P01 / Multiple streams and policy implementation

Topic : POLICY IMPLEMENTATION, STREET-LEVEL BUREAUCRATS

Chair : Luke Fowler (Boise State University)

Second Chair : Karen Dominguez-Cancino (Université de Sherbrooke)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Despite a significant body of work, scholarship on policy implementation still remains underdeveloped and disjointed, particularly when it comes to bridging the gap between theory and practice. This panel will try to address that gap by marrying theoretical developments in implementation scholarship with work focused on practical issues faced by healthcare professionals trying to build collaborative relationships with colleagues. This panel will be split into two parts: The first part will focus on recent theoretical developments. Specifically, the contributions of the Multiple Streams Framework in helping to expand and develop theoretical insights into implementation and create explicit connections to democratic governance. The second part will focus on interprofessional collaboration (IPC) in healthcare as a case example of the practical issues that occur during policy implementation. Interprofessional Collaboration in Healthcare is a type of professional interaction characterized by mutual goals and values, aligned responsibilities, distributed power, shared decision-making, effective communication, and interdependent roles with a shared identity. The enactment of policies, procedures, processes, and practices that support a collaborative work environment has been identified as a facilitator. The development of IPC implies a dynamic way to organize healthcare in a more contextualized and person-centered way, focused on responding to people's needs.

The objective of this panel is to pull together scholars working on policy implementation and discuss how to better bridge the gap between theoretical and practical work in this area, and how they can cross-pollinate to create a more robust understanding of the issues occurring during policy implementation. Additionally, this panel will expose other scholars to the work going on in this area and provide some guidance on how to join the conversation.

Research question(s):

· How do new theoretical models help to expand our understanding of policy implementation?

· What theoretical and practical insights can these provide to strengthen and improve implementation processes?

How do the practical issues that occur in interprofessional collaboration in healthcare challenge or contribute to theories of policy implementation

Scientific relevance

The key point of relevance is using state-of-the-art policy implementation theories to contribute to practical guidance for policy implementation that is otherwise lacking in recent scholarship. By taking a two-part approach, we hope to place a theoretical focus in the context of practical issues of healthcare and in this way, the panel will explore and expose the gaps between theory and practice.

CALL FOR PAPERS

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Session 1

Tuesday, June 27th 15:50 to 17:50 (POD367)

Ambiguity as a Conceptual Device to Understand Democratic Governance

Luke Fowler (Boise State University)

Ambiguity is an often-used concept in both public administration and public policy to describe situations in which different ways of thinking set up key challenges for democratic governance. From the public policy perspective, the Multiple Streams Framework provides a theoretical framework to understand how ambiguity impacts the policy process from agenda-setting to implementation. Recent developments related to MSF's application to implementation have also opened the door to further consider how ambiguity in policy processes overlaps with ambiguity in administrative processes. From the public administration perspective, ambiguity is also used to describe the challenges that occur within organizations when it is not clear what the mission or purpose is, and for individual public servants who are unsure about their role. The implicit connections between these literature bases and theoretical insights suggests an underlying model of democratic governance that considers how ambiguity shapes decision-making from legislative bodies to street-level bureaucracies. Using ambiguity, then, as a conceptual device can help tell a seamless story about how decisions are made in democratic societies across a wide-range of decision opportunities.

The Rhythm and Space of Professional Interactions in Palliative Care

Daniel Boethius (Linköping University)

Ann-Charlotte Nedlund (Linköping university)

Palliative care is based on the idea of close multidisciplinary team collaboration to safeguard a peaceful end to life. For team collaboration to be carried out efficiently, it requires a shared understanding of different roles and professional jurisdictions.

How interprofessional collaboration unfolds has primarily been studied by measuring planned and formalized encounters, e.g. team meetings and ward rounds. In contrast, the significance of informal collegial interactions and the various sites where they take place have usually not received the same attention from scholars. Nevertheless, how space mediates professional interactions in healthcare work has gained traction recently. For instance, studies show how "corridor talk" is important for professional learning and how team offices can be designed to facilitate collaborative work across professions.

While previous research has often used video ethnography to study contingent interaction spaces, a methodological challenge has been how to measure and study informal encounters at various sites not known beforehand. To cross this hurdle, we use ethnographic field observations combined with in-depth interviews at a palliative care unit to shed light on various professional interaction spaces. We shadow healthcare professionals throughout their workday to explore where collegial interactions unfold and how space mediates interprofessional communication. We show how interaction spaces such as the dispensary, nurses' offices, and cars facilitate collegial interaction, impacting interprofessional collaboration in various ways.

Thus, as we continue to explore various factors that influence professional collaboration in multidisciplinary fields, we need to recognize that professional interactions are not carried out in a void, and that space is an important factor in multidisciplinary collaboration.

Where does collegial interaction take place? How do different professional interaction spaces enable or

constrain interprofessional collaboration? And how can we make the most of the informal interactions that suffuse modern healthcare work even in highly rationalized and formalized organizations of modern healthcare? These are questions that are asked and discussed in the research paper.

