

# Challenges in stakeholders participation in research

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# Outline

- ▶ Why including them ?
  - A few thoughts
- ▶ Methodological difficulties
  - A current research as an example
  - Who are the relevant stakeholders ?
  - How to select a representative sample of them ?
  - How to collect their opinions, advices ?
  - How to reach consensus in face of conflicting advices arising from different groups of stakeholders ?

# Why involving stakeholders ?

- ▶ Ethical reasons : how to conduct research without implying those who
  - Should benefit from the intervention
  - Could lose something due to it
  - Will have to pay for it
- ▶ Pragmatic reasons
  - Implying also those who may promote its large scale implementation in the future
  - // participatory ergonomics

# Why involving stakeholders ?

- ▶ Three possible levels of involvement
  - Selective and informal contacts in order to
    - fine tune needs assessment, better identify the problem, the possible solutions
    - find the most appropriate application setting
    - increase the probability of being funded
    - .....
  - Formal information exchange during a research program for sake of...
  - Formal participation  
when the research aims at changing organisation, procedures, currently used by those stakeholders

# The research project

- ▶ Context : A more active policy of return to work for workers on long term sickness absence requires more interprofessional cooperation and better communication
- ▶ Study objective : How to promote, at a system level (country), a better collaboration and communication between GPs, OPs, and social insurance physicians (SIPs) ?
- ▶ *Study supported by the Belgian Federal Public Service for Employment, Labour and Social dialogue*

# A multidisciplinary research team

Family Medicine Department  
University of Liège  
Pr. M. Vanmeerbeek  
Dr. Ph. Denoël



Occupational, Environmental and  
Insurance Medicine Department  
Catholic University Leuven  
Pr. P. Donceel  
C. Tiedtke

