

POSTER ABSTRACT

Social decision making in integrated care: Applying the Motivated Information Processing in Groups MIP-G model to integrative decision making in the context of care

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The literature on integrated care IC mainly focuses on institutional and structural aspects of integration. However, understanding the micro-level processes related to integrative decision-making could increase understanding of the factors that facilitate, or in contrast, hinder, IC. In the current study we therefore tested the implications of the Motivated Information Processing in Groups MIP-G model [1] on decision processes and outcomes in the context of social care delivery.

According to the MIP-G model, two factors explain the effectiveness of group decision making processes: social and epistemic motivation. Social motivation refers to how individuals weigh their own and others' interests in decision-making. Pro-self motivation reflects striving for one's own interests only, 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. When individuals have a high rather than low epistemic motivation, they are more likely to engage in thorough search for and processing of information.

The MIP-G model predicts that at the group level, social and epistemic motivation, alone and in combination, affect the quality of group decision processes i.e. generating problem solutions, disseminating information and outcomes results. Specifically, higher levels of prosocial rather than pro-self motivation and of epistemic motivation should relate to more effective decision making processes and outcomes.

We tested the model by asking 70 care professionals involved in IC to describe a specific situation in which multiple parties tried to make a joint decision related to the organization of IC delivery in which they either were, or represented, one of the parties $n = 63$, or which they observed closely $n = 7$. Respondents rated to what extent they thought the decision-making process and outcome were a success measures on a ten point scale. We then presented them with seven items measuring social motivation of the parties in the described situation adapted from [2], $\alpha = .89$, and three items that measured parties' epistemic motivation adapted from [3], $\alpha = .81$.

Preliminary analyses demonstrate that whereas the MIP-G model postulates that social and epistemic motivation are orthogonal factors, they were correlated in the perception of respondents in our study: the more respondents perceived parties to be prosocially motivated, the higher they perceived their epistemic motivation $r = .70$. Social motivation was positively related to process $r = .74$ and outcome effectiveness $r = .56$, as was epistemic motivation respectively, $r = .58$; $r = .46$, for all reported r -values: $p < .001$.

Although a limitation of this study is that data are based on self-reports, we can cautiously conclude that social and epistemic motivation relate to effective decision-making in the context of care. This knowledge can serve as a basis for designing interventions. An important question for future research is to examine whether the observed correlation between social and epistemic motivation is a methodological artefact due to our use of self-report questionnaires or rather inherent to processes in IC.

Keywords: social-decision making; social motivation; epistemic motivation
