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Learning and development needs for successful staff and consumer partnerships on committees

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Acknowledgement of Country

Metro South Health recognises and pays respect to the traditional custodians of the land and waters — the Yugambeh, Quandamooka, Jaggera, Ugarapul, Turrbal and Mununjali peoples — and to Elders, past, present and emerging.

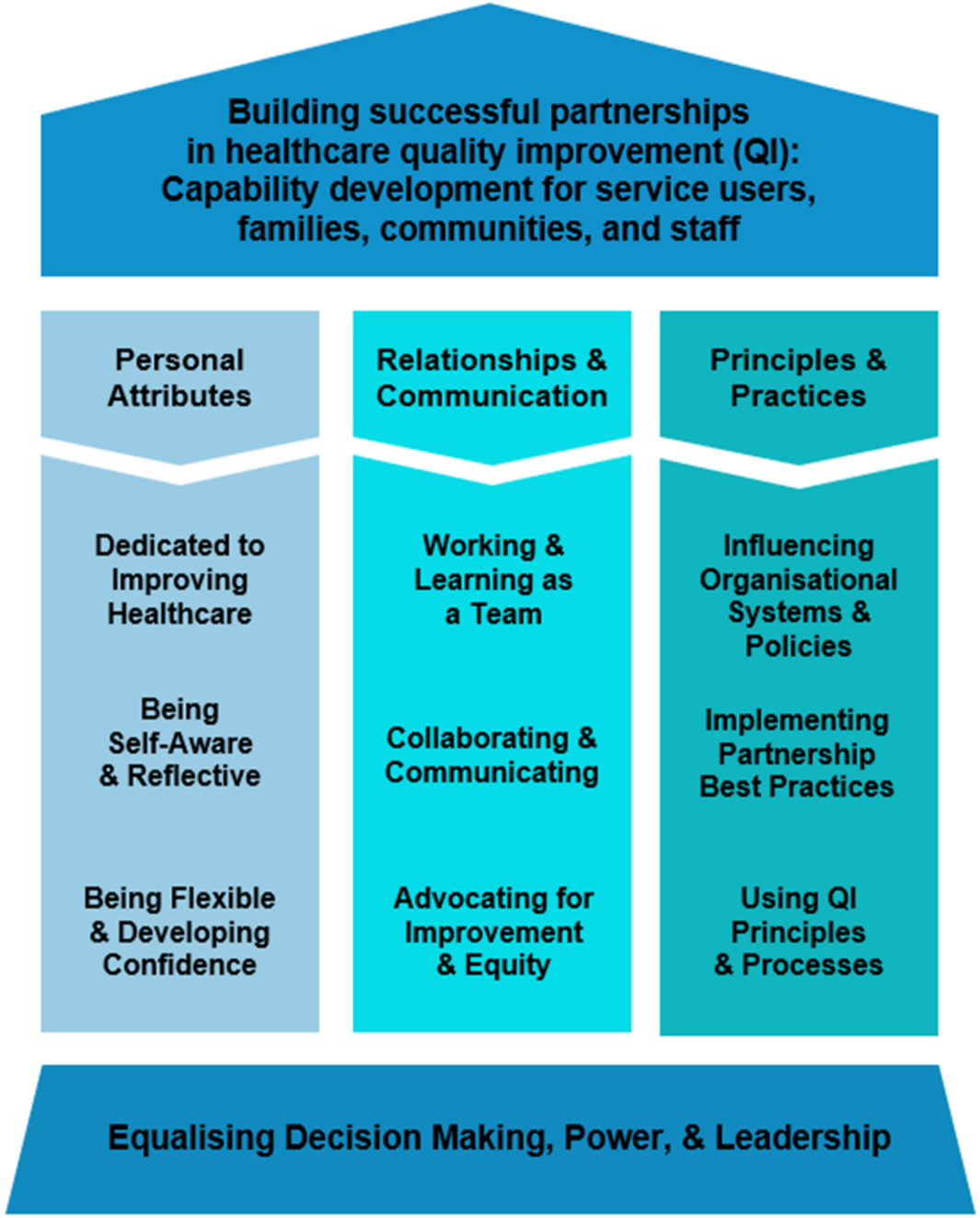
Artist | Kylie Hill

Why this research?

