

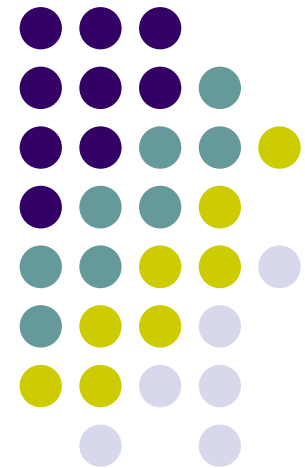
# ***Bringing the well being and patient safety research agenda together: Why healthy HPs equal safe patients***

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# ORCAB: Improving quality and safety in the hospital: The link between organisational culture, burnout and quality of care





# Bringing the well being and patient safety research agenda together: why healthy HPs equal safe patients

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Research Article

## The inevitability of physician burnout: Implications for interventions

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# !!!! Organizational factors

- Not so interested in structural factors (e.g., work hours, unit speciality etc...)
- More interested in functional factors
  - Vision of the organization (e.g., belonging)
  - Informal culture (e.g., hidden curriculum)
  - Risk perceptions

# What are the barriers to combining quality, safety and HP well-being?



- Front line workers do not follow procedures in a strict and logical manner, but try to follow the path that seems most useful and productive at the time.
- Workers operate within an envelope of possible actions which is influenced all the time by wider organizational and social forces.
- As workers are constantly having to adapt and react to pressures for increased performance and productivity, the margins of safety are eroded.





*For the love of God,  
we are not Starbucks  
or Google!!*



- **\*Doctors inappropriately self-medicate and self-treat at alarming high levels (even for chronic diseases!)**
- **^Physicians feel less stressed when they conceal information**



*\***Montgomery, A.J.**, Bradley, C., Rochfort, A. & Panagopoulou, E. (2011). Self-treatment: a neglected occupational hazard for physicians and medical students. *Occupational Medicine*, doi:10.1093/occmed/kqr098.*

*^Panagopoulou, E., Minzitori, G., **Montgomery A.J.**, Kapoukranidou, D., & Benos, A. (2008). Concealment of information in clinical practice: Is lying less stressful than telling the truth? *Journal of Clinical Oncology*, 28, 1175-1177.*

