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Examining the role of context in the implementation of a deliberative public participation experiment: Results from a Canadian comparative study

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Abstract

To resolve tensions among competing sources of evidence and public expectations, health-care managers and policy makers are turning more than ever to involve the public in a wide range of decisions. Yet efforts to use research evidence to inform public involvement decisions are hampered by an absence of rigorous public participation evaluation research. In particular, greater rigour in exploring the roles played by different contextual variables—such as characteristics of the issue of interest, the culture of the sponsoring organization and attributes of the decision being made—is needed. Using a comparative quasi-experimental design, we assessed the performance of a generic public participation method implemented in 5 Canadian regionalized health settings between 2001 and 2004. Participant and decision-maker perspectives were assessed and, through direct observation, the roles exerted by contextual variables over the public involvement processes were documented and analysed. Our findings demonstrate that a generic public participation method can be implemented in a variety of contexts and with considerable success. Context exerts fostering and inhibiting influences that contribute to more (or less) successful implementation. Public participation practitioners are encouraged to pay careful attention to the types of issues and decisions for which they are seeking public input. Sufficient organizational resources and commitment to the goals of the public participation process are also required. Attention to these contextual attributes and their influence on the design and outcomes of public participation processes is as important as choosing the “right” public participation mechanism.

Keywords: Canada; Public involvement; Health care; Public participation; Context

Introduction

To resolve tensions among competing sources of evidence and public expectations, health-care managers and policy makers are turning more than ever to involve the public in a wide range of decisions...
from research funding and production (O'Donnell & Entwistle, 2004; Pivik, Rode, & Ward, 2004; Royle & Oliver, 2004) to planning, priority setting and resource allocation (Abelson, Eyles, McLeod, Collins, & Forest, 2003; Abelson, Forest et al., 2003; Mitton & Donaldson, 2002; Pivik, 2002; Wiseman, Mooney, Berry, & Tang, 2003). Yet efforts to use research evidence to inform public involvement decisions have been hampered by the absence of rigorous public participation evaluation research (OECD, 2005). Despite a long history of experimentation, we still know very little about what does and does not work when it comes to designing public involvement processes; what impacts these processes have on public participants, decision makers and decision making or how these processes are shaped and constructed by the different contexts within which they are implemented. As interest in and pressure to involve the public more meaningfully in health-care decision making continues to grow, this evidence gap poses frustrating barriers to decision makers looking to draw transferable lessons to inform the design of public participation processes. We address this gap by reporting the findings from a comparative evaluation of public participation in 5 Canadian provinces. A specific emphasis of the paper is to document and interpret the role of multiple contexts in shaping the design, implementation and evaluation of public involvement processes.

**Literature review and conceptual issues**

Many of the challenges first ascribed to public participation evaluation over 25 years ago (Rosener, 1981) continue to plague the field today. Participation is still a complex and value-laden concept, with multiple purposes, meaning, levels and methods. But convergence among public participation scholars and practitioners, around a common set of public participation frameworks and typologies, seems close at hand (IAP2, 2005; Rowe & Frewer, 2005). Moreover, some of the pioneering evaluation frameworks (Webler, 1995) have been tested and incrementally improved through application with notable contributions from the fields of science, technology and environmental policy, each with long histories of public participation (Beierle & Cayford, 2002; Pets, 2001; Rowe, Marsh, & Frewer, 2004, 2000). These frameworks also resonate with decision makers’ and citizens’ views about what might constitute “successful public participation” (Abelson, Forest, Eyles, Casebeer, & Mackean, 2004; Forest, Abelson, Gauvin, Martin, & Eyles, 2003; Lowndes, Pratchett, & Stoker, 2001; Seargeant & Steele, 1999).

While there have been determined efforts to improve the rigour of public participation evaluation, most evaluations still fail to provide decision makers with the research evidence they need to inform subsequent public involvement processes. This is due, in part, to imprecise and inconsistent terminology used to describe and categorize public involvement methods and the contexts within which they are implemented (Rowe & Frewer, 2004). With more explicit descriptions of participatory mechanisms and their associated contextual attributes, improved theory building about what works and under which circumstances should follow. For example, there is now broader acceptance of three major groupings of methods: citizen engagement, consultation and communication (OECD, 2001; Rowe & Frewer, 2005). Each of these approaches is distinguished by the degree to which the public is engaged in the process (i.e., as full and equal partners, as consultants or as recipients of information, respectively). Similarly, categories of contextual attributes associated with the implementation of public involvement processes could also be developed. These might include, for example, characteristics of the issue (e.g., large vs. small scale, degree of scientific uncertainty, information requirements associated with the issue), the culture of the sponsoring organization (e.g., leadership style, level of commitment to and resources available for public involvement) or attributes of the decision being made (e.g., type of decision, timeframe, etc.) (Einsiedel, 2002). Efforts to systematically account for context in this way have focused on discerning the relative influences of community (i.e., social and structural), institutional (i.e., organizational enablers) and political contexts on community-wide decision-making processes (Abelson, 2001). While providing a helpful heuristic for documenting the roles of different contextual attributes, these types of frameworks fall short of providing evaluative guidance regarding which contexts are associated with which public participation outcomes (Beierle & Cayford, 2002).