- Staff & consumer partnerships:
  - Ethically the right thing to do
  - Accreditation requirement
  - HHS strategic priority
- Capabilities important for successful partnerships
- Learning and development needs analysis
  - Informs design of education & development programs

Capability development framework

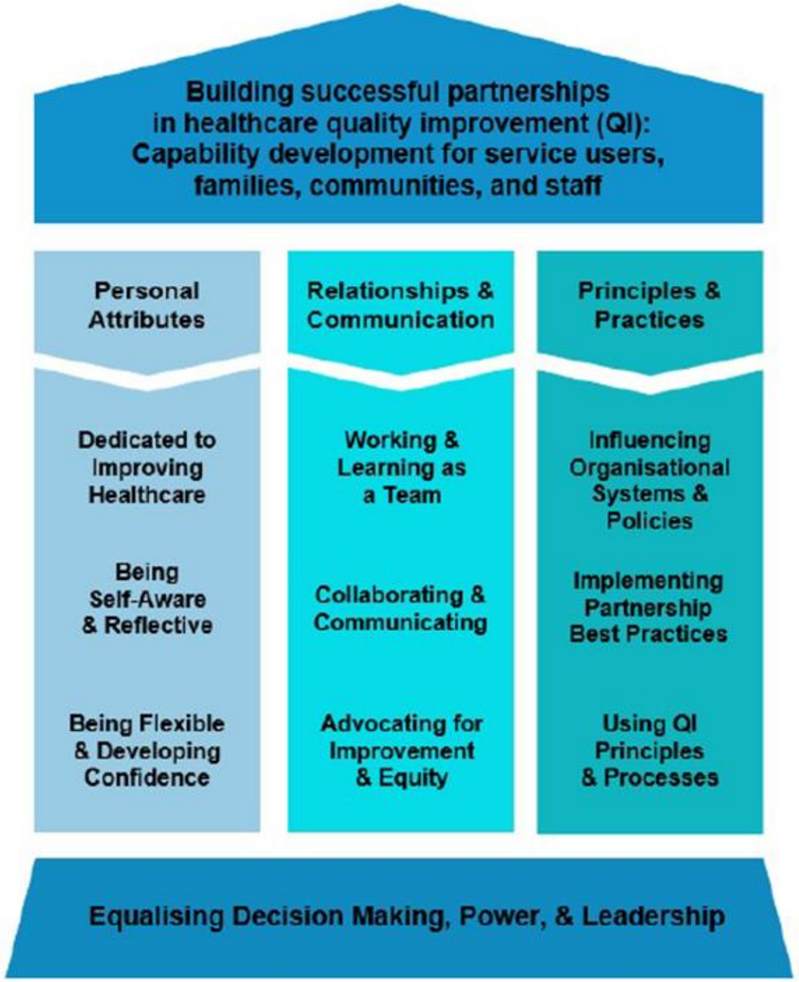
- Co-produced from a scoping literature review
- International eDelphi study



Building successful partnerships in healthcare quality improvement: A capability development framework for service users, families, communities, and staff

Purpose:

1. **To describe the key capabilities needed for building successful partnerships in healthcare quality improvement; and**
2. **To promote reflection, growth, learning and development regarding these capabilities at individual, team, and organisational levels**



Key principles:

- Everyone is on a learning journey and this framework intends to support life-long learning and development for all partners. It is not intended to imply that all partners will begin with all capabilities.
- Successful partnerships happen in organisational and social contexts, and it is essential that everyone feels welcomed, empowered, responsible, trusted, and accountable.
- Capabilities include knowledge, skills, attitudes, and values which influence behaviour and go beyond competence to include a focus on personal growth and adaptation to change.
- Organisational leaders have a key role in fostering, resourcing, and promoting a supportive, respectful culture for successful partnerships
- Partnerships must occur with diverse individuals and communities across the lifespan including Australian Aboriginal and Torres Strait Islander peoples, and other indigenous peoples internationally; people with a disability; people who identify as LGBTIQ+; people from culturally and linguistically diverse backgrounds; people from rural and remote areas; and all people who experience health inequities.
- Knowledge and understanding of the history of colonisation and the current impact on indigenous peoples lays a foundation for moving forward.
- Service users, patients, consumers, citizens, family members, carers, friends, community, clinical and non-clinical health service staff, and consumer organisation staff, volunteers and consumer advisors are all a focus for this framework. It is also inclusive of current, past, or potential users of health services.
- There is no "one size fits all" method of successful engagement. Appropriate strategies will depend on many factors including improvement goals and available resources.

