Patient involvement in healthcare projects: A mixed method study on the perspectives of project staff in Western Australian (WA) public hospitals and health services

Melanie Wright

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Publication Details
Wright, M. (2019). Patient involvement in healthcare projects: A mixed method study on the perspectives of project staff in Western Australian (WA) public hospitals and health services (Master of Philosophy (School of Nursing)). University of Notre Dame Australia. https://researchonline.nd.edu.au/theses/228

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PATIENT INVOLVEMENT IN HEALTHCARE PROJECTS: A MIXED METHOD
STUDY ON THE PERSPECTIVES OF PROJECT STAFF IN WESTERN
AUSTRALIAN (WA) PUBLIC HOSPITALS AND HEALTH SERVICES

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Student number 20163310

A thesis submitted in fulfilment of the requirements for the degree of

Master of Philosophy (Nursing)

School of Nursing & Midwifery

Fremantle Campus

June 2019
This thesis is the candidate's own work and contains no material which has been accepted for the award of any degree or diploma in any other institution.

To the best of the candidate's knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signature:

Print Name: Melanie Wright

Date: 23/06/2019
ABSTRACT

Background: the benefits of patient involvement in clinical care and research is well described in the literature; but there is little evidence to suggest that involving patients in the planning and delivery of healthcare projects is beneficial to the outcomes of the project.

Purpose: this study explores the perspectives of staff who were specifically employed to lead and manage healthcare projects in Western Australian (WA) public hospitals and health services, regarding patient involvement in their projects and the perceived benefits and barriers of this involvement.

Study design: the study was designed using a sequential mixed method approach in three phases: Phase 1 was the quantitative phase which comprised a survey; Phase 2 was the qualitative phase using a semi-structured focus group; and Phase 3 was the data synthesis phase where data from previous phases were reviewed and analysed to check for convergence or divergence.

Methods: an internet-based questionnaire was distributed via email to project staff working in five public health services in Western Australia (n=100). Themes were generated which formed the questions for the focus group discussion (n=10).

Results: Thirty project staff participated in the questionnaire (n=30) and four project staff attended the focus group (n=4). Project staff perceived that patients do add value to healthcare projects; although, the findings indicate that they were not involving patients in all projects and there is no guiding framework for practice. The level of the project staff in the organisation, based on position title, had an association as to whether they involved patient in their projects or not (n=27; p=0.046); and consequently the number of patients that were involved (n=18; p=0.035).
There was also an association found between Six-Sigma qualified project staff and patient involvement (100%), as well as project staff who used Six-Sigma methodology in their projects ($n=27$, $p=0.026$).

Staff described the benefits and barriers of patient involvement, and although they were confident to involve patients, they lacked the skills and training required and some described a level of fear and anxiety with this approach. Staff also described a genuine intent to measure and evaluate patient involvement in their projects but lacked the reporting tools required to facilitate this.

**Conclusion:** for health service providers to optimise and manage genuine patient involvement in healthcare projects, they need to invest in staff and patient training, and develop associated policies, frameworks, evaluation tools and reporting mechanisms that are embedded into the organisational culture. There is currently a gap between organisational intent to actively involve patients in healthcare projects and translation of this into practice at a meaningful level.

**Key words:** mixed methods; patient involvement; staff perspectives; healthcare; healthcare projects.
ACKNOWLEDGEMENTS

The researcher would like to acknowledge and thank the Australian Government Research Training Program for their financial support to conduct this research, without which it would not have been possible to complete.

Heartfelt thanks go to all the wonderful people who supported me in my research project and learning journey. To my wonderful family and friends, especially my husband and daughter, who I draw continuous strength and inspiration from and who provided endless cups of tea and words of encouragement.

All staff at The University of Notre Dame, Fremantle campus, and especially my fantastic supervisors who each provided insights from different backgrounds and perspectives but complemented each other so well. Associate Professor Karen Clark-Burg and Professor Jim Codde took over my supervision at short notice when I needed support and I will be forever thankful to them. A leading light for me at the university is Associate Professor Caroline Bulsara who supported me in so many ways throughout my project, and without whom I would have given up very early on in my research journey.

My amazing work colleagues: SMHS Chief Executive Paul Forden; Executive Director Transformation Geraldine Carlton; the amazing project staff from across WA Health who took time out of their busy day to provide their perspectives and thoughts; and the SMHS Research Ethics and Governance team who coached me through the new online Research Governance Service (RGS) application system and approvals processes.

I feel very lucky to have had such a wonderful network of people around me who believe in me and have provided such strength and support during a very exciting and at times frustrating and emotional journey. I have learnt so much from everyone involved and again I thank you all.
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<table>
<thead>
<tr>
<th>Abbreviation/term</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>ACSQHC</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
</tr>
<tr>
<td>CAC</td>
<td>Consumer Advisory Committee / Council</td>
</tr>
<tr>
<td>CAHS</td>
<td>Child and Adolescent Health Service</td>
</tr>
<tr>
<td>CSR</td>
<td>Clinical Service Redesign - a project improvement methodology which utilises DMAIC methodology</td>
</tr>
<tr>
<td>DMAIC</td>
<td>Define, Measure, Analyse, Improve, Control methodology used in CSR projects</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>EMHS</td>
<td>East Metropolitan Health Service</td>
</tr>
<tr>
<td>GEKO</td>
<td>Governance, Evidence, Knowledge, Outcomes. This software is used to record and manage local Quality Improvement projects within WA Health services</td>
</tr>
<tr>
<td>LEAN</td>
<td>A project improvement methodology to maximise customer value while minimising waste</td>
</tr>
<tr>
<td>HSP</td>
<td>Health Service Provider</td>
</tr>
<tr>
<td>MSIP</td>
<td>Medical Service Improvement Program</td>
</tr>
<tr>
<td>n=</td>
<td>Sample size – number of project staff within this study</td>
</tr>
<tr>
<td>N=</td>
<td>Population size - number of project staff in WA Health</td>
</tr>
<tr>
<td>NMHS</td>
<td>North Metropolitan Health Service</td>
</tr>
<tr>
<td>NSQHSS</td>
<td>National Safety &amp; Quality Health Service Standards</td>
</tr>
<tr>
<td>SIX-SIGMA</td>
<td>A statistical project improvement methodology to reduce variation</td>
</tr>
<tr>
<td>SMHS</td>
<td>South Metropolitan Health Service</td>
</tr>
<tr>
<td>p value</td>
<td>Mathematical probabilities of statistical significance</td>
</tr>
<tr>
<td>PDSA</td>
<td>Plan-Do-Study-Act: a preferred model used to manage Quality Improvement projects</td>
</tr>
<tr>
<td>PMBOK</td>
<td>Project Management Body of Knowledge which is a project management methodology</td>
</tr>
<tr>
<td>PMP</td>
<td>Project Management Professional</td>
</tr>
<tr>
<td>PPI</td>
<td>Patient and Public Involvement</td>
</tr>
<tr>
<td>PRINCE2®</td>
<td>DoH chosen methodology for project management – means Projects IN Controlled Environments; version 2</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>RGS</td>
<td>Research Governance Service system – internet-based Department of Health system for all research applications</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>WA</td>
<td>Western Australia</td>
</tr>
<tr>
<td>WACHS</td>
<td>Western Australia Country Health Service</td>
</tr>
<tr>
<td>WA Health</td>
<td>Western Australia public health service</td>
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