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Strategies for adapting under pressure: An interview study in surgery and critical care

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Improvisation is not enough

“The pressure on all healthcare systems is simply the daily reality for all clinicians and managers and for any patient or family member dealing with serious illness”

“The first priority in developing practical strategies is to carry out primarily descriptive studies to identify common type of pressures and degraded conditions and their effect at the level of clinical team and the wider organisation safety matters”

VIEWPOINT



OPEN ACCESS

Managing risk in hazardous conditions: improvisation is not enough

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Healthcare systems are under stress as never before. An ageing population, increasing complexity and comorbidities, continual innovation, the ambition to allow unfettered access to care and the demands on professionals contrast sharply with the limited capacity of healthcare systems and the realities of financial austerity. This tension inevitably brings new and potentially serious hazards for patients and means that the overall quality of care frequently falls short of the standard expected by both patients and professionals. The early ambition of achieving consistently safe and high-quality care for all¹ has not been realised and patients continue to be placed at risk. In this paper, we ask what strategies we might adopt to protect patients when healthcare systems and organisations are under stress and simply cannot provide the standard of care they aspire to.

THE EVOLUTION OF POOR PERFORMANCE

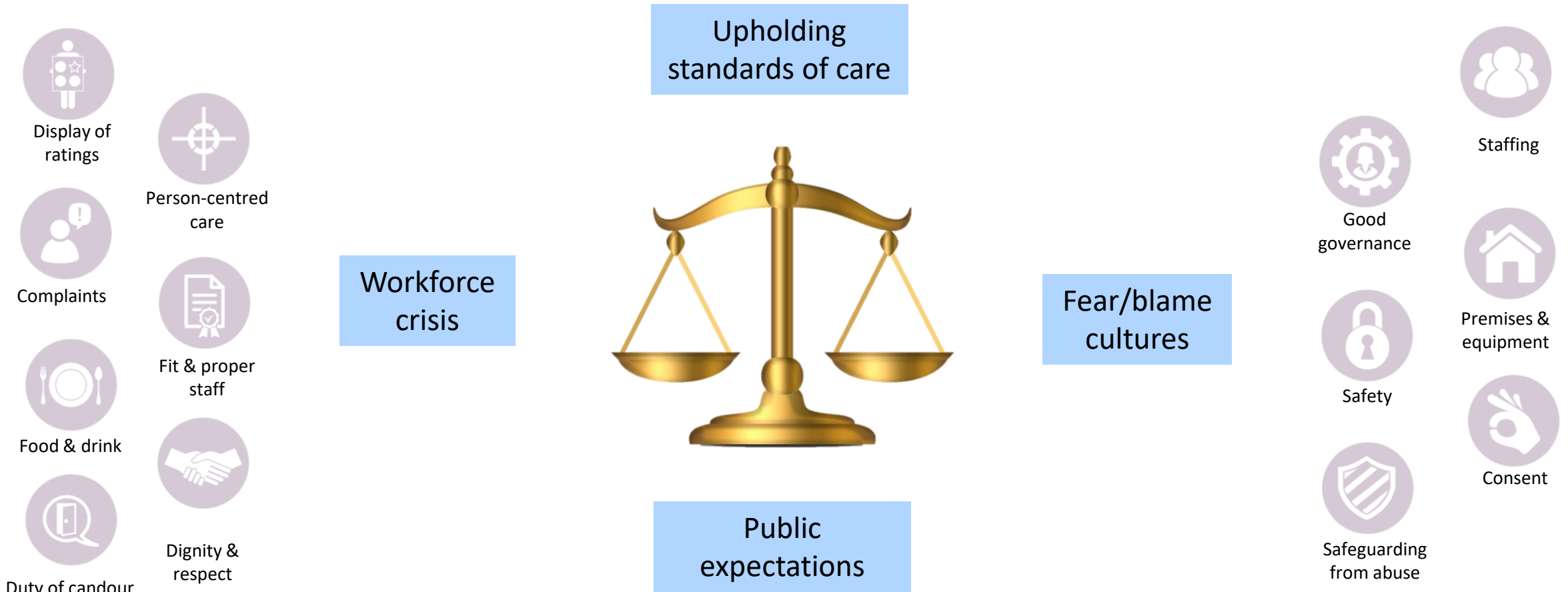
Teams and organisations constantly have to adapt to times of increased demand. Emergency departments, for instance, become adept at managing times of heightened activity and very sick patients. However, the adaptations are usually improvised and vary widely depending on

hospital bed occupancy rates are more or less permanently above the recommended maximum of 85% for acute hospitals. In these circumstances, staff are overburdened to the point that they cannot possibly achieve expected standards. These pressures are exacerbated by patients with increasingly complex conditions, inadequate staffing, missing equipment and other constraints. Staff increasingly rely on workarounds such as not checking patient identification or using disposable gloves as tourniquets.² A review of 58 studies from eight countries found that workarounds are common in all settings studied and that, while they may aid short-term productivity, they pose a variety of threats to patients.³