Recent scholarly attention given to understanding how context mediates the production of evidence to inform and guide policy offers another source of guidance (Dobrow, Goel, & Upshur, 2004; Lomas, Culver, McCutcheon, McAuley, & Law for the
Canadian Health Services Research Foundation, 2005; McCormack et al., 2002). In these accounts, context is typically defined in broad terms as the setting or environment (depicted according to internal and external characteristics) within which “some thing” (e.g., health service, health-care innovation or intervention) is delivered or implemented. However, elaboration beyond general depictions of context in community, cultural, organizational and political terms has been rare. To respond to these weaknesses, recent attention has focused on articulating a set of organizational context characteristics that can be used to assess performance in inhibiting or fostering implementation. These include the more traditional characteristics of culture (“the way we do things around here”) and leadership as well as other organizational attributes such as decision-making systems, staff relationships, power differentials and innovation potential (McCormack et al., 2002). Efforts to more systematically differentiate between internal (accounting for decision-making purpose, process and participants) and external environments (including resource constraints and political factors) have also been fruitful (Dobrow, Goel, Lemieux-Charles, & Black, 2006).

We aim to produce a set of take-home messages about what context means with respect to public participation and which contexts matter most when it comes to implementing successful public participation. Our data source is a 3-year comparative public participation study that involved the design, implementation and evaluation of a generic public involvement approach in 5 regionalized health settings (RHAs) in Canada. The aim of the research study was to assess and enhance the effectiveness of public involvement methods as tools for obtaining public views to inform and improve health-care decisions and for communicating with the public about complex health and health-care issues. The study’s evaluation phase included both process and outcome components: (i) assessments of the public involvement process and (ii) its effects on participating citizens, sponsoring decision makers and the decision making it was designed to inform.

Weaknesses of previous evaluation studies were addressed in several ways. First, an explicit a priori definition of ‘effective’ public participation was developed based on case studies of public participation in regional level health-care decision making across the 5 study sites of Alberta, Saskatchewan, Ontario, Québec and Nova Scotia (study phases 1 and 2). Second, a single, generic public participation mechanism was designed, implemented and evaluated (using predetermined evaluation criteria). Third and finally, the approach was implemented and evaluated in multiple settings to assess the performance of a generic public participation mechanism under a variety of conditions (i.e., contexts).

In undertaking this type of study, we are well positioned to contribute to current debates about different conceptualizations of public participation. One views public participation as a “technique” that can be instrumentally and mechanistically applied to social and political processes (Lukensmeyer & Brigham, 2005; Rowe & Frewer, 2004, 2005). The other depicts public participation as an intrinsic element of social and political processes that reflect socially constructed struggles for legitimate decision making (Contandriopoulos, 2004; Yankelovich, 1991). Our research suggests that a reconciliation of these views is warranted and that a middle ground exists that emphasizes the need to pay attention to method while developing a fuller understanding of the contexts within which these mechanisms are applied.

**Methods**

We used a comparative quasi-experimental design to assess the performance of a generic public participation method with a common set of attributes. Method selection and design was informed by two preceding study phases that included a literature review to identify “best practice” public participation methods and features (Abelson, Forest, et al., 2003), interviews with regional health authority executives, focus groups with experienced public participants in each of the 5 research sites (Abelson et al., 2004) and a nation-wide survey of regional health authority decision makers to identify a set of predictors of successful public participation practices. Informed by these findings and the study’s overarching objective of designing, implementing and evaluating methods for obtaining informed and meaningful citizen input, the research team (researchers and decision makers from each of the 5 study sites) identified a method aligned to the growing cadre of deliberative public participation methods that feature collective “problem-solving” discussion, to allow individuals with different backgrounds, interests and values to listen, understand, potentially persuade and ultimately come to more reasoned, informed and public-spirited decisions (Abelson, Forest, et al., 2003; Rowe &
Frewer, 2000). Ethics approval was obtained from 5 university research ethics committees and two of the participating regional health authorities that had formal research ethics review processes.

