


# VETERANS HEALTH ADMINISTRATION

## Translating Market and Business Analytic Tools to Health Services:

Using Empathy Maps and SWOT Analysis for  
Understanding Diverse Perspectives in  
Suicide Prevention Research



Presentation for: Qualitative Methods Learning Collaborative  
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Date: 12/14/2023

December 2023

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Today's

# PRESENTATION



- ▶ Introduce Project Context
- ▶ Empathy Map
  - ▶ Example of Process
- ▶ SWOT
  - ▶ Example of Process
- ▶ Q&A

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# Acknowledgements

*Study Team:* Mark Ilgen, Kenda Stewart Steffensmeier, Tammy Walkner, Mark Flower, and Erin Finley

We are grateful for the contributions from the VA's Suicide Prevention Research Impact Network (SPRINT) and Rural Midwest Veteran Panel. We thank the clinicians, researchers, administrators, and community members who spoke with us for this project.

Special thanks to Samantha Solimeo, PhD for her guidance throughout the project and her assistance with recruiting participants.

*Funding:* This material is based upon work supported by the Department of Veterans Affairs, Veterans Health Administration, Office of Rural Health, Veterans Rural Health Resource Center- Iowa City (Award # NOMAD PROJ-03853).

*Disclosure:* The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

# Project: “Addressing Suicide Risk in Research Studies about Tele-Mental Health Interventions for Suicide Prevention”

## Problem statement:

Available resources reflect consensus about project-level ethical and safety protocols, but there is little to no information about:

- a) the extent to which research regulatory bodies integrate these guidelines into their decision-making,
- b) how researchers view the utility of these guidelines, and
- c) which individual-level strategies help research staff prepare for, and have conversations with, research participants about suicide.

## Rural health impact:

Safety protocols need to be modified to account for primarily telephone and video-based interactions with participants, as well as to reflect awareness of and attention to rural contexts.

## The goal of this project:

This project will develop and refine a research tool for addressing suicide risk that is inclusive of rural contexts and acceptable to research regulatory body members, investigators, and research staff.



# RATIONALE FOR ANALYSIS METHOD

*Empathy Map*



“All models are wrong, some are useful.”

*George E. P. Box, Statistician*



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# Empathy Map

## 1 WHO are we empathizing with?

Who is the person we want to understand?  
What is the situation they are in?  
What is their role in the situation?

## GOAL

## 2 What do they need to DO?

What do they need to do differently?  
What job(s) do they want or need to get done?  
What decision(s) do they need to make?  
How will we know they were successful?

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## What do they THINK and FEEL?

### PAINS

What are their fears, frustrations, and anxieties?

### GAINS

What are their wants, needs, hopes and dreams?

## 3 What do they SEE?

What do they see in the marketplace?  
What do they see in their immediate environment?  
What do they see others saying and doing?  
What are they watching and reading?

## 6 What do they HEAR?

What are they hearing others say?  
What are they hearing from friends?  
What are they hearing from colleagues?  
What are they hearing second-hand?

## 4 What do they SAY?

What have we heard them SAY?  
What can we imagine them saying?

## 5 What do they DO?

What do they do today?  
What behavior have we observed?  
What can we imagine them doing?

What other thoughts and feelings might motivate their behavior?

Image source: [https://radiant.digital/wp-content/uploads/2021/07/User-Journey-Mapping\\_8-1024x640.png](https://radiant.digital/wp-content/uploads/2021/07/User-Journey-Mapping_8-1024x640.png)

# Matching Data Collection to Analysis Tool

## PART 1 – Work Experience Orientation

- I. Tell me about your day. You've got a study that you need to recruit for, walk me through how you do that. [for PIs, this may be more like – what do you intend for this work to look like?]
  - a. How do you connect with participants?
  - b. What tools/technologies do you have available to collect data for research?
  - c. Are there tools/technologies that you would like to have for conducting research but don't?
  - d. What resources do you rely on currently, to assess risk of suicide?
- II. Tell me about your day, you've got a study to review, how do you do that?

**Commented [VTJM(1):**  
WHO are we empathizing with?  
What do they DO?  
What do they NEED TO DO?

## PART 2 –Experiences Navigating Research Participant Suicidality

- I. Walk me through a moment in time when you were concerned about a participant's suicidal ideation.
  - a. What happened?
  - b. What went well, what went less well? What do you wish would have gone differently?
  - c. What do you wish you had known beforehand?
- II. Tell me about a time in which you felt effective at impacting the choices that researchers made around managing risk of suicide.
  - a. Why did it go so well (e.g., receptive researcher, you made a convincing argument)?