Approaching the needs of pregnant women with cannabis consumption in Quebec's health and social system: case study to measure Interprofessional collaboration in healthcare with the new cannabis policy in Canada

Karen Dominguez-Cancino (Université de Sherbrooke)

Rose Chabot (Université de Sherbrooke)

Yolaine Frossard de Saugy (McGill University)

Nadia L'Espérance (CIUSSS de la Mauricie-et-du-Centre-du-Québec)

Interprofessional Collaboration in Healthcare is a type of professional interaction characterized by mutual goals and values, aligned responsibilities, distributed power, shared decision-making, effective communication, and interdependent roles with a shared identity. The enactment of policies, procedures, processes, and practices that support a collaborative work environment has been identified as a facilitator. A recent study that evaluated the inclusion of interprofessional collaboration and congruences between the theoretical and operative levels present in public policy documents in Primary Health Care in Chile identified that the activities of the sector are organized in a range of different interprofessional with work with families being recognized as a privileged space where IPC is developed through a particular strategy named “case and family study.” The development of IPC for the care of complex family cases resembles the continuum of interprofessional collaborative practice in health and social care proposed by Careau and colleagues, which indicates that health professionals should adjust the type, as well as intensity, of their collaborative practice according to what the biopsychosocial needs of a person and their significant others are. This implies a dynamic way to organize healthcare in a more contextualized and person-centered way, focused on responding to people's needs. Considering the above, our team will analyze the case of pregnant women with cannabis consumption in Quebec's health and social system.

Women who consume cannabis during pregnancy tend to live under disadvantaged socioeconomic conditions, and develop social, psychological, and adverse health consequences, which leads to family relations’ deterioration. With the new sociopolitical scenario derived from the enactment of the Cannabis Act-2018 (CA-2018), the need to provide health services that respond to the complexities associated with cannabis consumption during pregnancy by explicitly considering the immediate environment in which women live is further reinforced.

Aiming to understand the extent under which different interprofessional collaboration practices currently set in place within the health and social system in Quebec may be or not responding to the needs of pregnant women with cannabis use, we will perform a qualitative study considering the narratives of: 1) Pregnant women with cannabis consumption who receive or have received prenatal care by healthcare teams at the Integrated Health and Social Services Centres and/or Integrated University Health and Social Services Centres from Montreal, Montérégie, and Maurice et Centre-du-Québec regions; and 2) Health professionals working in Quebec's health system who have interacted with patients with cannabis use from the same regions. We will perform a content analysis and triangulation of data.

The analyses of how the healthcare teams respond to the need of this vulnerable population can provide information to develop professional guidelines to improve the health system's performance through the delivery of integrated, dynamic, and comprehensive care in cases with complex biopsychosocial needs.

Challenges, contributions and limitations of realist analysis for the analysis of the factors and impacts of interprofessional collaboration: Evaluation of three local pilot projects on Ageing in place

Céline Mahieu (Université Libre de Bruxelles)

Through an evaluation of three local pilot projects on *Ageing in place*, we will present the challenges, contributions and limitations of realistic analysis (Pawson & Tilley 1997, Marchal & al. 2018, Dossou & al. 2021) for the analysis of the factors and impacts of interprofessional collaboration at micro, meso and macro levels.
In a political context that increasingly values *Ageing in place*, interprofessional and intersectoral collaboration is often considered a must. In the Brussels Region (Belgium), the authorities launched a call for projects in 2017 to develop and test an integrated model of assistance and care centred on the needs of the population, based on a territorial approach, and relying on the building of a network of local

professionals and the capacities of the community. The aim is to facilitate early, comprehensive, integrated and multidisciplinary care.
The realistic evaluation we carried out aimed firstly to identify the strategies implemented to promote *Ageing in place*. It secondly aimed to reveal the impact of these pilot projects on the well-being of the elderly and on the organisation of the local care and support system. Finally, it aimed to highlight the transferability and scalability of these three pilot projects.
In order to triangulate the experience of the different actors involved (coordinators and partners of the three pilot projects, older people and carers, other actors involved in the development of social and health support at local and regional level) as to the conditions of effectiveness of the interventions in the maintenance of older people in their homes, a mixed methodology combining existing data and data collected within seven components was deployed: documentary analysis of project reports, individual qualitative interviews with the coordination teams of the pilot projects, adjusted Policy Delphi with project partners, qualitative interviews with older people, targeted international literature review, group interview with social and health support actors at the regional level, quantitative data from the projects (number and nature of services provided).
The realistic evaluation resulted in the identification of two typical models of interprofessional collaboration: the model based on the distribution of the network in the community and the model based on the mobilisation of institutional links. The two models differ in the type of involvement of local authorities, the type of role taken by coordinators, the type of audience targeted and the geographical scope. They have different effects in terms of local governance, the perception of professionals and the public reached.

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Pawson R, Tilley N. Realistic Evaluation. London: SAGE Publications Ltd. (1997)

Marchal B, Kegels G, Van Belle S. Theory and realist methods. In: Emmel N, Greenhalgh J, Manzano A, Monaghan M, Dalkin S, editors.Doing Realist Research. London: Sage Publications Ltd. (2018). p. 79–90. doi: 10.4135/9781526451729.n6

Dossou J-P, Van Belle S and Marchal B (2021) Applying the Realist Evaluation Approach to the Complex Process of Policy Implementation—The Case of the User Fee Exemption Policy for Cesarean Section in Benin. Front. Public Health 9:553980. doi: 10.3389/fpubh.2021.553980