

Policy Brief

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Tensions and Care in Moderation Work: Insights from the online platform 'Care Opinion'

EXECUTIVE SUMMARY

Care Opinion is an online platform that offers patients the chance to share their experience of healthcare encounters with peers and to feedback to healthcare providers. Patients' feedback takes the form of a story that gets moderated prior to becoming published on the platform and, subsequently, publically available. Moderation refers to any type of intervention that occurs in a patient's story such as the use of tracking tools and data structures that guide patient input in detail (Tempini, 2015) or editing of patients' posts prior to their publication (Ziewitz, 2017). Although moderation has been criticised due to its potential effects to circumscribe patients' freedom and restrict originality, our study aims to share insights concerning the complex nature of moderation, the care work it involves, and to offer recommendations for the improvement of an already very valuable service.

This brief presents results from in-depth semi-structured interviews conducted with twelve employees of Care Opinion in 2017, by Dr. Dimitra Petrakaki at the University of Sussex.

KEY FINDINGS

The moderation of patient stories involves significant and complex decisions concerning how stories are tagged with keywords and assessed against their criticality.

- The tagging of patient stories is surrounded by a tension to maintain authorial voice whilst also allowing healthcare providers to aggregate stories thematically and moderators to rectify potential factual errors in stories e.g. a wrong identification of a healthcare provider.
- Criticality scores are powerful enough to be treated by healthcare providers as objective facts that may affect their processes and practices, but they are inherently subjective and often partial, and thus tend to generate tensions between moderators. There is also ambiguity surrounding what exactly is being graded as critical: are moderators grading the stories themselves, or the services they describe?

Moderation can be viewed as care work directed towards authors, healthcare providers and moderators themselves.

- Moderation has patients' protection at its heart, through ensuring anonymisation and, more importantly, by signposting patients under risk to the right healthcare providers or by flagging stories to services.
- It ensures healthcare providers are not exposed to offensive criticism, and provides grace periods for services to respond to particularly critical stories in a considerate manner.
- The care work of moderation also involves supporting each other with handling issues that can act as personal triggers for individual moderators and maintaining a culture of care in the workplace.

The findings of the study show that moderation is a process of transforming (albeit to a certain extent) patient stories into meaningful data. In this process, moderators make judgements when they tag stories and assign criticality scores; both tasks are surrounded by certain tensions. Our study also shows that moderation constitutes care work as it involves caring for authors, for providers and even for one another.

EMERGING TENSIONS IN MODERATION WORK

Moderation involves the tagging of stories. This refers to the use of single words or phrases that are attached to stories to enable easier searching for users of the website. These tags offer quick summaries of stories and can be aggregated into data visualisations like word bubbles. Tags are, in the first instance, added by the authors themselves to describe their story. Moderators can then edit these tags to ensure they represent the content of the story accurately and are useful for healthcare providers. However, this process creates a tension between preserving authorial voice (through those tags which authors feel are important) and providing a thematic aggregation for healthcare providers (through tags which will enable linking to other stories). It also raises a question concerning the purpose of tagging: does it have patients' or healthcare providers' interests at its heart?

Moderators attribute a criticality score to all the stories they receive. This remains visible only to moderators and healthcare providers. While Care Opinion has set clear definitions of each of the criticality scores, the process of assessing criticality remains largely subjective and dependent on the moderator's interpretation of the story. Stories often produce tensions between moderation around their criticality as evidenced by the following quote given by a senior moderator:

“ The moderator gave it a criticality two ... But the debate we've been having today is, I am saying no, that's not a two that's a three. ”

Nevertheless, healthcare providers often perceive criticality scores as being objective measures that can determine and shape practice.

A further tension that emerges around these scores concerns their generality. Moderators cannot assign criticality to particular services, only to the entire story.

For complex health stories that involve multiple services, criticality becomes not only subjective but also oversimplified, as a moderator explained:

“ If a story mentions multiple services ... If it mentions the ambulance service and then it mentions the A&E board and then it mentions the orthopaedic ward and the ambulance was fantastic and the A&E was fantastic and the trauma ward was awful. We rate the story on the awful. ”

MODERATION AS CARE WORK

Care Opinion and its moderators care for the authors of their stories in at least three ways:

1. By providing an outlet for patient stories to be told and patients

“...to feel heard. I think that's the thing. It's important to feel heard and to feel like your view counts.”

2. Moderators may alert appropriate care organizations in cases of urgent need (e.g. suicidal thoughts) or signpost patients to services directly. This compassionate role is a necessary part of acting in a care setting, although Care Opinion does not necessarily have a duty of care.
3. In editing patient stories, moderators enter a tension between trying to anonymise the patient and maintain their voice or phrasing. This anonymisation allows for neither individual patients nor individual healthcare professionals to be identified on the basis of the story's content. This protects individuals from repercussions of the story and is thus a care act.

Care Opinion also plays a role in moderating healthcare providers' responses to stories.

For instance, Care Opinion will notify a healthcare organization if a particularly critical story is going to be published about them soon.

This attention shown to the responses forms a dual care role by allowing for considered, tailored and careful responses. As put by one interviewee,

“This is the continuation of care. It's the continuation of a dialogue between professionals and a patient, which is about making sense of what happened.”

This consideration of both patient and professional demonstrates care towards both constituencies.

Finally, the care that moderators show to themselves and each other is an incredibly important part of the care roles played in Care Opinion:

“Everybody in this organisation will have a trigger that a story along those lines is just a 'no-go'. We are all very supportive of each other. The organisation's management are very supportive.”

RECOMMENDATIONS

These findings have highlighted the complexity of moderation and the care effects inherent in the process. In order to improve upon an already very beneficial service, Care Opinion could:

- Differentiate (via colour coding) between author tags and moderator tags (on the subscriber side only), thus retaining the primacy that authors place on certain aspects while also maintaining thematic focus.
- Complement criticality scores with an author-ranked 'experience score' ("How would you characterise your experience?" 1 – completely negative, 2 – mostly negative, 3 – slightly negative, 4 – neutral, 5 – slightly positive, 6 – mostly positive, 7 – completely positive) which removes moderator subjectivity from the assessment of criticality.
- Offer training and advice to subscribers on transforming stories into data, and infuse this training with the primacy of patient voice.
- For users of the website, place more emphasis on the care role that Care Opinion plays, as well as the active participation of Care Opinion's moderators in care for both authors and healthcare providers.
- Formalise moderators' role in caring for one another by introducing a monthly 'check in' with a 'buddy' – a peer who sits at the same or similar level of experience. This would be especially relevant for handling 'no-go topics.'

These recommendations would all require relatively minor changes in Care Opinion's operations, but would serve to formally recognise the deeply integral values and practices of care, as highlighted in the interview data.

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