**Commented [VTJM(2):**  
WHO are we empathizing with?  
What do they NEED TO DO?

## PART 3 – Risk Perceptions

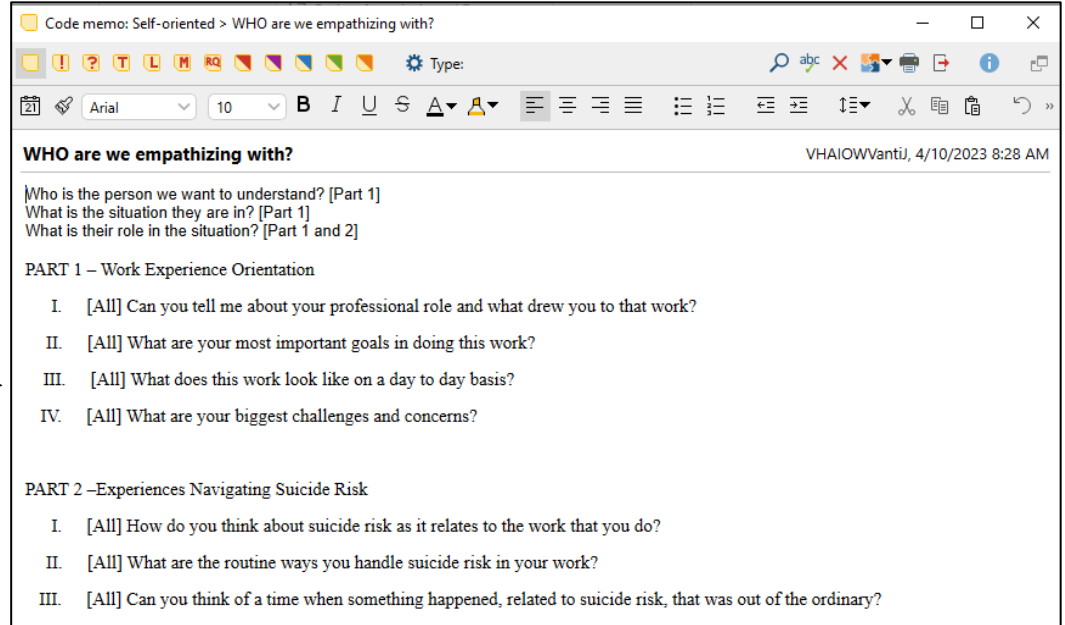
- I. Where did you learn about assessing risks of suicidal ideation for research? Have you ever taken a training? (Be as specific as you can)
  - a. Tell me about your experiences.
  - b. What would have made the information more useful?
- II. What sources do you currently reference about the risks of suicidal ideation for research participants?
  - a. Tell me about these informational resources. How would you improve them?
  - b. What's missing?
  - c. What lingering questions do you have?
  - d. How would you assess the quality of the information available to you?

**Commented [VTJM(3):**  
What do they SEE?  
What do they HEAR?  
What do they THINK and FEEL?

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# Deductive Coding

- Empathy Map Categories
  - Other-oriented
    - What do they HEAR?
    - What do they SEE? (about SP work)
  - Self-oriented
    - What do they THINK and FEEL?
    - What do they SAY?
    - What do they need to DO? (hypothetical do)
    - What do they DO? (actual do)
    - WHO are we empathizing with?



Code memo: Self-oriented > WHO are we empathizing with?

WHO are we empathizing with? VHAIOWVantij, 4/10/2023 8:28 AM

Who is the person we want to understand? [Part 1]  
What is the situation they are in? [Part 1]  
What is their role in the situation? [Part 1 and 2]

PART 1 – Work Experience Orientation

- I. [All] Can you tell me about your professional role and what drew you to that work?
- II. [All] What are your most important goals in doing this work?
- III. [All] What does this work look like on a day to day basis?
- IV. [All] What are your biggest challenges and concerns?

PART 2 –Experiences Navigating Suicide Risk

- I. [All] How do you think about suicide risk as it relates to the work that you do?
- II. [All] What are the routine ways you handle suicide risk in your work?
- III. [All] Can you think of a time when something happened, related to suicide risk, that was out of the ordinary?



