

Exploring senior management perspectives to improve Person-Centred Care implementation in Hearing Rehabilitation Organizations (HROs)

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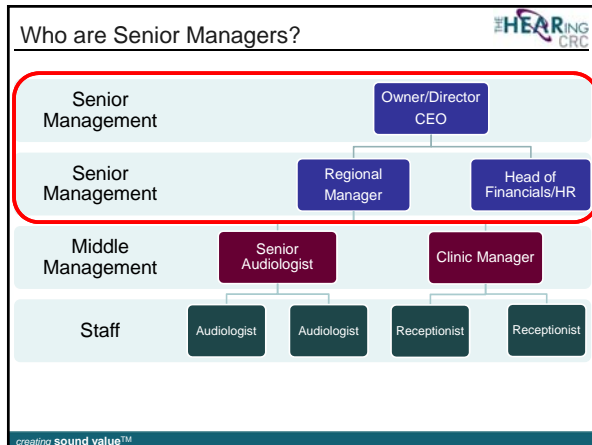
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Aims

Overall aim
To gain an in-depth understanding of the perspectives of senior managers of HROs to better implement PCC.

Sub-aims
To explore how senior managers of HROs:

- a) Define success
b) Evaluate success
- a) Evaluate PCC, and
b) Identify their facilitators and barriers to PCC evaluation



What is Hearing Rehabilitation Success?

What is success for patients?

- Reducing Hearing Disability^{17, 21}
- Rates of help-seeking, hearing aid adoption or device use^{4,17-18, 21-22}
- Benefit?¹⁷ Activity limitations? Impacts on others? Quality of Life?⁵ Self-Efficacy?

Could include all these aspects and more!

Success may differ for organizations:

- May look at additional or different Key Performance Indicators (KPIs)²⁶
- Research is not well established in this area

Why understand how senior managers define and evaluate success?

Person-Centred Care (PCC) can improve^{3,12,20,25-26}:

- patient satisfaction
- adherence to agreed treatment plans
- health outcomes
- organizational outcomes

Person-Centred Hearing Rehabilitation (PCHR)

- may share similar benefits¹²
- is not widely implemented^{8-10,13-15}

Senior managers

- Necessary for PCC uptake^{1,7,19,27}
- Little known within audiology

Aims: To more effectively implement PCHR, we need to understand how senior managers:

- Define Success
- Evaluate Success

<https://blog.kahnhhealth.com/wp-content/uploads/2014/06/5-16-11-access-enr1-1024x768.jpg>

Why understand how senior managers evaluate person-centered care?

Person-Centred Hearing Rehabilitation (PCHR) is not widely implemented^{8-10,13-15}

- We don't know **if** and **how** PCC evaluation is used in clinical audiology
- Tool needed for routine clinical audiology

The clinical evaluation of PCHR is necessary to influence change, by:^{1,7,19}

- understanding the quality of care being provided
- allowing for incentivization and accountability
- benchmarking clinician behaviours and organization practices

Senior managers are necessary for PCC uptake^{1,7,19,27}

BUT, we are trying to change clinical behaviours:²⁵

- Behaviour Change framework: COM-B²³⁻²⁴

Aims: To more effectively implement PCC, we need to understand:

- How senior managers evaluate PCC in current practice
- The identified facilitators and barriers to PCHR evaluation in the context of the COM-B framework

Method

Semi-structured 1:1 interviews


16 senior managers from 12 HROs

Purposive sampling^{5,30}

- All Australian States and Territories
- Different organisational sizes & types
 - Small, Medium, Large, Not-for-profit, University, Government
- Mixture of manager background (clinical & non-clinical)
 - 14 have clinical backgrounds (3 HAD)
 - 6 hold financial qualifications
- 56.3% female
- Collectively responsible for > 20% of Australia's clinicians

Analysis

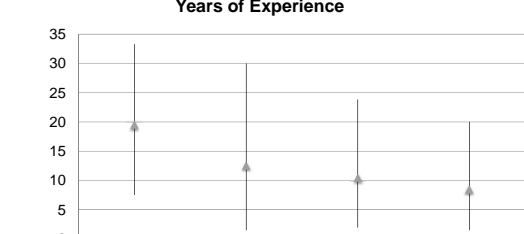
- Defining Success: Thematic Analysis²
- Evaluating Success: Content Analysis^{11,16}
- Evaluating PCC: COM-B via Framework Analysis²³⁻²⁴



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Results

Years of Experience




	... in Audiology	... in Senior management	... within the Organization	... in Senior Management within the Organization
Mean	19.5	12.5	10.42	8.42
Upper limit	33.3	30	23.83	20
Lower limit	7.5	1.5	1.92	1.5

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How Senior Managers Define Success

Thematic Analysis²



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How Senior Managers Evaluate Success: Client Happiness

Content Analysis^{11,16}

Category	Tool
Formal → Only for hearing aid adopters!	
Questionnaires	Client/Device satisfaction IOI-HA, HAUQ Net Promoter Score
Clinical Notes	Internal & External Audits Referral source (e.g., word-of-mouth vs physicians)
Informal	
Feedback to clinician or reception	"How'd you go?"
Inheriting clients	Clients may report challenges with other clinicians
Feedback to management	Complaints/Compliments card

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How Senior Managers Evaluate Success: Financial Viability

Content Analysis^{11,16}

Category	Tool
Managers who value financial evaluation	
Profitability	Revenue: sources, product mix, average selling price, hearing aid sales Costs: including clinician and room utilization
Output measures (KPIs)	Uptake/conversion rates, return rates
Trends	"The trend is your friend"
Manager who do not value financial evaluation as much	
Will check if something is not working well	Accountant to decide
Do not want to over-analyze: Fear of "analysis paralysis"	