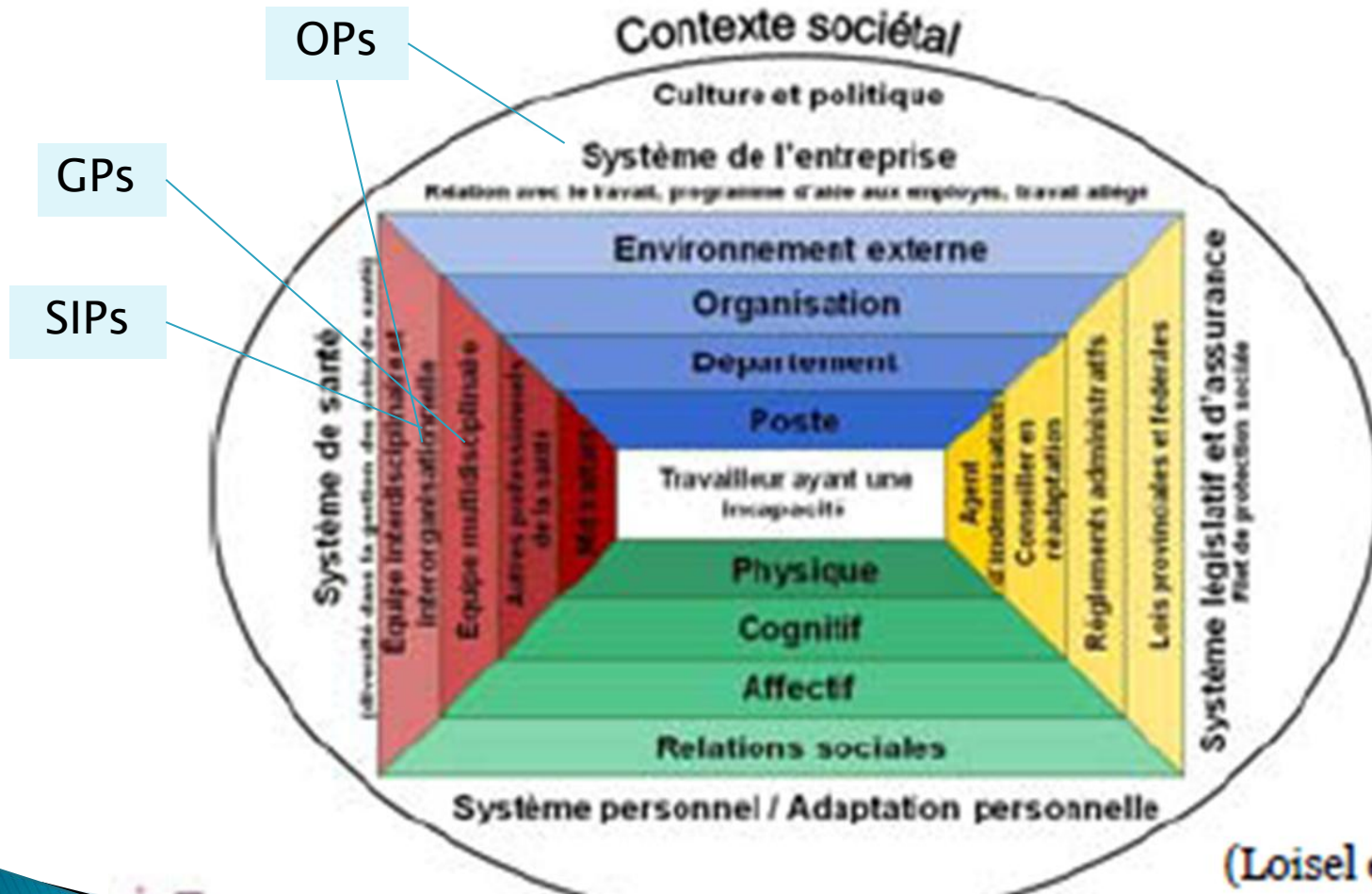


Occupational Health and Health  
Education  
University of Liège  
Pr. Ph. Mairiaux  
N. Schippers



Dr K. Mortelmans

# Which stakeholders ?





# Who are the project stakeholders ?

- ▶ Obviously general practitioners, occupational health physicians, social insurance physicians
- ▶ But also ....
  - Users ....patients' associations
  - Public authorities (if regulations changes considered)
  - Employers and trade unions (if labour regulations changes considered)



# How to select the ‘appropriate’ stakeholders ?

- ▶ Distinction to be made between
  - Active practitioners in the various professional groups
  - Official representatives from these groups
- ▶ Two-phases study
  - Phase 1 (2010–11) : collecting opinions and proposals at the practitioners (GPs, OPs, SIPs) level
  - Phase 2 (2012) : selecting representatives from the various groups of stakeholders to examine and validate proposals drawn from phase 1

# Study methodology – phase 1

- ▶ Qualitative design involving
  - Collecting perceptions, opinions and proposals for improvement *separately in each professional group* using the “nominal group” technique ;
  - Analysing and interpreting the data collected with the help of a review committee including experts from the three physician populations (GPs, OPs, SIPs)
- ▶ Study conducted between June 2010 and March 2011

# Participation to nominal groups meetings (n = 8)

	<b>French-speaking region</b>	<b>Dutch-speaking region</b>	<b>Total</b>
<b>General practitioners</b>	<b>Group 1 :</b> 13 participants	<b>Group 1:</b> 11 participants	42 GPs
	<b>Group 2 :</b> 7 participants	<b>Group 2:</b> 11 participants	
<b>Occupational Health physicians</b>	<b>Group 1 :</b> 9 participants	<b>Group 1</b> 7 participant	16 OPs
<b>Insurance physicians</b>	<b>Group 1</b> 9 participants	<b>Group 1</b> 7 participants	16 SIPs

# Example of NG results synthesis

Priority and popularity indices among GPs, OPs, SIPs

GP FR	GP NL	OP FR	OP NL	SIP FR	SIP NL
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## 2. Interprofessional collaboration

### 2.1 Need for concertation, shared decision-making

Indices / catégorie professionnelle / régime linguistique - Index / beroepscategorie / taalstelsel

*Indices / professional categories*

22,0%	49,5%	13,3%	10,4%	0,0%	1,9%
35,9%		12,0%		0,9%	

### 2.2 Need for information exchange

Indices / catégorie professionnelle / régime linguistique - Index / beroepscategorie / taalstelsel

*Indices / professional categories*

14,7%	15,7%	14,0%	18,0%	0,0%	27,1%
15,2%		15,8%		12,8%	

### 2.3 Physicians responsabilisation, sensibilisation

Indices / catégorie professionnelle / régime linguistique - Index / beroepscategorie / taalstelsel