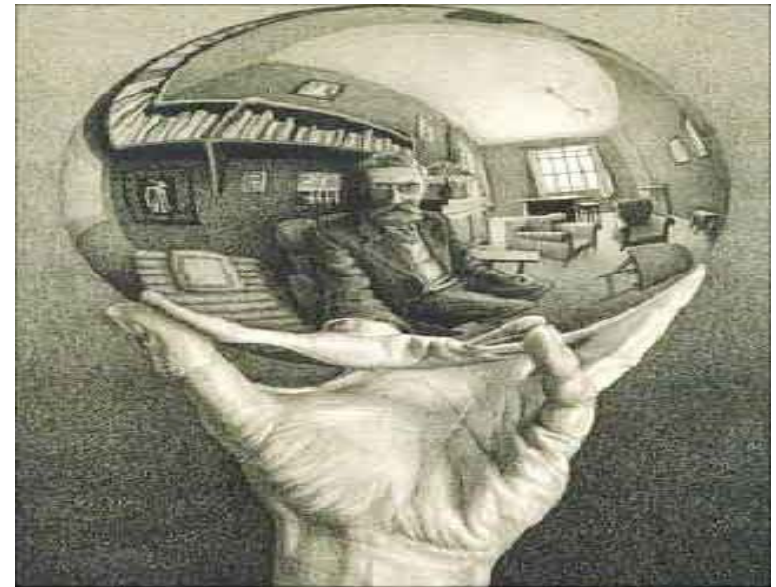






# Ice breaker

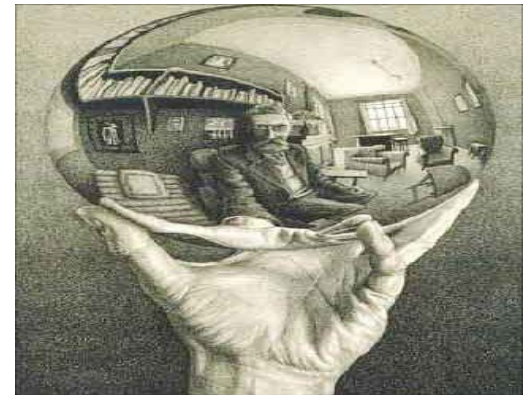
- Imagine that you are going to a new restaurant or staying in a plush hotel.
- What are your expectations regarding quality?





# Ice breaker

- Imagine that your child (who is 12) is travelling on a bus for school outing. The bus journey will be from London to Berlin.  
