JÖNKÖPING UNIVERSITY

Microsystem thinking meets Resonance – views from Research and Practice

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LEGEFORSKNINGSINSTITUTTET

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VID GÖTEBORGS UNIVERSITET

Institutet för stressmedicin
VÄSTRA GÖTALANDSREGIONEN

JÖNKÖPING ACADEMY
For Improvement of Health and Welfare

Me and “my” resonance…

Mother

Supporter

Kayaker and mountainbiker

Occupational therapist

Improver

Researcher

Director

Who is and what does Fredrik Bååthe?

- **Now**:
  - Resercher at LEFO - Institute for Studies of the Medical Profession, Oslo Norway
    - The IDOQ-study, **I**nteractions between **D**octors' professional fulfillment, **O**rganizational factors and **Q**uality of patient care
  - Resercher at the Institute of Stressmedicine VGR, Göteborg
  - LIV (Lärande Insikt Välbefinnande) –Neuroscience in school to promote learning and well-being
- **Before**
  - PhD Medical Science / Medicine doktor, 2015
    - Research focus: Physicans' engagement in Healthcares complex development and change
    - Physician changing professionell identity and role, complexity sciences, change / learning theory
  - Project-leader complex healthcare development, region VGR
    - establish a national primary-care quality register
    - develop VGRs 11 emergency departments
  - Head of Department, Sahlgrenska Universityhospital, 2004-2009
    - Verksamhetschef/ Klinikkleder Akuten, SU-Mölndal, Accident and Emergency dept
- **Earlier**:
  - Director, Global Supply Chain Services, Avnet Inc.
    - Responsible for three geographical areas; Stockholm (Sweden), Phoenix (USA), Kuala Lumpur (Malaysia)
  - MSc Industrial Enginering and Management- logistics, flow, lean, bottom-up quality development
- **Private:**
  - 3 boys (22, 20, 14), wife (physiotherapist), bernese mountain dog-Chappo
  - Extra energy from cooking food and playing in oceans and mountains...surfing and skiing ☺

Sustainability

“a development that satisfies today's needs without jeopardizing the ability of future generations to satisfy their needs“

1987 UN report "Our Common Future" Gro Harlem Brundtland

2003 Sweden Basic Law (Grundlag) "The general public must promote sustainable development that leads to a good environment for current and future generations“

2015 UN Agenda 2030 - Globally achieving socially, environmentally and economically sustainable development

Sustainable development

Ecological + Social + Economical aspects…

striving towards balancing all three

…at the same time

Can trigger irritation, frustration…and maybe also innovation

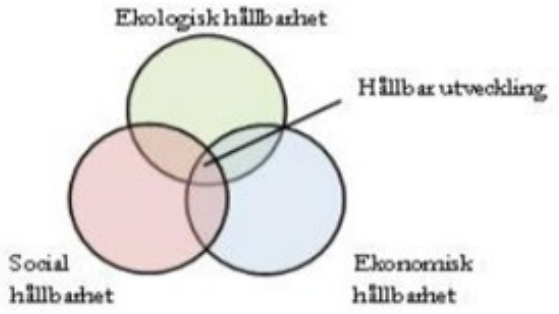


Bild från Gårdmark och Zhong (2018)

