TvärKraft

Trans-disciplinary research about trans-professional development processes in health care organizations

– Granted by VINNOVA 2009-2013

Research group
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Interactive working process
praxis informs research & research re-informs praxis

Ellström mfl 1999
Framework about healthcare (and research group construct)

- **Community**
  - Government
  - Owners, politicians

- **Control**
  - Management
  - Managers, administrators

- **Cure**
  - Science (and art)
  - Physicians

- **Care**
  - Coordinating, serving
  - Nurses and other health professionals


Fredrik Bååthe
Healthcare is complex

- Vertical and horizontal clevages/gaps
- Each “world” has it’s own way to understand reality...a special mindset / professional identity
- This makes communication **within** the “world” functional but communication **between** the “worlds” challenging
  – different gestures, words, meanings, pre-understandings etc
- Our research group try to “replicate” this complexity when analysing data and pondering over results
Engaging physicians in organizational improvement work

- "The power axis"

**Physicians (Cure)**
- Licensed to make autonomous decisions
- Bio-medical science (art)
- Individual patient optimization

**Managers (Control)**
- No license to practise
- Social sciences and management trends
- Resource optimization and cost control
Areas in focus

• Physicians own perspective about hinders and enablers to engage sustainably in organizational work?

• How can we understand the double clevage/gap separating managers and physicians?
  – What can be done to bridge the gap?
  – What role has first move responsibility?

• Physician experiences from a patient-centered round
  – Impact on autonomy, professional identity, sense of professional fulfillment
First study: Participants and context

- Semi-structured interviews n=25 physicians
- Three clinics: surgical/orthopeadic, medical and anesthetic/intensive care clinic.
- A middle sized Swedish hospital (1500 employees, 200 beds)
Grounded Theory

• Verbatim transcription of recorded interviews
• Continual sampling and data analysis
• Comparison of raw data with analytical findings
• Creating an empirically grounded understanding of a phenomena

Glaser & Strauss, 1965; Glaser, 1992; Charmaz 2006
Findings 1

• "The striving for professional fulfillment" emerged as central motivator for physician to engage at work.
  – The work task could be:
    • Clinical work
    • Clinical development work,
    • Organizational development work

  – as long as...the work task provides an individual experience of contributing (being useful) and developing
Findings 2

• Three organizing principles emerged as important to support physician engagement:
  – Respons and recognition (Gensvar)
  – Continuity (Kontinuitet)
  – Role and task clarity (Roll och uppdragstydlighet)
Why risk without reward?
Hinders and support for physician engagement

Organising principles to support engagement

- Recognition (Gensvar)
- Continuity
- Role and task clarity

"Risk"
To engage in something that not matters
Loosing freedom from responsibility
Limited clinical time and training
Loss of freetime
Participating in a process with not clear answers

...upholding a more traditional "doctor" role

"Reward"
Feedback about result of project/process and how it contributed to better care...or not
Influencing the bigger picture
The experience that my thoughts and ideas are appreciated and important
Increased knowledge and understanding
Experiencing that I meet my role expectations

...approaching a more evolved "employee" role
Simple, Complicated and Complex
...some words make a difference!
Interested or sceptical? ways to find out more


• Next article about physicians experiences from patientcentered rounding

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Thank you!

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Unstructured extra material
Theoretical platforms to better understand professional identity / mindset, forming and evolving

- Managing Understanding (Sandberg & Targama, 2007)

- Complex Responsive Processes (Stacey 2011)

- Learning to be professionals (Dall’Alba, 2009)
  Gloria, Dall’Alba (2009), Learning to be professionals, Innovation and Change in Professional Education Springer Science+Business Media

- Mind, Self and Society, from the standpoint of a social behaviorist, George Herbert Mead (1934)
Tangible actions for managers

• Focus on everyday conversations and interactions to start to bridge the gap between mindsets
• Changed conversations from a manager is likely to trigger physicians to evolve their mindset and learn more about the manager
• When mindset/professional identity is being challenged it could result in "anxiety", both on individual, group and organisational level
Our theoretical analysis inform us:

• Mindset/professional identity is developed via every-day experiences.
• People act according to their understanding (socially created and re-created)
• An organization evolves over time as patterns of conversations change.
Fears and anxiety

• When mindset/professional identity is being challenged it could result in "anxiety", both on individual, group and organisational level

• Psychological defense-system to handle the situation
• Individual levels (Freud, etc.), unconscious defence mechanism
• Group level (Bion, etc.), group defence dynamics, fight, flight, dependency
• Organisational level (Argyris, mfl.), excess activities, not-my-responsibility, gap between what is said and what is done

• One fear is anxiety: a diffuse and unpleasant feeling whose causes is hard to identity.
Tangible actions for managers
(sustainably bridging the gap separating managers and physicians)

• Remove barriers and give administrative support

• Support physicians with their professional identity work

Managers have "first move" responsibility
(to put down the first stone, building the bridge)
Conclusion...

• If managers want physicians to engage more in improvement work...managers need to understand and appreciate the mindset of physicians. Then also physicians might start to appreciate the mindset of managers.

• By participating and focusing process, managers can trust to also exercise some influence over content.