*Indices / professional categories*

0,6%	0,3%	0,0%	0,0%	23,7%	0,0%
0,5%		0,0%		12,6%	

# Study methodology – Phase 2

- ▶ Consensus reaching methodology : Delphi survey
- ▶ Agreement scoring on Likert scale :  
fully agree, rather agree, rather disagree, fully disagree, being not concerned
- ▶ Open boxes to add comments, suggestions
- ▶ Consensus criterion :  $\geq 80\%$  (fully or rather agree )

# Study methodology – How to select the right stakeholders ?

- ▶ Comprehensiveness : not forgetting relevant groups !
  - Workers compensation companies
  - FPS Labour and Employment but also FPS Public Health
  - Sickness insurance administration
- ▶ Expertise and representativeness : ensuring a good balance between
  - Scientific associations / Professional groups trade unions
  - Politically oriented bodies, i.e socialist, christian-democrat, and liberal trade unions
  - The two cultural communities : Flemish- and French-speaking
- ▶ Topic oriented personal interest (already known or asked)

# Results (1<sup>st</sup> tour Delphi)

Invited : 70 / Accepted : 61 / Answered : 47 (77%)

	FR	NL	Total
	participant	participant	participant/invited
Family physicians (GP)	6	3	9/12
Occup. Health physicians (OP)	5	5	10/11
Insurance physicians (SIP)	3	6	9/9
Work compensation (WC)	1	1	2/2
Public authorities (PA)	5	3	8/11
Trade unions (TU)	3	1	4/5
Employers federations (EF)	2	1	3/6
Citizens patient (CP)	1	1	2/5
Total	26	21	47/61



# Results (1<sup>st</sup> tour Delphi)

## ► Consensus (80%>)

- questions Q1, Q2, Q10, Q12, Q13, Q14, Q15
- Great, but are we sure that each proposal may be validated as such ?

Example 1 : Q1

## ► No consensus

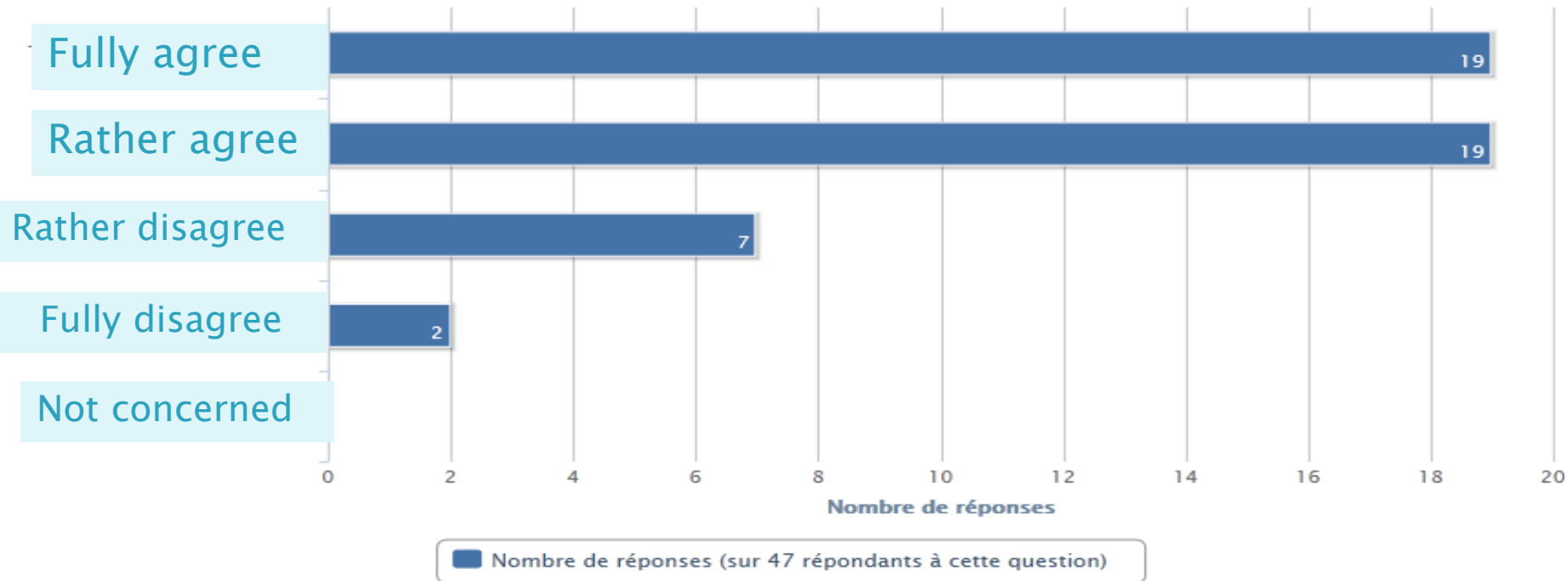
- questions Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q11
- How to take into account the voting profile and the comments made by the participants