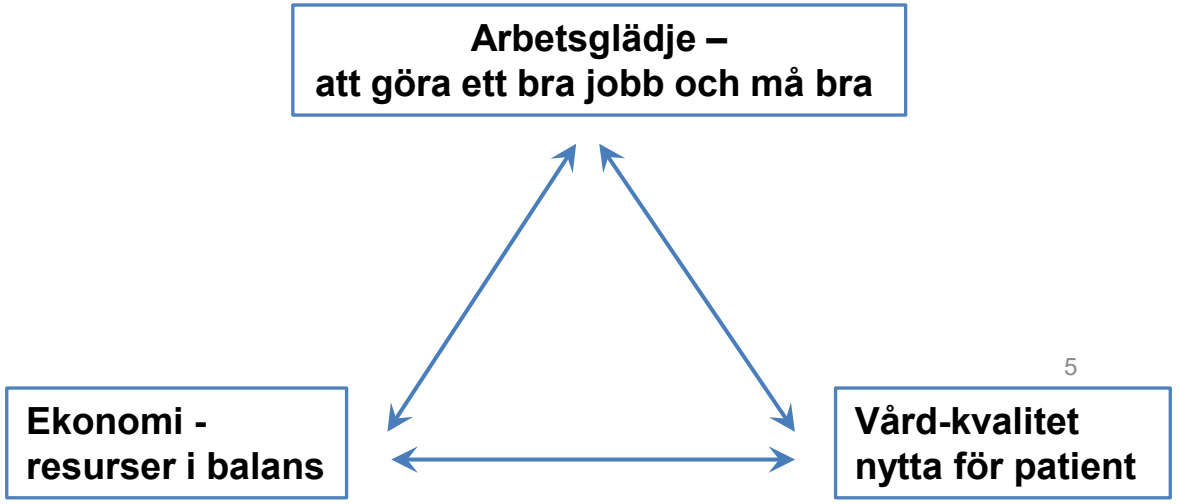


Bild från Bååthe mfl (2019)

How is it with “sustainability” at your place?

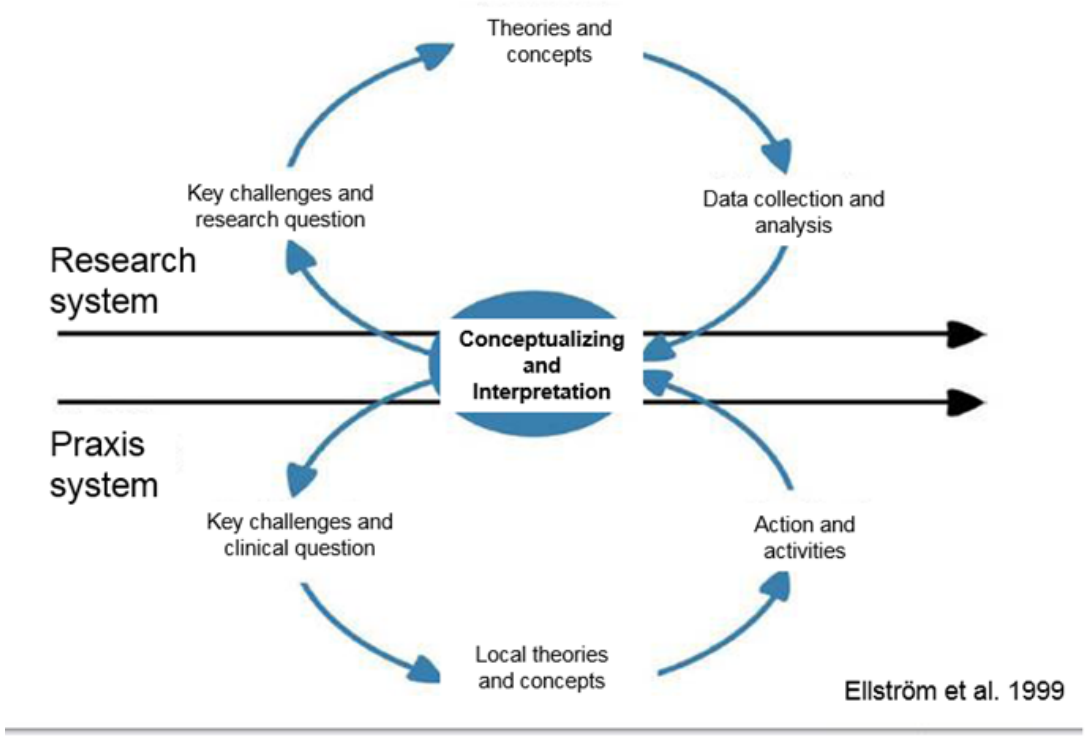
Conversation- 2 min

A healthcare system that exhausts doctors and other health professionals **is not sustainable**

– Care of the Patient Requires Care of the Provider
  - Bodenheimer and Sinsky 2014

