An Evaluation of the
"What Matters to You" Initiative

by

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A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF PUBLIC ADMINISTRATION

in the School of Public Administration

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University of Victoria

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We acknowledge and respect the lək̓ʷəŋən peoples on whose territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

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Abstract

The purpose of this evaluation is to evaluate the operation and outcomes of the WMTY initiative, identify challenges and successes, and provide enhancements to the project. WMTY is an initiative-based program that advocates for people to practice a WMTY conversation based on respect and attention from healthcare workers for the needs and values of patients, ultimately leading to a cultural shift towards patient- and family-centered care (PFCC). In partnership with health care organizations across the province, BC Patient Safety & Quality Council (BCPSQC) is encouraging providers to have "What matters to you?" conversations each day with the people they support or care for. The main goals of the WMTY initiatives are.

1. To encourage meaningful conversations between patients, caregivers, and family, and their health care providers
2. To encourage distributed leaders and ambassadors within the health care system and patient, family and caregiver partners to seek opportunities to embed WMTY into practice.
3. To encourage health care providers and patient partners to participate in and spread the initiative as they see fit.
4. To create a shift within the health care system around patient and family centred care as an integral part of improving quality of care

WMTY's evaluation questions revolve around the three phases of the WMTY project: 1) planning and engagement, 2) implementation, and 3) outcome. According to the program objectives, six main evaluation questions were delineated.

1. What strategies are being used to promote & spread the WMTY initiative? What worked well? What needs improvement?

2.To what extent was WMTY videos/resources (on website) successful in providing the necessary knowledge, skills to HC providers? To what extent are the training materials/resources adequate?

3.To what extent were the WMTY physical resources successful in WMTY promotion and providing the necessary knowledge, skills to HC providers? Are they adequate?

4.What is the coverage and quality of real practice of WMTY? What are the obstacles and challenges?

5.To what extent has WMTY improved the quality of patient care?

6. What are the successes, challenges, and lessons learned of the initiative? What needs improvement?

In view of the project's research approach, the evaluation is both summative and formative. After a review of similar evaluation literature, mixed quantitative and qualitative approaches was adopted with a pioneering quantitative survey and a subsequent in-depth qualitative interview. In the course of the evaluation, 136 electronic surveys were completed by BCPSQC newsletter subscribers and 9 WMTY partners were interviewed.

The evaluation found that the WMTY initiative met most of the goals, with WMTY's promotion, support, and implementation activities being successful. The evaluation also summarized the complex challenges facing WMTY and provided recommendations for BCPSQC to further develop the WMTY initiative. Workloads, budget constraints, and other environmental obstacles also suggest that WMTY programs need financial and policy support from health care authorities.

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1. OVERVIEW

1.1 Purpose

"What Matters to You?" is a simple question that can have a big impact on the quality of care. When providers have a conversation about what really matters to the people they care for, it helps them to perform their work more effectively and to provide care that is patient- and family-centred (PFCC). To support health care providers in this work, BC Patient Safety & Quality Council launched a provincial initiative on April 11, 2018, entitled "What Matters to You?" (WMTY).

In partnership with health care organizations across the province, BC Patient Safety & Quality Council (BCPSQC) is encouraging providers to have "What matters to you?" conversations each day with the people they support or care for. Because patients are the true experts about their own needs and experiences, asking, listening, and responding to what matters to patients is a key feature of patient centered care. When a health care provider starts a conversation by asking what really matters to the person they are caring for, they are taking an important step in ensuring that their daily practice goes beyond routine and is truly meeting the needs of their patients. The resulting conversations engage patients in decision-making and helps build trust and empathy between patients and providers, ultimately leading to higher quality treatment and care plans that align with what the patients or residents want.

This evaluation report looks at WMTY's goals, objectives, and approaches for bringing changes in the healthcare system around patient- and family-centered care as a critical component in raising the standard of care. The evaluation methodology that follows is based on consultative input and a review of the literature, and is designed for diverse stakeholder groups.