If these pressures continue, the short-term crises gradually metamorphose into a permanently stressed system with no immediate prospect of recovery. Staff have to accept that they cannot provide the care they wish to and that they cannot meet their personal and professional standards. Compassion begins to be driven out of the system due to fatigue, low morale and the simple lack of time to care. In time, staff illness and absence increases, motivation is undermined and patient complaints and dissatisfaction with the service increase.⁴

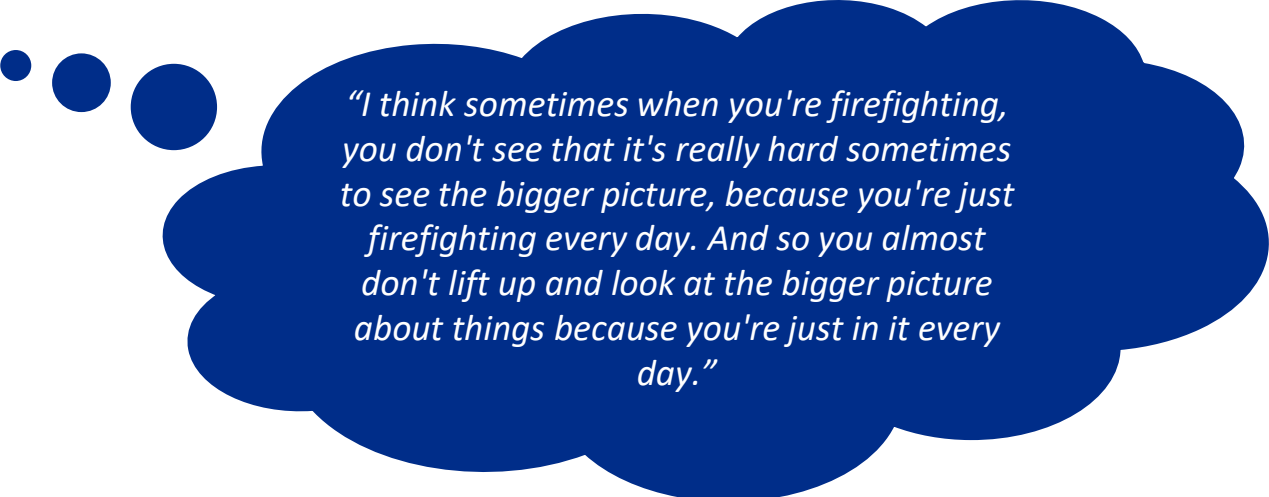


Difficult position for regulators



Programme of work

1. Scoping review to develop a taxonomy of pressures and a taxonomy of strategies for adapting under pressure
2. Interviews with senior clinicians in ICU & surgery
 - Types of everyday pressures
 - Adaptive strategies
 - Education & Learning



“I think sometimes when you're firefighting, you don't see that it's really hard sometimes to see the bigger picture, because you're just firefighting every day. And so you almost don't lift up and look at the bigger picture about things because you're just in it every day.”

Health services under pressure: A scoping review and development of a taxonomy of adaptive strategies.

Dr Bethan Page, Dulcie Irving, Professor René Amalberti & Professor Charles Vincent

Objective The objective of this review was to develop a taxonomy of pressures experienced by health services and an accompanying taxonomy of strategies for adapting in response to these pressures. The taxonomies were developed from a review of observational studies directly assessing care delivered in a variety of clinical environments.

Design In the first phase a scoping review of the relevant literature was conducted. In the second phase pressures and strategies were systematically coded from the included papers, and categorised.