[average journey time = 28 hours]
- What kind of information would you expect from the school regarding the trip?





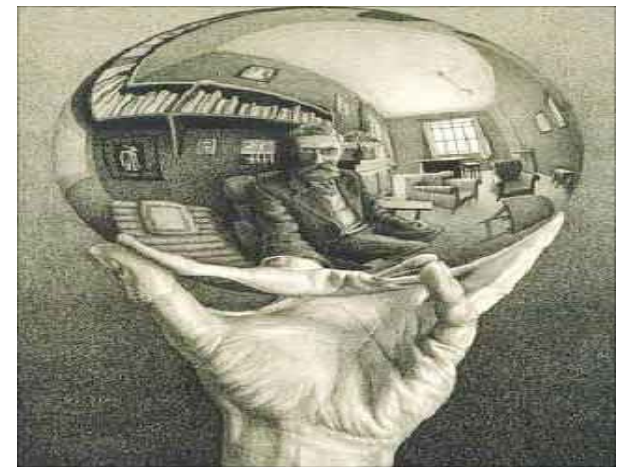
# Layout of the Workshop

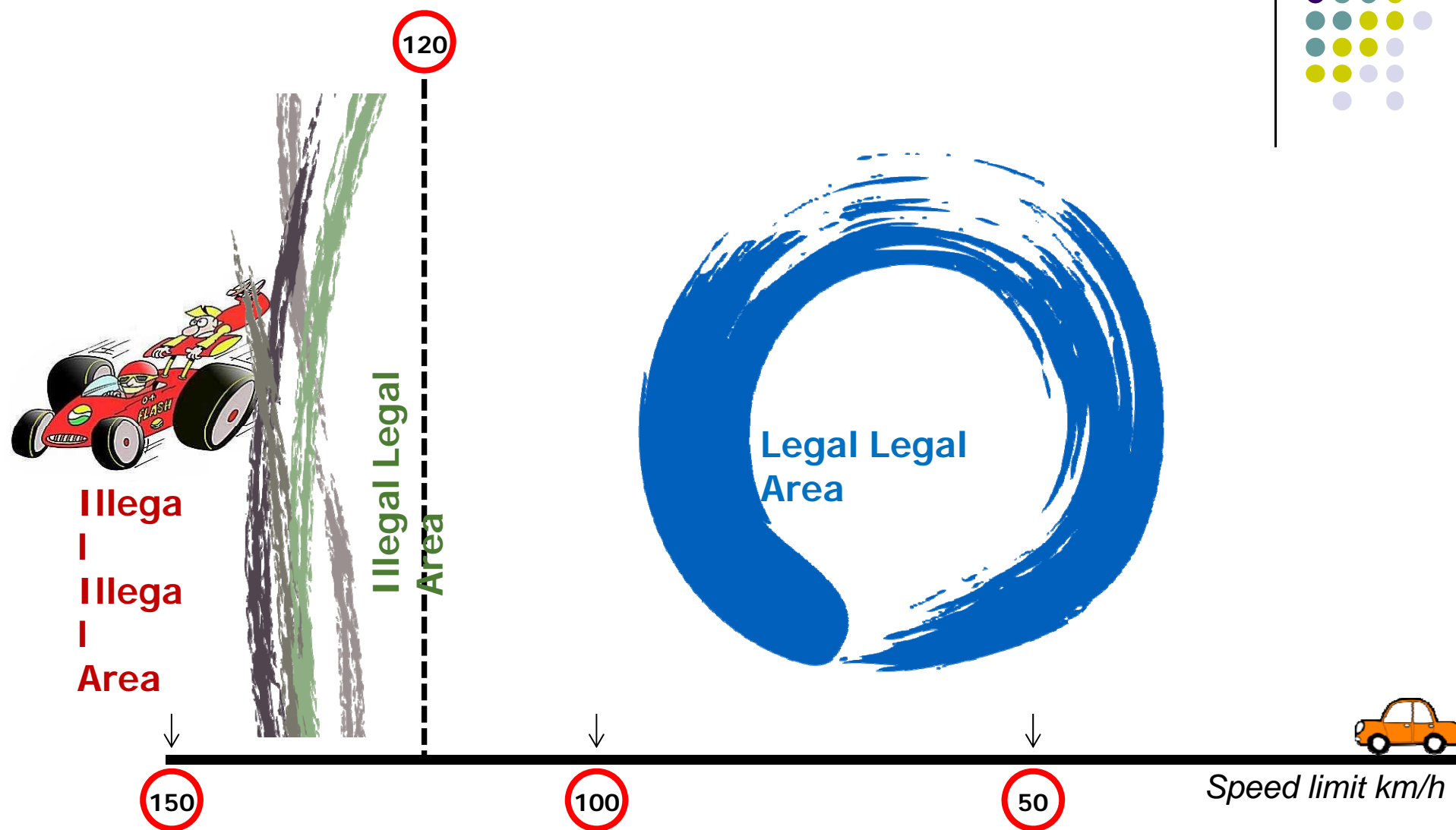
- Well-being and Safety – why are they important?
- Well-being and Safety – can they be ‘jigsawed’ together?
- Quality and Safety – what are the questions that we should be asking?