# Analysis Template: Mural

app.mural.co

## Popular templates



### Brainstorm and idea prioritization

Brainstorm, group, and prioritize concepts as a team

By Mural



### Empathy map

Dive into the mind of the user for focused product development

By Mural



### Retrospective

Reflect as a group to evaluate and evolve your work

By Mural



### Rapid mind mapping

Represent and organize ideas visually to find relationships

By Mural



### Conducting a brainstorm

Think about ways to complete a project, individually and as a group

By Meta ThinkKit



### Process flowchart

Diagram the steps of a process using rows for each person or team involved

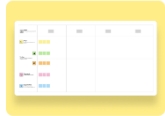
By Mural



### One year roadmap

Plan a year month-by-month using Gantt Chart-style roadmap

By Mural



### User journey

Define the user experience to identify opportunities to improve

By Accenture Interactive NL



+ New mural

Home

Recent

Starred

Workspace

VA Department of Vete... ▾

Murals

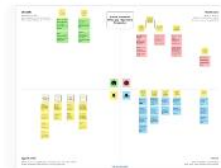
Templates

Rooms

★ Jen's room

## Home

### Recently opened murals [View more](#)



### Operations SWOT

NJ Modified 2 months ago  
Department of Veterans Affairs



### Researchers SWOT

NJ Modified a month ago  
Department of Veterans Affairs



### Community Members SWOT

NJ Modified 2 months ago  
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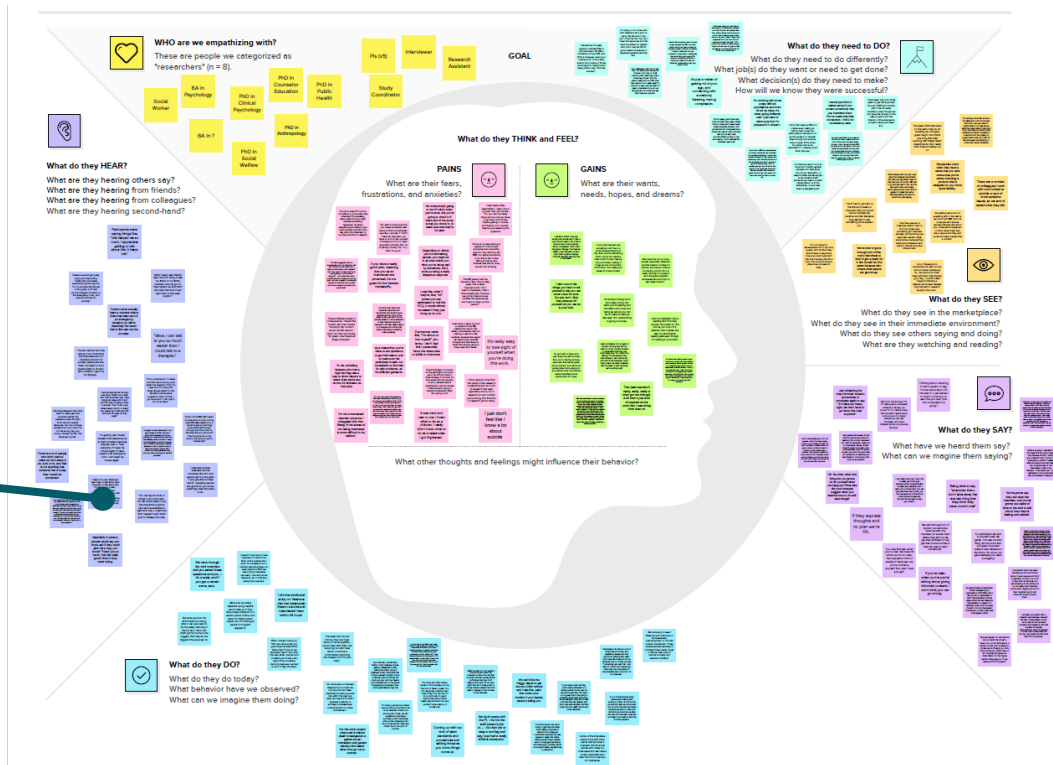
### Clinicians SWOT

NJ Modified a month ago  
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🔍 Search for murals, templates, and rooms

