Into the Network. Qualitative Study on Italian Palliative Care Mindscapes

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Aim

- To show how symbolic and cultural dimensions (*mindscapes*) are embodied in palliative care network

- To discuss the Net-MAP technique for *qualitative network analysis*
Palliative care is rooted on **interdisciplinary team**, comprised of clinicians, social workers, and volunteers, among others, in order to direct efforts towards the best possible outcomes for patients (Bricon-Souf et al., 2005; van Wingaarden et al., 2006).

Scientific literature recognises that **symbolic dimensions** can affect care practices, particularly inter-professional collaboration and interactions (Hibbert et al., 2013, Morgan & Ogbonna, 2008; Tousijn, 2012; Kirby et al., 2014).

**Mindscapes** are chains of meanings that give structure to the social actors’ possibilities for action, giving sense to the everyday practices and orientating relational dynamics (Maruyama, 1980).

Social network as **cultural phenomenon**: network structure firstly exists in the symbolic representations held by the professional actors; then they exist into their mental map through which they orient themselves (Weick, 1995).
Research question

- How inter-professional collaboration is embodied in specific mindscapes in the field of palliative care in Italy?
  - Which shapes these mindscapes can take?
  - Which differences between health and social actors?
  - How is the influence distributed through the network?
Methods

- Action-research committed by Palliative Care Association to the University of Bergamo
- Aim: understand and strength inter-professional collaboration within the network
- Data gathering from October to December 2014, in Bergamo, Italy
- Sample: 26 participants from 17 different health care organisations, including 8 doctors, 9 nurses, 6 nurse managers, 2 psychologists, and 1 volunteer
- Data collection and feedback: 3 hours
- Working group: 90 minutes
The tool: Net–MAP

- Developed by Eva Shiffer in 2007
- Effective approach to understand decisional processes and social interactions within and between organisations (Schiffer & Hauck, 2010; Waale, 2008)
How does it work?

Net-Map is an interview-based mapping tool that helps people understand, visualize, discuss, and improve situations in which many different actors influence outcomes.

Net-Map helps players to determine what actors are involved in a given network, how they are linked, how influential they are, and what their goals are.

By creating Influence Network Maps, individuals and groups can clarify their own view of a situation, foster discussion, and develop a strategic approach to their networking activities.
Phases 1

The identification of the relevant ‘hubs’ (services, groups, or individuals) and their position within the map

Medical actor  Social actor
The representation of interactions between the hubs, on the basis of the prevalent function conferred. Four functions are possible:

- Economic support: every type of economic support for individuals, groups, and services;
- Technical-logistical support: activities intended to result in a specific function of the network (for instance, patient's safety or clinical consulting by specialists);
- Informative support: actions that facilitate the provision of information;
- Moral-psychological support: interactions that provide psychological and moral support (for instance, spiritual comfort) to individuals, groups, or services.
The allocation of counters (small discs) to indicate the ‘power’ of each hub (the capacity that each of them has to influence the actions of other social actors and the network configuration). Each group had a limited number of counters (50), which they distributed across the network.
VisuaLyzer™ is an interactive and intuitive desktop tool for visualizing and analyzing social network data from imported data or from data created in the graphical interface.
Outputs

- Three mindscapes
Health actor

Social actor

Patient

Economic support

Technical and logistic support

Psychologic and moral support

Informative support

Zoom in
Main results

a) the power distribution is concentrated around specific networks’ hubs

b) the patient centred-ness does not necessarily mean patient empowerment

c) the health system is prevalent and medicalisation is persistent in the social world

d) there has been a loss of religious influence on pain and death

e) the psychologist carries out a ‘glue’ function in the network
Thanks for your attention!