

# What can TA learn from stories

Using narrative methodology to assess the functioning of the hospital



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Using narrative methodology to assess the functioning of the hospital

# Hospital – a complex socio-technical system



# Hospital – political-administrative context

- Regulated competition in health care
- Quality and safety on the political agenda
  - Incidents
  - Information and transparency of quality and safety
  - Reducing costs (practice variation, centralisation, wastage)
- Changing position of the patient: patient centred care

# Hospital – the position of the patient

- Patients rights safeguarded in Dutch law
  - Informed consent
  - Official complaint procedure
  - Client councils
  - Laws that regulate clients' rights in health care
- Patient as important actor in guarding quality and safety
  - Guideline development
  - Client councils
  - Informed choice of care-providers

# Hospital – mapping quality and safety

- Performance indicators
- Consumer quality indexes
- Rankings in the media
- Quality labels
- Consumer evaluations

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 KiesBeter.nl is de weg naar de zorg

Ziekenhuizen - Academisch Medisch Centrum (AMC)

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 Coördinatie: Academisch Medisch Centrum

Legenda:  
 Sterker dan gemiddeld  
 Gemiddeld  
 Beter dan gemiddeld

49. Vertelden artsen of verpleegkundigen u vooraf wat een behandeling, onderzoek of ingreep precies inhoudt?  
 Nooit  
 Soms  
 Meestal  
 Altijd

50. Vertelden artsen of verpleegkundigen u op een begrijpelijke manier over de eventuele bijwerkingen of gevolgen van de behandeling, onderzoek of ingreep?  
 Nooit  
 Soms  
 Meestal  
 Altijd

51. Had u pijn tijdens uw ziekenhuisopname?  
 Nee → Ga door naar vraag 55  
 Ja

**Zorgkaart Nederland**

Zoek, vind & bewaart TOEGANG tot zorgverleners

Zorgkaart Nederland

Beoordeling: 5.0

Deel dit profiel met anderen

Beoordeling 1 oktober 2012: 8.0

Beoordeling 11 april 2012: 4.0

Beoordeling 10 maart 2012: 4.0



	Smileys door K&Z	Bronzen Smiley	Zilveren Smiley	Gouden Smiley
Kindersafdeling	0	0	0	1
Dagbehandeling	0	0	0	1

drugs kennis  
 veranderend  
 delevat  
 technology

# Limitations

- Limited usefulness of quality information to patients
- Limited voice of individual patients
- Quantitate, fragmented and general information
- Delay in availability of results
  
- Presumes active, informed, critical, autonomous patient
- Lack of support for patients to exercise new role

# Narrative methodology – aim

- Using stories to gain
  - access to experiences in hospitals as techno-social systems
- in order to gain insight in
  - Patient perspectives on positive & problematic situations
- Insight into quality & safety from a patients perspectives
- Insight into the feasibility of the new role of patients
- Can technology support patients in this new role?
- Development of new methodology for TA



# Narrative methodology – method

- Website to collect patients narratives with hospital care
- Storyline analysis
- Thematic analysis
- Interviews with stakeholders
- Workshops with professionals and policymakers

# Core idea

- **Stories** give access to personal experiences
- **Stories** are situated and contextual
- **Stories** connect events into a meaningful whole
- **Stories** structure experiences via the narrative logic
  
- **Narrative logic** contextualizes
- **Narrative logic** helps to explicate the implicit
- **Narrative logic** gives sense to events (or not)
  
- **Stories** help to gain insight in the reflected experience

# Collecting stories– engaging patients

## Ambassadeurs

**Jen Klein**  
 Prof. Dr. Jen Klein (18 Management Secoord) Fetsenvelgheid van f anwethenoloog in het

**Catja Platenkamp**  
 Coörd. Stabokano (17 verschiende HBO's v publiekheid met een leed- en vactiteit ers vna patientenwetenbeter gebruikt daartoe een

**Antonette Vrieth**  
 Dr. Ir. Antonette Vrieth heeft openlijk Zij is i lange POG kamers in bij van de Tweede Ka van Twisidde van het 1 Toezichtvoeder in Zi

