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Using emotional mapping to improve systems of care for frail older people

## **Using emotional mapping to improve systems of care for frail older people**

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The improvement of NHS systems of care for frail older people is an important and topical issue. In England 1.8 million people over 60 and 0.8 million people over 80 are living with frailty, additionally, 65% of people over 90 are clinically determined to be frail (Banks et al 2016). Frail older people, moreover, comprise a small, all be it growing, population group in the UK. In contrast to this, however, they are one of the largest groups using NHS health care services due to the variety of health needs associated with frailty. Consequently, frailty represents a real and growing challenge for health care providers (Rahman 2018).

The aim of this developmental paper is to explore the emotional experiences of frail older people and their carers who have received health care in England and to consider how this emotional mapping can be used to improve an NHS system of care for frail older people. The empirical qualitative research for this study is set to begin in May 2019 in the Leicester city healthcare system in the UK. By the conference date we expect to have completed the emotional mapping and will be able to discuss the project process, experience, and the recommendations for improvement that we intend to make. In the remainder of this paper we set the context of the study in terms of the literature surrounding the mapping of patient experiences and provide methodological details of the forthcoming data collection.

### Background to the study

## Using emotional mapping to improve systems of care for frail older people

The study follows a previous study to explore health professional, patient and carer, understandings of the term 'frailty'. This study took place in the Emergency department at Leicester Royal Infirmary and found that 'lay' and clinical understandings of frailty can act in tension with each other in a clinical setting (author ref removed). Owing to this and the current national commitment to delivering integrated and personalised services (NHS 2019) Leicester City Clinical Commissioning Group (CCG) is currently working to improve their services for frail older people. As a starting point they have produced a process map of their current system of care offered to frail older people at times of ill health. This process map covers all instances of ill health from minor illness to end of life. It maps the services available and aims to show an overview of the options and processes currently available (see figure 1).