Research towards increased sustainability

Interactive research

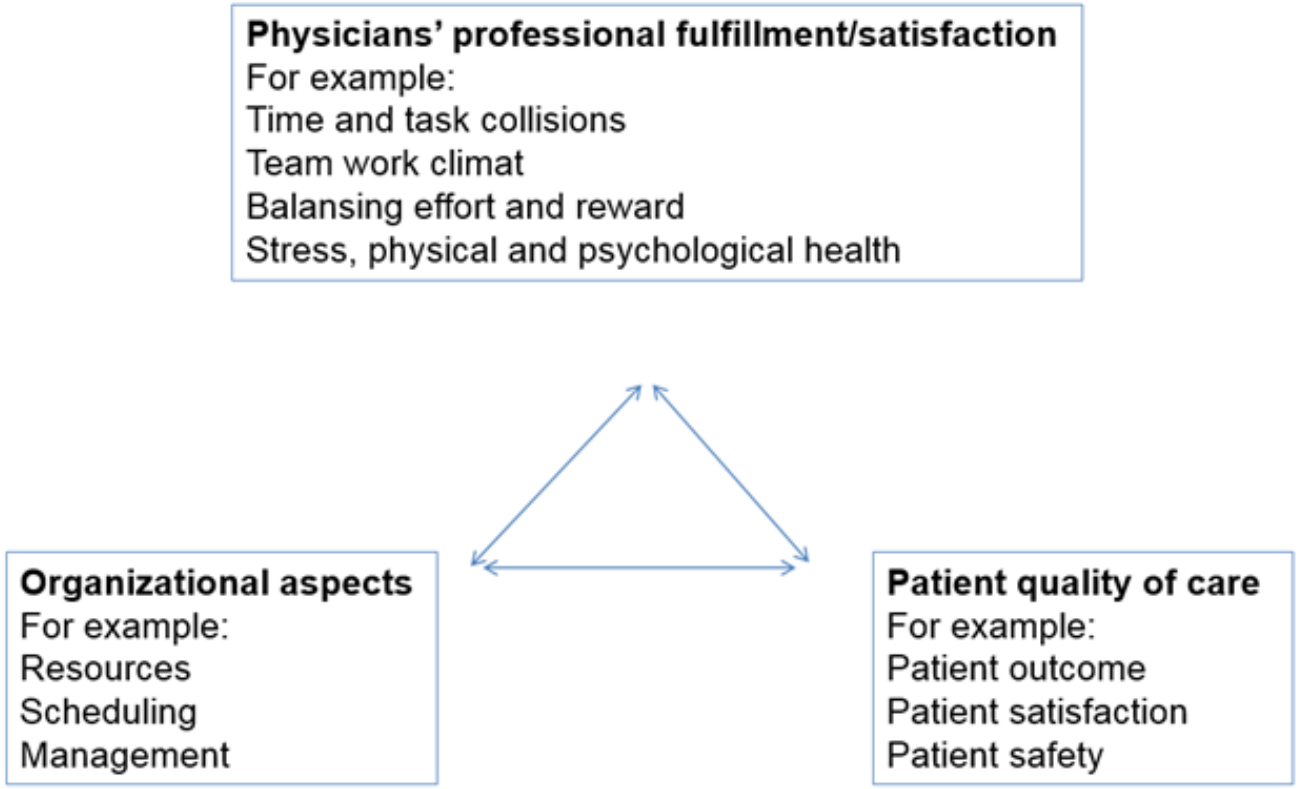


» Create **both** scientific and clinical progress.

ELLSTRÖM 1994, 1999; GREENHALGH 2004

Taking local experience seriously… balancing

- Aim: To explore how physicians experience the **Interactions between Doctors professional fulfillment, Organizational factors and Quality of care (IDOQ)**



BERWICK ET AL. 2008, SIKKA ET AL. 2015, DYRBYE ET AL 2017, BÅÅTHE ET AL 2019

Open access Research

BMJ Open

How do doctors experience the interactions among professional fulfilment, organisational factors and quality of patient care? A qualitative study in a Norwegian hospital

Fredrik Baathe,[1,2,3,4] Judith Rosta,[1] Berit Bringedal,[1] Karin Isaksson Rø[1,5] , 2019

Methods

Hur lika är det i USA och Norge (Sverige)?