Example 2 : Q8

# Q1 – Do you think that SIPs also should be allowed to ask for a visit by the OP during the sick leave period ?

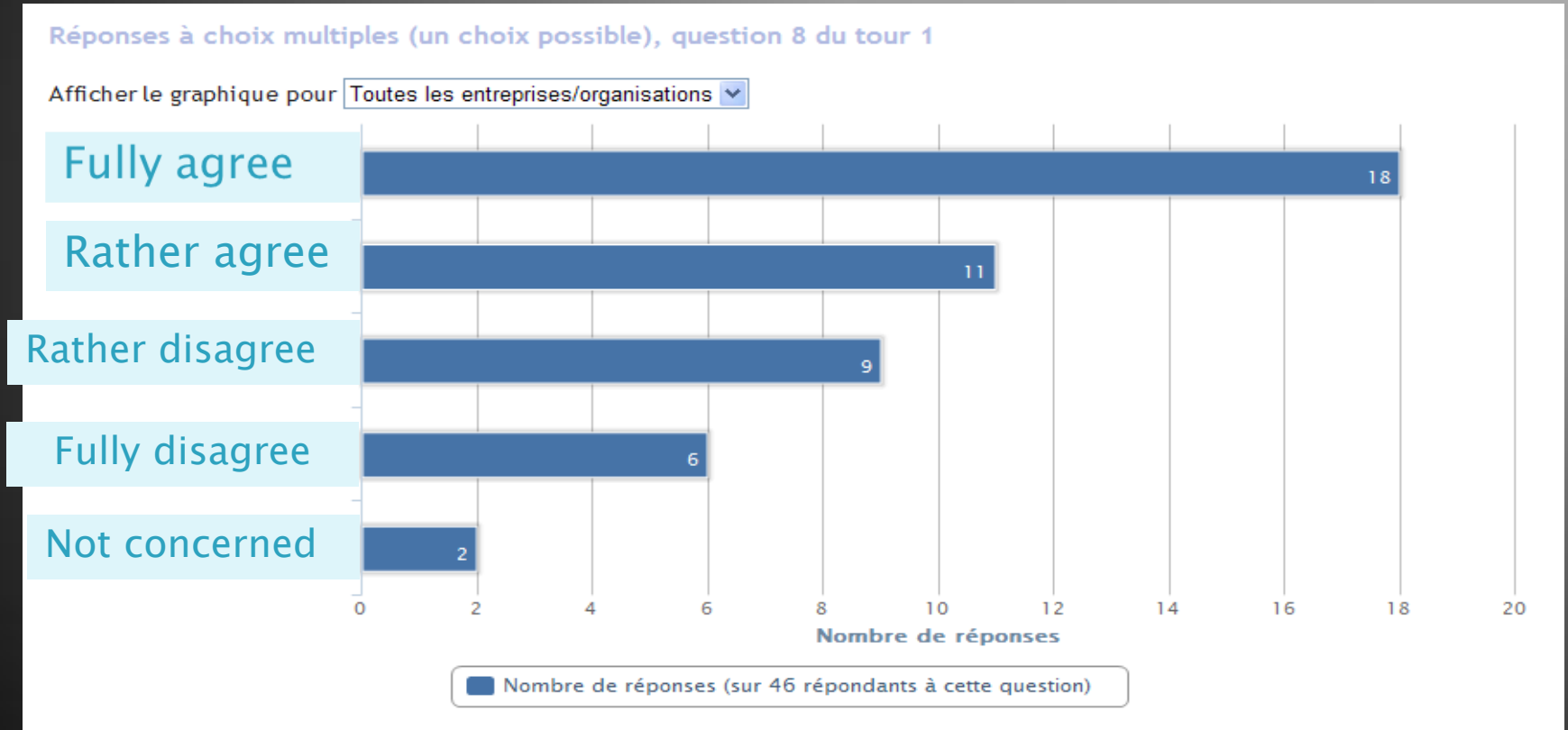
Réponses à choix multiples (un choix possible), question 1 du tour 1