Cox, R, Kendall, M, Molineux, M, Miller, E, Tanner, B. Refining a capability development framework for building successful consumer and staff partnerships in healthcare quality improvement: a coproduced eDelphi study. *Health Expect*. 2022; 25: 1563 - 1579. https://onlinelibrary.wiley.com/doi/full/10.1111/hex.13499

Building successful partnerships in healthcare quality improvement:
A capability development framework for service users, families, communities, and staff

Capability Domains	Capabilities	Descriptions
Personal Attributes	**1. Dedicated to improving healthcare**	a) Motivated to improve person centred care and health outcomes b) Demonstrates meaningful commitment
	2. Being self-aware and reflective	a) Open to engaging in self-reflection to contribute to achieving positive change b) Adapts own behaviour to ensure the inclusion of others
	3. Being flexible and developing confidence	a) Builds confidence to actively engage in inclusive, respectful, and meaningful dialogue b) Adapts to unfamiliar and evolving situations
Relationships and Communication	**4. Working and learning as a team**	a) Works as an effective and engaged member of a team b) Recognises the unique and valuable contributions of each team member c) Embraces learning together
	5. Collaborating and communicating	a) Works collaboratively including presenting an alternative position but respecting group decisions b) Demonstrates conflict resolution and negotiation skills c) Builds respectful, constructive, and reciprocal relationships that recognise diverse viewpoints
	6. Advocating for improvement and equity	a) Influences change to build and promote partnerships in service improvement b) Prioritises finding ways to engage populations who experience health inequities c) Links with diverse networks to share successes and learnings
Principles and Practices	**7. Influencing organisational systems and policies**	a) Contributes to innovation in implementation and development of organisational priorities, governance, policies, and resources b) Contributes to the development of person centred, creative, and sustainable solutions c) Seeks to improve health literacy at the individual, organisational, and community levels
	8. Implementing partnership best practices	a) Commits to the inherent value of partnerships b) Tailors partnership approaches to the needs of those involved and the improvement context c) Appropriately conveys own experiences to enable positive change d) Facilitates teaching and learning including mentoring/coaching e) Provides ongoing support and feedback to all partners
	9. Using quality improvement principles and processes	a) Contributes to implementation of contemporary quality improvement processes across service planning, design, delivery and/or evaluation *(Higher priority for healthcare staff)*
	10. Equalising *Decision Making, Power and Leadership – Across all Domains* a) Commits to equalising power differences b) Engages in shared and inclusive decision making c) Supports service user leadership development initiatives	

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Study aim

- To conduct a **learning and development needs analysis** of **quality improvement partnership capabilities** for staff and consumers on partnership committees at a large metropolitan hospital and health service in Australia

+ other partnership committees

NSQHS STANDARDS

10 minute anonymous online survey – mid 2022

Three sections:

- Background information
- Learning and development needs analysis
  - 10 capabilities: *importance and performance ratings*
- Preferred learning and development formats & methods

Survey tool

- Self-rating on 7 point scale
- Level of capability **importance**
- Level of capability **performance**

Learning and development need =

Importance score – performance score

Results - respondents

- 199 members; 41 committees
- 174 staff; 25 consumers
- Response rate 35.38%
- Average years of partnership committee experience
  - staff 6.48 years (SD=6.69; range <1-40)
  - Consumers 6.2 years (SD=5.53; range 1-20)
- Average number of partnership committees
  - staff 1.83 (SD=1.21; range 1-8)
  - consumers 2.12 (SD=1.34; range 1–5)

Results - respondents

- 44% consumers woman
  - 75.29% staff woman; 1.15% other identity
- Diverse consumer characteristics
  - English not spoken at home (20%)
  - Person with disability (20%)
  - Older person (48%)
- Staff less diverse