- Physician interviews (Gender, seniority, subspecialty)
  - 8 surgeons at midsize emergency hospital, Norway
  - 10 surgeons at large university hospital, California, USA
  - 9 oncologists at large university hospital, Norway

- Transcribe and analyze
- Feedback of findings to physicians and dept. leaders
- Local clinical initiatives - action
- Follow up to monitor effect of local action

1. Patient outcome foundational to professional fulfillment

“ Vital for job satisfaction is that we have an experience that things go well with our patients”

- Patient errors severely impacting professional satisfaction.
- Learning and developing key parameters for fulfillment
- Enjoying the everyday clinical practice…
  - *“Sometimes I can´t believe I really get paid for doing this work, operating is so capturing!”*

2. Physicians “not recognizing themselves” amongst production focus and financial concerns

“ Quality is more and more becoming an empty term in relation to what the hospital values are. What we hear about is mostly economy and production numbers!”

“ I am one of those physicians who consider that healthcare has an obligation to make sure we manage our resources and household with our tax-based money”

- Change from trustworthy and autonomous resource, towards becoming a production worker
  - *“ I don’t feel that I come to work as a capable and autonomous resource anymore. I feel I come to work only to produce certain numbers of procedures ”*

3. Stretching oneself to deliver quality care in spite of the accelerating struggle against time

“ There is a constant battle against time. We need time to make solid evaluations before and after operations. We are pushing the limits towards feeling uncomfortable. Definitely relating to quality of care.”

“ One starts to wonder if this constant stretching of oneself can have negative consequences. Like more patients expressing worries after their operations “

- Constant struggle with work-home balance

  “ I have to be there until the operation is finished. I am really concerned if I will be in time for kindergarten. It generates a lot of frustration, but I have an implicit contract with the patient, and an implicit contract also to the hospital ”

4. Traditional hierarchical management not recognizing individual physician initiatives

Limited time and/or recognition for improvement initiatives

“ If you are working with changes in such a complex environment as a hospital one must involve those impacted by a change.

You put small groups of surgeons and or-nurses together. Provide them some time to work on specific issues. Listen attentively to what they say about key pressure points and act accordingly.

Not simply pushing decisions down at people! These are talented people that typically know best what to do with clinical issues. “

IDOQ study conclusions:

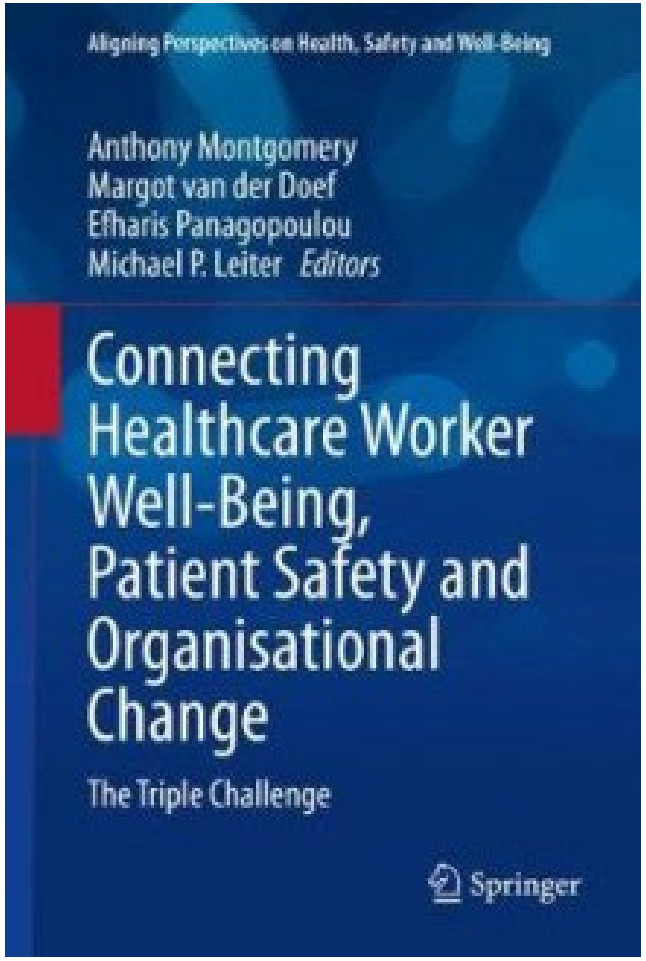
- Physicians find most joy in clinical work and patient encounters
- Working hard, focusing individual patients here and now
- Experience of becoming “some-one new and unknown” in his/her role as doctor
  - Change from a trustworthy and autonomous resource, towards a cog-in the wheel
  - Limited experience of recognition for “good professional work”, mostly comply and meet increasing “production targets”
- Individual physician plasticity is about to break
  - stretching one-self to deliver patient quality, no matter what
- Managerial insights about modern leadership considered lacking