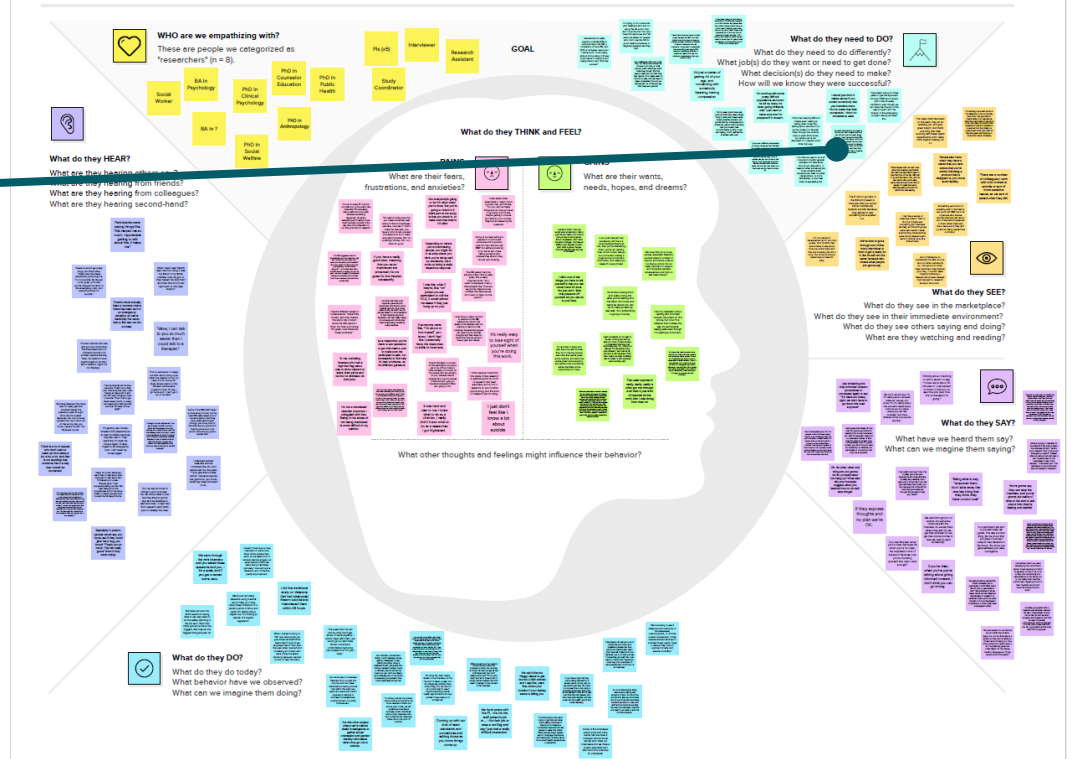
# What do Researchers Hear?

I listen for a plan. Because I want them to talk about what they want to talk about. But I'm listening for a plan... "People suck." I had somebody telling me that. But I also listened for the hopefulness, and in the same breath of saying people suck, he said the VA saved his life.



# What do Researchers Need to Do?

As much education as we have to do with our own project staff and sort of what how we learn along the way, I don't know that like IRB's are fully hip to this either...we're not really serving people the way that we should because we're viewing them inherently as risky, but there's reasons why we view them that way. So we've got to find a happier middle ground there.





# WHAT NOW?

SWOT



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*Your advantages*

*Areas to improve*

**Strengths**

**Weaknesses**

**Opportunities**

**Threats**

*Situations to apply your advantages*

*Where you are at risk*



*Your advantages*

*What are the strengths of current suicide risk assessment tools & practices?*

**Strengths**

*Areas to improve*

*What are the weaknesses of the current suicide risk assessment tools & practices?*

