away message and materials
Enacting Mixed Methods Research in Primary Care: the critical importance of stakeholder engagement
Engagement in mixed-methods health research

Engaging stakeholders to ensure:

- Topics that matter to stakeholders
- End-user important outcome measures
- Effective implementation
- Access to contextual knowledge, access to key informants
- Translation/dissemination

Business
Organizational theory
Stakeholder theory
Principal idea: Organizational objectives based on interests of groups/people to ensure survival of organization
Aim: Survival and success of organization

Social science
Reflexive turn
Principle ideas: Mutuality, contextual reflexivity, reciprocity, collaboration, shared learning, negotiated meanings, plural knowledge
Aim: Social Justice, leveling power relations
Principal idea:
Organizational objectives based on interests of groups/people to ensure survival of organization

Aim:
Survival and success of organization
Reflexive turn in social science

Participatory (action)
community-based research

Principle ideas:
Mutuality, contextual reflexivity,
reciprocity, collaboration,
shared learning, negotiated meanings,
plural knowledge

Aim: Social Justice
leveling power relations
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Engagement - What are we talking about? Levels and forms of engagement

U.S.: National Institute of Health

Health Canada's Public Involvement Continuum

- Level 1: Low level of public involvement and influence
  - Inform or Educate

- Level 2: Mid level of public involvement and influence
  - Gather Information

- Level 3: High level of public involvement and influence
  - Discuss

- Level 4: High level of public involvement and influence
  - Engage

- Level 5: High level of public involvement and influence
  - Partner
### Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Shared Leadership</th>
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</thead>
<tbody>
<tr>
<td>Some Community Involvement</td>
<td>More Community Involvement</td>
<td>Better Community Involvement</td>
<td>Community Involvement</td>
<td>Strong Bidirectional Relationship</td>
</tr>
<tr>
<td>Communication flows from one to the other, to inform</td>
<td>Communication flows to the community and then back, answer seeking</td>
<td>Communication flows both ways, participatory form of communication</td>
<td>Communication flow is bidirectional</td>
<td>Final decision making is at community level.</td>
</tr>
<tr>
<td>Provides community with information.</td>
<td>Gets information or feedback from the community.</td>
<td>Involves more participation with community on issues.</td>
<td>Forms partnerships with community on each aspect of project from development to solution.</td>
<td>Entities have formed strong partnership structures.</td>
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Reference: Modified by the authors from the International Association for Public Participation.
Levels of Engagement

Macro: health policy, system implementation

Meso: organization, management, communities

Micro: health professionals, patients
What and who are stakeholders?

Stockholder → Stakeholder

Groups/people without whose support a firm would cease to exist

Groups/people interested in, concerned about, vested in with an organization’s activities

- Patients, families, community, caregivers, advocacy organizations
- Clinicians, clinical professional societies
- Institutional healthcare providers (hospitals, clinics)
- Government agencies
- Purchasers of healthcare (employers, insurers)
- Healthcare industry
- Healthcare policy makers
- Health researchers and research institutions

What about research and knowledge?

Researchers collect data. Data is transformed (analyzed) and becomes information. When information is applied it becomes knowledge.

Knowledge is both: a product of an experience and a resource to succeed in an activity.

Explicit knowledge

Knowledge that can be codified in paper or electronic form and shared, i.e. research evidence

Tacit knowledge

Defies quantification, inherent in personal skill, sharing requires experience, i.e. clinical wisdom, contextual knowledge
Clinical/medical sciences and social science traditions of engagement coming together for sustainable partnerships and mutual research benefit

Engagement treats research as a social process and respects tacit knowledge
Questions?
Thoughts?
Ideas?
What would you do?

1) Who are the key stakeholders?

2) Why is it important to have different stakeholders engaged in different stages (exploration of the problem, conception of an intervention, conception of an evaluation strategy, evaluation of an intervention, scaling of an effective intervention) of the program?

3) How can stakeholders’ different perspectives and tacit knowledge be integrated?
Thoughts about integrating different stakeholders’ agendas & negotiating methodological rigour

Multi-method and mixed-methods

The complementary use of quantitative and qualitative methods (mixed-methods) uncovers both tacit and explicit knowledge and the complex, social processes of research and implementation
A brief word about ......

Complexity & Quality

Generalizability & Transferability
Take-away messages..

[following group discussions of cases]

• Collaboratively formulating a research question is challenging; formulating specific research aims that reflect multiple stakeholder interests is even more challenging.
• Multi-methods research provides one strategy for attempting to accommodate multiple stakeholder interests.
• Researchers/providers are challenged to abandon control over the definition of the problem and the design of research/solution. There is a need to acknowledge that all stakeholders face a problem and come together to work on a solution.
Resources


## Stakeholder Perspectives and Methods

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Role/Contribution to Project</th>
<th>Learning Goal</th>
<th>Method</th>
<th>Data</th>
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</thead>
<tbody>
<tr>
<td>Clinical Staff</td>
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<tr>
<td>Patients</td>
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</table>
## Stakeholder Communication and Data

<table>
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<tr>
<th>Stakeholders</th>
<th>Process data</th>
<th>Health Outcomes data</th>
<th>Survey</th>
<th>Interview</th>
<th>Focus Group</th>
<th>Personal story - archetype</th>
<th>Observation</th>
<th>Dictionary (data definitions)</th>
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