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How Senior Managers Evaluate Success: Staff Happiness

Content Analysis^{11,16}

Category	Evaluation method
Informal	
The office mood	"... just the informal office vibe"
Staff socializing outside of the workplace	
Staff complaints and concerns	
Formal	
Questionnaires	Staff Engagement e.g., Voice Climate Survey
Annual Reviews	Staff professional development goals Satisfaction with pay and opportunities

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Study 2
How senior managers of HROs evaluate person-centered care

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How Senior Managers Evaluate Person-Centred Care

Senior managers define PCC well

- Individualized – “not one size fits all”
- Informed choice
- Involvement

“...quality care in which each patient is an individual who experiences his/her health independently and has needs relating to being informed and involved in health dimensions, particularly when the person has chronic conditions”
(Grenness et al., 2014a, p.S65)¹²

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How Senior Managers Evaluate Person-Centred Care

No participant reported using a dedicated PCC evaluation tool

Why?

- Processes
- Good staff
- Leadership

What do they use instead? Most rely on proxy measures:

- Return clients
- Audits
- Client feedback
- Observation(s)
- Supervision
- Financial/output numbers

YET, despite this, several participants believed that they were more person-centered than others...

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How Senior Managers Evaluate Person-Centred Care

Framework Analysis using the COM-B framework⁶

Behaviour Change Wheel
Michie, S., van Stralen, M.M., & West, R. (2011). The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implementation science*, 6(1), 42.
Michie, S., Atkins, L., & West, R. (2014). *The behaviour change wheel: A guide to designing interventions*. London: Silverback.

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How Senior Managers Evaluate Person-Centred Care

Framework Analysis using the COM-B framework⁶

Michie, Atkins and West (2014)

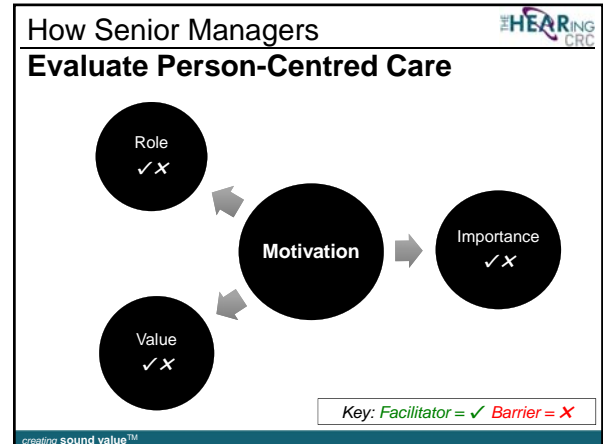
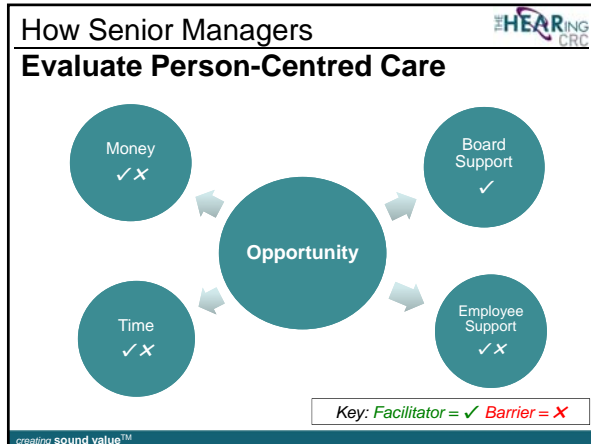
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How Senior Managers Evaluate Person-Centred Care

Key: Facilitator = ✓ Barrier = ✗

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Summary

A better understanding of senior management perspectives regarding how they

- Define success
- Evaluate success
- Evaluate PCC & its facilitators and barriers

Overall goal:
To better implement person-centered hearing rehabilitation

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Conclusion & Implications

Interplay of **client happiness, financial viability** and **staff happiness** are important for success

- Mismatch in definition and evaluation of success
- Themes align with proposed benefits of PCC
- Hearing aid non-adopters not formally assessed
- Formal analysis valued more by larger organizations
- Senior managers hold a crucial role in how **person-centered hearing rehabilitation** is implemented

How can this help you?

- **Researchers:** Consider these factors in clinically-relevant research. Should non-adopters of hearing aids be assessed?
- **Clinicians:** These factors help to better understand your boss for clinical practice
- **Business Owners:** Build on strengths, incorporate missing aspects

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Conclusion & Implications

- Senior managers define PCC well BUT do not formally evaluate PCC
- **✗ Barriers**
 - Knowing how to evaluate PCC
 - Relative importance
 - Employee support
 - Time and money (observations)
- **✓ Facilitators**
 - Role
 - Knowing where to find information
 - Board support
 - Time and money

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Conclusion & Implications

How can you help?

Senior managers need a tool for routine PCHR clinical evaluation that:

- is simple, easy to understand and quick for clients to use
- is easy to interpret and leads to meaningful conclusions
- Facilitates organization's image leading to return visits
- meets the organization's goals around **client happiness, financial viability** and **staff happiness**

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More information:
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Questions

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Next phase (in final stages)

Psychosocial communication intervention amongst graduate audiologists:

- PCC
 - Client and self-ratings of empathy
 - Global PCC measure (MPOC-A)
- Client happiness
 - Client satisfaction ratings
 - Likelihood of recommending others (NPS)
- Financial profitability
 - Hearing aid uptake rates
 - Level of technology adopted (~ASP\$)
- Staff happiness
 - Voice Climate Survey: Staff engagement, wellness, intention to stay

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