



SIRI WIIG

Senterleder SHARE og Professor i kvalitet og sikkerhet i helsesystemer, Universitetet i Stavanger
Professor II, Høgskulen på Vestlandet

Resiliens - tilpasningsevne og motstandskraft i helsevesenet

Takksigelser:

Cecilie Haraldseid-Driftland, Hilda Bø Lyng, Veslemøy Guise, Birte Fagerdal, Heidi Dombestein, Hilde Valen Wæhle, Eline Ree, Lene Schibevaag, Sina Øyri, Janet Anderson, Carl Macrae, Jeffrey Braithwaite, Stephen Billett, Olav Røise, Mathilde Bourrier, Karina Aase

Foto: Steinar Figved

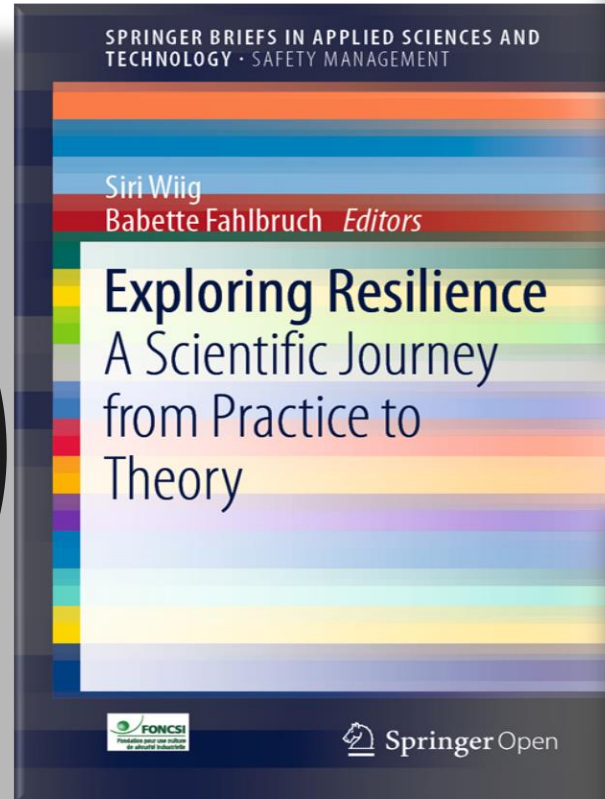


Forskningssrådet



Lære av det som går bra i hverdagen??




Bakgrunn



Open access

Protocol

BMJ Open Resilience in Healthcare (RiH): a longitudinal research programme protocol

Karina Aase ¹ Veslemøy Guise ¹ Stephen Billett,²
Stephen Johan Mikal Sollid,^{1,3} Ove Njå,⁴ Olav Røise ^{1,5} Tanja Manser,⁶
Janet E Anderson,^{1,7} Siri Wiig¹

Iflaifel et al. *BMC Health Services Research* (2020) 20:324
<https://doi.org/10.1186/s12913-020-05208-3>

BMC Health Services Research

RESEARCH ARTICLE

Open Access

Resilient Health Care: a systematic review of conceptualisations, study methods and factors that develop resilience

Mais Iflaifel¹ ¹ Rosemary H. Lim^{1*} ¹ Kath Ryan¹ and Clare Crowley²



Hvorfor er dette fagfeltet relevant?



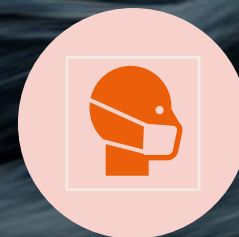
**RASKE ENDRINGER
& INNOVASJON**



KOMPLEKSITET



NYE TYPER RISIKO



PANDEMI



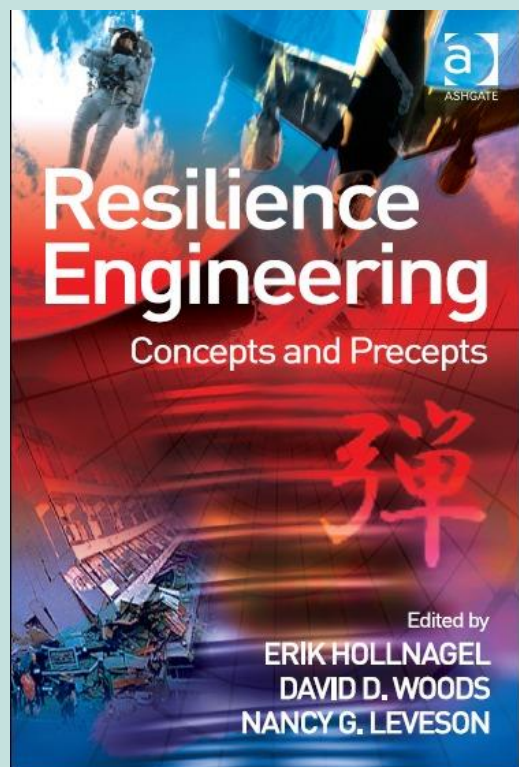
**REVURDERE
DAGENS
TILNÆRMINGER**

Resiliens og tilpasningsevne

Resiliens:

Den kapasiteten systemet har til å tilpasse seg utfordringer og endringer på ulike systemnivå for å opprettholde høy kvalitet i tjenesten.