Controlling for method: a single method implemented in different contexts

A single public participation method was chosen that, when implemented uniformly across all regional health authority research sites, could be assessed under a variety of “real-world” conditions (i.e., a partially controlled social experiment). The method was a 1-day (6-h), face-to-face, deliberative public participation meeting, consisting of plenary and small group sessions that would provide the sponsoring regional health authority with public input on an issue of importance. The following method attributes, generalizable to the features of two major groupings of participation mechanisms (Rowe & Frewer, 2005, pp. 281–282), were uniformly implemented across all 5 research sites: (i) controlled participant sampling and recruitment methodology (20–25 participants selected from each community); (ii) length, structure (i.e., a combination of plenary sessions held at the beginning and end of the day and small group sessions held between the plenaries) and external facilitation of the participatory method; (iii) provision of standardized information materials tailored to the local issue in advance of the meeting; (iv) a combination of structured and unstructured aggregation of input and (v) the requirement for each organization to clearly communicate to participants the purpose and intended use of the public involvement process and how their input was used by the organization.

The consultation issues

Consultation issues were identified for each research site through negotiations between local RHA decision makers and study investigators, guided by the following criteria: the issue (i) needed to be “live” and one that the health authority/council was actively dealing with, (ii) required multiple, viable options that the health authority/council would be prepared to consider for addressing the issue and (iii) needed to be amenable to the construction of appropriate decision options. The issues selected varied both in the types and stages of decision-making processes they were to inform as well as the service/content/population areas to be addressed (Table 1).

Study community characteristics

Study communities comprised a combination of rural and urban settings across 5 Canadian provinces for which a regional health authority is responsible for the health-care planning, resource allocation and/or delivery for its population. Depending on the province and actual service delivery responsibilities, populations served by each health authority ranged from 46,000 to 1 million, budgets reviewed for the study period ranged from $1 million to $1 billion and staff sizes ranged from approximately 10–18,000 (Appendix A).

Other hypothesized contextual variables

Controlling for the method and its core attributes was emphasized throughout the study. However,
there were several contextual variables (in addition to the consultation issue and study site characteristics) that we did not seek to, or could not, control through the research design. We were aware of some of these prior to implementation but the type and magnitude of influence they would exert on the public participation processes and outcomes within each site were unknown. As such, through a partial controlling of explanatory variables (i.e., the implementation of a common method) in a comparative context, our study design was uniquely positioned to identify and explore the “real-time” influences of several contextual variables (Fig. 1). For example, the research study unfolded in different political contexts for each study province and RHA. In most Canadian provinces, negative experiences with local hospital and health services restructuring processes, dating back to the mid-1990s, left RHAs feeling mistrustful of provincial government and local communities feeling mistrustful of RHAs regarding the motivations for public consultation. RHAs believed they were being used by provincial governments as instruments for downsizing and facility closure. Their communities, in turn, blamed the RHAs for imposing these changes on them. The decisions and their timeframes (i.e., decision-making context) also differed across sites as did the size, leadership and decision-maker involvement of the participating RHA organizations (i.e., organizational context). Lastly, research contexts varied across the 5 sites from full researcher/decision-maker partnerships based on extensive prior collaborations to newly developed relationships formalized through written agreements.

**Study population, sampling and recruitment**

A validated sampling and recruitment method was used in each site (Abelson, Eyles, et al., 2003). Using a stratified random sampling process, politically and socially active local citizens were recruited through local community organizations. Organizations were chosen with the goal of achieving comparable representation across three attributes: (1) health-care organizations whose primary function is to deliver or manage health services; (2) health-related organizations involved in the health sector but not engaged in
direct service delivery (e.g., support or advocacy
groups) and (3) well-being organizations involved in
broader social and community-wide issues (e.g.,
parent groups, sports and recreation organizations).
Local residency status was an inclusion criterion. The
most senior volunteer member (or equivalent) of each
invited participant organization was invited to
participate in the research project. Consenting
participants were asked to contribute as community
members, rather than as individuals or as representa-
tives of their organizations.

Evaluation components and instruments

Public participant evaluation

Participants completed questionnaires prior to (base-
line), immediately following (post) and 3–4 months
after the 1-day consultation meeting (follow-up).

Table 2 itemizes all participant data collected. Only
data relevant to method’s procedural elements (shaded
cells) are reported. Baseline evaluations focused on
assessing clarity of communication about the purpose
of the consultation and about the background mate-
rials provided in advance of the meeting. Postmeeting
and follow-up surveys focused on specific procedural
elements of the meeting and on meeting follow-up.

