

How hospital doctors experience the interactions among professional fulfillment, organizational factors and quality of patient care

A qualitative study

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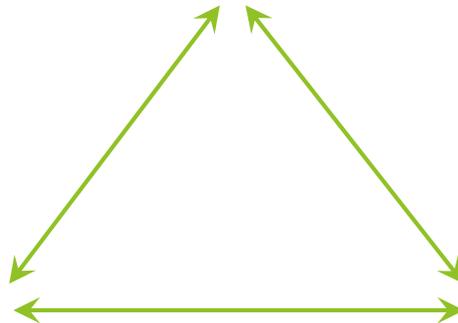
Background

- ▶ A healthcare system that exhausts doctors and other health professionals is not sustainable
- ▶ Improvement work...is also...improving
 - ▶ Traditional focus; patient experience, population health, reducing per capita costs (Berwick et al. 2008)
 - ▶ More recent, **also** functioning work environment and professional fulfillment (of physicians and others) are in focus for healthcare development
- ▶ Care of the patient requires care of the provider (Bodenheimer and Sinsky 2014)

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

Doctors' professional fulfilment

For example:
Time and task collisions
Team work climate
Balancing effort and reward



Organisational Factors

For example:
Resources
Scheduling
Management

Quality of patient care

For example:
Patient outcome
Patient satisfaction
Patient safety

Methods

- ▶ Interactive collaborative research process
- ▶ Physician interviews (Gender, seniority, subspecialty)
 - ▶ 7 surgeons at midsize emergency hospital, Norway
 - ▶ 10 surgeons at large university hospital, California, USA
 - ▶ 9 oncologists at large university hospital, Norway
- ▶ Transcribe, analyze, feed-back to the dept

Results focus the Norwegian midsize hospital

Results...5 empirical themes

- ▶ Quality of patient care as the basis for professional fulfillment
- ▶ Quality of patient care crowded out by production numbers and economic data
- ▶ The accelerating struggle against time impacting well-being and quality of patient care
- ▶ “Stretching oneself” to deliver quality of patient care despite organizational shortcomings
- ▶ Management not recognizing quality of care challenges and providing limited support for doctor initiatives

Quality of patient care as the basis for professional fulfillment

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

“ What gives me satisfaction is when I greet my patients, operate on them and follow up afterwards, so the patient is satisfied. That is all I wish for. “

Quality of patient care crowded out by production numbers and economic data

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

“ 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 a certain number of procedures.”

“ Maybe the key dilemma is that you are pushed for quantity all the time. It leads you to start to feel, right after you go home from your on-call work, that you did not finish your task or finalize things the way you wanted to. You get pushed to increase quantity and it is affecting your own reference of good-quality work. “

The accelerating struggle against time impacting well-being and quality of patient care

“ 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. “

“ Over the last years, operating programs have expanded. It is not seldom that we push really hard to get through the program. As we realize we are not making it, you feel how stress is building up also in the operating room. “

“ One starts to wonder if this constant stretching of oneself to deliver quality of patient care despite organizational shortcomings can have negative consequences. Like more patients expressing worries after their operations.”

Management not recognizing quality of care challenges and providing limited support for doctor initiatives

“ Everyone expects that treatments are first class. We only measure waiting times and how soon we have written the discharge summary, and similar unimportant things. Everybody expects treatments to be the same and quality to be the same, no matter what. That is not true! ”

“ I think this is about hospital management still struggling to find a more modern form. Not the traditional hierarchies and top-down decisions.”