Afficher le graphique pour Toutes les entreprises/organisations ▼



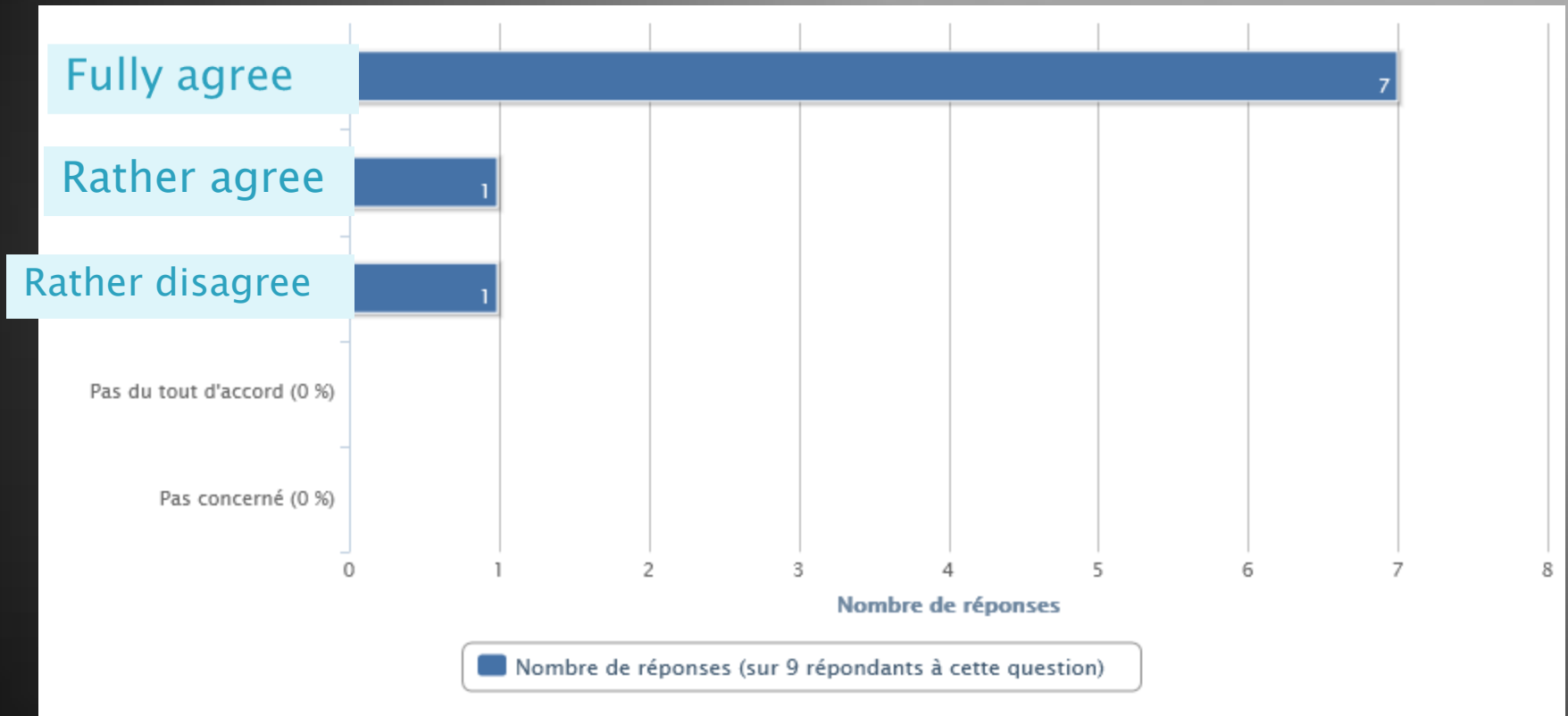
Only 9 against out of 47 ! 6 gave comments