Decision-maker evaluation

Prior to the consultation meeting, decision
makers completed a brief questionnaire, which
gathered their perspectives on the following:

- the amount of planning time required for the
  consultation meeting;
- their expectations for the meeting and the
  potential for the deliberative method to foster a

Table 2
Participant data collected (T1–T3)

<table>
<thead>
<tr>
<th>Baseline survey (T1)</th>
<th>Post-meeting survey (T2)</th>
<th>Follow-up survey (T3)</th>
</tr>
</thead>
</table>
| Participant characteris:
  • Age, sex, education,
  • Length of residency
  • Participation in community
    organizations
  • Experience with the issue under
deliberation |
| Participant id linked to T1 survey | Post-meeting assessments of
  meeting’s procedural elements:
  • Clarity of communication
  • Structure, facilitator, information
  • Opportunity for adequate discussion
  • Degree to which meeting met
    expectations |
| Participant id linked to T1&T2 | Follow-up assessments of
  deliberation impacts:
  • Meeting follow-up
  • Use of meeting input by
decision makers
  • Participants’ views of
    meeting follow-up |

Participant understanding of
deliberation issues

Prior activity related to deliberation
issues

• Thinking, reading, research, talking
• Contact with public officials

Values toward issues under
deliberation

Participant understanding of
deliberation issues

Anticipated post-meeting activity
related to deliberation issues

• Thinking, reading, research, talking

Contact with public officials

Values toward issues under
deliberation

Note: The shaded section of the table highlights data presented in this paper.
different kind of discussion and citizen input than typically obtained;
• criteria they would use to judge if the meeting was successful and
• least and most satisfying aspects of planning for the meeting.

Postconsultation decision-maker evaluations were administered through surveys and debriefing meetings with RHA decision makers involved in the project, research team members and the consultation facilitators. E-mail exchanges initiated by decision makers providing feedback on the consultation were also reviewed.

Research team evaluation
Participant and decision-maker evaluations were augmented by research team assessments assembled from the following data sources: facilitators’ consultation reports; direct follow-up with decision-maker partners and independent review of RHA documents (e.g., board meeting minutes, reports and newsletters) to determine the impact of the consultation on RHA decision making; audio tapes of the proceedings of each consultation meeting, observers’ field notes from each consultation meeting and research team meeting minutes recorded through all study phases. Cost data for the planning, execution and evaluation work, facilities and materials associated with each site’s project were also collected by research and decision-maker team members.

Analysis
Quantitative data were analysed using the statistical package for the social sciences software (SPSS) version 11.5. Descriptive statistics were run for both site-specific and aggregate data (i.e., all sites combined) for each of the participant questionnaires (baseline, postmeeting and 3–4-month follow-up). QSR Nvivo 2.0 was used to assist with the qualitative data management and analysis. Analytic techniques used included constant comparison, the preparation of analytic memos based on observer notes prepared by site-specific teams and project co-PIs and in-depth discussion and interpretation of findings at full team research meetings. Data were reviewed iteratively to identify common themes emerging both within and across sites.

Findings
Given this paper’s focus on exploring the contextual aspects of public participation, only a partial set of the evaluation results are reported here—those dealing directly with participant, decision-maker and research team assessments of the consultation process, its influence on decision making within the organization and approaches to future public participation activities. A more detailed set of evaluation results are reported elsewhere (Abelson & Forest for the Effective Public Consultation Project Team, 2004). Research findings are organized around descriptive findings for the process and outcome aspects of the evaluation followed by research team observations about the roles played by different contextual characteristics.

Study participants
The 99 study participants (ranging across sites from \( n = 12 \) to 26) were predominantly female (84%) and tended toward middle age (mean age of 46). Three-quarters of participants held at least a college education and all were long-time, civic-minded residents (mean years of residency = 27) of their respective communities.