Evne til å tilpasse seg endring er et fundament for kvalitet.



Wiig et al. BMC Health Services Research (2020) 20:330
<https://doi.org/10.1186/s12913-020-05224-3>

BMC Health Services Research

DEBATE

Open Access

Defining the boundaries and operational concepts of resilience in the resilience in healthcare research program



Siri Wiig¹, Karina Aase¹, Stephen Billett², Carolyn Canfield³, Olav Røise^{1,4,5}, Ove Njå⁶, Veslemøy Guise¹, Cecilie Haraldseid-Driftland¹, Eline Ree¹, Janet E. Anderson^{1,7}, Carl Macrae^{1,8} and on behalf of the RiH-team

Abstract

Background: Understanding the resilience of healthcare is critically important. A resilient healthcare system might be expected to consistently deliver high quality care, withstand disruptive events and continually adapt, learn and improve. However, there are many different theories, models and definitions of resilience and most are contested and debated in the literature. Clear and unambiguous conceptual definitions are important for both theoretical and practical considerations of any phenomenon, and resilience is no exception. A large international research programme on Resilience in Healthcare (RiH) is seeking to address these issues: in a 5-year study across Norway, England, the Netherlands, Australia, Japan, and Switzerland (2018–2023). The aims of this debate paper are: 1) to identify and select core operational concepts of resilience from the literature in order to consider their contributions, implications, and boundaries for researching resilience in healthcare; and 2) to propose a working definition of healthcare resilience that underpins the international RiH research programme.

Main text: To fulfill these aims, first an overview of three core perspectives or metaphors that underpin theories of resilience are introduced from ecology, engineering and psychology. Second, we present a brief overview of key definitions and approaches to resilience applicable in healthcare. We position our research program with collaborative learning and user involvement as vital prerequisite pillars in our conceptualisation and operationalisation of resilience for maintaining quality of healthcare services. Third, our analysis addresses four core questions that studies of resilience in healthcare need to consider when defining and operationalising resilience. These are: resilience for what, to what, of what, and through what? Finally, we present our operational definition of resilience.

Conclusion: The RiH research program is exploring resilience as a multi-level phenomenon and considers adaptive capacity to change as a foundation for high quality care. We, therefore, define healthcare resilience as: *the capacity to adapt to challenges and changes at different system levels, to maintain high quality care.* This working definition of resilience is intended to be comprehensible and applicable regardless of the level of analysis or type of system component under investigation.

Keywords: Resilience, Healthcare, Adaptive capacity, Change, System perspective, Multi-level approach, Conceptualization

Gap og trender i forskningen

Safety Science 110 (2018) 300–312

Contents lists available at ScienceDirect

Safety Science 118 (2019) 241–257

Iflaifel et al. BMC Health Services Research (2023) 23:376
<https://doi.org/10.1186/s12913-023-09922-6>

Ignatowicz et al. BMC Health Services Research (2023) 23:376
<https://doi.org/10.1186/s12913-023-09922-6>

Haraldseid-Driftland et al. BMC Health Services Research (2023) 23:890
<https://doi.org/10.1186/s12913-023-09922-6>

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RESEARCH ARTICLE

RESEARCH ARTICLE

RESEARCH ARTICLE

Open Access

Resilience of co-factors

Organizational a review of app and

Learning tools used to translate resilience in healthcare into practice: a rapid scoping review

Mais Iflaifel¹

Agnieszka Daniel Las

Cecillie Haraldseid-Driftland¹ , Heidi Dombestein^{1*} , Anh Hai Le², Stephen Billett² and Siri Wiig¹