Results

- All capabilities rated as important (M 6.53/1; SD 0.90)
- L&D need identified for all capabilities ($p<0.01$)
- **No statistically significant differences between consumer & staff ratings**
  - importance or performance ratings
  - L&D needs
  - L&D approaches & methods
- **No statistically significant correlations between years of partnership experience & any ratings**

L&D Need 1: Influencing organisational systems & policies

(M= -0.96; SD= 1.23)

- Innovation in implementation & development of organisational priorities, governance, policies, & resources
- Development of person centred, creative, & sustainable solutions
- Improving health literacy at individual, organisational, & community levels

L&D Need 2: Equalising Decision Making, Power, & Leadership

(M= -0.91; SD= 1.22)

- Commits to equalising power differences
- Engages in shared & inclusive decision making
- Supports service user leadership development initiatives

L&D Need 3: Implementing partnership best practices

(M= -0.89; SD= 1.22)

- Commits to inherent value of partnerships
- Tailors partnership approaches to needs of those involved & improvement context
- Appropriately conveys own experiences to enable positive change
- Facilitates teaching & learning including mentoring / coaching
- Provides ongoing support & feedback to all partners

What does this mean?

What does this mean?

- Capability development framework further validated
- All capabilities important
- Co-learning justified
- Ongoing learning needed – not just orientation

What does this mean?

- Feedback needed about how partnerships made a difference
- Exposure to, & learning about innovative partnership strategies needed
- Focus on how to share power & leadership

L&D preferences – ranked order

Approaches or formats	Preference ratings M (SD)
Combination of approaches	5.99 (1.17)
Learning through experience	5.52 (1.24)
Coaching or mentoring	5.35 (1.44)
Workshop or training session(s)	5.34 (1.50)
Observation-high performing partnerships	5.12 (1.42)
Community of practice	5.01 (1.47)
Self-reflection	4.54 (1.58)

L&D preferences – ranked order

Media or method	Preference ratings M (SD)
Face to face	5.66 (1.45)
Videoconference	5.10 (1.33)
Written materials	4.82 (1.50)
Email	3.95 (1.66)
Online forums, chats, blogs	3.94 (1.68)
Telephone / teleconference	3.54 (1.69)

What does this mean?

What does this mean?

- Reduce reliance on workshops & online learning
- Use combination of approaches
- Consider coaching/mentoring
- F2F & videoconference preferred

Self–reflection

- Least preferred
- BUT essential for power sharing, learning by experience & coaching/mentoring

Limitations

- A survey, not in-depth
- Self awareness assumed
- Respondent diversity gaps - First Nations, rural and remote, gender diverse, staff with a disability, young people
- Respondents may not be representative

Relevant publications

- Cox, R., Kendall., M., Melissa, Molineux., M, Tanner, B., Miller, E. (2023) Learning and development needs for successful staff and consumer partnerships on healthcare quality improvement committees: a co-produced cross-sectional online survey. *Australian Health Review, 47,* 418-426. https://doi.org/10.1071/AH22266

- Cox, R., Kendall, M., Molineux, M., Miller, E., & Tanner, B. (2022). Refining a capability development framework for building successful consumer and staff partnerships in healthcare quality improvement: a coproduced eDelphi study. *Health Expectations, 25(4),* 1563-1579. https://doi.org/10.1111/hex.13499

- Cox, R., Molineux, M., Kendall, M., Tanner, B., & Miller, E. (2022). Co-produced capability framework for successful patient and staff partnerships in healthcare quality improvement: results of a scoping review. *BMJ Quality & Safety, 31(2),* 134-146. https://doi.org/10.1136/bmjqs-2020-012729

- Cox, R., Molineux, M., Kendall, E., Tanner, B., & Miller, E. (2023). 'Learning and growing together': exploring consumer partnerships in a PhD, an ethnographic study. Research Involvement and Engagement, 9, 8. https://doi.org/10.1186/s40900-023-00417-6

- Cox, R., Molineux, M., Kendall, M., Miller, E., & Tanner, B. (2022). Different in so many ways: exploring consumer, health service staff, and academic partnerships in a Research Advisory Group through rapid ethnography. *Australian Occupational Therapy Journal, 69(6),* 676-688. https://doi.org/10.1111/1440-1630.12830

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