

Social Network Analysis for Investigating and Supporting Implementation

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Agenda

Social Networks 101

Social Network Analysis (SNA) in Implementation

Network Interventions for Implementation

Resources



1. Social Networks 101

Social Network Analysis (SNA)

- A research tool for examining <u>RELATIONSHIPS</u> and interaction patterns
- Data collected at the individual level and analyzed at structural level
- We make inferences about <u>processes</u> based on <u>structure</u>

BOUNDARY

Delineates scope and membership of the network.

- Membership
- Events
- Geography
- Employment



Measuring Networks & Collecting Data

- Data on ties among actors <u>and</u> data on actors (attributes)
 - Surveys, interviews, archival data, electronic data
- Operationalize your ties
 - Type = \$, friendship, coalition membership
 - Directed/Undirected = direction of relationship
 - Binary/Valued = frequency, volume, intensity

EXAMPLE

Organizational Partnership = Resource Exchanges (in past 6 mos.)

- Client referrals % of client referrals sent
- Information % of staff that share expertise
- Funding % of funding shared
- Space % of physical office space shared

Network Survey Approaches

Roster

.....

6. Resource Exchanges - Client Referrals 2

Please think about how much your organization SENDS CLIENT REFERRALS to each of the other organizations in the network. Each organization is listed on the left. For each one, please complete the sentence below.

Possible responses range from 0% to 100%. While 0% might be very common, the 91-100% category is unlikely to ever happen but is included as a theoretical end point. For each statement, please select the range between 0% and 100% that best describes your response.

* 1. During the past six Months, our organization sent:

			0% of our Client Referrals	1-10%	11-20% 21-30% 31-40	% 41-50% 5	1-60%	61-70%	71-80%	81-90%	91- 100% of 6 Our Client Referrals
Rank	Column A –	Robanizest Moslab	Column B	- Com	nmunication	10		C	C	C	6
	Names						_	0	C	С	C

	Who do you turn	In the past 6 months, how frequently have you communicated or been in								
	to for professional	contact with this person via in-person contact, telephone, or email? (Circle								
	advice about	the most a	the most accurate number from the answer scale below for each person.)							
	youth with trauma									
	histories? Please						1			
	list their name and organization in order you would contact them.	Not Once	1-2 times	About once/ month	About every 2 weeks	About once/ week	About daily	Many times daily		
1.	Name:	1	2	3	4	5	6	7		
	Organization:				1		1	1 1 1		
					-		-	-		

Nomination

Behind the Scenes (Data Management)

Adjacency Matrix (Symmetrical)

	Α	В	С	D
Α	-	1	1	0
В	1	-	1	1
С	1	1	-	0
D	0	1	0	-

Edge List





Attribute File

id	age	role
А	47	Clinician
В	57	Supervisor
С	27	Clinician
D	55	Senior Leader

Analysis

1. Network Description

• examines overall analytic network characteristics (e.g. density and diameter).

2.Network Visualization

Visually describe and inspect network
 graphs

3.Network Modeling

 Statistical strategies for predicting the ties between nodes

Structures at Multiple Levels

- Nodes/Actors (e.g., degree)
- Dyads (e.g. tendency toward reciprocity)
- Subgroups (e.g, cliques)
- Whole Network (e.g, density)

2. Social Network Analysis in Implementation



Why Are Networks Important in Implementation?

Social ties are conduits for

- Technical information (about an innovation)
- Expertise (how to use)
- Social influence
- Resources
 - (Valente, 2010)

3 Questions and Approaches

- 1. Describe Describe and explore network structures
- 2. Change/Evolution Examine how and why networks change
- 3. Impact Examine associations between network structures and outcomes (e.g. attitudes, behaviors, services, health)



1. Describe Network Structure



Who Do Clinicians Rely on for Advice? How well connected are they?

Actors	Mental health clinicians
Boundary	Employees in organizations that are going to adopt TF- CBT
Ties	General advice, TF-CBT specific advice. Directed (who do you turn to?)
Theory	Social influence
Design	Cross-Sectional (baseline)

Ego-Networks

- Clinicians turned to an average of 3.9 individuals for advice
- 72% were peers at their home agency



Whole Network Structure



Density	0.014
Centralization (in-degree)	0.097
Clustering (weighted)	0.293
Reciprocity	0.164
Weighted Reciprocity	0.188
Agency Homophily	89.08

2. Network Evolution and Change



How and Why Do Networks Change During A Learning Collaborative?

Actors	Mental health clinicians
Implementation Strategies	Learning Collaboratives
Boundary	Employees participating in a LC to implement TF-CBT
Ties	General advice, TF-CBT specific advice. Directed (who do you turn to?)
Theory	Social influence, Transactive Memory Systems
Design	Pre-Post (8-10 months)

How did the network change?

Key Takeaways:

- More isolates
- More centralized
- Stronger relationships



	Learning Session 1
Ν	422
Isolates	74
Density	0.014
Centralization (in-degree)	0.097
Clustering (weighted)	0.293
Reciprocity	0.164
Weighted Reciprocity	0.188

Bunger, A. C., Hanson, R. F., Doogan, N. J., Powell, B. J., Cao, Y., & Dunn, J. (2016). Can learning collaboratives support implementation by rewiring professional networks?. *Administration and Policy in Mental Health and Mental Health Services Research*, *43*(1), 79-92.