# Q8 – Do you think that the OP should transmit the GP a summary description of the patient work activities ?



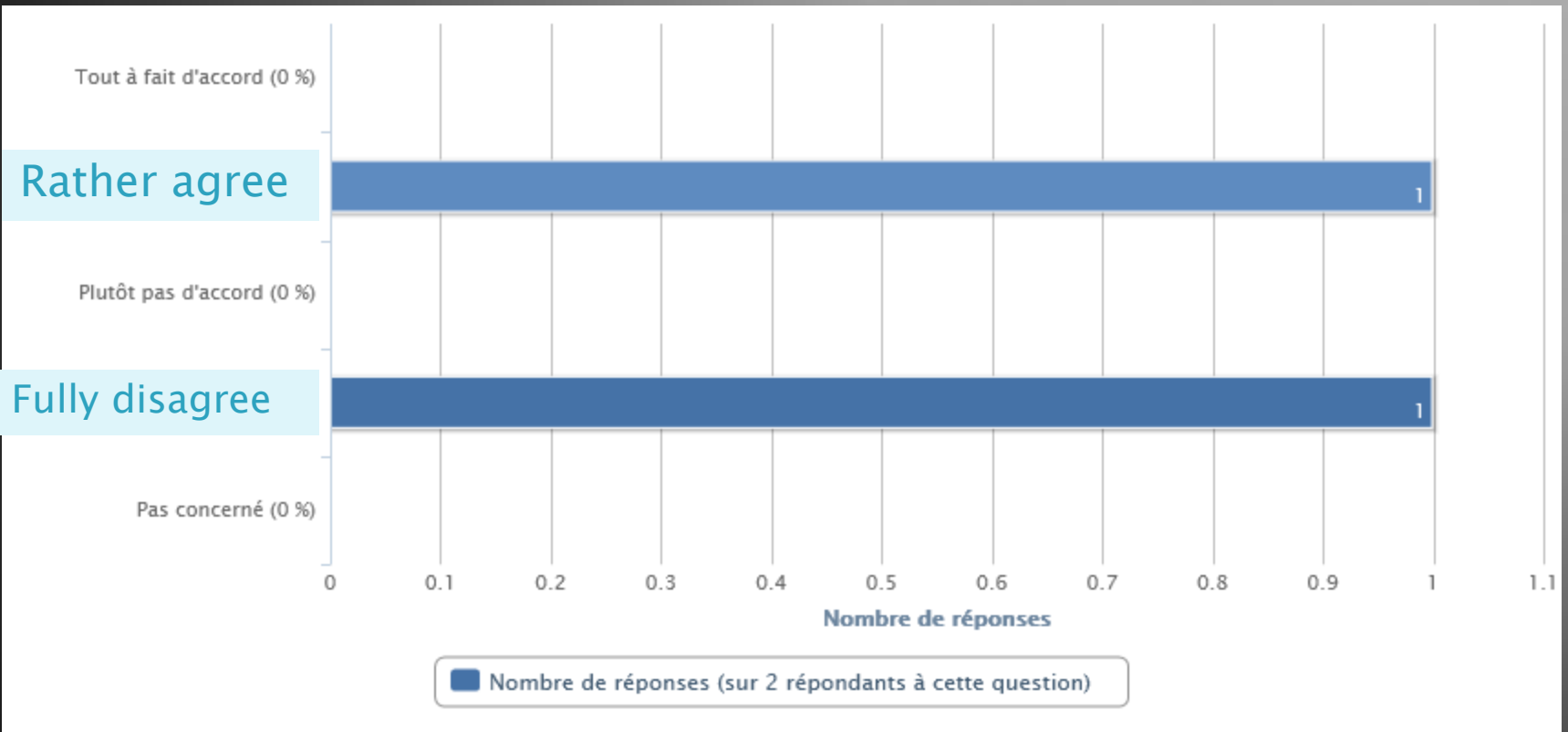
15 / 45 disagree ; 13 with comments

# Q8 – GPs votes



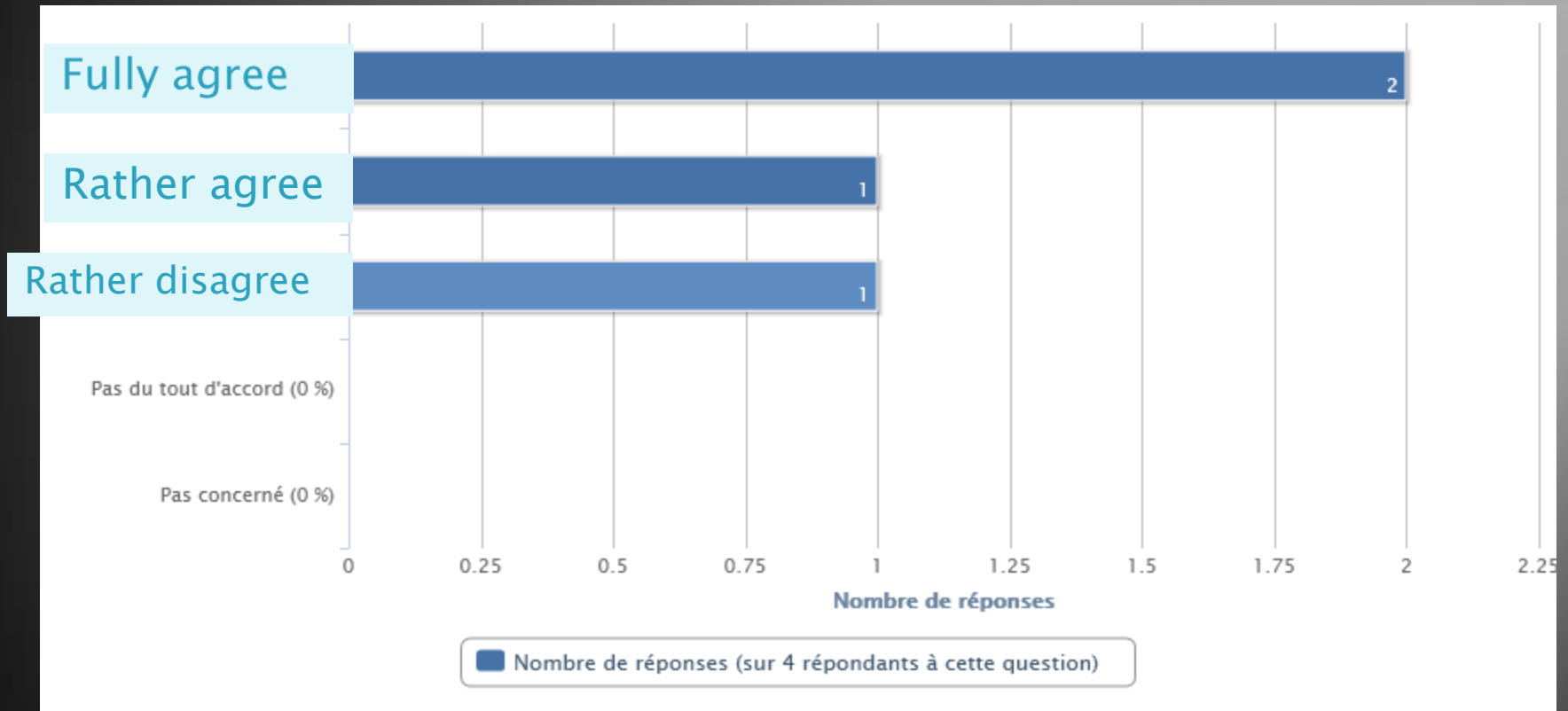
8 / 9 in favour

# Q8 : Patients associations votes



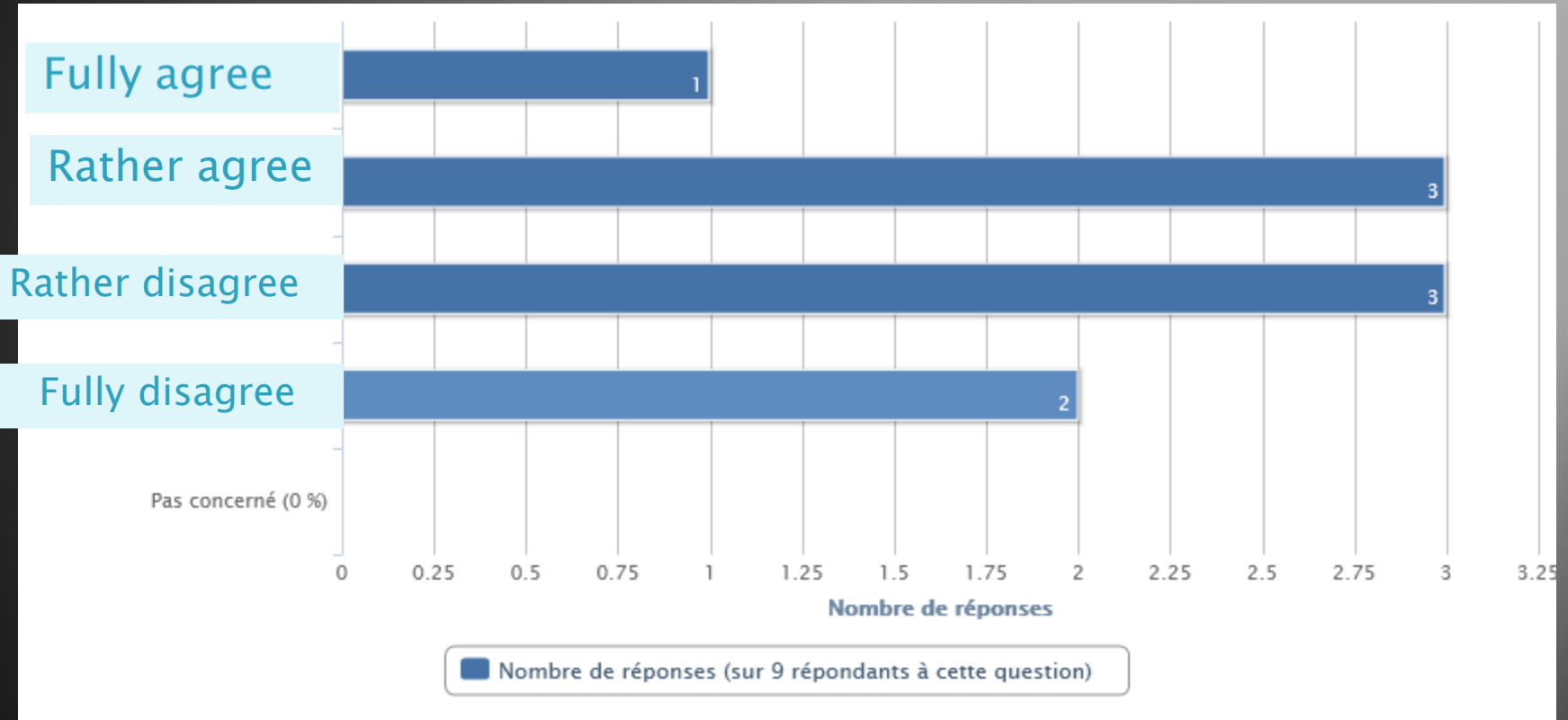
1 pro / 1 against

# Q8 – Trade unionists votes



3 pro / 1 against

# Q8 – OPs votes



4 pro / 5 against



## Q8 – Do you think that the OP should transmit the MG a summary description of the patient work activities ?

### ► Comments :

- Impossible, not realistic (3 OPs)
- Workload !! (2 OPs, 1 Employer, 1 public authorities)
- It's employer responsibility ! (2 OPs)
- Must remain based on informal contacts between OP and GP (1 OP)
- GPs not competent to use this info (1 OP)
- Ok but not on a systematic basis (1 WC, 1 public authorities, 1 GP)

# Involving stakeholders – what are the main challenges ?

- ▶ Finding people who are true representatives of a group, an association, an institution, and not speaking only for themselves
- ▶ Raising those people interest enough to ensure an effective participation
- ▶ Balancing the invited stakeholders between all the groups concerned by a given project
- ▶ Identifying the subtle factors concealed behind a “rather” agree or “rather” disagree vote
- ▶ Being creative to give ground to compromise solutions or solutions (yes ...if...)

Thank you for your  
attention !  
Merci pour votre attention!  
Dank u voor uw aandacht !



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