1.2 WMTY Initiative Background

"What Matters to You?" (WMTY) started in Norway in 2014 with the aim of encouraging and supporting more meaningful conversations between patients, caregivers, families and their health care providers. The movement has now spread to over 15 countries, with British Columbia being the first province to adopt it in Canada. Last year the BCPSQC Council participated in WMTY with a focus on a single day of action. This year they are shifting this focus away from a single event to a program that encourages practitioners in the health care system to embed the question "what matters to you?" in their daily practice.

1.3 "What Matters to You?" Goals

1. To encourage meaningful conversations between patients, caregivers, and family, and their health care providers

2. To encourage distributed leaders and ambassadors within the health care system and patient, family and caregiver partners to seek opportunities to embed WMTY into practice.
3. To encourage health care providers and patient partners to participate in and spread the initiative as they see fit.
4. To create a shift within the health care system around patient and family centred care as an integral part of improving quality of care

1.4 Program Logic Model

Table 1. Logic Model: "What Matters to You?"

Program Goal: What Matters to You is a program designed to encourage meaningful conversations between patients, families and caregivers, and their health care providers.

Input	Activities	Outputs	Short/Medium Term Outcomes	Long Term Outcomes
Partners: Heal care providers, Heal care leaders Patients, family members and caregivers, Ambassadors Administrators: BC Patient Safety & Quality Council (BCPSQC) Virtual and physical resources on education and promotion; funding.	<u>Planning & Engagement</u> - Create & upload resources for WMTY promotion and education -Promote initiative through various media -Recruit Ambassadors within the HC system -Ambassadors promote WMTY in the health organizations they are affiliated with . -Hold international WMTY day, events include collecting stories, sharing impacts, special edition newsletter, etc. <u>Implementation</u> -HC providers are using WMTY in their daily practice -Ambassadors and HC leaders are encouraging the use of WMTY across their organizations - Activities are happening across the province to celebrate & promote International WMTY Day	-Percentage of individuals who have been exposed to WMTY -Effectiveness of the promotional channels -Coverage of the promotional channels -Effectiveness of the online resources -Effectiveness of the physical resources -Successful WMTY practice -#/range of HC providers who have integrated WMTY into their daily practice -Quality of WMTY conversations perceived by patients, families, and caregivers - HC organizations involvement & support Outcomes and Impact -Benefits of WMTY practice perceived by patients, families and caregivers - Emergent and unintended outcomes	<u>Short term</u> *Patients and families are generally well prepared for having WMTY conversations, and actively share and promote the WMTY initiative Health care providers have the knowledge to implement WMTY practice when providing care. Health care leaders are promoting and supporting WMTY practice in the workplace. <u>Medium term</u> WMTY is practiced through distributed leadership and Ambassadors who participate in the program	A shift within the health care system around patient and family centred care as an integral part of improving quality of care

2. PURPOSE AND SCOPE OF THE EVALUATION

2.1 Evaluation Purpose

The purpose of this evaluation is to help BC patient safety and quality council better understand the WMTY initiative's impact through examining the operation and outcomes of the initiative and identifying challenges and successes, as well as to understand how the BC patient safety and quality council can improve the program. As such, the evaluation is both formative and summative, with a focus on four main areas: t

- Initiative Reach
- Impact on Patient and Family Centered Care
- Long-Term Experience
- Impact on Internal Quality Improvement

Formative questions will explore the promotional and educational activities of the WMTY initiative in terms of the coverage and effectiveness of the current promotion and education strategies, as well as its effectiveness in encouraging healthcare professionals and patients, families, and caregivers to practice WMTY. Formative questions will also explore how healthcare professionals can simply, proactively, and effectively integrate WMTY practice into their daily conversations with their patients. Summative questions will focus on the impact of WMTY practice on the patient-physician relationship.

2.2 Evaluation Questions Guiding the Inquiry

WMTY's evaluation questions revolve around the three phases of the WMTY project: 1) planning and engagement, 2) implementation, and 3) outcomes. A detailed breakdown of the questions under each theme is listed below. An evaluation framework detailing each question, indicators, data collection method, and data resources can be found in Appendix A

Planning & Engagement

1. What strategies are being used to promote & spread the WMTY initiative? What worked well? What needs improvement?

2.To what extent was WMTY videos/resources (on website) successful in providing the necessary knowledge, skills to HC providers? To what extent are the training materials/resources adequate?