**Rob Duijck**  
 Rob Duijck (1955) is vordig-antenneg 16 veltigeconditiedover endensip van Amster Patent. Hij publiceert vree gezondheidszorg

**Lucien Engelen**  
 Lucien Engelen (1962) het dircchut van het d LMO St Radboud te h naar de zaagomtp in



**Patiënten Weten Beter**  
 Bent u in het ziekenhuis behandeld? Vertel uw verhaal  
 > [www.patiëntenwetenbeter.nl](http://www.patiëntenwetenbeter.nl)

UNIVERSITEIT TWENTE.  
 LevensverhalenLAB.

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 verand...  
 de...  
 technol...  
 Rathenau Instituut*



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 de...  
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# Collecting stories – setting up website



## VERHAAL

datum gepubliceerd 07 maart 2010 11:01

leestijd 07 maart 2010 11:01

titel

serie

verhaal

minimaal 200 woorden  
maximaal 2000 woorden

serie woorden

afzender

email

minimaal 200 tekens

\* Het is bij het plaatsen van een verhaal mogelijk om de afzender en email af te maken.

### EXTRA VRAGEN

Wat zijn de belangrijkste vragen die u wilt stellen in uw verhaal? Het is niet nodig om alle vragen te beantwoorden.

Hoe wilt u het verhaal verspreiden? (Kies de meest geschikte optie)

Wat is de naam van de organisatie waar u werkt? (Kies de meest geschikte optie)

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- Overig
- Overig
- Overig
- Overig

Wat is de naam van de organisatie waar u werkt? (Kies de meest geschikte optie)

- Overig
- Overig
- Overig

# Storyline analysis - Method

- Story → Exnovate → Storyline → Plot (pattern)

- Storyline:

Burke's dramatic pentad:

1. Setting
2. Characters
3. Acts/events
4. Means/helpers
5. Goals/results

**-> Trouble**

(Burke 1959; Bruner, 1990, 1986; Sools, 2010)

# Storyline analysis - Plot types

- 9 types of patient centred care:
  - The patient who wants to be involved as co-professional
  - The patient as obliged guard of good care
  - The 'but I feel something is wrong' patient
  - The patient who expects something extra of care
  - The medically clueless patient who wants to be informed
  - The patient experiences despair and existential insecurity as a consequence of disease and wants help and support
  - The patient who prepared for the worse
  - The patient becomes a victim of care
  - The patient as informer on cost efficiency

# Thematic analysis - Method

- Based on 50 stories
- Iterative process
- Intercoder reliability
- Saturation

# Thematic analysis – Preliminary results

Right after breakfast they came to draw my blood. 'Weren't you told to fast?', they asked me. Nobody told me. **So I had to stay an extra day at the hospital.** Next morning a nurse came to give me my medications. I said: 'I cannot take them because I have to fast for blood testing'. 'You shouldn't be so stubborn', she told me. I asked her to take it up with her supervisor, which she did and it turned out I was right.

<b>Quality and safety</b>	Professional quality & expertise	Communication & contact	Accessibility	Information	System (ea.. collaboration, efficiency, setting)
<b>Patient centred care</b>	Characterization and behaviour of patient	Characterization and behaviour of healthcare professional	Organisation of care	Aspects of the situation	



# Results - Preliminary

- 'Patient stories gives insight into experiences
- Systematic listening provides:
  - useful 'soft signals' on quality and safety
  - useful 'soft signals' on information & communication
- Patient stories confirm:
  - Plurality in patient perspectives
  - Don't build a socio-technical system' for 'the' autonomous reasonable well educated patient

# Continuation

- Wrapping up analysis
- Developing recommendations
- Interviews stakeholders
- Workshops
  
- Policy brief & rapport
- Manifest & media coverage
- Method development

# Reflection on narrative methodology

- Useful for collecting 'soft signals'
- Limited insight into use of technology for supporting patient role
- Needs to be developed further



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