# Food for thought...

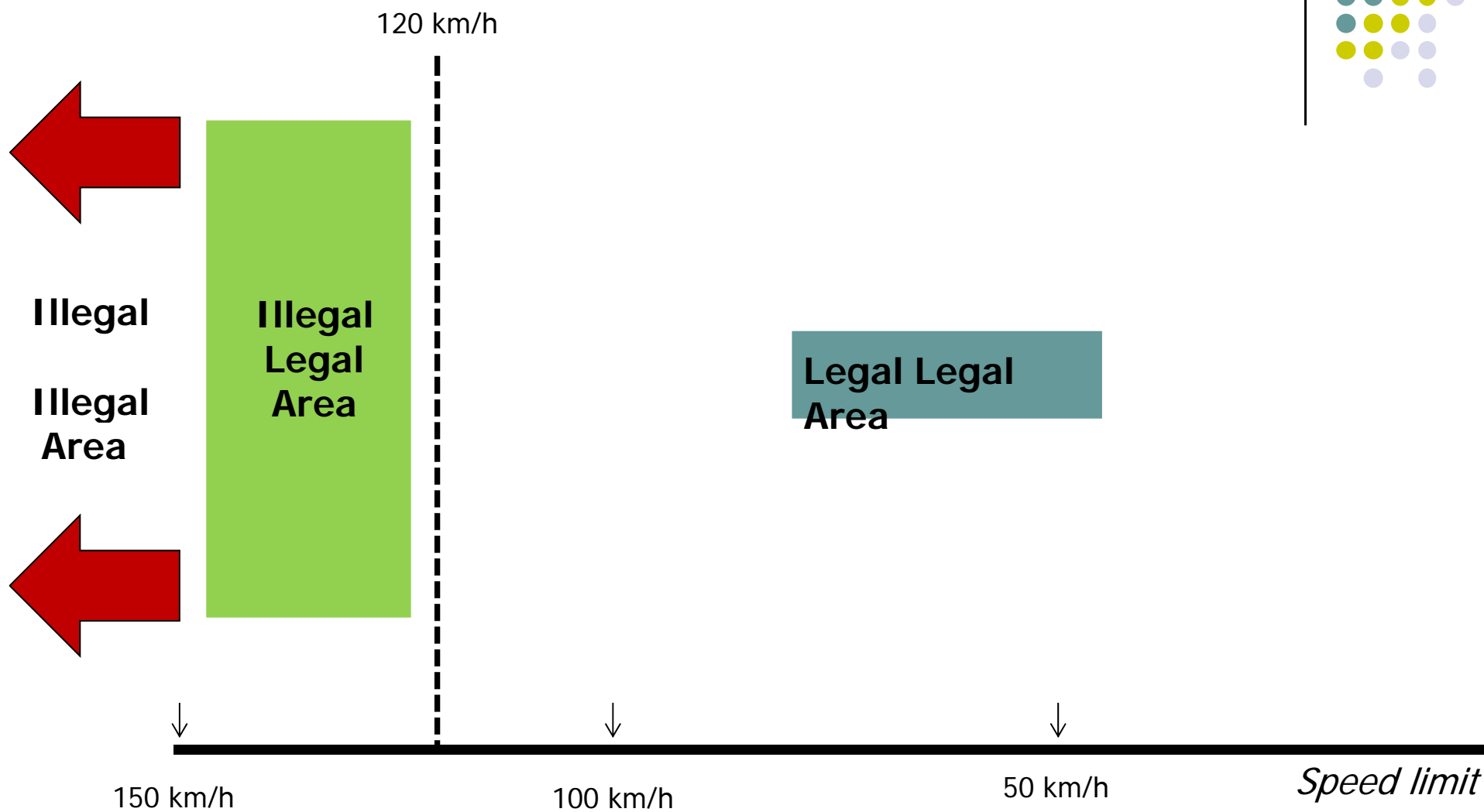
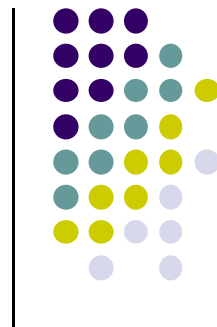