3.To what extent were the WMTY physical resources successful in WMTY promotion and providing the necessary knowledge, skills to HC providers? Are they adequate?

Implementation & Short-term Outcomes

4.What is the coverage and quality of real practice of WMTY? What are the obstacles and challenges?

Outcomes & Impact

5.To what extent has WMTY improved the quality of patient care?

6. What are the successes, challenges, and lessons learned of the initiative? What needs improvement?

2.3 Literature Review

Patient Centered Care Literature

Asking patients "What matters to you" is a meaningful way to achieve patient and family centered care (PFCC) through doctor-patient communication. There is a wealth of prior theoretical and practical studies on PFCC, and the evaluation approaches they used has provided valuable background for the evaluation of WMTY.

Gerteis et al., (1993) were the first to initiate a systematic study of PCC, which they conducted with a wide range of focus groups of recently discharged patients, family members, physicians, and non-physician hospital staff. They also included a review of pertinent literature related to PCC. The culmination of their research led to the identification of seven key PCC principles:

- Respect for patients' values, preferences, and expressed needs.
- Coordination and integration of care
- Information, communication, and education
- Physical comfort
- Emotional support and alleviation of fear and anxiety
- Involvement of family and friends
- Transition and continuity. (p. 223)

The Institute of Medicine's "quality chasm" report (2001) has identified patient-centered care as one of six key elements of high-quality care, which they define as providing care that is compassionate, empathetic, and sensitive to the expressed needs, values, and preferences of each patient. While PCC was once questioned because of its contradiction with evidence-based medicine, the operational meaning of patient-centered care is evolving as a result of social changes in medicine. Advocates of evidence-based medicine today acknowledge that a successful result must be defined in terms of what is significant and important to each patient (Goldfarb, 2004). Patient-centered care is also regarded as the morally correct course of action, with the general view that the patient can determine whether an interaction is patient-centered (Epstein and Street, 2011; Goldfarb, 2004). This means that in any evaluation of PCC, the thoughts of the patient are important considerations.

In order to establish a therapeutic doctor-patient relationship, effective doctor-patient communication is a crucial clinical function. The question “what matters to you” is a question that enables patients to share their passions, fears, beliefs, and preferences, while also allowing the clinical team to see patients as whole people and not simply as patients in need of care. This is necessary to promote health care providers’ compassion for patients (Kebede, 2016). Through an updated literature review, Matusitz and Spear (2014) concluded that doctor–patient communication is a powerful indicator of health care quality that determines patients' self-management behaviour and health outcomes. Ha and Longnecker (2010) summarized three main goals of current doctor-patient communication, which include creating a good interpersonal relationship, facilitating exchange of information, and including patients in decision making. They also identified five main challenges of current doctor-patient communication: deterioration of doctors’ communication skills, nondisclosure of information, doctors’ avoidance behavior, discouragement of collaboration and resistance by patients. The above findings have greatly inspired the evaluation of the WMTY project, and have also provided potential criteria for assessing the effectiveness of patient-doctor communication.

Evaluation Literature

There are three main components of the WMTY evaluation: measuring the PFCC oriented behavioural change brought by the Council’s promotion activities, measuring the quality of PCC, and examining the causal relationship between the implementation of PCC and its outcomes. There is a wealth of prior theoretical and practical studies on PFCC, and the evaluation approaches they employed have provided valuable background experience for the evaluation of WMTY.

Many PFCC related evaluations are based on a specific PFCC project, focused specifically on quantitative questions. Sidani (2008) used a quantitative approach to examine the causal relationship between PFCC and medical outcomes in a PFCC evaluation of acute care nurse practitioners (ACNPs). In this study, a cohort of patients were selected for continuous observation, and patterns of change in their health attributes were observed at three time points. This approach was found to be effective for measuring casual relations in a specific program and requires adequate recruitment capacity and management authority.

