Decision-making at Danish hospitals

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Background:
Three models for organizing leaders
Method

Qualitative study

- Semi structured interviews
  - Staff (22)
  - Leaders of ward (6)
  - Leaders of department (7)

- Analyzing internal documents

Focus on two hospitals having changed their leadership set-up
Hospital 1

Decision (WAI): Dual leadership

Two leaders are mandated without any power difference and are held jointly accountable for the company’s or unit’s results

Fewer departments, departments comprising more clinical specialties

Purpose: Interdisciplinary cooperation among staff

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Hospital 1

Reality (WAD):
Conflict between leaders

“I compare our staff to children of divorced parents…. It will be much better when we [the other leader and I] get a better communication”

“I solve the tasks, also because sometimes I do not have time to wait for the shoe laces to be tied. We have to move, and then I do it myself”

The leaders did not have the same experience, did not share values and vision, did not have trust and good communication, did not agree on decision processes
Hospital 1

Reality (WAD): No leader legitimacy across professions

Physicians: ‘I use the physician leader…I have not thought about contacting the nurse leader…I do not use the nurse leader unless I have a question that professionally concerns the nurses…’

Nurses: ‘…the physician leader is a physician like all the other physicians…I do not see her as my leader because she is not my leader’

Hospital 2

Decision (WAI):
Three leaders on department level – an administrative leader, a Human Resource leader, a patient pathway leader.

Fewer departments, departments comprising more clinical specialties

Purpose: Promote good continuity of care and treatment
Hospital 2

Reality (WAD): Limited leader legitimacy across clinical specialties

Staff: ‘The new leaders of the department do not understand the workflow, culture and priorities of the ward…’

Physicians: ‘...everything that we need to decide passes through leaders from another clinical specialty...we work in different ways that they do not have an understanding of…’

Hospital 2

Reality (WAD): Frustration among staff

Lost influence and autonomy
WAI did not match WAD

Assumptions about how a particular leadership set-up would affect the everyday work did not match the reality

Assumptions about how leadership set-up affects the everyday work was no questioned

The hospitals have not been aware of unanticipated consequences the new leadership set-up could cause

Thank you for your attention

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