**Weaknesses**

**Opportunities**

*Situations to apply your advantages*

*What observations from the Community of Practice should be capitalized on?*

**Threats**

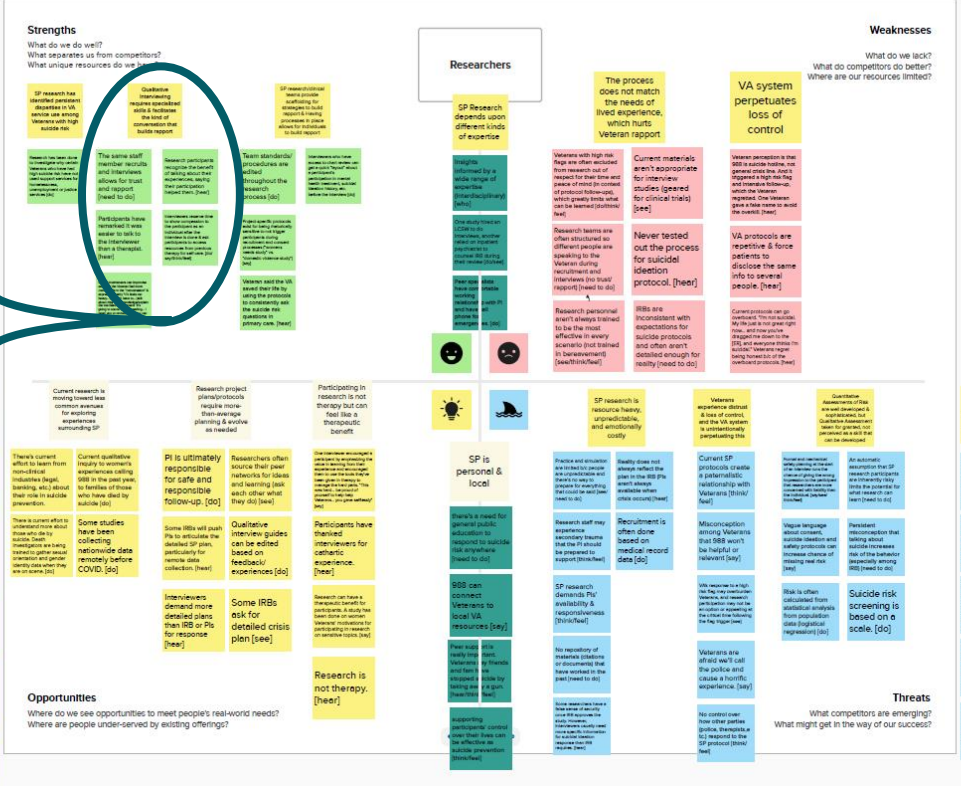
*Where you are at risk*

*What observations from the Community of Practice should be taken into consideration for innovation?*

# STEP 2: Translate to SWOT

Qualitative Interviewing requires specialized skills & facilitates the kind of conversation that builds rapport

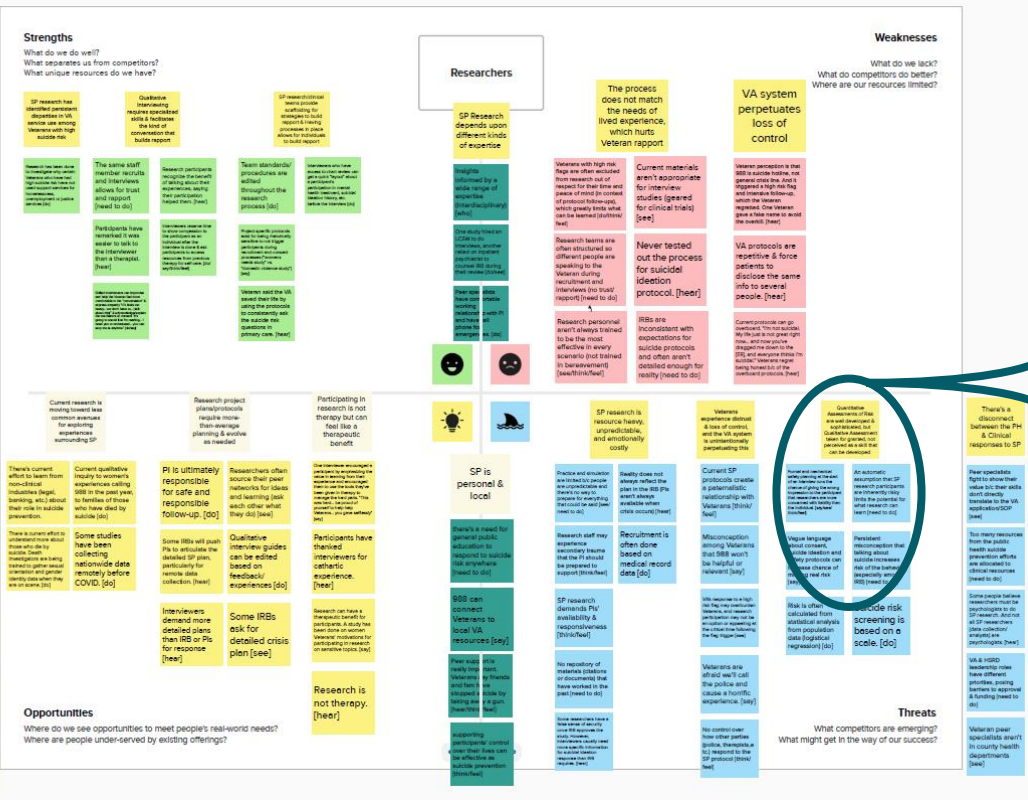
Skilled interviewers can improvise and help the Veteran feel more comfortable in the "conversation" & express empathy "if it feels too heavy... we don't have to... [talk about this]" & acknowledge/explain the mechanics of consent "it's going to sound like I'm reading... I need you to understand... you can stop me at anytime." [do/say]



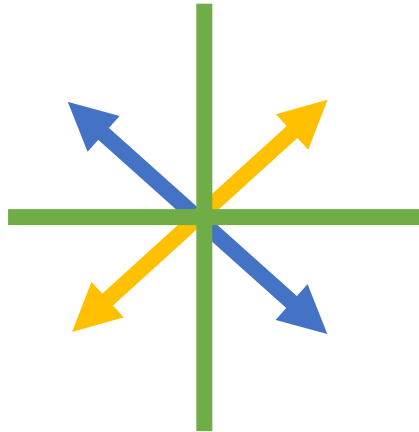
# STEP 2: Translate to SWOT

Quantitative Assessments of Risk are well developed & sophisticated, but Qualitative Assessment taken for granted, not perceived as a skill that can be developed