Defining and measuring the quality of PFCC remains challenging. It was initially believed that the satisfaction indicator was the gold standard for measuring the quality of PFCC, with satisfaction questionnaires used to obtain feedback. However, it was found that satisfaction questionnaires rarely reflect the true quality of care and patient experience, with a number of studies noting issues with validity. For instance, Martin and Ronson (2007) observe that “fifty years of patient satisfaction research has found that in study after study between 80 and 90% of patients are satisfied” (p. 8), which they attribute to the fact that the majority of patient satisfaction surveys frequently only include superficial questions. Moreover, identifying a successful PCC requires a multidimensional recognition of the patient's psychological satisfaction with health care, including whether the patient subjectively perceives the physician to be compassionate and respectful, whether the needs they express are valued, and whether they receive

emotional support. It is clear that a single satisfaction questionnaire lacks both the depth of understanding of the patient's experience and cannot cover the criteria of PCC. Therefore, many subsequent studies have proposed that a measure of care quality should be added to satisfaction, using different indicators to measure the components of PCC to better rate the quality of PFCC. In a paper on PFCC quality research, Mohammed et al., (2014) analyzed 36 evaluation studies on PFCC and found that successful PFCC evaluations define a number of core metrics to measure PCC quality based on program operation. He summarized these metrics and delineated 10 dimensions that describe the patient's PFCC related experience, with the most common dimensions identified being communication, followed by access, shared decision making (SDM), clinical quality/provider knowledge and skills, and physical environment.

These quality indicators portray a better picture of patient-centeredness, meaningfulness, and accessibility than satisfaction questionnaires, and are more successful in reflecting the quality of a PCC service. From the success of the above study, it can be seen that while qualitative approaches are indispensable for measuring PCC quality, they frequently concentrate on certain problems, require a lot of resources, and provide decision-makers with difficulties when trying to incorporate data into quality improvement strategies (Gilbert & Cousins, 2017). As a result, in the context of PCC research, mixed methods emerged as complementary.

3. EVALUATION METHOD

3.1 Evaluation Design

The evaluation was based on a mix of quantitative and qualitative methods, including both a survey and one-on-one interviews with program participants. The survey provided a holistic view of the partners' implementation of WMTY, with one-on-one interviews providing a more in depth understanding of the implementation of WMTY in terms of the initiation and the quality of WMTY conversations, and impact on the doctor-patient relationship. The evaluation was conducted in three phases.

Phase One: Evaluation Design

This phase focused on developing a framework for the evaluation, where the evaluator and the "WMTY" initiative team worked collaboratively to determine the evaluation objects and methods. By sharing program background knowledge and identifying evaluation objectives, the evaluator worked with administrators to produce the logic model and evaluation questions.

Phase Two*: *Instrument Development and Data Collection

This phase involved developing and validating data collection instruments for WMTY initiative partners. Specifically, a survey was sent to all partners, analyzed and used to inform the subsequent interviews with healthcare professional partners and patient, family or caregiver partners. Based on the survey results, one-on-one follow-up interviews with all partners was designed and implemented to obtain more in-depth feedback on the promotion and implementation of the WMTY program.

Phase Three*: *Data Analysing and Reporting

This phase involved the analysis and synthesis of findings across all domains, the validation of findings and the preparation and submission of the final report.

3.2 Sampling Strategy

Survey

Since WMTY partners are not subordinate to the council, it was challenging to recruit participants for surveys and interviews. A sign-up link for surveys was embedded in the monthly newsletter distribution to create a pool of survey respondents. To increase the validity of the survey data, an identification question was added at the beginning of the questionnaire to limit the survey audience to HC workers, HC leaders and patients, family members, or caregivers. The survey examines the channels through which WMTY engages partners and the effectiveness of WMTY's promotional and educational resources. The survey also provided a holistic view of the partners' implementation of WMTY and explored their successes and challenges to guide the follow-up interviews.

The survey was open for two weeks, from November 30, 2022, to December 14, 2022. Feedback was obtained from 26 HC workers, 20 HC leaders, and 90 patients, families, and caregivers.

Interview

Interviewee recruitment was done through the Council's network of contacts, with the administrators assisting in interview recruitment among partners and ambassadors. The interview consisted of three modules of open-ended questions and explored in depth the issues in the WMTY program, with some of the questions inspired by the results of the previous survey. The interviews were conducted between January 30, 2023, and February 9, 2023. The evaluator conducted one-on-one interviews with one HC worker, four HC leaders, and four patients, families, and caregivers with the support of the WMTY team. The interviews, 30 minutes in duration, were conducted on Zoom and audio-recorded for analysis.