Participant assessments
Assessments of procedural elements
Participant evaluations of the deliberative consultation demonstrate strong support for the use of this type of method (and its associated features) across a range of decision-making, organizational and issue contexts. Participants were extremely positive about most aspects of the meeting. Almost all participants felt that the meeting format promoted discussion (98.9%) that it provided them with equal opportunities to participate in discussion (95.7%) and that the meeting facilitator was knowledgeable about the discussion topics (97.3%). Over 80% of participants felt that they had enough time to discuss issues in a comprehensive way (85.8%), and felt that information and the purpose of the meeting was clearly communicated (84.5% and 81.9%, respectively). Participants also viewed this type of meeting as a useful way to bring citizens together to discuss these types of issues although a third of the participants (from QC and NS specifically) viewed its utility less favourably than the rest.
An exception to participants’ uniformly high ratings of the consultation’s procedural elements was the critique of the information provided. Compared to the very high marks (i.e., over 80% very satisfied) given to other aspects of the process, just over two-thirds of participants (69.3%) indicated that they were satisfied with the information provided. Dissatisfaction levels were highest in 2 sites: (1) where participants did not receive the background materials for the meeting until 2 days prior to the meeting (QC) and (2) where participants felt that the type of information presented (i.e., hypothetical rather than real) posed a barrier to the deliberative process (SK).

Assessments of meeting follow-up and perceived impacts on decision making

An explicit accountability mechanism was built into the method that required each organization to follow up with participants after the consultation meeting and to indicate how participants’ input would be used by the organization. Participant assessments of this mechanism were obtained by asking them what, if any, follow-up information they had received from the sponsoring organization about the consultation, whether they thought the meeting input would be considered in the organization’s decision making and the degree to which the follow-up information met participants’ expectations. Just under two-thirds of participants reported receiving any information from the sponsoring organization. Three-quarters of those who did receive the information believed that the meeting input was considered by the RHA. About half of these participants felt that the follow-up that they believed had occurred met all of their expectations while just over 40% felt that the follow-up met some of their expectations.

Research team assessments

Assessments of follow-up, communication and decision-making effects

Organizational follow-up was also directly observed through meeting attendance and correspondence with organization staff. In most sites, a minimum of one debriefing meeting was held at which the consultation meeting results were discussed and interpreted. The most comprehensive follow-up was undertaken in 2 sites: Alberta and Québec. In Alberta, this consisted of summary reports (to RHA staff, public participants and a broader set of community organizations), presentations (to senior RHA managers and planning groups) and a day-long planning meeting with relevant community organizations hosted by the health region to share and begin to act on the priorities identified. In Québec, a report of the outcomes of the public deliberation was presented to the RHA board; a report summarizing the consultation outcomes (prepared by the research team) was sent to all participants and a letter (from the RHA) indicating what steps had been taken to implement the public input recommendations was mailed to all participants. Commitment to participant follow-up was less comprehensive in the other sites where letters were mailed to participants, at the prompting of the research team. In 1 site, there was confusion about whether explicit follow-up had actually taken place because it was incorporated into the cover letter that accompanied the post-meeting survey.

The demonstrated links between the public consultation and organizational decision making also varied across sites. In Québec, the “recommended decision” that resulted from the consultation was accepted and implemented by the regional health authority within the study’s follow-up period. In the Ontario and Nova Scotia sites, reports on the consultation outcomes were presented to their respective boards but no discernible actions were identified in the analysis of organizational documents during the study’s follow-up period. In Alberta, the public consultation outcomes served as a catalyst to advance on-going initiatives and to create some new ones as depicted by presentations to the RHA board and documented follow-up activities.

Decision-maker assessments

In committing their organizations to participate in this study, participating decision makers enthusiastically supported the objectives of the research—to test and evaluate a new public consultation method. Senior decision makers and middle managers within each organization were asked to comment on their experiences with the planning and implementation process. Just over half (56%) indicated that the planning time was about what they expected; however, nearly a third of decision makers (31%), primarily from 2 sites (ON and NS), felt that the amount of planning time required for the consultation meeting was greater than...
anticipated. Views about the time required to plan for these types of consultations are reflected in the following statements:

...planning the handout material was more time consuming than I thought but definitely a necessary process.

The time required to plan this type of process well is considerable but I think I realized this upfront.

I hate to think what it would be like if we had to do this on our own.

Despite concerns about the drain on their resources, over two-thirds of decision makers (68.8%) believed the deliberative method would foster a different kind of discussion and citizen input citing the following distinctive features of the method from their perspective:

The provision of background materials allows participants to come prepared and informed.

The use of neutral facilitators created an environment that enabled honest exchange of ideas.

The structuring of the material and presentation options provided a helpful framework.

Still, just under a third of decision makers (31.2%) were less convinced of the method’s unique features when compared to methods their organization was already using. These findings are discussed in the next section of the paper.

