

The Four Care Domains: Situations Worthy of Research

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Abstract

The advent of information and communication technologies has given rise to the theory and practice of community, health, biological and other forms of informatics. Hodges Health Career – Care Domains – Model [h2cm] is a conceptual framework created in health and social care by Brian Hodges. This position paper argues that Hodges model has potential within and far beyond health and informatics; in fields as diverse as community informatics, e-learning, governance, spirituality, activism and the environment.

Background

Developed in the UK during the 1980s, h2cm is person-centred and situation based. The model combines two axes which create four care or knowledge domains as per figures 1 & 2. Development was stimulated by the need to support curriculum development and provision of a reflective learning aid for qualified personnel and learners.

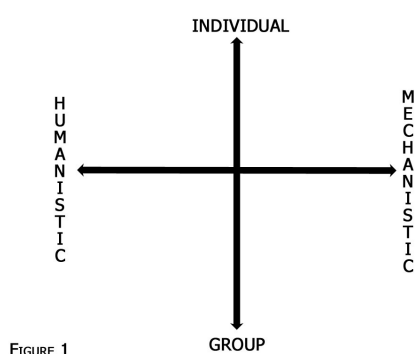


FIGURE 1

HODGES HEALTH CAREER - CARE DOMAINS - MODEL

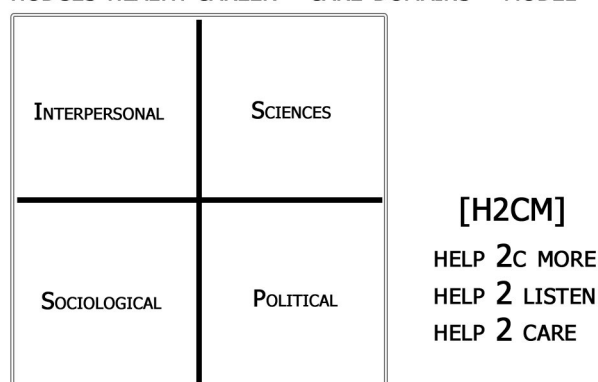


FIGURE 2

Exposure of h2cm is limited to a website since 1998, a very small cadre of practitioners and several published articles. This paper proceeds as follows:

- 1) Health and social care background
- 2) Criticisms against h2cm
- 3) Defence of h2cm
- 4) Concepts of context and situation as reviewed by Cool (2001)
- 5) The 21st Century agenda.

Health and Social care

Current health & social care ICT policy comprises an ambitious national programme that befits 21st century care services. Key policy objectives include seamless, integrated, multidisciplinary working and holistic evidence based care. These objectives are not new, a sign of their ability to confound. Two predictors of success are access to technology (still a problem for many); and engagement with users (consultation and training). Future success also means ensuring the informatics agenda is given an appropriately prominent position on curricula, in theory and practice.

In defence of health and social care, effective holistic care and multidisciplinary working are non-trivial tasks. We have distinct disciplines for reasons of efficiency and human capacities. Despite many constraints, however, real progress is being made. The NHS University and ongoing deployment of e-learning provide evidence that at last health informatics is maturing and can reach out to the workforce.

The problem & a possible solution: who has the big picture?

At the same time, informatics is also a sign (and symptom) that our working lives are ever more complex. The theory, practice and policy canvas is so vast we wonder: who has the big (multi-layered!) picture? Without an overview, which elements are at risk of being left out: the technology, a stakeholder, or policy? Where is the evidence for *synergy*, to use a buzz word? If we achieve synergy then by definition the above are united as a conductor and orchestra. That means holistic health and social care in harmony with informatics: a small matter of synchronised theory, practice, policy, strategy and resources. This brings me to my central point - how can we represent the big picture?

How can we assess progress, identify unforeseen obstacles and new opportunities? The existence of the BCS Sociotechnical Specialist Group emphasises the need to contextualise and socialise the 'personal' computer and its most ardent acolytes. We need a way to hear synergy. What are the overall tone - pockets of creative brilliance or discordant monotony? If this task is beyond conventional project management, how can we proceed?

I am arguing that information framed by h2cm is the (unsurprising) answer. Solutions based upon informatics alone are insufficient. Clinicians need (and patients deserve) more than technical fixes. We need tools equal to the ubiquity of information. Information is central cognitively, practically and computationally. Before extolling the virtues of h2cm, there are critical questions to answer.

Criticisms of h2cm

Although models and theories of nursing were 'popular' in the 1980s, they are less of a priority today amid overcrowded curricula and multidisciplinary ethos. What would h2cm mean in terms of impact in theory and practice? If information systems based on h2cm were implemented as, for example, concept mapping programs, how would this work in practice on wards, homes and surgeries?

Lack of research and detailed critique is a very serious criticism, as health and social care strive for evidence-based interventions. Midgley (2003) warns about the seductive properties of *big ideas*. Brainstorming alone does not a solution make? Although health is multicontextual, there is a danger within h2cm that having all contexts means having none: the extremes of gross oversimplification or information overload. The truth may be that the days when an individual had the ability to apprehend the big picture are gone, hence our reliance on (project management) tools and collective enterprises.