3.3 Data Collection

Data was collected during Phase Two of the evaluation, and as stated above, included an electronic survey (n=136) which was open for two weeks (November 30, 2022, to December 14, 2022), as well as interviews with WMTY partners (n=9).

Given the challenges encountered with the recruitment of HC workers, interview findings are primarily based on HC leaders, patients, family members, and caregiver.

3.4 Data Analysis and Interpretation

Survey data was collected and analyzed to generate an understanding of WMTY promotion and implementation activities, and to help narrow down the key issues and concerns to inform the subsequent interviews. Interview data was analyzed and coded according to identified themes or emergent categories found in the transcripts.

4.Findings

4.1 Findings by Evaluation Questions

Findings on WMTY Promotion

WMTY is an initiative-based program that advocates for people to practice a WMTY conversation based on respect and attention from healthcare workers for the needs and values of patients, ultimately leading to a cultural shift towards patient- and family-centered care (PFCC). WMTY started by communicating the core theories of WMTY to healthcare practitioners and the general public to educate them of the purpose and benefits of practicing WMTY and to create engagement.

Evaluation Question 1 - What strategies are being used to promote and spread the WMTY initiative? What worked well? What needs improvement?

A. Promotion Channels & Materials

Survey findings indicate that a majority of healthcare workers, health care leaders and patients have heard about the "what matters to you?" initiative (61.5% (n=26) of healthcare workers, 75% (n=20) of health care leaders, and 54% (n=91) of patients). As **Table 2**. below indicates, participants learned about the program through various sources, including print media, online videos/postings, and through colleagues and word of mouth.

Table 2. How participants learned about the program

HC Workers n=24	Print media (33.3%)	Colleagues (29.2%)	Online videos/postings (16.7%)
HC Leaders n=37	Online videos/postings (29.7%)	Print media (27.0%)	Colleagues (21.6%)
Patients, Families and Caregivers n=68	Online videos/postings from the BCPSQC (48.5%)	Evenly distributed among online videos/postings from other organizations, print media, patients, family members or caregivers, colleagues, other	

Interviewees further shared their opinions on the use of a multi-channel promotion approach based on social media and interpersonal networks. While the vast majority of HC leader respondents indicated that they mostly learned about WMTY through colleagues, leaders, or programs, online resources also provided additional promotion. When asked about their appreciation for the promotional materials, HC

leaders noted that the material clearly conveyed the core concepts of WMTY. As one of the HC leaders explained, the promotional material "*makes sense and has credibility…[it] resonated with me!*' Patient, family, and caregiver respondents, on the other hand, expressed mixed feelings. According to one respondent, "t*he benefits (of doing WMTY) are clearly communicated but needs to be communicated to a broader population."'*

B. Successes in Promotion

Interviewees spoke highly of the Ambassador Working Group and story sharing in promoting WMTY, all of which could be flagged as successes. Story sharing is an important promotion practice in online placements and offline events. Patients, families, and caregivers generally believe that stories are effective in informing the general public about WMTY and that it can create empathy and engagement. As one patient, family and caregiver respondent explained, *"Stories are what capture people's general understanding of a concept that talking in text doesn't convey and stories are how we connect as human beings ".* The Ambassador Working Group is a type of engagement team made up of influential individuals and WMTY activists. In the interview, respondents rated the work of the ambassador working group highly and felt that expanding its scale is a promising strategy. As HC leader respondents proposed, *"I think it's good to have WMTY ambassador group where able to share ideas as a group, brainstorm, hear other people's challenges and how to mitigate."*

C. Challenges/Areas of Potential Improvement

Respondents also shared what they perceived to be the challenges in promoting WMTY. Creating engagement was identified by respondents as the main challenge for WMTY promotion. For different audiences, creating engagement means different things. For HC workers, promotion means getting in at the ground level. For patients, families, and caregivers, good promotion is easy access and story sharing. As one patient, family and caregiver respondent explained, *"I think what is limiting is patients and families have to know where to look for these opportunities. Need to broaden where people can find this information beyond website"* For HC leaders, creating engagement means getting WMTY on the current agenda and allocating human, monetary, and time resources to WMTY activities.