Decision-maker perspectives on evaluation also varied. When asked how they would determine whether the consultation process had been successful, a range of evaluation criteria were listed that emphasized either procedural (e.g., ensuring good, open discussion with multiple participants; creating a synergy among participants; obtaining good quality input; legitimizing a decision-making process) or outcome (e.g., participant satisfaction; input used in RHA decision making; method used again) elements. The different hopes, apprehensions and evaluation criteria these decision makers shared at different points throughout the study reveal a varied set of expectations that, combined with other elements, signal the vulnerability of the generic public participation approach at the local level.

Identifying and interpreting contextual roles

The results presented to this point illustrate that, with the exception of the background information provided, the core procedural elements of the consultation implemented in each of the 5 research sites (and for the 5 different consultation issues) were favourably received by study participants. Much greater variability is revealed, however, in decision-makers’ assessments of the consultation planning process, the details of how the consultation unfolded (e.g., the attention paid to follow-up and communication aspects of the process) and in how the consultation input was considered in the decision-making process within each sponsoring organization. In the following sections, we seek to explain this variability by documenting how different contextual characteristics were animated across and within each of the study sites.

Issue attributes and decision-making characteristics

The characteristics of the issue and the decision-making process appear to have contributed to the rapid uptake of the consultation input in Québéc compared to the other RHAs. This RHA had resources available to allocate to community-based autism services and had reached a stalemate in discussions with community stakeholders about how to allocate these funds. The RHA was seeking a credible way to make a decision within a short timeframe and found the proposed deliberative public consultation method appealing. The combination of the concreteness and specificity of the issue (i.e., resource allocation mechanism) along with a short decision timeframe contrasts with other sites where the public was consulted about less tangible, less service-oriented and longer time horizon issues (e.g., local health system monitoring, planning for the well-being of older adults, determining the RHA’s role in promoting socio-economic determinants of health).

In Saskatchewan, the only other site where a concrete, service-oriented issue was used to frame the consultation (i.e., the configuration of primary health-care services), the hypothetical nature of the data provided for each option was harshly criticized by participants, suggesting that getting the issue right takes you only part of the way.

Organizational culture and leadership commitment

We observed several organizational attributes that shaped the implementation of each study site’s public consultation experiments. First, the commitment of the leadership within the organizations to the aims of the project was pivotal in enabling each research team to implement the method, in its entirety, across each site. This required considerable
staff time and expertise that was made available by senior organizational executives. However, the capacity for the leadership within each organization to communicate and fully realize this commitment through all phases of the study varied from site to site, resulting in, for example, less intensive follow-up with participants and fewer demonstrable links between the consultation outcomes and organizational decision making. These “capacity constraints” took several forms. Despite early, enthusiastic support for the project, several barriers to sustained involvement through the remaining stages of the experiment were reported or directly observed: inadequate staff time compounded by the pressure of short decision timelines, challenges in identifying a consultation topic to satisfy research and organization agendas and struggles over what information to present to participants. During the period immediately following the consultation event, these organizational constraints became even more pronounced. In the sites that reported minimal participant follow-up, some decision makers had already moved on to new and more pressing matters within their organizations, or into new positions within their organization, resulting in a sharp decline in interactions between the research team members and decision-maker partners.

Some of these constraints may be explained by the staffing complement within the study organizations. In 3 sites (SK, ON and NS), research team members interacted with only 2 contacts (the CEO and a senior manager) within the organization for the duration of the study. Sites with larger teams and multiple levels of decision-maker involvement (AB and QC), for example, may have been able to sustain the long-term commitment required to see the project through to completion. However, in the case of the Québec RHA, its small, mainly rural population and non-hierarchical structure also appeared to contribute to an ease of interaction between the research team members and decision-maker partners.

Receptiveness to change—that is, to new public participation methods or to challenges to the status quo—may have served as a mediating influence between organizational culture and leadership. While the senior executives within the organizations seemed to embrace the opportunity to experiment with new methods, their staff conveyed more apprehension about specific features of the method, particularly the accountability requirements which they feared would raise unrealistic expectations for action that could not be met at senior decision-making levels. These apprehensions were largely communicated through the planning process but, in 1 site, they were openly shared in the consultation’s wrap-up session which had the effect of silencing the participants for the remainder of the meeting.

Resistance to participation in a research study was also observed, even in organizations with identifiable senior executive “project champions”. Staff members assigned to the implementation of the project in two organizations either refused to participate or challenged elements of the research as well as the public participation method at various stages of the study. In one organization, these challenges quelled board member enthusiasm for the innovative features of the method.

The impact of research on organizational learning—effects and context in reverse?

