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Implementing and Learning to Use Video Meetings in Mental Health Hospital Departments

Therapists' Experiences from Internal and External Meetings. A Qualitative Study

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Agenda

- Background
- Aim of the study and research question
- Theoretical perspectives
- Method
- Results
- Conclusion



Background

- Accelerated use of Video Meetings (VMs) in mental health services during the pandemic.
- Collaboration between health care workers using VMs.



Objective of the study

*To develop and advance comprehensive knowledge about **therapists' use of VM in specialized mental health services**. The therapists' external and internal collaboration is studied, as well as how their work is influenced.*



Research question

- 1) What are the barriers for interaction and organizational learning in internal and external VMs?
and
- 2) How do the therapists experience both interorganizational interaction and interaction with collaboration partners in VMs?



Theoretical perspectives

- Three different theoretical lenses:
 - organizational learning,
 - virtual communities of practice, and, finally,
 - implementation of technology in organizations



Study design and method

- *The study uses a qualitative approach, based on hermeneutic-phenomenological methodology.*
- *33 interviews with therapists and management in three mental health hospital departments were carried out (using VMs) from March 2020 - February 2021.*
- *A semi-structured interview guide was used to encourage reflections on use of VMs.*



Results

- A. Learning and training when implementing VMs in the organization (shared context)
- B. Content and context – barriers and drivers in VMs
- C. Culture and structure in VMs

Results

A. Learning and training during implementation (shared context)

Two types of training:

- Setting up VMs
- Interaction with internal and external partners in VMs

“You spend a lot of time and energy getting the technology and different solutions to work together; someone falls out, comes in, does not hear, the image freezes... So, it creates laughter and also a lot of frustration. It is unfortunate when addressing an important issue”:



Results

B. Content and context – barriers and drivers in VMs

- Training
- Protecting patient privacy
- Suitability

“It turned out that there was another person in the room that I was not aware of being there. It was actually a bit uncomfortable. I thought I knew who was in the room ...”.

“I think it (VMs) is very suited for information exchange. A bit also because there are so many participants and finding a time that suits everyone is difficult.



Results

C. Culture and structure in VMs

“The challenge in VMs is that often everybody is talking at once. Because, when everybody is sitting in the room you see very quickly if someone is going to say something, but you do not do that [in VMs] until they have started talking. So, it becomes challenging to get the discussion to flow”.



Challenges

- Lack of strategy for implementation and training
- Meeting structure and suitability of VMs for learning
- Security and safety measures pertaining to physical context
- Managers' facilitation of VMs





Conclusion of the study

- To further develop digital collaboration, in this case VMs, the organizations must focus on which organizational processes should be changed. e.g., whether it requires a change in workflow and whether changes in power relations occur.
- Managers on all levels in the organizations must be involved in the implementation process with a clear strategy. To plan and perform useful VMs require managerial facilitation and considerations that are novel compared to regular physical meetings.



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> [JMIR Hum Factors](#). 2021 Jun 6. doi: 10.2196/23150. Online ahead of print.

Use of video consultation in specialized mental health services: a qualitative study of therapists' experiences of video consultations during the period of Covid-19 restrictions.

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Future studies should focus on

Health Technology Assessment

- How technology can be used to perform VC in a successful way for all parts focusing on:
 - Service users' experiences - Who and when in the care pathway is VC appropriate?
 - Therapists experiences - how to organise the therapy?
 - Co-creation between different stakeholders – how to organise?

and

- How to scale up the use of VC while ensuring that the service provided is **appropriate, safe and available.**

Developing guidelines



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Thank you for your attention!

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