“ If you are working with changes in such a fine-tuned and complex environment as a hospital, one must involve those affected by a change. You put small groups of surgeons and op-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! “

Conclusions

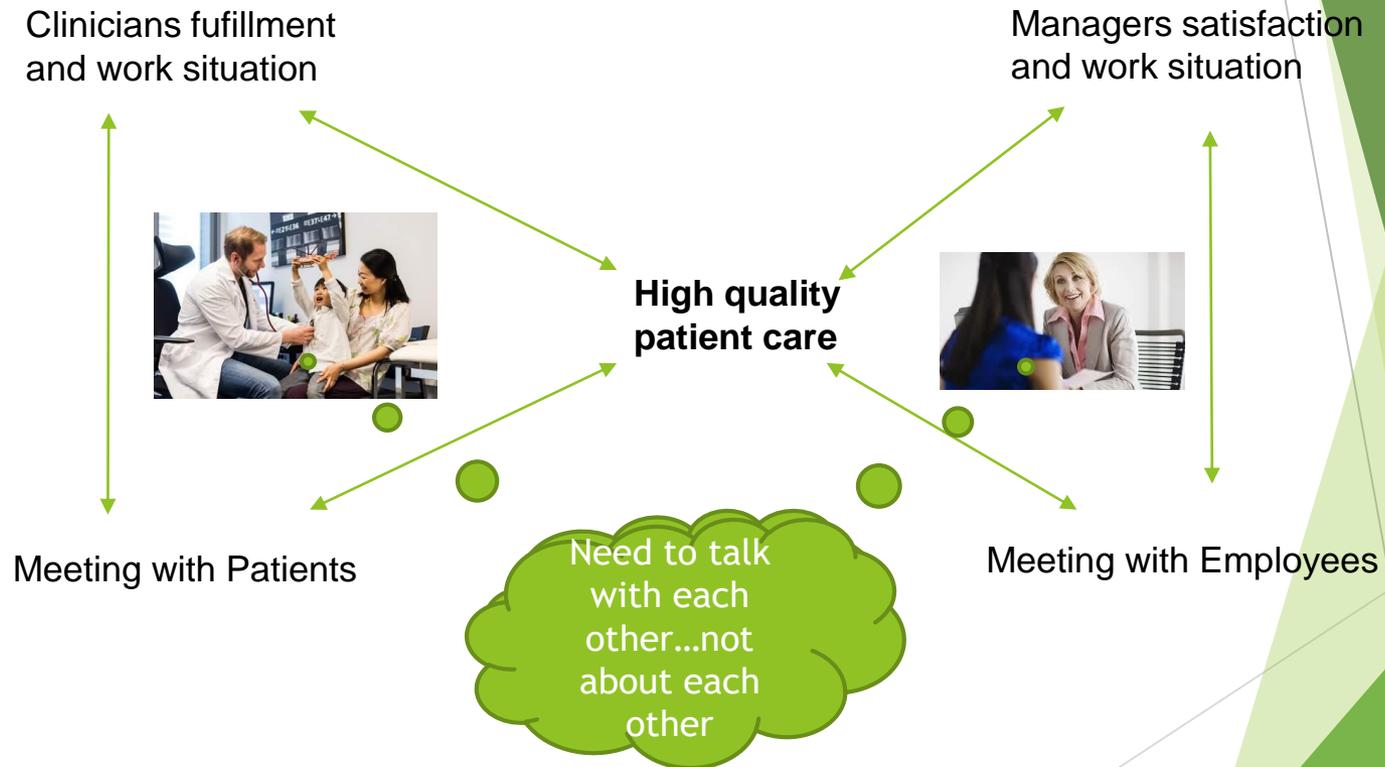
- ▶ Doctors describe a struggle to balance the inherent tension among professional fulfillment, organizational factors and quality of patient care
- ▶ Individual physician plasticity is about to break
- ▶ “Stretching one-self” to deliver quality of care (regardless of org. shortcomings) is no longer a feasible strategy without compromising both professional fulfillment and quality of patient care

Implications

- ▶ Managers need to ensure that doctors are involved when developing organizational policies and processes
- ▶ In so doing, the lived experience from the inherent tension among professional fulfillment, organizational factors and quality of patient care is used in a meaningful way, to improve org. factors
- ▶ This is likely to be beneficial for both professional fulfillment and quality of patient care

Future research

Increased interaction between doctors and managers:
balance «the tension» toward high quality patient care



Thank you for your attention...

The IDOQ project group @ LEFO

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