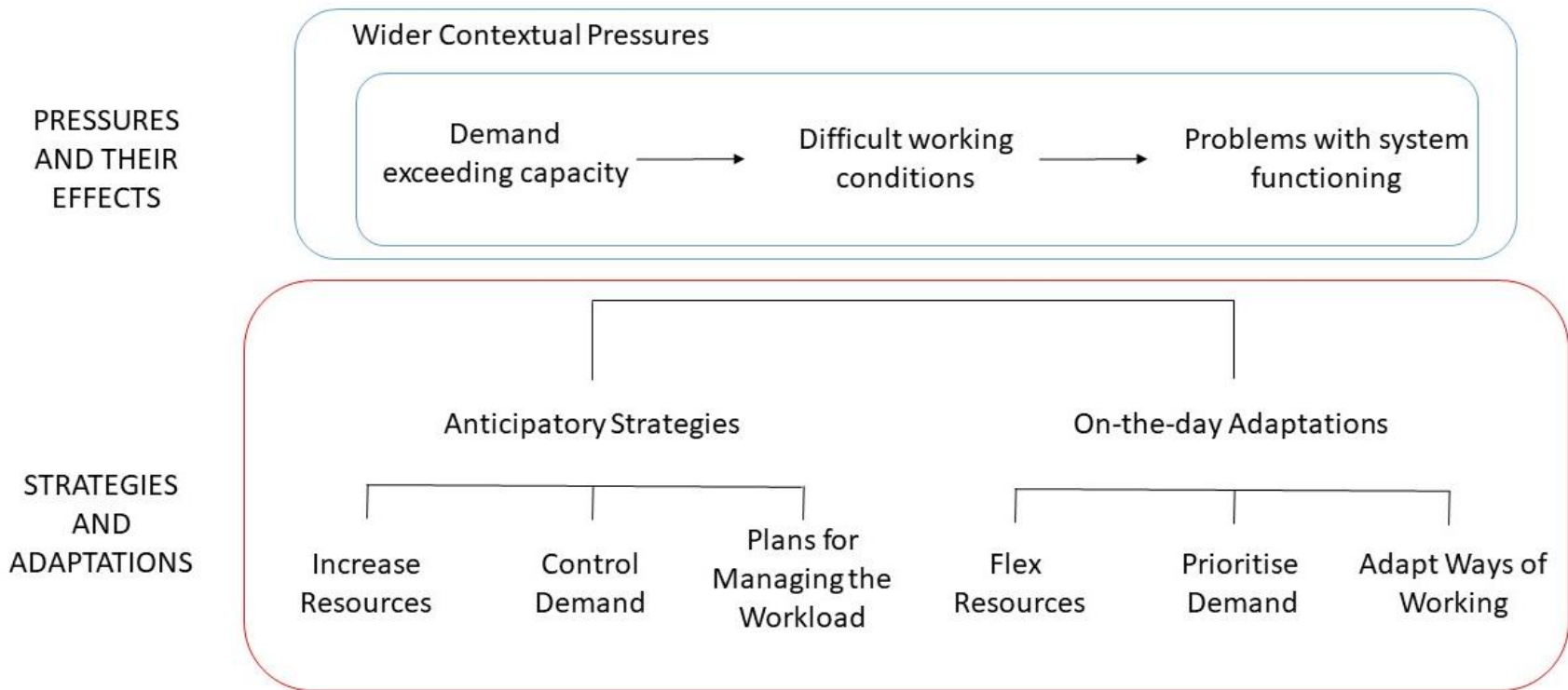
Data sources Electronic databases (MEDLINE, Embase, CINAHL, PsycInfo and Scopus) and reference lists from recent reviews of the resilient healthcare literature.

Eligibility criteria Studies were included from the resilient healthcare literature which used descriptive methodologies to directly assess a clinical environment. The studies were required to contain strategies for managing under pressure.

Results 5402 potential articles were identified with 17 papers meeting the inclusion criteria. The principal source of pressure described in the studies was demand for care exceeding capacity (i.e. the resources available), which in turn led to difficult working conditions and problems with system functioning. Strategies for responding to pressures were categorised into anticipatory and on-the-day adaptations. Anticipatory strategies included strategies for increasing resources, controlling demand and plans for managing the workload (efficiency strategies, forward planning, monitoring and co-ordination strategies and staff support initiatives). On-the-day adaptations were categorised into: flexing the use of existing resources, prioritising demand, and adapting ways of working (leadership, teamwork and communication strategies).

Conclusions The review has culminated in an empirically based taxonomy of pressures and an accompanying taxonomy of strategies for adapting in response to these pressures. The taxonomies could help clinicians and managers to optimise how they respond to pressures, and may be used as the basis for training programmes and future research evaluating the impact of different strategies.