Practical learnings from this study:

- Traditional physician strategy of working harder, focusing the individual patient, **is no longer functional** for meeting todays clinical, professional and societal demands
  - **Sophisticated resistance** as an alternative
    - *"If we are to resist the secular totalitarianism of contemporary healthcare and reinstate the missing person at the centre of what we do, we as healthcare professionals must find the **courage** to disregard the rules"*
      - Iona Heat, "The missing person: The outcome of the rule-based totalitarianism of too much contemporary healthcare", 2017

- To secure both quality care and professional fulfillment, organizational factors must be put in place that facilitate physicians' engagement in local clinical development work
  - **Organizational r-(evolution)…hur då?**

Chapter 7: Karin Isaksson Rø, Judith Rosta, Reidar Tyssen, Fredrik Bååthe (2021) Doctors Well-being, Quality of Patient Care and Organizational Change - Norwegian Experiences



Take home message

The only long-term sustainable way to handle budgetary dilemmas is to improve the clinical care processes, i.e. the way people in healthcare work together, to meet the needs of patients

Speed and innovation…

Does the technology have a purpose? Do we need to update all systems all the time just because we can? So we have to have an ethical discussion about what we are doing, what kind of society do we want? Just because we can do certain things does not mean that we should. This excludes people. (W1, 50–59)

I was at a mammography and it was organised similar to a car inspection. You had to log into a device, nobody welcomed you in, and you were a thing, a device… I chose not to understand [the instructions], to check what would happen and pressed the help button. Nothing happened, others came and logged in and were cared for and I sat there until someone finally said; who are you? (W5, 70–79).

Innovation and implementation without resonance – Welfare@Home

"My insurance company have told me I need to lock the door with my extra lock, I don't feel safe and secure with the key free lock" (W, 96 y)

"I like to socialise out-of-home, but sadly I need to go home to take my medicine as the medication robot won't let the medicine go until between 1 and 3 o'clock" (M, 85 y)

Innovation and implementation without resonance – Welfare@Home

"I don't answer my phone when someone calls when I'm helping someone, but I know some colleagues do that..."

"We were involved in a project on welfare technologies in 2016, but since then no one has asked us about what works well or not, or if we lack something..."

Resonance in practice

Older persons are more concentrated [when going to the doctor] and you don't have to be that at home. The MGT way of working from the kitchen table levelled the balance of power in the situation; Mark and Mary [fictional names of MGT members] have a humble attitude and they don't sit behind a desk. At this table [kitchen table] the situation becomes totally different.

