PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	How do we deal with multiple goals for care within an individual patient trajectory? A document content analysis of health service research papers on goals for care
AUTHORS	Berntsen, Gro; Gammon, Deede; Steinsbekk, Aslak; Salamonsen, Anita; Foss, Nina; Ruland, Cornelia; Fønnebø, Vinjar

VERSION 1 - REVIEW

REVIEWER	Emma Miller University of Strathclyde Scotland
REVIEW RETURNED	24-Aug-2015

GENERAL COMMENTS	The goal of patient centred care in health care systems remains elusive, despite evidence of improved outcomes. The focus here on the need for goal alignment in face of increased multi-morbidity and specialisation/fragmentation of health care organisations is timely and relevant to many modern health care systems. This article usefully considers relevant literature and theory to develop a goal typology. The aim is to provide a basis for exploring goal conflict, an area which has received limited attention to date, but which is important to improving health outcomes and ensuring effective and safe as well as person centred care. An initial reading of the article raised practice concerns such as how to engage with people without capacity and negotiate tensions between personal and professional goals. While these issues are addressed under implications for practice, it might be helpful to set out key assumptions/ limitations in summary form at an earlier stage, given that this is a theoretical piece of work. The section on tensions between personal and professional goals is based on fairly traditional, specialist nursing roles. Many nurses, particularly in community based settings, even if badged as supporting one health condition, might not recognise this traditional presentation. Further, the portrayal of dyadic relationships between the person and the professional does not acknowledge that in many cases, there is goal conflict between the person and the family carer, which may require considerable facilitation skills. Again, these assumptions could be set out in summary at the outset. While accepting the complexity of aligning goals within health care systems, there is also a concern in many countries to align goals across health and social work/social care systems. Acknowledging progress in other practice settings, in moving towards a more holistic, broader model of shared decision making.may help point towards approaches which have addressed some of the issues

	identified.

REVIEWER	Matthew Breckons Newcastle University, UK
REVIEW RETURNED	01-Oct-2015

GENERAL COMMENTS	I think this is a very well-written and insightful paper. The authors clearly place this as a theoretical piece of work and the introduction articulates the gaps in existing understanding of goal setting in iPT's and makes explicit the research questions being pursued. Description of the methods was clear and the literature search appears fairly comprehensive (the authors state that this was not a systematic review but rather aimed to continue until 'saturation' was reached). The analysis seemed appropriate; from an initial coding through to the application of a theoretical framework. I wondered if the author's backgrounds could have been introduced prior to the analysis section (possibly within the methods) as these demonstrate a broad range of perspectives relevant to the identification of goal concepts. In the results section, Concept 14 (supernatural powers) was determined to be untenable within the current healthcare context – I wondered if this exclusion criteria could have been made more explicit, perhaps a mention in the methods section or slightly elaborated upon within the results. The discussion section effectively summarises the findings and acknowledges potential weaknesses (namely that papers contributing to the goals for care typology could have been missed), setting out important implications and directions for future research.

VERSION 1 – AUTHOR RESPONSE

Reviewer E Miller comment 1
An initial reading of the article raised practice concerns such as how to engage with people without capacity and negotiate tensions between personal and professional goals. While these issues are addressed under implications for practice, it might be helpful to set out key assumptions/ limitations in summary form at an earlier stage, given that this is a theoretical piece of work.
Author response
We fully agree that a good practice in terms of personal goals, includes engaging the patient in an effort to, elicit and understand that which is important to the patient. Secondly, it involves translating these in a sensitive manner to professional goals. Both these tasks are complex and demanding for both patients and professionals. This is a huge challenge and a topic in its own right.
Actions taken
In response to this reviewer comment, we have added one point which expresses this concern in the "strengths and limitation" bullet points, and then merged two other points, in order to maintain the 5 bullet point limit.
Original:
• Multiple care processes within the individual Patient Trajectory (iPT) are often guided by implicit and possibly conflicting goals for care.
• The health service research literature is the key arena for professional discussion regarding what the goals of care are or ought to be, yet goal-conflict within the iPT has received scant attention.
• As no formal set of keywords define this set of papers, we may have missed papers that could have