Our study results point to another important context–effect relationship which is how participation in the research study itself produced different learning effects that were mediated by organizational expertise and experience. Through their study participation, organizations had the opportunity to plan and implement a method that they may have had little experience with and to observe and assess the attributes of this method (and/or its component parts) against more familiar approaches. But each organization entered into the study with a different set of prior experiences and expertise with public consultation and research processes which produced different results. Organizations with little in-house public consultation capacity and who had had minimal prior exposure to research studies appeared to benefit almost immediately from their involvement as described by the senior decision maker from one such RHA:

Our participation in your project has raised the profile of the importance of public consultation and the value of the informed deliberation model. To be honest, any time we now discuss public meetings and methods of surveying/consulting with the public, the experiences we had with your project are mentioned. It has changed the way we ‘look’ at public consultation and we approach it with a much more positive attitude.

Moreover, this decision maker described how their experience has permeated their organization’s thinking about public consultation:
We have taken lessons from our experience and while we have not exactly duplicated the project, we have begun to incorporate elements into our day-to-day work. In planning the public meetings on the review I mentioned, we will be putting together a package of information to distribute to the public sharing the information on the review. I am not sure we would have done this so freely had we not participated in your project.

The study facilitated even more immediate organizational learning in another RHA (QC) where there had been little prior exposure to the research process. When signing on as a decision-maker partner, this RHA saw the opportunity to use the research team as a neutral and “scientific” buffer between itself and the community and as a target of blame if the process did not go well. However, the degree to which the initial public consultation process was perceived to be a “success” fostered planning for a subsequent public consultation implemented during the course of the research project.

Organizations with substantial in-house public consultation expertise experienced learning effects in different ways, mediated by prior exposure to and participation in the research process. This enabled one team (AB) to be very discerning in extracting the “value added” of the deliberative method as described in their debriefing meeting notes: “the greatest learning came through recognition of the importance of giving equal if not greater weight to the content of the deliberation process as to the outcome attained from the consultation”. What is learning to one organization may not be to another; however, as the procedural richness identified by one organization was criticized for failing to provide a clear “answer” in another (ON).

Learning opportunities were also evident within organizations where shortcomings with the consultation were identified (e.g., issue characteristics that were ill-suited to the method, lack of participant follow-up or demonstrable links between the consultation and decision making). Our findings suggest that this type of “learning from your mistakes” approach is less likely to occur in organizations where there may be resistance to experimentation and might explain the earlier finding of decision-maker interviewees who were unconvinced of the distinctiveness of the method in the first place.

Discussion

Despite the method’s broad acceptability to participants, our findings demonstrate that the method clearly performed better under some circumstances than others and that the different contexts within which this type of method was implemented made a difference. Indeed, the close matching of method to context are, alongside careful implementation, critical elements. The deliberative public participation method appears better suited to certain types of issues: to clearly defined issues for which there are at least a few acceptable decision options and to issues for which there are tangible links between the consultation being sought and the decision that is being taken. The Ontario and Nova Scotia experiences, for example, illustrated the problems encountered when there are too many issues upon which deliberation is being sought (ON), when the consultation is too far removed from decision making (ON and NS) and when reasonable clarity about how the input is going to be used cannot be provided (ON and NS). But as the Saskatchewan case reveals, a clearly defined issue like configuring primary care services is no guarantee for success if the procedural elements (e.g., selection and presentation of information) are not properly implemented. In contrast, the method performed well for the narrowly defined but highly politicized issue of allocating community-based autism resources (QC) due to its concreteness and to the urgency of the decision-making process.

Second, leadership and commitment at all levels of the organization clearly plays a crucial role in facilitating successful implementation (e.g., in following through with participants long after the consultation day is over and in the clarity of the communication about how the public input was considered and used). This commitment can be easily undermined by competing priorities for senior managers and board members, by inadequate resources to fully implement the procedural elements or by the lack of receptivity to new approaches at the staff level. Third, our results (in 3 sites at least) demonstrate that exposure to this method through participation in a collaborative research study of this kind can exert direct effects, at least in the short term, on organizational thinking and practice regarding public involvement design and implementation. And in the case of Alberta, where this study was implemented within a well-established collaborative researcher–decision maker
environment, our results demonstrate that a new and relatively unfamiliar method can be implemented successfully through all phases to produce a definable set of outcomes that are used to catalyse new, and expand on existing, organizational initiatives.

Community and organizational capacity variables (e.g., urban/rural, small/large) do not appear to have exerted a discernible influence over the implementation process, participants’ experiences or overall satisfaction with the consultation method. The method was implemented just as effectively in rural and urban regions although the lack of hierarchy and prior involvement in the research process in the rural RHAs appeared to create conditions that fostered more immediate learning effects. Similarly, the political backdrop of the consultations appeared to exert only minimal influences on consultation planning and implementation. These results may be explained by the similarity of study participants and prior public consultation experiences across research sites. This is a finding to be explored through further research where maximum variation sampling for communities and public is the objective.