Formal and mechanical safety planning at the start of an interview runs the chance of giving the wrong impression to the participant that researchers are more concerned with liability than the individual. [say/see/think/feel]

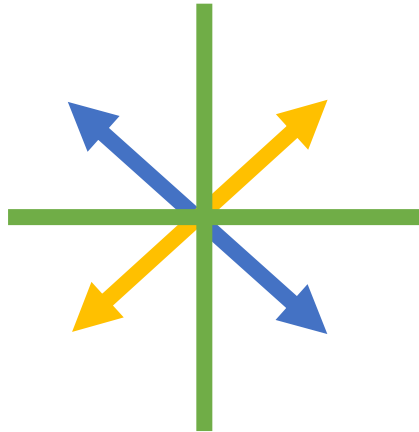


# STEP 3: Synthesizing SWOT



<p style="text-align: center;"><b>Strengths</b></p> <ul style="list-style-type: none"> <li>Qualitative interviewing is a specialized skill and facilitates the kinds of conversations that build rapport</li> <li>Suicide prevention researchers and clinical teams provide scaffolding for strategies to build rapport, and having these processes in place allows for/enables individuals to build rapport</li> <li>Suicide prevention research has identified persistent disparities in VA service use among Veterans at high risk of suicide</li> </ul>	<p style="text-align: center;"><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>Effectiveness relies on rich communication channels – it is not only what you say, but how you say it. This is a skill that can be learned and practiced.</li> <li>Current research is moving towards less common avenues for exploring experiences around suicide (e.g., family court lawyers)</li> <li>Qualitative interviews are not therapy, but sometimes feels like it for people. Participation in research can feel like an activity with a therapeutic benefit.</li> <li>Suicide prevention research plans and protocols involve more than average planning and evolve as needed</li> </ul>
<p style="text-align: center;"><b>Strength/Weakness</b></p> <ul style="list-style-type: none"> <li>Suicide prevention research depends upon different kinds of expertise</li> </ul>	<p style="text-align: center;"><b>Opportunity/Threat</b></p> <ul style="list-style-type: none"> <li>Suicide prevention is personal and local</li> </ul>
<p style="text-align: center;"><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>VA system unintentionally perpetuates sense of loss of control for Veterans</li> <li>The processes and protocols do not always correspond to the needs of Veterans and researchers, nor match their lived experience</li> </ul>	<p style="text-align: center;"><b>Threats</b></p> <ul style="list-style-type: none"> <li>Quantitative assessments of risk are well developed and sophisticated, but qualitative assessments are not treated as a skill you can develop</li> <li>Veterans experience distrust and feelings of loss of control</li> <li>Suicide prevention research is resource-heavy, unpredictable, and emotionally costly</li> <li>Rift/disconnect starting to form between public health and clinical responses to suicide prevention</li> </ul>

# STEP 3: Synthesizing SWOT



## Connecting Strengths and Threats

- We need to acknowledge that qualitative interviewing can improve with skill-building (this is also an opportunity). Those skills are communication skills, such as establishing common ground with your audience, active listening, articulating intent, setting expectations, and interdisciplinary collaboration
- Connecting a strength and threat (through a weakness) – the applied manuscript is about this:
  - We have processes and strategies to build rapport, but those processes don't always correlate to the needs of Veterans and researchers' or matched their lived experience (weakness), and that disconnect perpetuates distrust between Veterans and VA and allows the threat of the loss of control to persist

### *Threats that appear unaddressed by strengths:*

- Suicide prevention research is resource-heavy, unpredictable, and emotionally costly
- Rift/disconnect starting to form between public health and clinical responses to suicide prevention

## Connecting Opportunities and Weaknesses

- As we learn more about experiences around suicide by doing research via less common avenues, we can develop more and different protocols and processes. The more we understand the diversity of lived experience around suicide and suicide prevention, the better/more responsive our protocols can be.
- Potential connection across Community Members SWOT and Researchers SWOT:
  - The VA is the largest healthcare system in the country and it is difficult to coordinate all of the moving parts so that they are responsive to everyone, both individually and locally. People with certain expertise might help address this issue. → Peers bring in the personal → CVSOs and CEPCs bring in the local. The research team should be clued in to these resources.