Conceptual Framework



Interviews: ICU & Surgery

ICU

20 Interviews across 4 Trusts

Consultants (n = 5)

Band 8 Nursing Leaders (n = 9)

Band 7 Senior Nurses (n = 4)

Allied Health Professionals (n = 2)

Surgery

20 Interviews across 4 Trusts

Surgeons (n = 4)

Anaesthetists (n = 6)

Matrons/Deputy Matrons (n = 4)

Senior Nurses (n = 3)

Theatre Managers (n = 3)



Pressures in ICU & Surgery

Pressures in ICU and Surgery

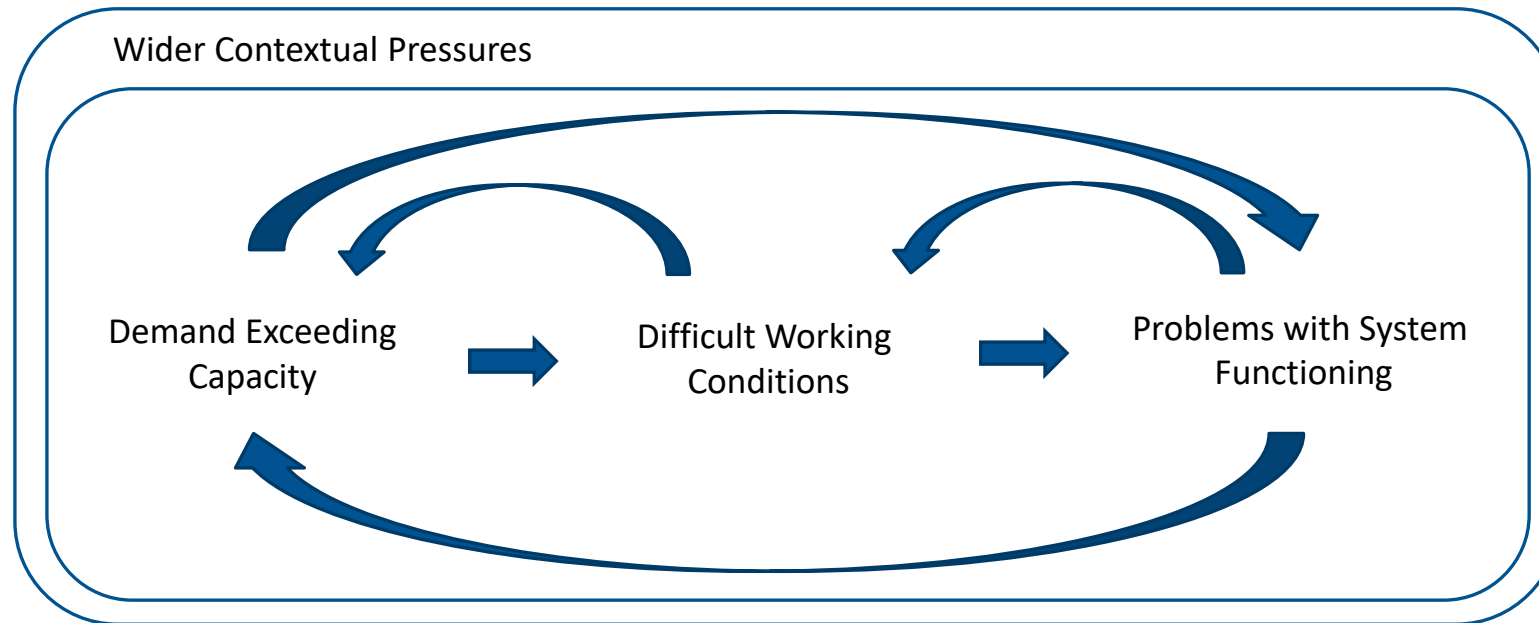
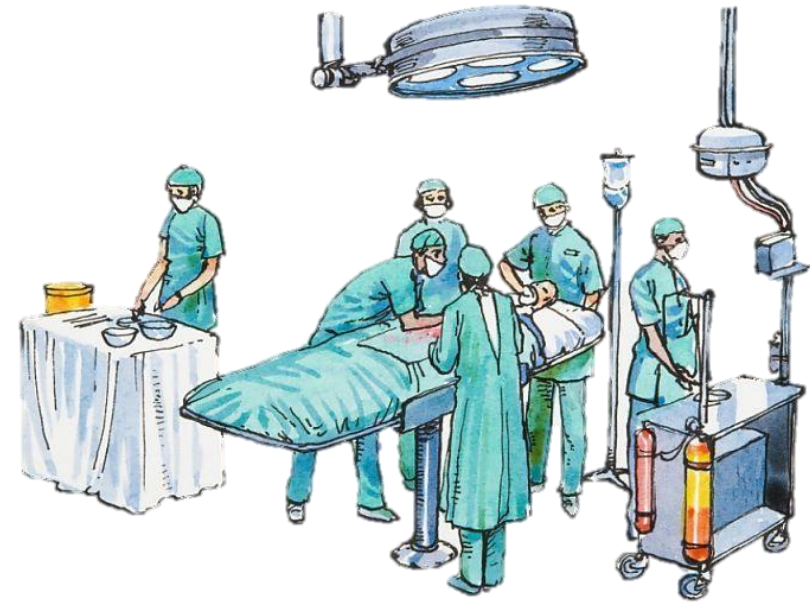
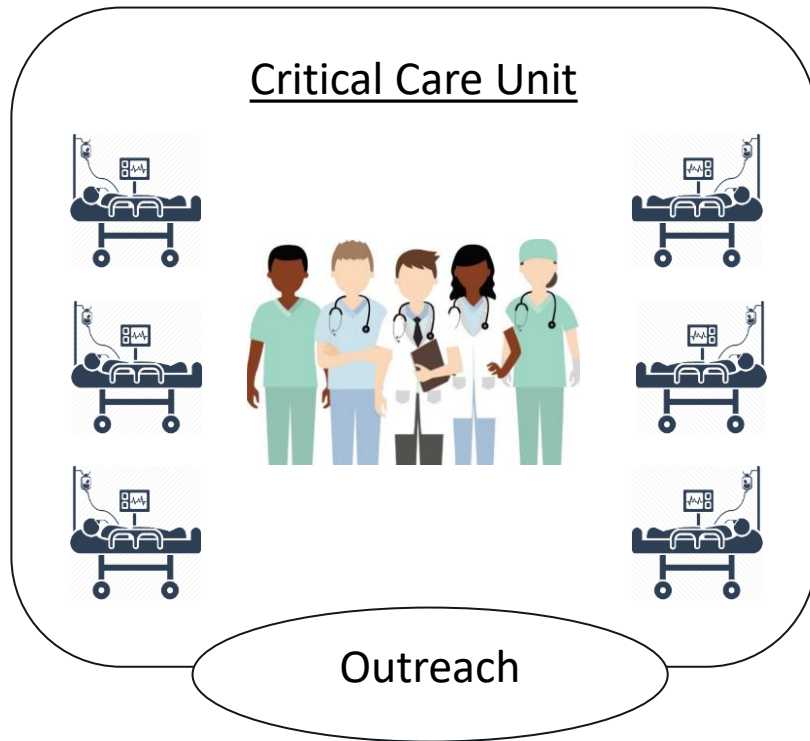