Findings on WMTY Resources & Education

The Council has provided a variety of education and resources to support WMTY responders on WMTY implementation, including tangible resources that can be ordered, as well as online postings. The second module of the survey and interview data presents

findings on the quality and effectiveness of the WMTY resources provided by the Council.

D. Online Resources

<u>Evaluation Question 2 -</u> To what extent was WMTY videos/resources (on website) successful in providing the necessary knowledge, skills to HC providers? To what extent are the training materials/resources adequate?

Online resources were perceived as effective in providing education and training, with most survey respondents indicating that they provided the necessary knowledge and skills to implement WMTY (66.7% (n=15) of health care leaders, and 52.1% (n=48) of patients, families and caregivers). HC leaders and patients, families and caregivers expressed their appreciation for the online resources, found them clear and useful, noting that they made a difference. An HC leader respondent said, "*Yes, with the information online, it explains why WMTY is important and what type of questions to ask. The blog of stories on WMTY and what impact. I think that made a difference."* When asked if the current resources have clearly conveyed the benefits of doing WMTY, a patient respondent shared, "*I think I do, but I am always hungry for more knowledge and education, though I do believe current resources are helpful*."

HC workers were less likely than HC leaders and patients to endorse online resources (37.5% (n-16) of healthcare workers) Unfortunately, due to interview recruitment challenges, it was not possible to obtain representative interview data from HC workers. Nonetheless, the open-ended question responses obtained from the survey sheds some light, as HC workers stated that they would prefer their WMTY educational resources to come from leadership. As one HC worker responded, *"I want direction from leadership on how to use the resources.* Some HC workers also argued that online resources should be suited to their work mode.

E. Potential for Improving Online Resources

Interviewees also shared their ideas on the potential for improving online educational resources, stating that the council should make it clearer that WMTY is not about creating a complicated workload, but about a cultural change. As a patient respondent explained:

> *"The resources are enough, but what's gone wrong in the past is that people think it's too complex so they can't do a good enough job of it. Need to let people know it can be simple and what the benefits are (the time it can save).*"

It was also mentioned by other respondents that it would make a difference if online resources could include branding elements that allow HC practitioners to easily integrate WMTY resources into the existing agenda, such as one liner, brief education, briefing

notes, and stories. As one HC leader suggested, *"Resources = a branding piece (facilitates a conversation when folks see the resources) – getting it on their radar at multiple levels and keeping it on the radar."*

F. Physical Resources

The council has introduced many kinds of physical resources that can be ordered, including buttons, lanyards, bookmarks etc.

Evaluation Question 3 - To what extent were the WMTY physical resources successful in WMTY promotion and providing the necessary knowledge, skills to HC providers? Are they adequate?

Survey data indicates that physical resources have low exposure to a segment of the audience, with nearly one-third of patient, family and caregiver respondents unaware of physical resources (31.3% (n=48) N/A), and one-fourth of HC workers unaware of physical resources (25.0% (n=16) N/A). One interviewee mentioned that this could be related to COVID, *"I don't know any physical resources because of COVID."*

Respondents have different views on the role that physical resources might play in the WMTY initiative. Survey findings indicate that the majority of the healthcare leaders believe that the physical resources from the Council have been successful in promoting WMTY (60.0% (n=15) of health care leaders). In the interview, HC leaders explained that it is because physical resources are visible and could be a great opportunity to introduce WMTY onto the agenda. As they mentioned:

> *Posters are visible, I hung one on my office door (little ways like that help).*"
> "*[they are] Useful because raise awareness for point of care teams which is where we have shared those and provide an opportunity to integrate WMTY messaging into teams.*

45.5% (n=33) of patient, family and caregiver respondents agreed that physical resources helped with WMTY promotion, while only 25% (n=12) of HC worker respondents believe physical resources facilitate their WMTY practices.