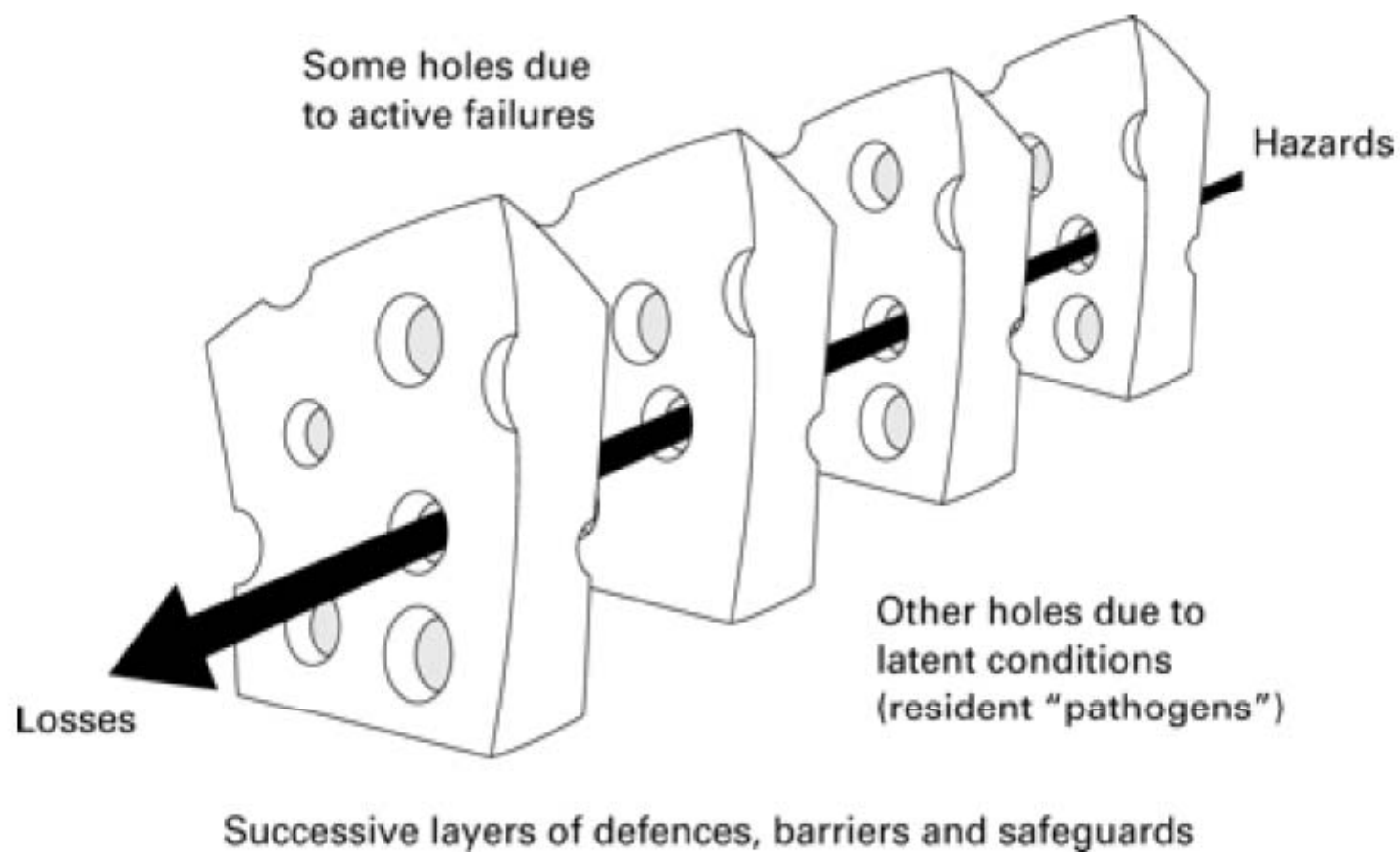
- Have you committed a crime in the last week?







