Cases of Resilient Health Care: Selected Key Lessons

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Jeffrey Braithwaite, Kate Churruca, Louise Ellis, Jessica Herkes
Methods

- Reviewed 30 cases of resilient health care

- Extracted key lessons, empirical stance, theoretical framework, useful things to know, recommendations for promoting resilience or researching it in the future

- Synthesised findings
Results
Main finding

Four distinct themes emerged:
- Overarching lessons
- Embedded situational perspectives
- Useful things to know
- Recommendations for promoting resilience or researching it in the future
- Characteristics of the health system:
  - Self-organising
  - Flexible
  - Consists of improvising and coordination
  - trade-off of priorities
  - retains the capacity to manoeuvre

- Health personnel anticipate future events, and can overcome barriers to performance
Embedded situational perspectives

Redundancy: practices that on the surface may appear unnecessary, duplicative or even wasteful
Embedded situational perspectives

- Redundancy is actually useful, if not “essential”
- Lean, efficiency-oriented approaches are not advisable compared to flexible ones
Useful things the cases have said

- Simulation is useful to prepare people for future scenarios
- Workarounds provide insights into how people navigate a workplace
- Applying both Safety-I and Safety-II thinking is useful as we attempt to reconcile Work-as-Imagined (WAI) and Work-as-Done (WAD)
Recommendations for promoting resilience or researching it in future

1. Organisational stakeholders should practice self-reflection, self-regulation and self-determination
2. WAI and WAD people: talk to each-other!
3. Learn from how care is delivered at the front line
4. Foster flexible learning and a culture of openness
Significance

- More mixed-method studies
- More diverse contexts
“those who do not remember the past are condemned to repeat it”
-Santayana