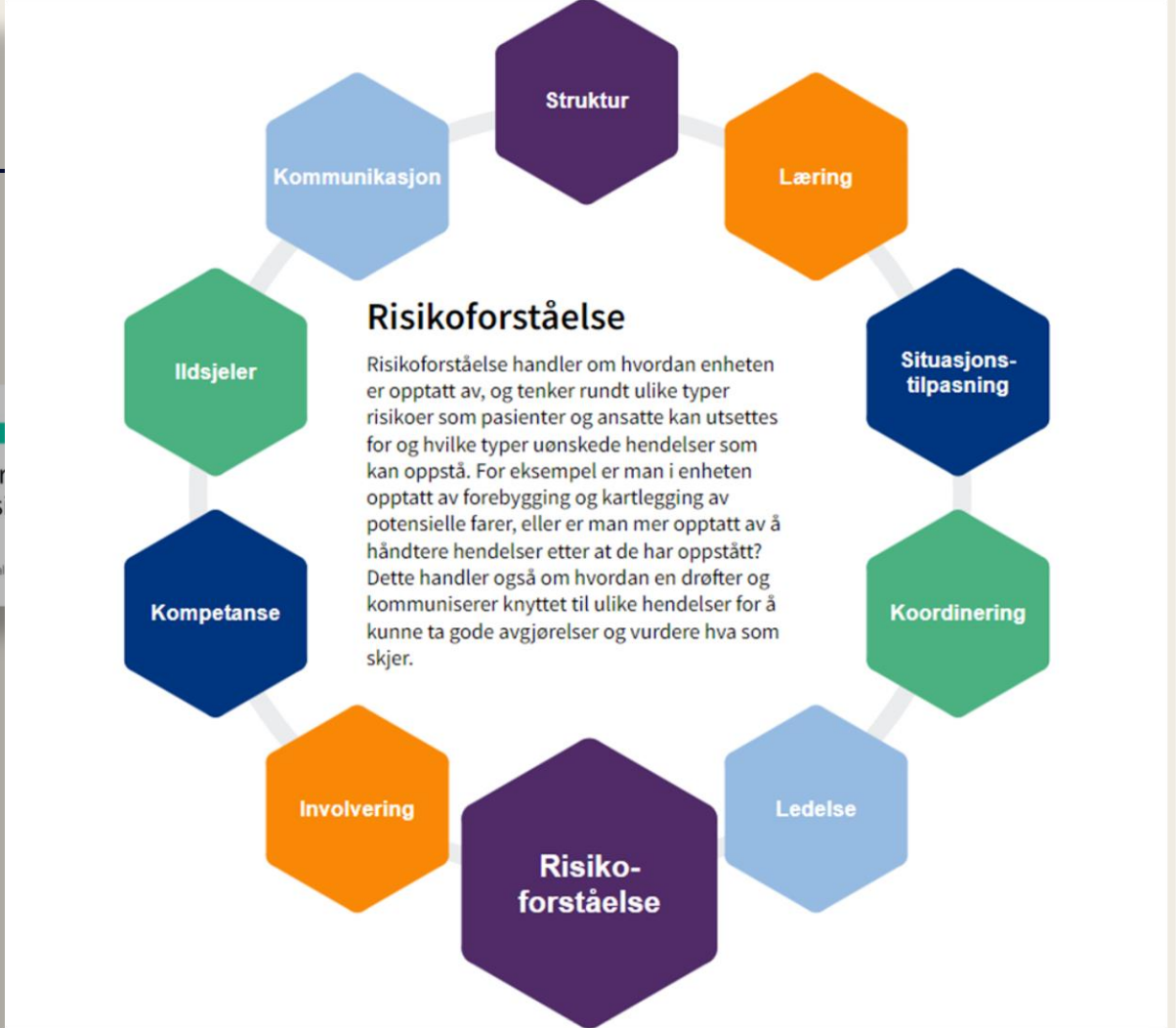
Forskningsbehov:

1. Gjøre flernivåstudier
2. Utvide aktørbildet
3. Forstå «workarounds»
4. Lage intervensjoner
5. Forstå implementering av resiliens



Hva gjorde vi med dette?



Byggesteiner for resiliens i helsetjenesten





Økt forståelse for pasienter og pårørende i resiliens

BMJ Open Patient and stakeholder involvement in resilient healthcare: an interactive research study protocol

Veslemøy Guise ¹, Karina Aase ¹, Mary Chambers,² Carolyn Canfield,² Siri Wiig¹

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► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2021-049116>).

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ABSTRACT

Introduction Resilience in healthcare (RIH) is understood as the capacity of the healthcare system to adapt to challenges and changes at different system levels, to maintain high-quality care. Adaptive capacity is founded in the knowledge, skills and experiences of the people in the system, including patients, family or next of kin, healthcare providers, managers and regulators. In order to learn from and support useful adaptations, research is needed to better understand adaptive capacity and the nature and context of adaptations. This includes research on the actors involved in creating resilient healthcare, and how and in what circumstances different groups of patients and other key healthcare stakeholders enact adaptations that contribute to resilience across all levels of the healthcare system.