Clinical Interventions in Aging

Dovepress
open access to scientific and medical research

Open Access Full Text Article

CLINICAL TRIAL REPORT

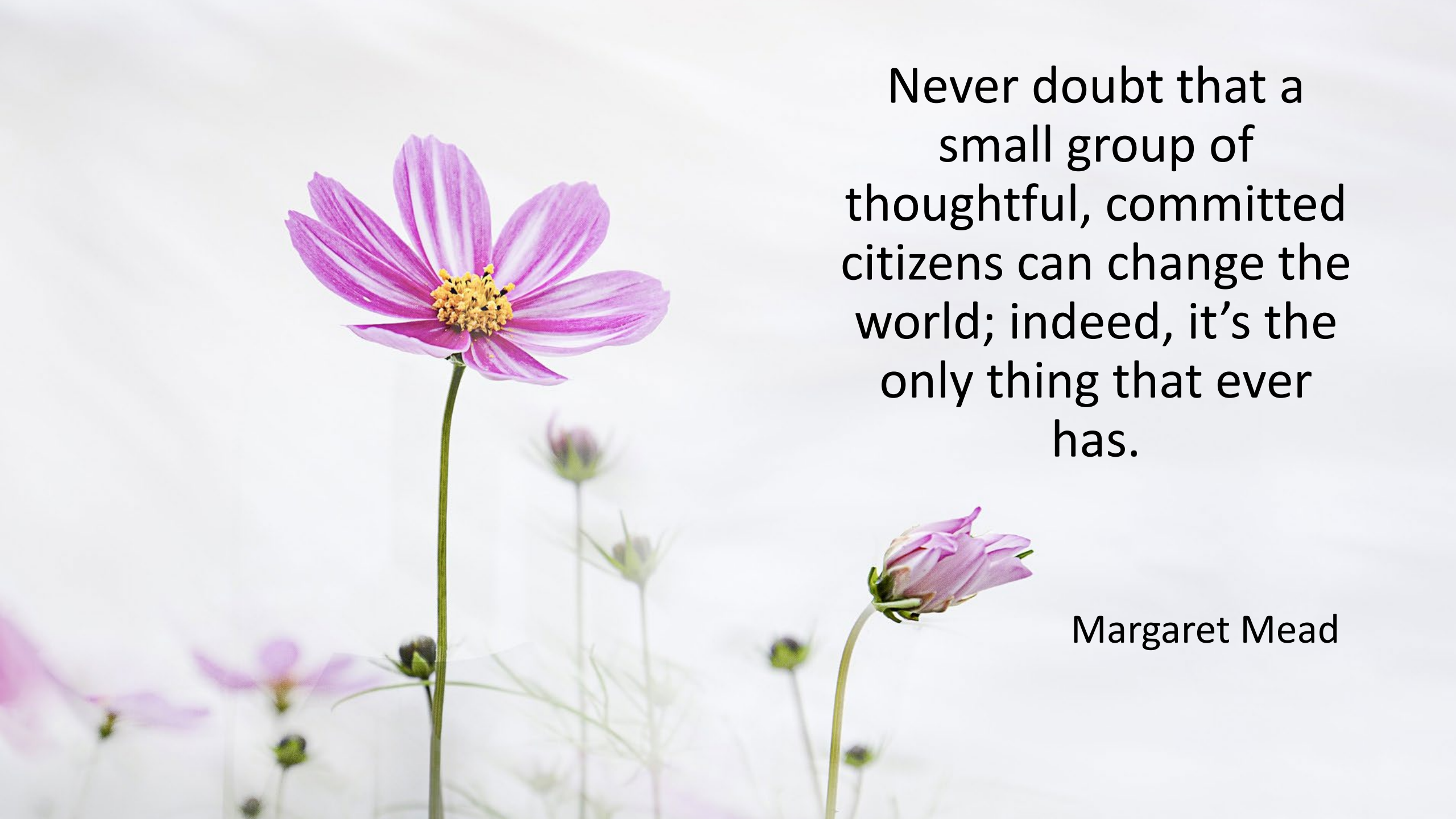
Mobile Geriatric Teams – A Cost-Effective Way Of Improving Patient Safety And Reducing Traditional Healthcare Utilization Among The Frail Elderly? A Randomized Controlled Trial

This article was published in the following Dove Press journal:
Clinical Interventions in Aging

Sofi Fristedt[1–3]
Paul Nystedt[4]
Örjan Skogar[2,5]

Background: Demographic changes combined with costly technological progress put a financial strain on the healthcare sector in the industrialized world. Hence, there is a constant need to develop new cost-effective treatment procedures in order to optimize the use of

What resonates with you?


Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.
Margaret Mead