

# **Identifying the underlying management strategies of developing patient safety - are they competing or complementary?**

Pietikäinen, E., Reiman, T. & Heikkilä, J.  
VTT Technical Research Centre of Finland  
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## Background


- In an on-going research and development project our main goal is to construct a model of patient safety management. Our findings imply that there exist multiple strategies that more or less implicitly guide patient safety management activity and these strategies seem discordant.
- Patient safety management strategies and the trade-offs between them can have wide and long-term safety consequences, especially if the managers are unaware of them
- General management research has paid attention to contrasting actions managers need to engage in in order to manage the organisation effectively (Cameron & Quinn, 2011; Farjoun, 2010; Quinn et al., 2011)
- Safety science has identified several fundamental trade-offs that have to be balanced when managing safety (Hollnagel, 2009; Woods & Branlat, 2011)

## Aim of the study

We aim to clarify the nature of patient safety management. One way for us to do that is by focusing on the underlying strategies governing it.

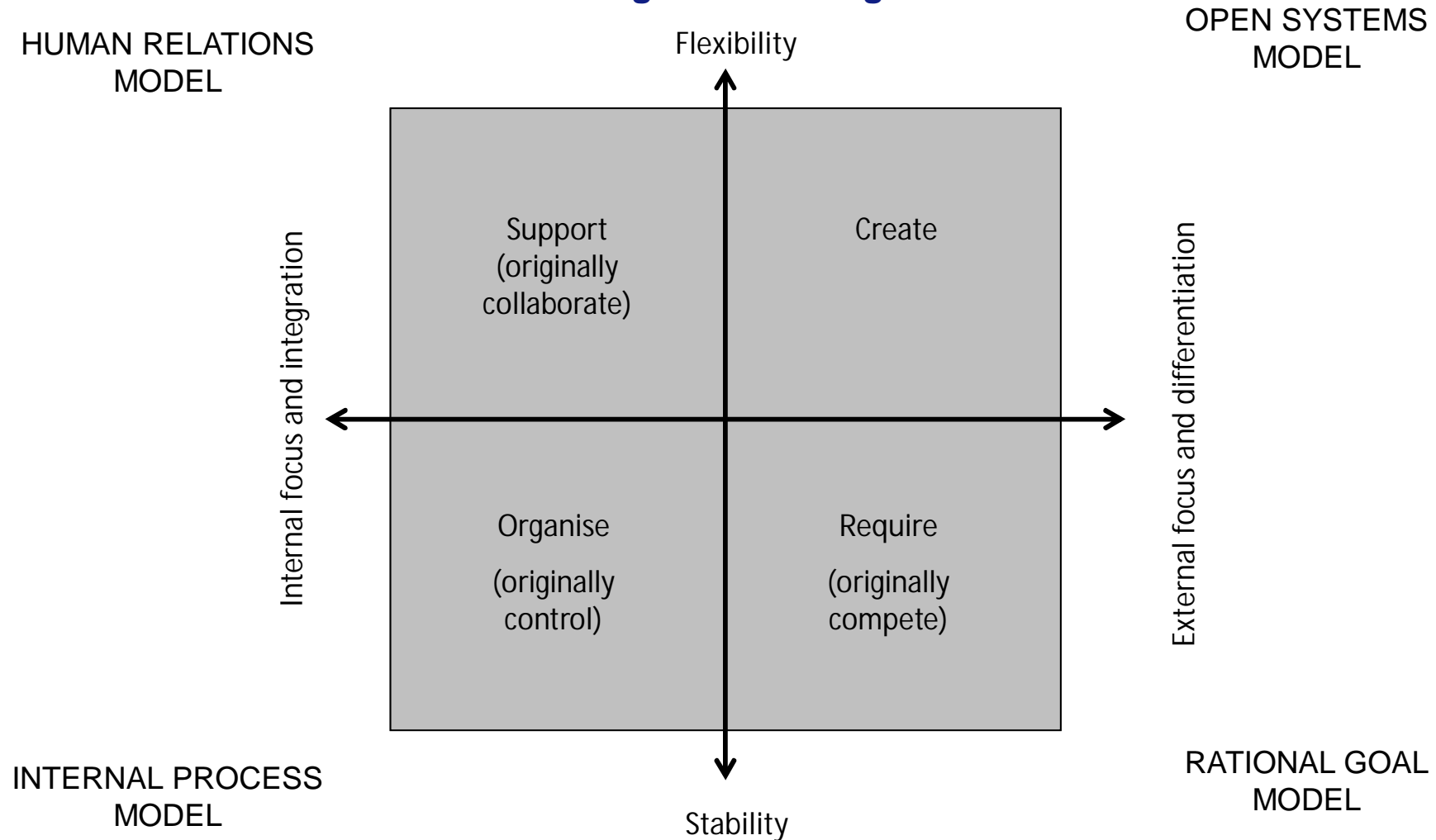
Our research questions are:

In this presentation we focus on the first question

A blue arrow points from the text box above to the first question in the list below.

