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CONFERENCE ABSTRACT

Social decision making in integrated care

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The literature on integrated care mainly focuses on institutional and structural aspects of integration, such as macro-level organizational characteristics, information systems, legislation, and funding mechanisms, in a number of publications conceptualized in definitions and models. Although it is acknowledged that human factors, such as motivation, leadership, entrepreneurship, and commitment, are relevant as well (Nies & Berman, 2004; Billings & Leichsenring, 2005; Minkman, et al., 2009; Sun, et al., 2014), in the field of integrated care, there seems to be little integration between macro-level theories on the one hand and knowledge on micro-level processes on the other hand (cf. Goodwin, 2013). This is unfortunate, as it has been argued that macro lines of research could profit from a micro motor (see for example Powell & Bromley, 2015; Powell & Colyvas, 2008). Such a motor would involve theories that intend to enact structural and institutional factors by individuals in concrete social situations. This might clarify why pilot experiences often do not transfer to other situations (Bengoa, 2013) and might shed a new light on successful implementation of good practice examples.

In this workshop we will explore how successful integration can be understood by applying social decision making theory, in particular the Motivated Information Processing in Groups (MIP-G) model (De Dreu, Nijstad, & Van Knippenberg, 2008). We propose that what makes integration work depends on underlying mechanisms of collaboration, competition, and information exchange (Beersma, 2015).

Integrated care is characterized by mixed motive contexts at different levels: motives to collaborate with others (organizations and individuals) and to strive for one's own (organization's) interests both play a role at the same time. Specifically, the actors in the field of integrated care often have dual loyalties. They operate in diverse institutional settings, with their own identities, money, legislation, incentives, cultures and so on. This holds for all levels of integration: the clinical, professional, organizational and system level (Valentijn et al., 2013). Moreover, it holds not only for professional actors, but also for people in the non-professional or informal domain, in the community, an emerging field in integrated care (Nies, 2014; Goodwin, 2014).

Besides the mixed-motive nature of integrated care, another element that should be noted is its complexity (Goodwin, 2013). By definition, integration requires understanding others' perspectives and language, and as such it requires in-depth information processing.

Based on our knowledge of integrated care and motivated information processing in groups, we will discuss two central elements that explain why an integration process will or will not work: social motivation and epistemic motivation. Social motivation refers to how individuals weigh their own and others' interests in a decision-making context; whereas a pro-self motivation reflects striving for one's own interests only, a pro-social motivation reflects striving for both high own, as well as others' outcomes. Epistemic motivation refers to the willingness to expend effort to achieve a thorough understanding of the decision problem at hand (De Dreu et al., 2008; Nijstad & De Dreu, 2012). When individuals have high rather than low epistemic motivation, they are more likely to engage in a thorough, in-depth search for and processing of information. Together, social and epistemic motivation have been shown to drive the success and failure of integrative decision making in laboratory contexts (De Dreu et al., 2008, see also De Dreu, Beersma, Stroebe, & Euwema, 2006). Specifically, laboratory experiments demonstrated that prosocial motivation leads to optimal integration, but only when combined with high epistemic motivation.

In the workshop we propose they are also highly applicable in the context of integrated care. In this specific context, the inter-organizational perspective is an extra dimension, which at first sight complicates collaboration. However, in our workshop we will explore whether and how insights derived from the MIP-G model can be applied to integrated care and linked to structural / institutional interventions in this field. The aim of the workshop is to provide care providers, commissioners and users' representatives with key principles of social decision making, to test the applicability of the model, and to explore research questions and networks.

Keywords: social decision making theory; motivated information processing in groups; social motivation; epistemic motivation