Methods and analysis This 5-year study applies an interactive design in a two-phased approach to explore and conceptualise patient and stakeholder involvement in resilient healthcare. Study phase 1 is exploratory

Strengths and limitations of this study

- This study will contribute to a limited yet growing body of knowledge of patient and stakeholder involvement (PSI) in resilience in healthcare (RIH).
- This study will translate system-wide concepts of resilience into practice by developing and testing a conceptual model for PSI in RIH.
- This study adopts a participatory approach to the development and test of a conceptual model for PSI in RIH, involving stakeholders from a variety of healthcare contexts across all levels of the healthcare system.
- This study features a broad approach to healthcare stakeholders which include patients and family carers, as well as providers, managers and regulators of healthcare services.
- The 5-year project period may restrict opportunities for documenting long-term outcomes of the implementation of the conceptual model for PSI in RIH.

 **SHARE** Senter for kvalitet og sikkerhet i helsetjenesten

Universitetet i Stavanger

Økt forståelse av resiliens i team



RESEARCH

Open Access

Exploring the role of leaders in enabling adaptive capacity in hospital teams – a multiple case study



Birte Fagerdal^{1,2*}, Hilda Bø Lyng¹, Veslemøy Guise¹, Janet E. Anderson³, Petter Lave Thornam⁴ and Siri Wittig¹





SEPSIS

Fra ord til handling – hva må til?

Ledelse er nøkkelen for tilpasningsdyktige team

1. Bygg tilstrekkelig **kompetanse** i team
2. Balanser arbeidsbelastning, risiko og **ansattes behov**
3. Vektlegg **relasjonelt** lederskap
4. Vektlegg **situasjonsforståelse** gjennom tidsriktig og relevant informasjon

December 11, 2023



Skap refleksjonsrom der folk kan dele erfaringer og skape mulighet for læring

Kjennetegn:
Tillit, dialog, respekt og psykologisk trygghet

Vektlegg fremmere av tilpasningevne



Kunnskap

Kontekstuell kunnskap
Import av kunnskap
Kombinere kunnskap



Kommunikasjon

Jevnlig
Ansikt-til-ansikt



Organisering av ressurser

Buffere
Stabilitet av ansatte
Involvering



Tillit

Egen kompetanse
Kollegaer

rih.uis.no/



rih.uis.no

 Test ut Resiliens i Helsetjenesten – et læringsverktøy for praksis



Veien videre

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DOI: 10.1111/apps.12419

ORIGINAL ARTICLE

APPLIED
PSYCHOLOGY

An integrated perspective on individual and team resilience: Moving from multilevel structure to cross-level effects

David M. Fisher¹ | Chelsea A. LeNoble² | Adam J. Vanhove³

Forsgren et al. BMC Health Services Research (2022) 22:1173
<https://doi.org/10.1186/s12913-022-08544-8>

BMC Health Services Research

RESEARCH

Open Access

Health systems resilience in practice: a scoping review to identify strategies for building resilience

Lena Forsgren¹, Fabrizio Tediosi^{2,3}, Karl Blanchett⁴ and Dell D Saulnier^{1,5*}

Ignatowicz et al.
BMC Health Services Research (2023) 23:376
<https://doi.org/10.1186/s12913-023-09242-9>

BMC Health Services Research

RESEARCH

Open Access

Organizational resilience in healthcare: a review and descriptive narrative synthesis of approaches to resilience measurement and assessment in empirical studies

Agnieszka Ignatowicz^{1*}, Carolyn Tarrant², Russell Mannion³, Dena El-Sawy², Simon Conroy⁴ and Daniel Lasserson⁵

<http://ijhpm.com>
Int. J. Health Policy Manag 2018, 7(6): 491–503

DOI: 10.15171/ijhpm.2018.06

IJHPM

International Journal of Health Policy and Management

Systematic Review



What Is Resilience and How Can It Be Nurtured? A Systematic Review of Empirical Literature on Organizational Resilience

Edwine Barasa^{1,2*}, Rahab Mbatia³, Lucy Gilson^{4,4}



Hva kan vi forvente?

1. Kobling mellom individ og system
2. Styrke resiliens gjennom arbeidsmiljø og ledelse
3. Styrke pasient- og familierolle
4. Intervensjonsstudier
5. Måling av resiliens

Oppsummering:

- Resiliens har et **positivt syn** på sikkerhet
- Resiliens endrer perspektivet vårt på **arbeidspraksis** og **interaksjoner**
- **Tilpasninger** er en **kilde til sikkerhet** og motstandskraft
- **Supplerer** dagens tilnærminger innen pasientsikkerhet

Takk for oppmerksomheten – siri.wiig@uis.no