Surely, we should be concerned with economy of effort. Anything that involves learning introduces an overhead. Do we need a 'new' tool so badly? What is wrong with pen, paper and a list: tried, tested and available right now?

Defending h2cm

It is reasonable to suggest that informatics has yet to fully permeate nursing and health care. Models of *health* certainly do have a role to play. Practitioners need a space in which to negotiate and review their definitions of *holistic* (and) *care*, and *service integration*. The challenge remains for health and social care theoreticians to produce an overarching theory of health communication that integrates concepts, data, information, knowledge and interfaces.

The website and this paper, at this stage a part-time, personal effort, are calls to correct the research deficit. People frequently respond instinctively, causing us to polarise the many phenomena and issues we encounter. Our computers may be binary, but we must think and engage, not divide and control. Yes, the axes of h2cm do polarise, but the knowledge domains they invoke encourage us to explore, confer, focus, reflect and resolve.

Although h2cm is a big idea, its scope is essentially user/situation determined. From summaries to more detailed analysis, the h2cm is diverse in application, especially when facilitated by (effective) ICT.

The best tools are simple, ready to hand and user owned, founded upon a union between theory and practice. All professionals have an overhead: it is called continuing professional development. Surely a tool that can support learners and experts alike is an overhead worth paying? In ICT a frequent impediment to progress is a lack of bandwidth. In the correct 'minds eye' h2cm can map any situation, capturing the holistic bandwidth of health care. Overviews and summaries are an obvious application, one of the four assessments specified in the Single Assessment Process for Older Adults. Detailed hierarchical multipurpose mappings could be created, using an interface terminology system. This would create a 21st century information port, a nexus to a comprehensive (yet secure) integrated care record. How worthy would such a project be of the title 'Open Source'?

Whether physical or virtual a structure needs foundations.

Situated Information

Cool (2001) provides a way to relate research in informatics to h2cm by defining *context* and *situation*, and reviewing six theoretical approaches to the concept of situation. Below I have identified relevant health care aspects of *situation* found within Cool's review.

In *problematic situations* Schultz & Luckman (1973) refer to provinces of meaning. And in health situations patients, carers and health care workers all search for meaning. Goffman's seminal work in *social interaction theory* bears directly on the social context of mental health and illness, most noticeably in his early book *Asylums* (1961). Although largely focused upon the human-machine interface, the *situated action model* (Suchman, 1987) builds on findings that information related goals are far more multidimensional and hierarchical than previously conceptualised. Endsley's (1990) *theory of situation awareness* encompasses individual and group levels of situation study and explanation. The *person in situation model* (Snow, 1984) emphasises the importance of learning style, a factor in transition from learner to expert. Lastly, Taylor (1991) uses information under the heading of the *situation as information environment model*. Comprising information seeking behaviours, information use, and the evaluation of information items, this model is essentially a problem-solving algorithm. Collectively in nursing this is called the nursing process.

By defining context and situation, Cool stimulates thinking, since the health context includes many others: education, consultancy and advocacy. H2cm may provide a means to help define these concepts. A further issue is the need not only to help stakeholders achieve consensus, but to help people(s) to agree to differ – respecting each others views. Such difficulties – the human tendency to polarise and 'scapegoat' - are a legacy from our collective past that casts shadows on our tomorrow.

Responding to the 21st Century Agenda

If problems today require interdisciplinary solutions, then in the future effective transdisciplinary approaches will be crucial. This is not pie-in-the-sky theorizing. Health and social care are no longer the sole preserves of the clinic or waiting lounge. As the media has shown in relation to diet and younger people, SARS, and AIDs; health is a national and international concern. The environment also begs with increasing urgency for our attention. We are all linked, interdependent, vulnerable. Policy makers recognise the need to engage with people politically and engender personal responsibility. Citizenship is crucial in health and the environment.

The scholastic 3Rs alone are no longer sufficient to equip youngsters for the challenges that lie ahead. Visual literacy and creative, critical and reflective skills are also needed. Is there a generic model that could be taught globally, a basis for a general studies curriculum? Yes, there is, but does h2cm possess the additional desirable properties in Table 1? That is for you to decide...

Table 1

- disarms yet empowers
- is simple yet complex
- local yet global
- applies to individuals and populations
- is neutral or activist
- is able to represent and disseminate
- engages and educates
- and transcends culture, politics, gender, beliefs and ethnicity.

The ubiquity of information provides the scope to not only think out of the box, but in it as well. More than ever, health, the environment and democracy are like pearls threaded on a fine cord called quality of life. If informatics can help integrate the vision, and information is the clasp that unifies, what tools do we possess to handle this most delicate operation?

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Hodges Health Career – Care Domains – Model [h2cm]
<http://www.p-jones.demon.co.uk> (22 July 2004)

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