Findings on WMTY Implementation

Implementing WMTY means different things depending upon the individual's role. It requires HC worker to understand and respect patients' needs when providing care. Patients, families, and caregivers can also initiate WMTY conversations to speak up about their needs. And for HC leaders, WMTY means creating cultural change that facilitates WMTY.

Evaluation question 4- What is the coverage and quality of real practice of WMTY? What are the obstacles and challenges?

G. WMTY Practice: Coverage & Quality

Survey data indicates that the prevalence of WMTY practice was perceived differently by healthcare practitioners and patients, families, and caregivers, with 73% (n=15) of HC workers noting that they have initiated a WMTY conversation with a patient, family member or caregiver, and 60% (n=15) of the HC leaders claiming that their staff have initiated a WMTY conversation with a patient, family member or caregiver. At the same time, only 15% (n=48) of the patient, family, and caregiver respondents state that they have participated in a WMTY conversation that was initiated by a HC worker. Of the survey respondents who have participated in WMTY conversations, the majority expressed their appreciation for the quality of their WMTY conversations. Seventy-eight per cent of the patient, family and caregiver respondents agreed that WMTY conversations prompt health care workers to value their expressed needs, values, priorities & feelings.

H. Obstacles & Challenges

According to the survey data, HC leaders and workers indicated similar resistance to implementing WMTY. The most mentioned challenge was the workload of HC workers. This point was pursued in depth during the follow-up interview, and respondents stated that this was related to a general misperception that practicing WMTY was a complex additional requirement for HC workers rather than a cultural shift. As one HC Leader explained, *"Obstacles are workload. People perceive asking WMTY is an extra thing."* There were also HC leaders who stated that getting it on the agenda was also difficult and that more upper-level support was needed from health organizations/authorities to allocate resources for WMTY, including time, manpower, and budget. As one HC leader asked*," But how do you make this a priority over the other priorities that they see?"*

At the same time, although most of the patient respondents have more knowledge about WMTY than ordinary patients, some of them still feel uneasy, anxious, labeled, etc. when they were in a WMTY conversation. As one patient interviewee mentioned, *"I sometimes feel very nervous, even though I'm an 'active' patient and sometime seen as needy/ troublesome, especially if you're a chronic patient "*At the same time, the shortage of medical services also affects WMTY conversations, as WMTY conversations are difficult to do when health care providers are rushing between patients.

Evaluation question 5- To what extent has WMTY improved the quality of patient care?

I. Benefits of WMTY

The survey results indicate that the majority of respondents believe that the implementation of WMTY has improved the doctor-patient relationship, with 67% (n=15) of the HC leader survey respondents, 54% (n=15) of the HC worker survey respondents and 71% (n=48) patient, family and caregiver survey respondents in agreement that WMTY conversations have helped improve the health care worker-patient

relationship. As a patient partner explained in the interview, *“[WMTY] brings me closer to having a relationship with the person I am talking to so that I can be healthier.”* At the same time, many patients stated that the WMTY conversation was beneficial to their health.

5. Conclusions

The survey and interview data present key findings on the WMTY initiative's promotion, education, resources, and implementation activities, providing indicators that can be used to draw conclusions about the success, challenges, and potential of the WMTY program.

From the observed data, it can be inferred that WMTY's multi-channel promotion has been successful, with a multi-pronged approach to expose the public to WMTY. Of all the promotional channels, social media has the widest audience and is the first channel many people encounter with WMTY. Participants give interpersonal networks the highest rating, saying that this approach conveys the WMTY experience and philosophy well, resonates with people, and as a result effectively creates engagement. Also, the content of the promotional materials has also been successfully designed, allowing the audience to understand and resonate with WMTY. On the other hand, the promotion of WMTY faces the challenge of lack of prioritization and difficulty in getting onto the agenda. Therefore, WMTY promotional resources should be more minimalistic and have branding elements so that healthcare organizations can easily introduce WMTY to the current agenda and portfolio.