met our inclusion criteria.
• We made a document content analysis of health service research documents that describe “goals for care”, “health” or “the good health care process” relevant to the general iPT and on the basis of this developed a goal-hierarchy for goal alignment in iPTs.
• This paper work is mainly theoretical. Further research should test the usefulness of a goal-hierarchy in care for patients with complex long-term needs
Revised:
• Multiple care processes within the individual Patient Trajectory (iPT) are often guided by implicit and possibly conflicting goals for care.
• Goal-conflict within the iPT has received scant attention. By use of “Goal-hierarchies” we show that when personal goals are set above professional goals, this may clarify and resolve tension between potentially conflicting goals.
• Reflecting upon how professionals ought to engage with patients in vulnerable situations about their personal goals is a topic of its own right, but lies outside the scope of this paper.
• We identified potential goals from the health service research literature, but as no formal set of keywords define this topic, we may have missed papers that could have met our inclusion criteria.
• This paper work is mainly theoretical. Further research should test the usefulness of a goal-hierarchy in care for patients with complex long-term needs

We added the following sentence under Strengths and Limitations:
Our results makes the exploration of personal goals mandatory, a practice that may be especially difficult for patients in a vulnerable situation. However, the challenges of this task, including the involvement of family and/ or informal caregivers in the goal-setting process, are topics in their own right, which lie outside the scope of this paper.

We added the following clarifications under Implications for practice:
Original:
Health personnel routinely experience situations that are too urgent, patients who are too ill, too cognitively impaired, too emotionally upset or feel too un-informed to make confident judgments about their goals. We realize that personal goals might not be available to guide care at these times. However, health professionals are well taught regarding which professional goals to move towards first in such situations. The challenge is perhaps the opposite: As soon as the emergency is over, in the transition from acute care to follow-up care, patients must be actively engaged in re-assessing professionally set goals.

Revised:
The goal-hierarchy depends heavily on an appropriate identification of personal goals. However, learning and understanding what is important to another human being, is not a “check-box” activity. Health personnel routinely experience situations that are too urgent, patients who are too ill, too cognitively impaired, too emotionally upset or feel too un-informed to make confident judgments about their goals. We have not touched upon the challenges of engaging patients in a sensitive manner about their goals when these barriers occur. This is a huge and important topic of its own right, which has been reviewed and examined by many other authors. (2-4) However, even though we realize that personal goals might not be available to guide care at all times, we argue that health professionals are well taught regarding which professional goals to move towards first in such unclear situations. The challenge is perhaps the opposite: As soon as the emergency is over, in the transition from acute care to follow-up care, patients must be actively engaged in re-assessing professionally set goals.
Reviewer E Miller comment 2:
The section on tensions between personal and professional goals is based on fairly traditional, specialist nursing roles. Many nurses, particularly in community based settings, even if badged as supporting one health condition, might not recognise this traditional presentation.
Author response

We agreed that health professionals may be so deeply entrenched in their own implicit understanding of the “goals of care” that they are often unaware that other professionals may have other points of view.
The reviewer claims that the divide between a personalized and a professionalized goal setting paradigm seems to follow the degree of specialization of the nursing profession.
We tend to agree, and would suggest that this is the case also for other professions such as medicine. However, we have nothing but our own personal opinion and experience to underpin such a claim. We would not like to make broad generalizations about groups of professionals without empirical support.
Actions taken

