

Summing up and making sense of *resilience*

(The following on-line notes were compiled by Richard Cook and have been gently edited by Erik Hollnagel. They hopefully make sense for those who were present, but are probably close to incomprehensible for those who were not.)

What is new for you?

Individual vs. organizational aspects of resilience: better definition of roles and responsibilities of clinicians, family, patient vs. too much reliance on role to limit participation-action.

Not acting and thought experiment regarding self-organization

We are delusional about our knowledge and ability but still called upon to act. Conflict between 'understanding' and the need to change the system. Ability to understand will depend on research but we should be able to make things safer - the 'low hanging fruit'. (Safety 1 vs. Safety 2)

Spurred by the Swiss ICU case (*see presentation by Paries*), issues around trust

The role of the patient (and family)

Complexity and adaptive systems characteristics:

Dissatisfaction with the extant paradigm of research-leading-to-evidence-leading-to-change. A sense of urgency (Robson) about needing to make things better but not knowing how.

Swiss ICU case illustrates self-organization that led to a new way of working that was much more effective than would be expected in the absence of management. It's almost scary. Made possible by weak management; a good use of social capital but by non-traditional leadership? How did it happen - we don't know. Nice to see a case of the larger organization demonstrating resilience; most examples are small circumference events or one-offs.

Shawna Perry: effectiveness of clinician leaders left to guide their own units; difference in a formal position.

Denmark is working on changing locus of control to self-control/management. Self-leadership. Post-success leadership blessing of the successful experiment. (Difficulty with 'slow' data. Need for 'quick' data. And, of course, the *right* data.)

Brittle success. Reflections on cases. Are we measuring the right outcomes? (at odds with the 'patient centered' notion.) What constitutes success or *the good*? The problem with brittle success is that it is measurably a success that reinforces the brittleness rather than leading to resilience.

Need to have longitudinal study to understand resilience.

Aside from Erik: There is no theory of resilience as such; but we can talk about the abilities to respond, monitor, learn, and adapt. What it is that we are talking about when we talk about resilience: Resilience is the everyday work; it is always present.

Want to work on organizations to make them more resilient; trying to get companies to look ahead more than one year, e.g., 'a culture that allows or encourages anticipating.' Would like to have the board involved also.' Risk something, safe working.

Is there good v. bad resilience? Answer: NO. We should rather talk about the lack of resilience than bad resilience.

'General' resilience vs. survival;

There is no single theory of resilience. Resilience is taken from metaphors. Jean thinks Erik's resilience is the robustness of the control function. Robs 'complex adaptive system' - the ability of the system to stay within a stable zone of attraction - but this is not necessarily a preferred or the best zone.

Need to define the system, time horizon, and performance criteria that we are using to characterize resilience. A whole ICU vs. a particular care process. The ICU example is persuasive because the unit maintained high levels of performance while under a series of demanding conditions and without 'proper' high level management.

Erik: Resilience is inextricably linked to what an organization does. It has no meaning without action. Structures cannot be resilient; they can be robust. Organization is functions not structures. (But he admits to be biased by control theory.)

Jean: If you look at an ecosystem (where the term resilience is used much) it cannot be said that it 'does' something. Erik: it stays alive. Garth: A life system that survives an ecological transformation is resilient. Jean: larger system resilience is present despite non-resilient people.

What is difficult for you?

TBD

How will you go forward from here

TBD