How Do Clinicians Decide Who to Turn To For Advice During Implementation?

Table 3 ERGM results--factors associated with formation and maintenance of advice-seeking ties

Characteristic	Feature of	General advice-	æeking	Specific advice-seeking		
		est	se	est	se	
Expertise quality (H1)						
Senior lead	Advice source	0.321	(0.301)	0.187	(0.370)	
Supervisor	Advice source	0.822*	(0.226)	1.092*	(0.223)	
Faculty expert	Advice source	4.185*	(0.305)	4.242*	(0.305)	
Prior training	Advice source	0.146	(0.210)	0.170	(0.193)	
Alter higher experience	Dyad	0.245	(0.234)	0.644*	(0.208)	
Accessibility (H2)						
Same agency	Dyad	2.818*	(0.249)	2.683*	(0.273)	
Same cohort	Dyad	0.265	(0.194)	0.256	(0.215)	
Same field	Dyad	0.329*	(0.166)	0.372*	(0.187)	
Expertise need (H3)						
Senior leader	Advice seeker	- 0.381	(0.306)	- 0.288	(0.306)	
Supervisor	Advice seeker	- 0.072	(0.233)	0.075	(0.226)	
Prior training	Advice seeker	- 0.293	(0.174)	- 0.200	(0.181)	
Experience	Advice seeker	0.116	(0.098)	0.053	(0.106)	
Existing relationships (H4)						
General ties lag	Dyad	1.996*	(0.244)	1.515*	(0.259)	
Specific ties lag	Dyad	0.817*	(0.213)	1.379*	(0.340)	
Reciprocity	Dyad	2.083*	(0.353)	1.213*	(0.420)	
Transitivity	Triad	0.624	(0.636)	0.991*	(0.119)	
gwesp.alpha	Triad	2.164*	(0.149)	0.847*	(0.115)	
3-cycles	Triad	- 0.988*	(0.274)	- 0.876*	(0.266)	
Edges (density)		- 7 078*	(0.497)	- 6 887*	(0.520)	

Analysis: ERGM

DV: T2 advice-seeking tie

 \underline{IV} : features of dyad, ego, alter, T1 ties

Key Takeaways:

- Expertise Quality is Important – faculty experts and supervisors.
- Accessibility is key same organization, same discipline
- We build on prior relationships
- Role didn't matter

Bunger, A. C., Doogan, N., Hanson, R. F., & Birken, S. A. (2018). Advice-seeking during implementation: a network study of clinicians participating in a learning collaborative. *Implementation Science*, 13(1), 1-12.

2. Impact of Networks



How does exposure to peers' attitudes in the workplace shape clinicians' own attitudes toward measurement-based care?

Actors	Mental health clinicians
Boundary	Employees at an organization implementing MBC
Ties	Advice sharing, discussion, friendship (binary, undirected)
Theory	Social influence
Design	Cross-Sectional (baseline)

Bunger, A.C., Navarro, E.I. & Lewis, C.C. (2021) How Do Peers Shape Mental Health Clinicians' Attitudes Toward New Treatments? *Adm Policy Ment Health* 48, 440–449. https://doi.org/10.1007/s10488-020-01096-1

Which types of interactions are most powerful for shaping attitudes?

Workplace relationships:

- Advice Seeking highly influential, technical information
 Informal Discussion common, day-to-day
 Friendship strong, positive and negative views

Analysis: Linear network autocorrelation model (LNAM)

DV: attitudes

IV: Exposure (peers' attitudes); ties

Clinicians tended to have more positive attitudes with greater exposure to peers with positive attitudes through advice-sharing and informal workplace discussions, but not through friendships.

Bunger, A.C., Navarro, E.I. & Lewis, C.C. (2021) How Do Peers Shape Mental Health Clinicians' Attitudes Toward New Treatments? Adm Policy Ment Health 48, 440–449. https://doi.org/10.1007/s10488-020-01096-1

3. Network Interventions for Implementation

We Can Build Networks

• Network Interventions: "Purposeful efforts to use social networks or social network data" (Valente, 2012, p. 49)



Implementation Strategies Change Networks



THE NETWORK ENVIRONMENT

Context-Based Strategies

- 1. Create Groups (e.g, coalition)
- 2. Change the Environment (community need)
- 3. Change the Composition (introduce a mentor)

ACTOR

Actor-Based Strategies

- 4. Change Skills (social skills training)
- 5. Change Knowledge (network maps)
- 6. Change Prominence (designate champion)
- 7. Change Motivation (incentive)

Tie-Based Strategies

TIE

8. Change Specific pairwise tie or type of relationship (broker, pair-up)

Systematic review Open Access Published: 06 April 2023

Developing a typology of network alteration strategies for implementation: a scoping review and iterative synthesis

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4. Where Do I Go To Learn More about SNA?

Helpful Resources (not an endorsement)

<u>Online</u>

<u>Software</u>

Visible Network Labs – Social Network Analysis 101: Ultimate Guide <u>https://visiblenetworklabs.com/guides/so</u> <u>cial-network-analysis-101/</u>

Introduction to Social Network Methods (Hanneman & Riddle): <u>http://www.faculty.ucr.edu/~hanneman/n</u> <u>ettext/</u> Gephi – Visualization (free)

Ucinet – Visualization, description, some hypothesis testing (modest fee)

R/Statnet – network modeling (free)

Thanks!