- 1) What kind of management strategies do managers and patient safety coordinators use in managing patient safety?**
- 2) Are these strategies contradictory or complementary?
- 3) How should the different strategies be reconciled in patient safety management?

**We have used a management model adapted from the Competing Values Framework by Cameron and Quinn as our analytic framework for categorising the patient safety management strategies**



## Data

- Between November 2011 and January 2012 we conducted **10 narrative interviews**
  - 5 line managers (e.g. medical director), 5 patient safety coordinators (e.g. quality manager)
  - interviewees represented 4 social and health care organisations
  - the interviewees can be described as active forerunners in Finnish patient safety development
- We also analysed **a reflexive diary** of one patient safety coordinator in a Finnish hospital

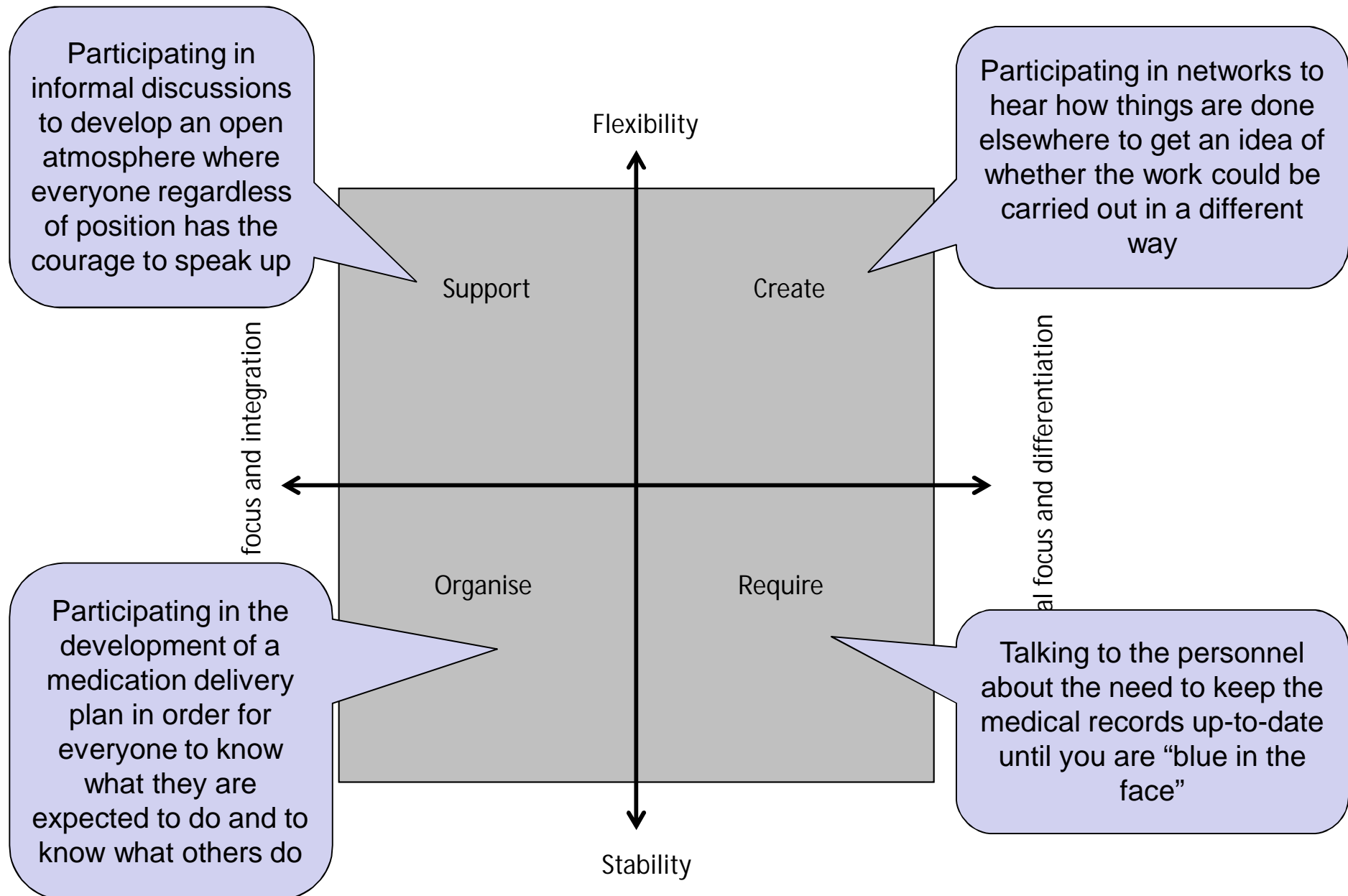
## **What kind of management strategies do managers and patient safety coordinators use in managing patient safety?**