On the resource side, physical and online resources support WMTY responders in different ways. The utility of physical resources was primarily in facilitating the WMTY promotion, though this was negatively impacted by the pandemic. The physical resource is of value because it is visible and well positioned to encourage and promote the implementation of WMTY in the workplace. However, physical resources were also noted for their high cost. At the same time, online resources were considered effective in providing education and training, with most respondents indicating that they provided the necessary knowledge and skills to implement WMTY. However, HC workers were less likely than HC leaders and patients to endorse online resources. Possible reasons for this include high workload and over-generalization of educational resources. On this point, HC leaders suggested the potential for improvement in online educational resources, which should make it clearer that WMTY is not a complicated workload, but a cultural shift.

The implementation of WMTY has been successful overall. The implementation of WMTY should be discussed from different perspectives, as HC leaders, workers and patients, families or caregivers play very different roles in the implementation of WMTY.

For patients, families, and caregivers, initiating/participating in WMTY conversation is more difficult since patients, families and caregivers are vulnerable and are therefore likely to feel unsafe, anxious and being labeled, which makes them uncomfortable to raise their needs. At the same time, the shortage of medical services also affects WMTY conversations. WMTY conversations are difficult to occur when health care providers are rushing between patients. However, the implementation of

WMTY conversation has been widely perceived as beneficial for both quality of care and health outcomes. It can be concluded that WMTY conversation improves the doctor-patient relationship, helps customize care plan, and indirectly has a positive impact on health outcomes. Although this study cannot provide objective data to prove that the implementation of WMTY improved the effectiveness of the health services they received, it is important that patients' subjective perceptions of the benefits of WMTY on their health are based on a person-centered premise.

For HC leaders, when supporting WMTY implementation within their workplace, it needs to be made clear that WMTY is achieved primarily by respecting and valuing the needs of patients, families, and caregivers, not by meaningless additional labor. Since WMTY practices can easily be treated as an additional requirement for healthcare professionals, which makes already overburdened healthcare practitioners resistant to WMTY. It can also be concluded that HC leaders are facing the challenge of introducing WMTY to the current agenda due to budget constraints and lack of understanding. Also, after receiving a large amount of WMTY information and resources, it is challenging to develop relevant strategies and policies. Promoting WMTY through the internal platform of the health organization could be an effective solution.

For HC Workers, it can be concluded that the resistance of HC workers to implement WMTY came from a conflict in which they strongly agreed with the WMTY philosophy but don’t know how to integrate the practice into their own work. It reveals that WMTY is a cultural shift and that there is no uniform norm for practicing WMTY. It can also be concluded that HC workers are facing many challenges in WMTY practices, such as short contact time with patients, inability to safeguard patient privacy, inability to meet patient needs, etc. HC workers widely believe that their organizations are responsible for leading the cultural shift in WMTY and guiding their WMTY practices.

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7.Appendix A

Evaluation Framework: "What Matters to You?"

Evaluation Questions	Indicators	Data Collection Methods	Data Sources
1. What strategies are being used to promote & spread the WMTY initiative? What worked well? What needs improvement?	-effectiveness of the promotional channels -coverage of the promotional channels -challenges/areas of potential improvement	-survey -interview	-interviewees -survey respondents
2. To what extent was WMTY videos/resources (on website) successful in providing the necessary knowledge, skills to HC providers? To what extent are the training materials/resources adequate?	-effectiveness of the online resources - potential for the online resources	-survey -interview	-interviewees -survey respondents
3. To what extent were the WMTY physical resources successful in WMTY promotion and providing the necessary knowledge, skills to HC providers? Are they adequate?	-effectiveness of online resources - challenges of the physical resources	-survey -interview -program documents	-program documentation -interviewees -survey respondents
4. What is the coverage and quality of real practice of WMTY? What are the obstacles and challenges?	-challenges, barriers, successes of WMTY practice -#/range of HC providers who have integrated WMTY into their daily practice	-survey -interview -program documents	-program documentation -interviewees -survey respondents

	-quality of WMTY conversations perceived by patients, families and caregivers - HC organizations involvement & support		
5- To what extent has WMTY improved the quality of patient care?	-benefits of WMTY practice perceived by patients, families and caregivers	-interviews	-interviewees -survey respondents
6. What are the successes, challenges, and lessons learned of the initiative? What needs improvement?	- successes, challenges, and lessons learned - emergent and unintended outcomes	-interviews	-program documentation -interviewees -survey respondents