Diagram from Page et al. (2023)

Main objective when under pressure

"That's a really good question, because I could very easily say patient safety, but you can't... What's the main objective? We have to manage the risk to the best of our ability. That's the main objective, I think. I think the main objective on a day like that is risk management, and you can't walk around being risk averse, because obviously risk has gone up, hasn't it? So it's risk reduction, as much as you possibly can."





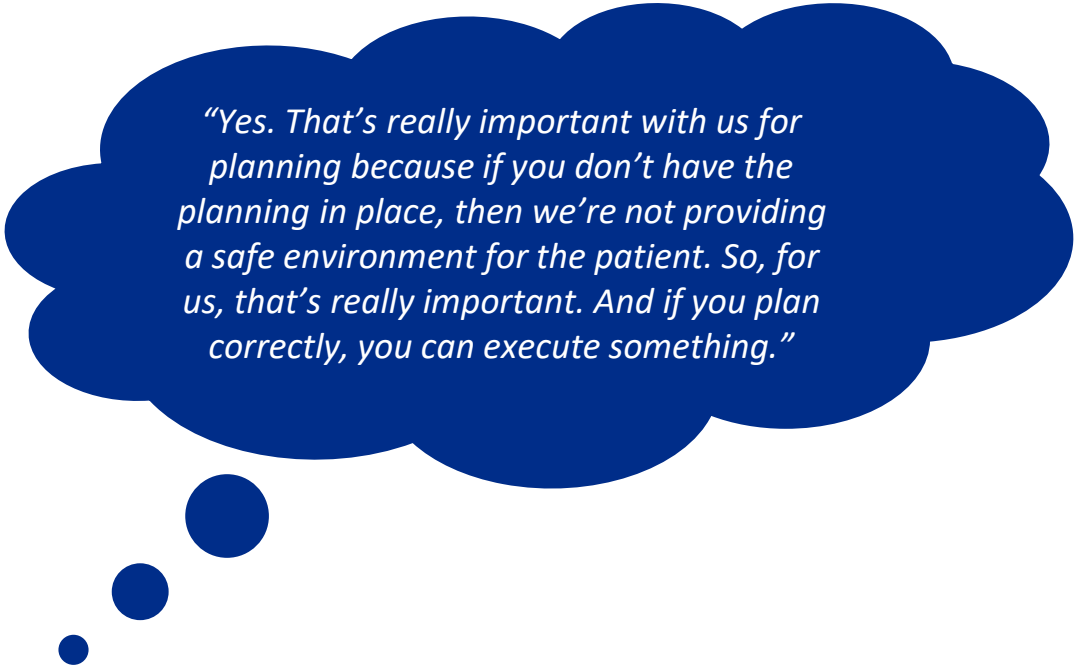
Strategies in ICU & Surgery

Anticipatory strategies

INCREASE RESOURCES

CONTROL DEMAND

PLANS FOR MANAGING THE WORKLOAD




"Yes. That's really important with us for planning because if you don't have the planning in place, then we're not providing a safe environment for the patient. So, for us, that's really important. And if you plan correctly, you can execute something."

On-the-day adaptations

FLEX RESOURCES

PRIORITISE DEMAND

ADAPT WAYS OF WORKING



"You're just constantly adapting on any given day. You kind of get a sense of, if you like, the moves you can play on any given day to relieve the pressure. And I guess you have a series of things that you'll do."

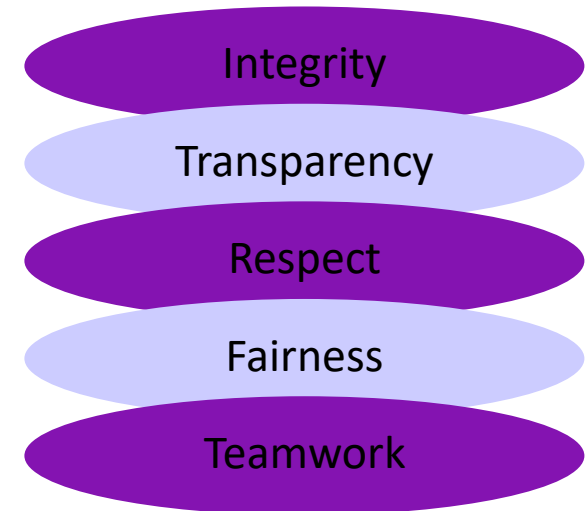
Impact of Pressures



“Because we’re at a tipping point of having so few senior staff that it becomes unsafe to run those beds with patients in them. So, that then has a knock-on effect in the hospital. Because if we’re operating less critical care beds, those patients have to be looked after somewhere.”

Key messages

- Growing pressure on health services as a result of an ageing population, increasing complexity and comorbidities and a shortage of resources of all kinds (including staff).
- These pressures increase risks for patients and means that their quality of care frequently falls short of standards expected by patients, professionals and regulators.
- It is possible to identify strategies which could be shared with teams in ICU and surgery with a potential to teach the coordinated use of adaptations when pressures are high.
- Regulators have to adapt their approach in these circumstances and critically there can be some adjustment in both the regulatory regime and standards expected.
- In times of pressure, regulators should not simply consider standards (which may be impossible to meet) but also how well teams and organisations are adapting to pressure.



Professional Standards Authority Values

Questions for regulators

Clinical teams are being placed in an impossible position to meet all the demands and expectations placed on them within the confines of current standards.

- Should regulators be assessing how well organisations are adapting to pressure?
- Should the conversation be about circumstances when it is acceptable to adapt and when it is not?
- Should regulators be supporting organisations to adapt in a coordinated way? Would it be acceptable to teach these types of strategies?

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