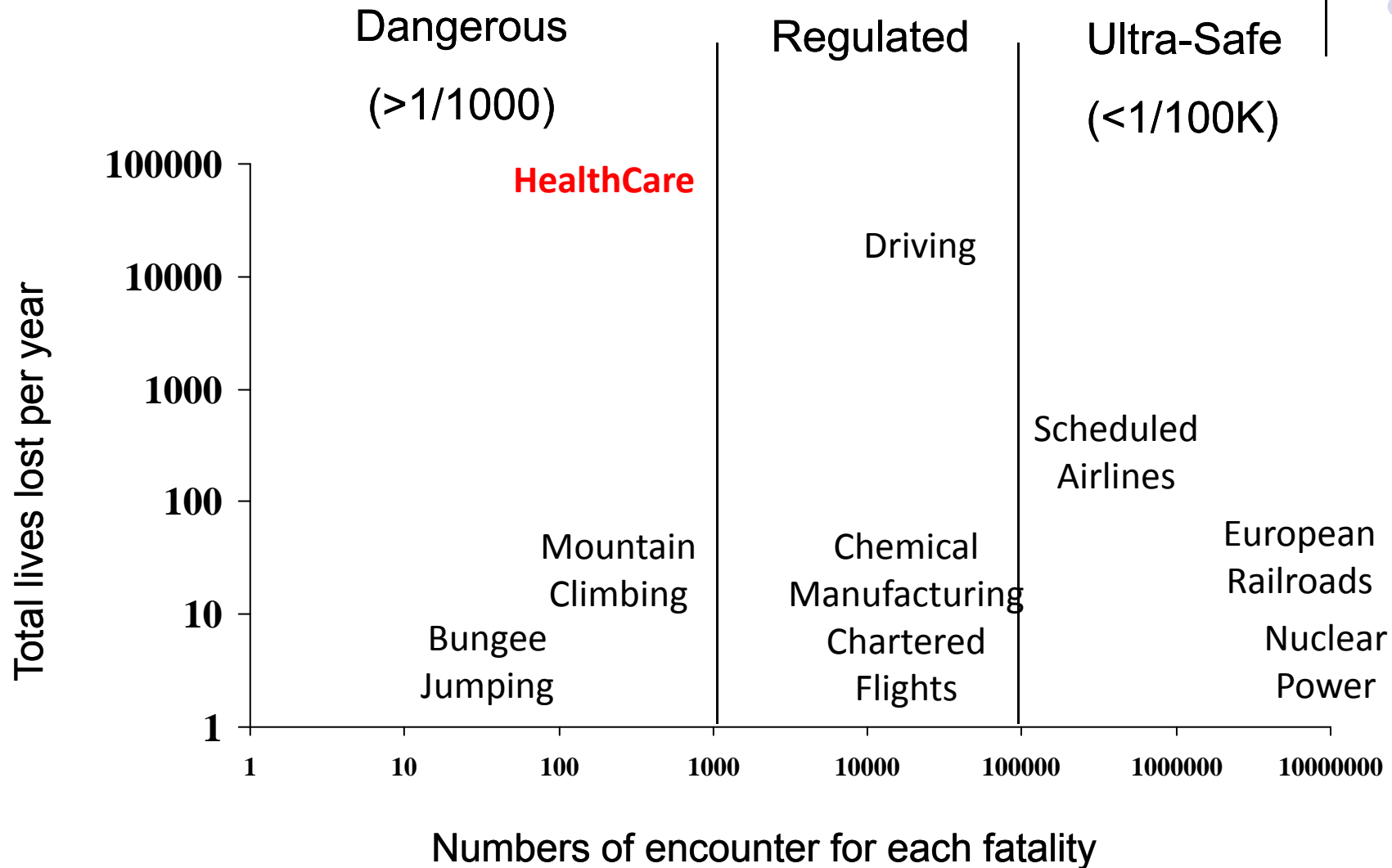




**Figure 1**

Swiss cheese model by James Reason published in 2000 (1). Depicted here is a more fully labelled black and white version published in 2001 (5). On the survey questionnaire, all labels and comments were hidden.

# How dangerous is healthcare?



*(Modified from Leape)*



*“Safe systems equate with quality systems”*

Is this true?



# Group Task

Identify ways that we can combine quality, safety and the well-being of HPs for different settings:

- Primary Rural care setting
- University hospital
- Military hospital
- A & E Unit

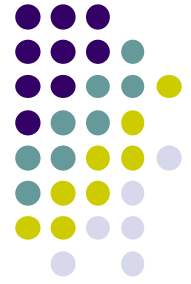
Keep it simple.





- What dimensions will you assess and how will you assess it?

# Research and Practice Priorities going forward



- 1. Linking HP well being to patient safety and quality of care**
- 2. Identifying risk factors: Moving from an individual to a systems approach**
- 3. Identifying protective factors: Assessing the negative and the positive**
- 4. Identifying what works and what doesn't-evaluating interventions**

# Burden of disease in older people



- 23% of the total global burden of disease is attributable to disorders in people aged 60 years and older. Although the proportion of the burden arising from older people ( $\geq 60$  years) is highest in high-income regions, disability-adjusted life years (DALYs) per head are 40% higher in low-income and middle-income regions\*
- Are ageist attitudes and beliefs that ill health is inevitable
  - quality and safety hazards?

\* Prince et al (2014). The burden of disease in older people and implications for health policy and practice. The Lancet, Early Online Publication, 6 November 2014 doi:10.1016/S0140-6736(14)61347-7



## 2<sup>nd</sup> International Meeting on Well-Being and Performance in Clinical Practice



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