

Research tools for managers to improve primary health care partnerships

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Introduction

Partnerships are often formed between community-controlled and mainstream health services to address the health needs of Aboriginal communities.^{1,2,3,4} The aim of this research was to see if an action research process that used social network analysis and role clarification tools was a way to help develop these partnerships.

Mapping Aboriginal Health Partnerships (MAHPET) involved two case studies in different states, with each case study involving links between an Aboriginal health service and mainstream health care services. Both partnerships sought to improve the local service response to chronic disease, one with diabetes and the other with mental health/social and emotional wellbeing.

MAHPET sought to bring Aboriginal and mainstream services providers, managers, policy officers and researchers together to critically assess these partnerships.

Method

The goal of the research was to see whether the tools that were used were useful in improving the way the partnerships worked. The tools were: social network analysis (SNA); a team survey using adaptations of the Team Climate and Work Practice Questionnaires; local research groups; and the action research approach.^{5,6,7} The research question was:

Does the use of action research incorporating network analysis and role clarification (a) strengthen Aboriginal-mainstream primary health care partnerships and (b) promote the transfer of the evidence about the effectiveness of these partnerships into policy?

A local research group (LRG) was established in each of the partnership sites to do the following:

- advise on the research processes to be used to map the partnership. This included providing comment on the development of the survey tools and also suggested names of workers and agencies who should be included in the surveys
- provide cultural guidance and ensure that the research was conducted in a culturally secure way
- confirm the network problem to work on
- provide feedback on the research findings and the implications for the partnership
- facilitate work on the network problem.

The SNA was used to survey the links between staff in each partnership on the following relationships:

- clinical information exchange

- cultural information exchange
- team care
- management and planning
- policy development.

The team survey was used to identify “team factors” that might contribute to the functioning within each partnership.

Interviews were also conducted with key informants to gather contextual information about the partnerships and also to determine participant views on the value of the MAHPET process.

Findings

LRGs and other meetings

Three LRGs were held at each site that included participation from service managers, service providers, community representatives and policy officers. The specific problem identified by the mental health LRG was to improve team-based care (a network framed problem), while the diabetes site LRG identified the specific problem as client access to and use of diabetes medication.

The following issues were discussed in one or both sites:

- SNA results were an accurate description of the linkages between workers and agencies and demonstrated which were the main activities of the partnership.
- The survey identified the functional place of the respective teams and also role position of various workers thereby revealing role and relationship strengths and weaknesses in the partnership, particularly to do with partnership coordination.
- The survey highlighted the current and potential role for Aboriginal workers and the demand on them to act as a cultural resource for other teams when there was an Aboriginal client.
- Challenges were identified as the need to re-engage all of the teams to the objectives of the partnership, to strengthen team based care and to improve worker morale across the teams.
- The current state of management processes to deal with partnership issues.

The meetings identified the following tasks:

- ensure feedback to core agency participants
- convene planning processes to start dealing with issues that the research has raised
- identify resource support requirements to work on the problem of improving collaborative care.

Other than unpack elements of the problems at the first LRGs, both partnerships made limited progress in addressing their problem. There were four issues related to this.

- Some staff in one site could not initially see a link between the network analysis and role clarification process and working on their identified problem.

- The process of network analysis and role clarification conducted in a participative manner in a cross-cultural context took much longer than we had planned.
- When the coordinator of one service partnership resigned this stalled any decision-making about working on the problem.
- In the other site one of the teams indicated that the partnership did not meet their needs as it currently operated and the problem solving processes used (LRG meetings and workshops) did not resolved this during the time of the research.

In addition to the LRGs, other meetings were held in each project and the composition and function of these meetings varied according to the structure and needs of each project.

Survey

Surveys were all conducted by face-to-face interview except for four surveys that were conducted by telephone. The table below lists who took part in the surveys and what were the main findings

	mental health (conducted May-July 2007)			diabetes (conducted June to August 2007)			
	Identified	Surveyed		Identified		Surveyed	
number	21	20	4 Aboriginal 16 non-Aboriginal	29	10 Aboriginal 19 non-Aboriginal	22	5 Aboriginal 17 non-Aboriginal
staff	Aboriginal health workers, mainstream mental health service providers and service managers.			Aboriginal health workers and health education officers, medical officers, nurses and clinic and service managers.			
SNA findings	The focus of the partnership was in the exchange of clinical information and in the management and planning of services. Agencies across the network were not as well connected in the provision of team-based care.			The focus of the partnership was a clinical service with minimal links to do with management and planning or policy development. The operation of the partnership was shown to be highly centralised on the role of the Program Coordinator. The lower connectivity of the Aboriginal workers prompted discussion about their role in the clinics.			
Team survey selected findings	A lack of agreement about the value of the partnership and also that morale was an issue.			Agreement about the legitimacy of the partnership goals, but there was less agreement that these goals were clearly understood or that evaluation of the partnership occurs.			

Key informant interviews—value of the method

Key informant interviews conducted at the end of the research with nineteen managers and staff identified that the MAHPET process had achieved the following:

- ***Displayed the network—validate concerns—put issues on the table.*** The MAHPET process was considered useful because the visual display of the maps illustrated the network and gave it a framework. The visual displays had impact because they put issues on network structure and function “on the table”, thereby requiring attention. This then led to “the difficult discussions that we had to have”. An informant at one site observed in an affirming way that despite these difficulties, the partners continued to engage in these discussions, hence signifying their commitment to working together and in wanting to make improvements.

- ***Opened up problem-solving communication for action on issues.*** In putting issues on the table, a major use of the MAHPET information was to open up problem-solving communication. In both sites this communication was concerned with the purpose of the partnership and what were appropriate worker roles, which in one site led to an increased role for Aboriginal staff in clinical duties. MAHPET enabled both partnerships to self examine; in the diabetes site to re-evaluate the purpose of the clinic and to consider which members of the community were being best served and in the mental health site to examine which partners benefited most and who were the partnership drivers.
- ***Suitability of the method—cultural security and personal safety.*** Despite the lack of anonymity on the maps during the feedback stage and the difficult discussions prompted by “putting issues on the table”, the MAHPET method was considered to be culturally secure. This was because data collection was adjusted for those who did not want to be surveyed and because the process opened up communication and gave Aboriginal staff a voice.
- ***Impact on policy.*** The impact on policy was identified at the local level, that is, within the clinical partnerships. Informants suggested that any wider policy impact might occur as an outcome of a final report. These local policy impacts were described as the following:
 - formation of decision-making groups at both sites to consider and act on the findings
 - commitment at both sites to bring the MAHPET data into future planning
 - a formal memorandum of understanding agreed upon at the diabetes site and a partnership agreement drafted at the mental health site
 - the changed role of the Coordinator and Aboriginal Health Workers in one of the partnerships
 - a commitment for the partnership to be included in the staff work plans.

Conclusion—key learning

The MAHPET project did enable significant partnership issues to be identified, which were important to improve partnership function. The time period required to conduct this process was, however, longer than had been planned and hence the original strategies had to be adjusted to account for (1) a longer establishment phase, (2) a longer time required for data collection, analysis and presentation and (3) unanticipated events that inevitably delay progress in cross-cultural field research.

We concluded that key learnings were around the conditions for an action research process using network mapping when difficult discussions are required to deal with issues that are “put on the table”. These conditions were the following:

- the capacity and motivation of staff to engage in partnership
- the availability of processes to promote partnership problem solving
- having problem solving processes for robust discussions that go further than just the problem identification stage. This requires considerable resources, time and a flexible approach.

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Presenter

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