### *Opportunities that we seem to not capitalize on:*

- Participation in research can feel like an activity with a therapeutic benefit.
- Suicide prevention research plans and protocols involve more than average planning and evolve as needed





# APPLICATION IN ACTION

*Suicide Risk Assessment Tools*



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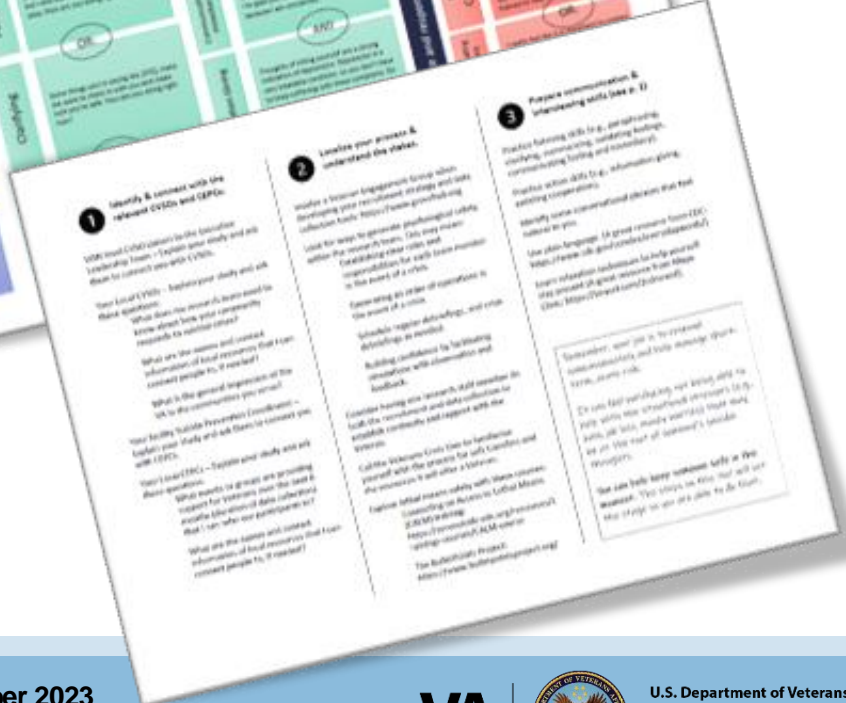
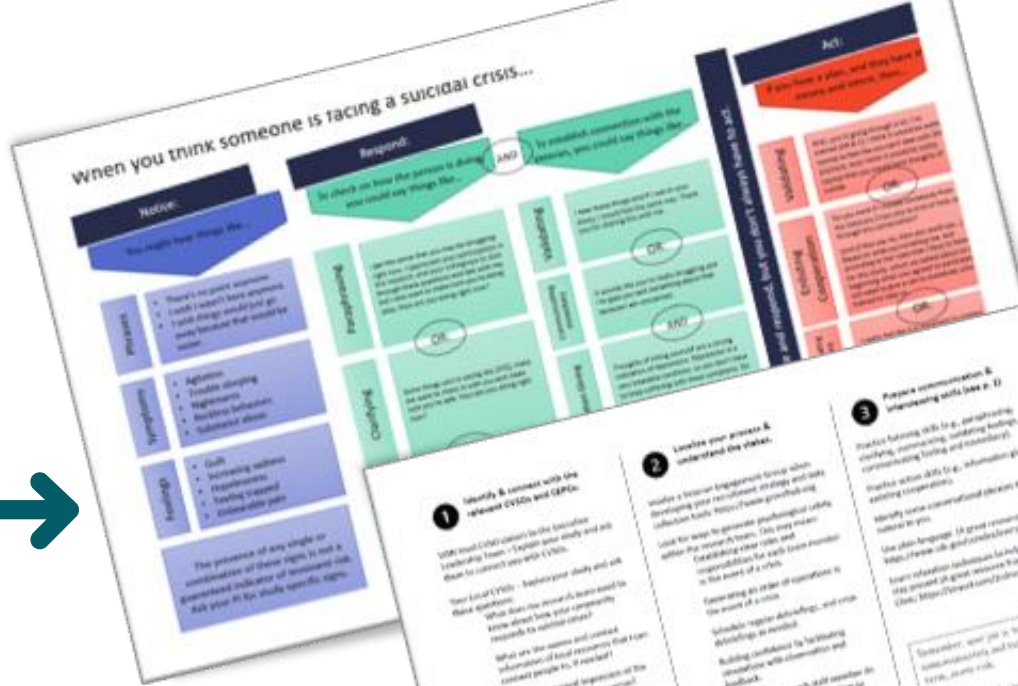
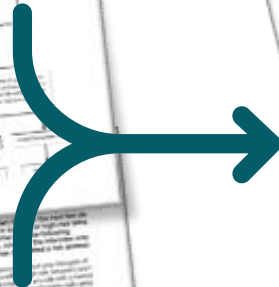
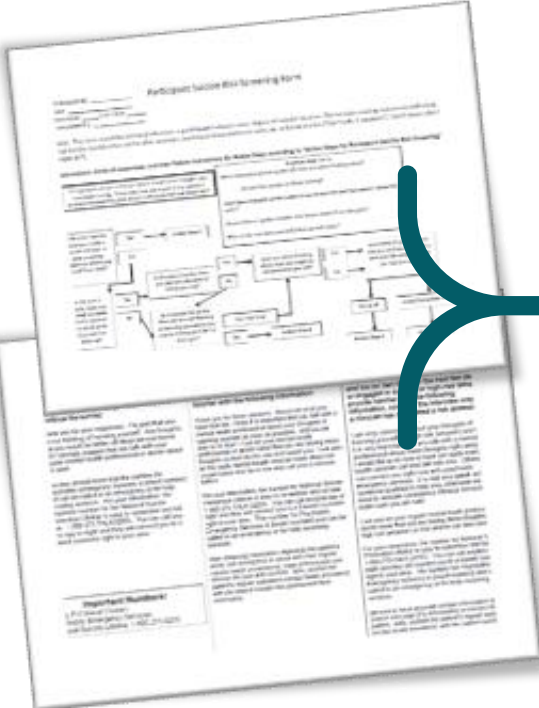
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# Application in Action...