We added the following sentence under “implication for future research:
“How goal-setting practices vary with respect to professional background and care context is yet largely unexplored in the research literature.”
Reviewer E Miller comment 3:
Further, the portrayal of dyadic relationships between the person and the professional does not acknowledge that in many cases, there is goal conflict between the person and the family carer, which may require considerable facilitation skills. Again, these assumptions could be set out in summary at the outset.
Author response
We agree fully that “personalized goal setting” includes probing of issues linked to family and informal carers, who may have their own priorities and goals, which may or may not be aligned with that of the patient.
Again, involving and engaging both the patient and his/ her “significant others” to discover what their personal goals are, is a large topic in its own right. Developing “good practices” for identifying personalized goal, which involves and clarifies the important issues for family and informal caregivers are outside the scope of this paper.
Actions taken
We added the following sentence to “strengths and limitations”:
Our results makes the exploration of personal goals mandatory, a practice that may be especially difficult for patients in a vulnerable situation. However, the challenges of this task, including the involvement of family and/ or informal caregivers, is a topic of its own right which lies outside the scope of this paper.
Reviewer E Miller comment 4:
While accepting the complexity of aligning goals within health care systems, there is also a concern in many countries to align goals across health and social work/social care systems. Acknowledging progress in other practice settings, in moving towards a more holistic, broader model of shared decision making may help point towards approaches which have addressed some of the issues identified.
Author response
I have mentioned Reuben, Gold and Kieresuk in terms of building a theoretical and methodological basis for goal-oriented care.
I have not mentioned examples of practices that use this approach, nor have I reviewed work where a goal-oriented approach serves to guide partnerships across care delivery organizations.
Actions taken
To improve upon this gap I have added a paragraph and a few references to integrated care approaches and their use of goal-setting as a method for care integration and quality evaluation under “Previous research”.
Of the many approaches to achieve better service coordination, neither integrated care, case-management, nor clinical pathways pay much attention to personal goals or goal alignement (5-8).
The Chronic Care Model does emphasize “the informed active patient”, but does not really extend this into goal oriented care.(9) However, exciting examples do exist where personal goals are used to

guide service coordination. The health and social services partnership in Scotland explicitly uses the formulation of desired personal outcomes as a tool for both service integration and ensuring value for the service user. (10, 11)

Reviewer Matthew Breckons comment 1:

I wondered if the author's backgrounds could have been introduced prior to the analysis section (possibly within the methods) as these demonstrate a broad range of perspectives relevant to the identification of goal concepts.

Author response

This is a good suggestion as it clarifies the context of the literature search and analyses.

Actions taken

I have therefore moved the author's background to just before the description of the literature search.

Reviewer Matthew Breckons comment 2:

In the results section, Concept 14 (supernatural powers) was determined to be untenable within the current healthcare context – I wondered if this exclusion criteria could have been made more explicit, perhaps a mention in the methods section or slightly elaborated upon within the results.

Author response

It is interesting that this comment should come up, because my co-authors were quite divided on this issue.

Some felt the "supernatural powers" was irrelevant and should be deleted all together, while others felt it was strongly linked to "spiritual health" which we classify as a "personal goal".

As you can see, we chose the middle road. On the one hand, we did not to delete it, as for some patients, this is a legitimate world view which influences their personal goals. On the other hand we downplayed it as much as we could, maybe too much.

Actions taken

We changed the text explaining the exclusion slightly, to underline its contradiction with modern care.

Original:

Health is determined by supernatural powers. (This is perhaps the oldest human health model, but is untenable within a health care context. Excluded from further analyses)

Revised:

Health is determined by supernatural powers. This view is in direct contradiction to modern health care, which assumes that human interventions affect health. Excluded from further analyses.

We also added the following paragraph to "Strengths and limitations".

The exclusion of goal 14, which holds that health, is caused and maintained by supernatural or religious forces, could be viewed as a limitation. This is perhaps the oldest health model in human history. Typical interventions would appeal to higher religious or supernatural forces, via institutions mostly found outside of health-care systems. While we recognize its legitimate existence, we position our analysis to be useful within a health care context, which is why we excluded this goal from further analyses.

VERSION 2 – REVIEW

REVIEWER	Emma Miller University of Strathclyde, Scotland
REVIEW RETURNED	12-Nov-2015

GENERAL COMMENTS	The authors have addressed points made by reviewers including requests for methodological clarification and further acknowledgement of the limitations and boundaries of the study.

	Acknowledging these boundaries helps to draw attention to factors which, although outside the scope of the study, are nonetheless necessary considerations to further the overall aim, which is to progress person centered goal setting. This is a timely study which usefully points to areas for further research. Supporting understanding of the necessity of person centered care in health settings, while providing a goal typology for testing in practice, can potentially contribute to the sustainability of health services