



Narratives of Evaluation

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The age of evaluation

- Steady growth of 'evaluation' as an interest of the State, Professions and Academy
- Disputes about 'the facts' as a central focus of 'post-ideological' politics that focuses on intervention and active management of the public sector
- Notions of an 'audit society'



Shift from administration to management in health care

- efficiency and accountability, risk and governance
- Responsive professionals, activated and resourceful patients – investigated and measured



Health Services Research

“The integration of epidemiologic, sociological, economic, and other analytic sciences in the study of health services. Health services research is usually concerned with relationships between need, demand, supply, use, and outcome of health services. The aim of the research is evaluation, particularly in terms of structure, process, output, and outcome”.

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<http://hta.uvic.ca/glossary.html>



Population →
(Life-world)

Epidemiology of social relations, and the distribution of problems

Epidemiology and public health, management of demand, public involvement in policy, political responses to health care provision.

← Patient →

Lay 'beliefs', identities, and behaviours

Problems of beliefs, expertise, compliance, satisfaction and integration with health care systems.

← Clinical →
encounter

Interactional asymmetries, conflict and congruence

Interactional skills, quality assurance, shared and informed decision-making.

← Professional →

Professional identity, knowledge and behaviour

Clinical effectiveness, professional behaviour change, clinical governance, continuing professional development.

← Medicine

Historically constructed discourses, associated institutional resources

Professional regulation, service organisation and delivery, evidence-based medicine, health technology assessment,



The Trial and the Production of Evidence

- *RCTs, called “randomized clinical trials” in a medical context, compare experimental groups who get a treatment to control groups who do not. For the sake of comparability and statistical soundness, the participants are allocated to one of the groups on the basis of chance. In both medicine and social research, the RCT is known as the “ideal experiment” or “the gold standard of research.” Researchers as well as the wider public believe that it yields unambiguous results (Dehue, 2004).*



The struggle in medicine

- *Individualisation*: expressed in a shift away from medical paternalism and the objectification of the patient, towards *patient-centred* clinical practice.
- *Aggregation*: expressed in the mobilisation of evidence about large populations of experimental subjects and revealed through an impetus towards *evidence-based medicine*,



The struggle for medicine

- *Individualisation*: patients' experiences and perspectives of ill-health are *qualitatively* engaged and enrolled in decisions about the management of illness trajectories
- *Aggregation*: *quantitative* knowledge is engaged and enrolled to guide the management of illness, and is mediated through clinical guidelines and other systems of practice that structure health care delivery.



'Satisfaction' variable measured	Typical question or Likert Scale item	Distribution of in systematic review (%)
Professional-patient interaction	<i>'I could say all I wanted about my condition'</i>	63
Patient's experience/affect	<i>'I think this kind of consultation was a good way to deal with my problem'</i>	56
Global satisfaction	<i>'Overall, how happy were you with the service that was offered to you today?'</i>	57
Technology	<i>'The camera made me feel uncomfortable'</i>	42
Preference (for tele-consultation)	<i>'I think this type of consultation was a good way to deal with my problem'</i>	33
Preference (for face-to-face consultation)	<i>'I felt something important was missing because the [doctor] could not see me in person'</i>	
Convenience	<i>'Attending this clinic was more convenient than going to [name] hospital'</i>	23
Administrative aspects	<i>'The nurse explained the project to me'</i>	12



Conclusion

- Not all IHTs are sexy
- IHTs raise political problems that are often expressed as *methodological* or *technical* problems of practice *for the professions*
- IHTs raise political problems that are rarely understood as questions of participation and citizenship



What is being evaluated?

- What is being evaluated?
- Who is being evaluated?
- Who decides?
- What interests does this serve?