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

Anthony Montgomery, PhD
Associate Professor in Work & Organizational Psychology
University of Macedonia
Thessaloniki, Greece
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

Efharis Panagopoulou¹, Anthony J. Montgomery²* and Evangelia Tsiga¹

¹ Laboratory of Hygiene, Aristotle Medical School, Aristotle University of Thessaloniki, Thessaloniki, Greece
² Department of Education and Social Policy, University of Macedonia, Thessaloniki, Greece
*Correspondence: monty-6429@hotmail.com

Edited by:
Anat Drach-Zahavy, University of Haifa, Israel

Reviewed by:
Tilmann Steiner, Centre for Psychiatry Saarbrücken, Germany

Keywords: burnout, patient safety, employee health, health policy, organizational psychology

Burnout Research 1 (2014) 50-56

Contents lists available at ScienceDirect

Burnout Research

journal homepage: www.elsevier.com/locate/burn

Research Article
The inevitability of physician burnout: Implications for interventions

Anthony Montgomery* 
University of Macedonia, Greece
!!!!! 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


WHAT DOCTORS HATE ABOUT HOSPITALS
An insider’s view of what can go wrong—and how you can improve your odds of getting the right treatment
BY NANCY GIBBS & AMANDA BOWER
Ice breaker

- Imagine that you are going to a new restaurant or staying in a plush hotel.
- What are your expectations regarding quality?
Imagine that your child (who is 12) is travelling on a bus for a 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 ‘jigsaw-ed’ 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?
Illegal Area

150 km/h

100 km/h

50 km/h

Speed limit

120 km/h

Legal Area
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?

Dangerous
(>1/1000)

Regulated

Ultra-Safe
(<1/100K)

Total lives lost per year

Numbers of encounter for each fatality

HealthCare

Driving

Scheduled Airlines

European Railroads

Nuclear Power

Bungee Jumping

Mountain Climbing

Chemical Manufacturing Chartered Flights

(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 (≥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?

2nd International Meeting on Well-Being and Performance in Clinical Practice

18-22 May 2016
Chalkidiki, Greece

http://wellmed.gr/

Abstract submission: October 15th 2015