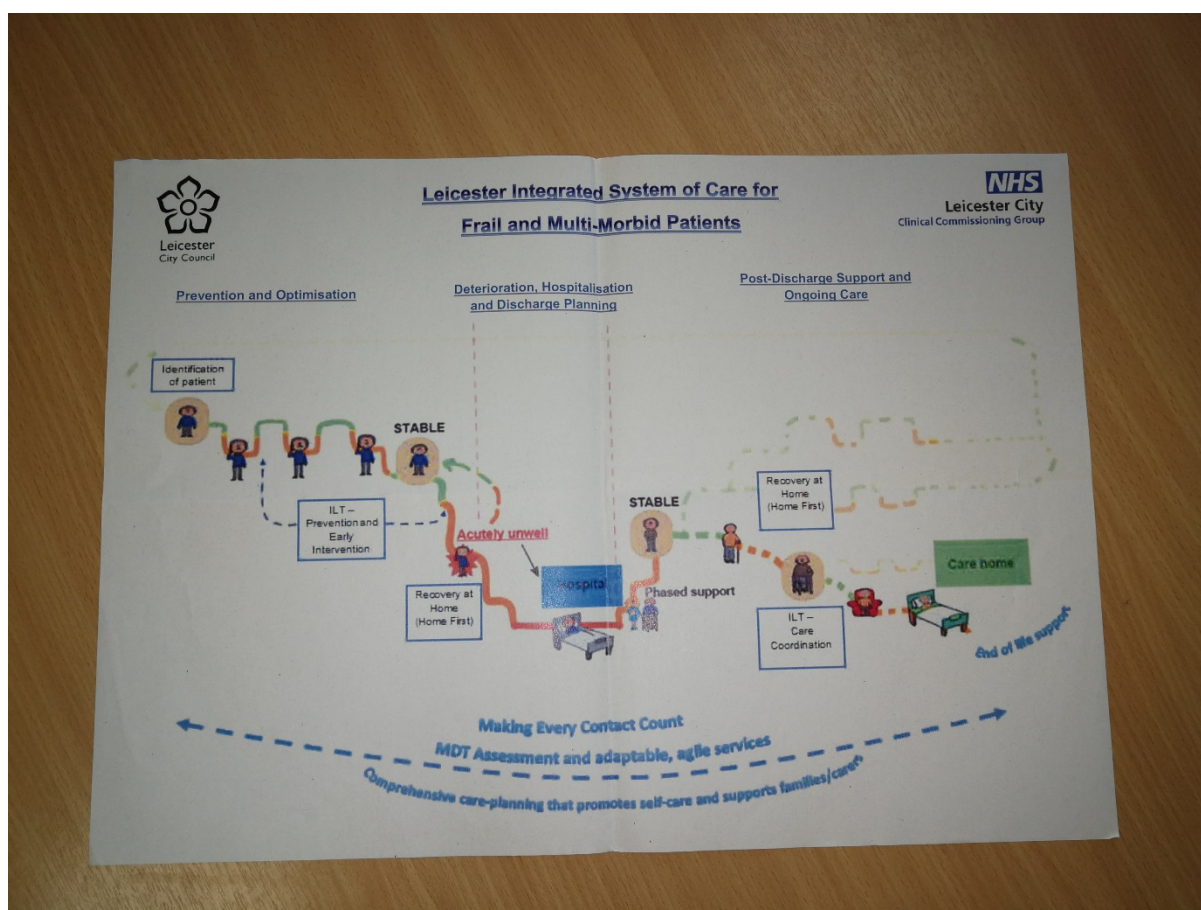


Figure 1. Process map

The map has been used with a range of stakeholders including patients, commissioners and providers. While this image shows the system of care as it currently exists and how it has been planned by NHS decision makers, it does not show patient experience. In line with the NHS focus on placing the patient at the heart of everything (principle four of the NHS constitution), Leicester City CCG's mission is to work with others, including the patient, to provide the best possible care. Further to this, frail older people have been highlighted as priority to be included in person centred care (Rahman 2019). In order to improve the system of care offered to frail older people depicted in the process diagram, therefore, it is imperative to include patient experiences of the existing system. In order to do this, this project seeks to map the patient experience of this system of care using emotion mapping. This information will then be used to improve the system of care available.

#### Mapping patient pathways/experiences

This is a qualitative project that uses emotional mapping to gather data and collate the findings. In healthcare settings, mapping has typically focused on patient and information flows in order to improve the quality and efficiency of services. The mapping of emotions is a relatively recent development in healthcare settings (Williams 2017). Emotional mapping is a process associated with experience based design (EBD) and has been used widely within NHS settings (Bowen et al 2013). Specifically, EBD focuses on involving both patients and staff in the redesign and improvement of services based on their experience of the service under review. EBD is firmly rooted in the NHS culture of improvement and patient centeredness (Bowen et al 2013). As Bate and Glenn (2007) point out, a process can be perfect but the experience of it can be terrible. The process of EBD allows the touch points that shaped the emotional experience of the process to be shown (Glenn 2013). The application of this information to the

service under investigation highlights areas for improvement and redesign. Indeed, EBD approaches have been found to yield a rich insight into patient experience that can be used to improve care (NHS 2009, Bowen et al 2013). EBD has been used in various NHS settings to reduce waiting times, redesign wards, to create safer environments, and to improve care pathways (NHS 2009).

Emotional mapping itself is described as ‘a simple but powerful extension of journey mapping and it captures the emotions felt by customers as they move through the journey’ (Johnston et al 2012 p.178). It is most frequently seen used in service operations management but is gaining in popularity in health care settings (Williams 2017). The customer (patient) is typically asked to talk through their experience of the process under review, focusing on the emotions felt. This is often done in groups but can be discussed individually depending on circumstance (Bate and Glenn 2007). The patient emotions are then mapped against the process to highlight any emotional hot spots that require attention and improvement.