# LESSONS LEARNED

- Outliers are carried through analysis
- Time Consuming
- Uncomfortable Process
- Empathy Maps Require Scaffolding for Group Engagement



# What questions do you have?



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# Bibliography

- Allah, K., Ismail, N. A., & Elrobaa, H. (2021). Empathy map instrument for analyzing human-computer interaction in using web search UI by elderly users. *International Congress of Advanced Technology and Engineering (ICOTEN)*, Taiz, Yemen, 1-5, <https://doi.org/10.1109/ICOTEN52080.2021.9493548>
- Baez-Leon, C., Palacios-Cena, D., Fernandez-de-las-Penas, C., Velarde-Garcia, J. F., Rodriguez-Martinez, A., & Arribas-Cobo, P. (2021). A qualitative study on a novel peer collaboration care programme during the first COVID-19 outbreak: A SWOT analysis. *Nursing Open*, 9(1), 765-774. <https://doi.org/10.1002/nop2.1128>
- Cairns, P., Pinker, I., Ward, A., Watson, E., & Laidlaw, A. (2020). Empathy maps in communication skills training. *The Clinical Teacher*, 18(2), 142-146. <https://doi.org/10.1111/tct.13270>
- Campese, C., Vanegas, C. A. L., da Costa, J. M. (2018). Benefits of the empathy map method and the satisfaction of a company with its application in the development of concepts for a white glue tube. *Product Management & Development*, 16(2), 104-113. <https://doi.org/10.4322/pmd.2018.008>
- Costantino, C., Mazzucco, W., Marotta, C., ... Restivo, C. (2019). Methodological issues in a cross-sectional survey on cervical cancer screening using telephone interviews in Sicily (Italy): A SWOT analysis. *International Journal of Medical Research*, 47(10), 5174-5184. <https://doi.org/10.1177/0300060519860950>
- Ferreira, B. M., Barbosa, S. D. J., & Conte, T. (2016). PATHY: Using empathy with personas to design applications that meet the users' needs. In: Kurosu, M. (eds) *Human-Computer Interaction. Theory, Design, Development and Practice*. HCI 2016. Lecture Notes in Computer Science(), vol 9731. Springer, Cham. [https://doi.org/10.1007/978-3-319-39510-4\\_15](https://doi.org/10.1007/978-3-319-39510-4_15)
- Gibbons, S. (2018, Jan 14). Empathy mapping: The first step in design thinking. *Nielsen Norman Group*. <https://www.nngroup.com/articles/empathy-mapping/>
- Gray, D., Brown, S., Macanufo, J. (2010). *Gamestorming – A playbook for innovators, rulebreakers and changemakers*. O'Reilly Media, Inc.
- Skinner, K., Hanning, R. M., Sutherland, C., Edwards-Wheesk, R., & Tsuji, L. J. S. (2012). Using a SWOT analysis to inform health eating and physical activity strategies for a remote First Nations community in Canada. *American Journal of Health Promotion*, 26(6), e159-e170. <https://doi.org/10.4278/ajhp.061019136>
- Squires, A., Chitashvili, T., Djibuti, M., Ridge, L., & Chyun, D. (2017). Health research capacity building in Georgia: A case-based needs assessment. *Public Health*, 147, 1-7. <https://doi.org/10.1016/j.puhe.2017.01.024>