Our findings point to the several other areas requiring further inquiry. First and foremost, our findings represent an early effort toward clarifying different meanings of context relevant to public participation implementation and toward the development of a typology of contexts that can be enriched in future studies. Second, consideration should be given to designing studies with longer timeframes to allow for more comprehensive assessments of the effects that these interventions have on organizations and participants and on the public spheres within which they interact. Third, getting the informational aspects of public consultation right continues to plague public participation practitioners, whether it is the perceived inadequacy of the information or problems with the format and/or timeliness with which it is received. While greater effort should be given to identifying the most effective formats for presenting information to citizens, and at which junctures this dissemination is most likely to be informative, this effort should be weighed against the reality that not all participants’ information needs or expectations will ever be met (Hurley, Birch, & Eyles, 1995).

Finally, our results flag the critical role played by decision makers and the organizations within which they operate in shaping public participation implementation processes. Given the centrality of their roles as partners in these processes, a more comprehensive understanding of their expectations of and apprehensions toward public participation is needed as is the source of these sentiments, and how these can be mitigated if necessary or harnessed and shared with public participants to improve legitimacy. Our results illustrate that these expectations can change along the way: from initial efforts to use participation processes to educate or to foster support for organizational initiatives to the realization that public deliberation about policy options has a value in and of itself. In the “public sphere” created by public consultation processes, issues appear in all their richness and complexity, and provide decision makers with the opportunity to share their uncertainties.

Conclusion

Through a comparative quasi-experimental research study we assessed the performance of a generic participation method (i.e., a 1-day face-to-face, deliberative public consultation meeting) implemented uniformly (i.e., in a controlled manner) across multiple contexts (e.g., issue, socio-political, community, decision-making, organizational and decision-maker/researcher contexts). Unlike other participation studies, we deliberately sought to test the method on a set of live issues that were implemented under varying circumstances in order to learn more about how these contexts exert shaping effects on the participatory process and its outcomes. Our findings demonstrate that a generic public participation method can be successfully implemented, to some degree, independent of context. Context exerts fostering and inhibiting influences that contribute to more (and less) successful implementation. Some aspects of context matter more than others. Public participation practitioners are encouraged to pay careful attention to the types of issues and decisions for which they are seeking public input. Sufficient organizational resources and commitment to the goals of the public participation process are also required. Attention to these contextual attributes and to their influence on public participation design and outcomes is as important as choosing the “right” public participation mechanism. We look forward to future studies that build on our effort to unpack these method–context relationships to better inform
health-care managers and policy makers seeking to meaningfully involve the public in their decision processes.

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Appendix A. study site characteristics

<table>
<thead>
<tr>
<th>RHA/DHC</th>
<th>Alberta</th>
<th>Saskatchewan</th>
<th>Ontario</th>
<th>Québec</th>
<th>Nova Scotia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corresponding municipality</td>
<td>Calgary</td>
<td>Heartland</td>
<td>Hamilton</td>
<td>Chaudière-Appalaches</td>
<td>Capital</td>
</tr>
<tr>
<td>Focus of study</td>
<td>Calgary</td>
<td>Rural area</td>
<td>City of Hamilton</td>
<td>Rural region covering 137 municipalities along the south shore of Québec city</td>
<td>Halifax region and portions of 2 adjacent municipalities</td>
</tr>
<tr>
<td>Population served</td>
<td>Focus of study was a rapid-growth area in city’s south end with large population of families with young children</td>
<td>46,127</td>
<td>503,222</td>
<td>391,837</td>
<td>395,000</td>
</tr>
<tr>
<td>Geographic size (urban/rural characteristics)</td>
<td>1 million (total population) 150,000 (study focus)</td>
<td>41,351 sq km</td>
<td>1113 sq km</td>
<td>15,000 sq km</td>
<td>Mix of high density with urban and rural population</td>
</tr>
<tr>
<td>Health authority/council budget (Cdn$)</td>
<td>Rapid-growth urban areas</td>
<td>$1 billion</td>
<td>$55,355,005</td>
<td>$498 million</td>
<td>$515 million</td>
</tr>
<tr>
<td>(towns and villages, rural municipalities)</td>
<td></td>
<td></td>
<td>$960,347</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: All population and budget figures were collected during the study period and do not reflect current estimates.
References