The project begins from the fundamental EBD principle that patient and carer experiences represent a valuable and unique source of information that can be used to improve and redesign healthcare services (Bate and Glenn 2007). The use of emotional mapping will allow access to user experiences of the system of care under investigation that focuses the emotions felt (Glenn 2007). Emotions are generally described as strong mental or instinctive feelings that can be positive or negative. Indeed, it is suggested that emotion mapping should include both positive and negative feelings in order to provide a full understanding of experience (Johnston et al 2012). The participants in this project will be encouraged to tell the story of their experience and will be encouraged to share and discuss all emotions felt. This experiential data

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will then be mapped onto the process map to show areas that are working well and areas that require improvement (Glenn 2007).

### Methodology

In order to access patient and carer experiences semi structured interviews with 30 frail older participants and their carers (if appropriate) who have experienced this system of care will be carried out. The inclusion criteria listed below will be followed:

- Patients - age 60 and above and clinically considered to be frail.
- Carers – if indicated by the patient that their experience also affected carers. Carers will likely include, paid carers, friends, and family members.

The participants will be accessed and recruited through the Head of Engagement and Experience at Leicester City CCG.

It is expected that the interviews will be a mix of group interviews and individual interviews. Due to differing needs of the participant group, however, it is expected that group sessions will not be accessible to all participants. In order not to exclude the voices of those who cannot access a group session, interviews will also be available on an individual basis. The group interviews will be carried out in a space that is accessible to those invited, for example a local medical centre. For participants who cannot access such locations the interviews will take place in a space that is convenient and accessible to the participant. Regardless of the type of interview, group or individual, the interviews will focus on the patient experience and will seek to draw out the emotions felt at specific touch points and places in the process map. Figure 1 will be used to facilitate the interviews.

The interviews will be divided into two informal parts

1. Capturing the emotional journey/story
2. Focusing on improvement.

Participants will first be encouraged to tell their story, focusing on their experience of the specific aspects of the system of care they accessed. The types of questions asked will follow those outlined by Bate and Glenn (2007 p.125) in their case study using EBD to improve cancer care. Questions such as 'let's begin at the beginning, what happened next, and can you remember how you felt at that time?' will be asked. Because different people communicate in different ways, a range of storytelling facilitation techniques will be used. These will include: asking the participants to describe their journey; using post it notes that the participants can annotate and stick onto the process map where they think appropriate; and using emotion cards showing different words such as happy, frustrated, unheard, empowered and allowing participants to place these cards on the process map where they feel they best fit and asking patients to elaborate on this.

The second part of the interviews will focus on improvement. Here the participants will be asked how their journey/experience could be improved. Following Bate and Glenn's (2007) case study, the participants will be asked to place the touch points (instances of care that shaped their emotional experience and vice versa) on a high/low scale and will be asked the specific question 'if you were to go through this again, what would make it easier or better for you?'

The range of emotions and stories conveyed as part of the interviews will then be mapped onto the process diagram by the researcher and the Head of Engagement and Experience at the CCG in order to show where things are working or not and to highlight areas that require improvement. The annotated process maps and touch point scales will be photographed and used as evidence in the recommendations report.

### Conclusion

In summary, this study is one of a few that maps the emotional experiences of patients and relatives as they negotiate the healthcare system. Specifically we focus on those experiences of frail older people. To do this the study will address the following objectives:

1. To carry out semi structured interviews with 30 participants to explore the emotional experiences of frail older people and their carers who have received health care in Leicester City.
2. To carry out emotional mapping whereby patient and carer experiences/emotions are mapped onto the current process map.
3. To use the findings of the emotional mapping work to make recommendations to improve the system of care for frail older people accessing healthcare in Leicester City.
4. To disseminate the findings and process of this project to a multidisciplinary audience, including: members of the public, health care providers and commissioners, and academics.

As stated at the beginning of this developmental paper, the empirical research will have been completed by September 2019 and the conference presentation will report on the process, experience and outcomes of this empirical work.

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