- In 4/10 of the narratives all four management imperatives (facilitate, create, organise, require) were equally present
- In 6/10 of the narratives one or two of the management imperatives were emphasised
- All of the interviewees – even those who did not explicitly describe using all the imperatives - agreed on the importance of all four of them

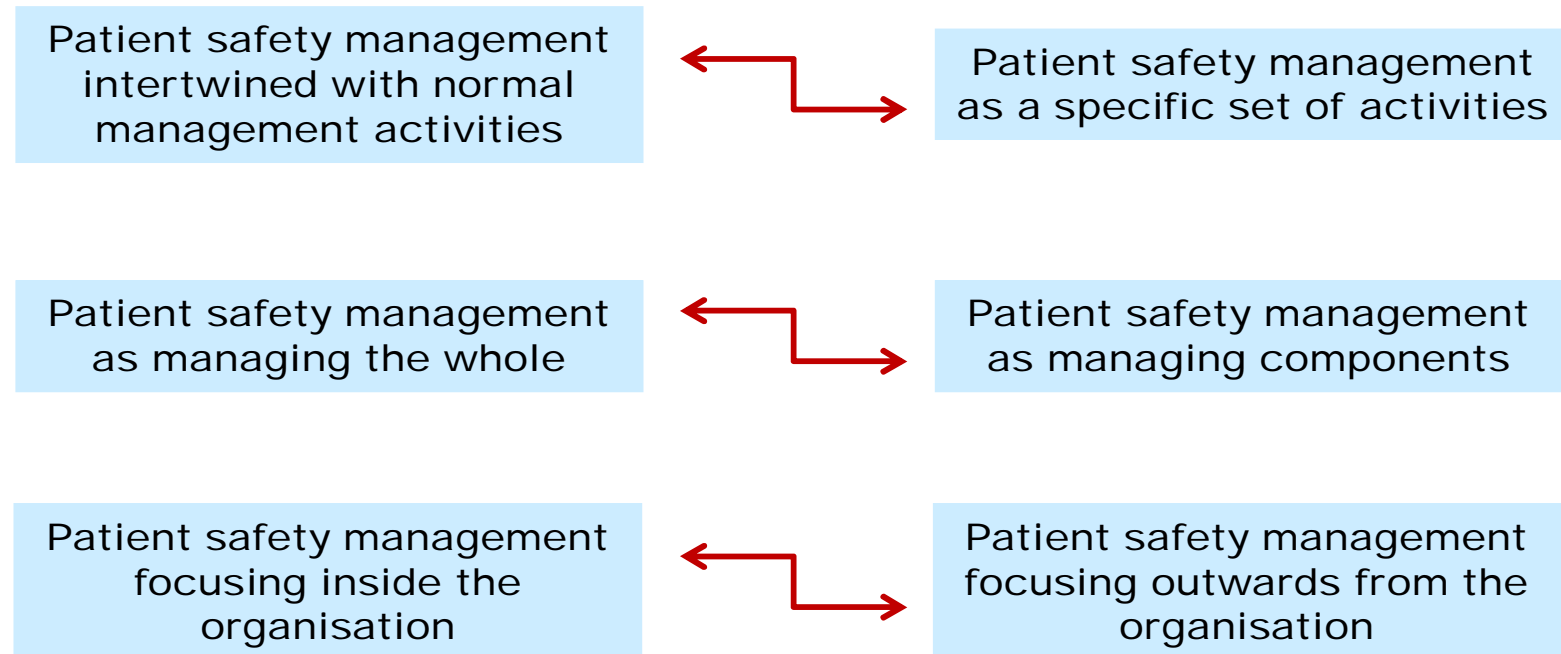
# Examples of how the different management imperatives manifested in the data

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## Besides the tensions between the Competing Values Framework management imperatives, other patient safety management tensions also emerged from the data





## Discussion: questions still to be answered

- Are these management strategies contradictory or complementary?
  - Farjoun (2010): stability and change are not excluding but can enable each other
- How should the different strategies be reconciled in patient safety management?
  - constant balancing is needed between different strategies within one managers' work?
  - the role of one manager should focus on one strategy, while other people in the organisation should focus on the other strategies?
  - some aspects of safety management could be outsourced outside the organisation?
  - Different emphasis is needed in different phases or situations along the organisation's development journey?
  - ...

## References

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