What forms and maintains the current safety norm?

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Research Question

What is it that sustains the current model of safety and its various expressions as the accepted norm?

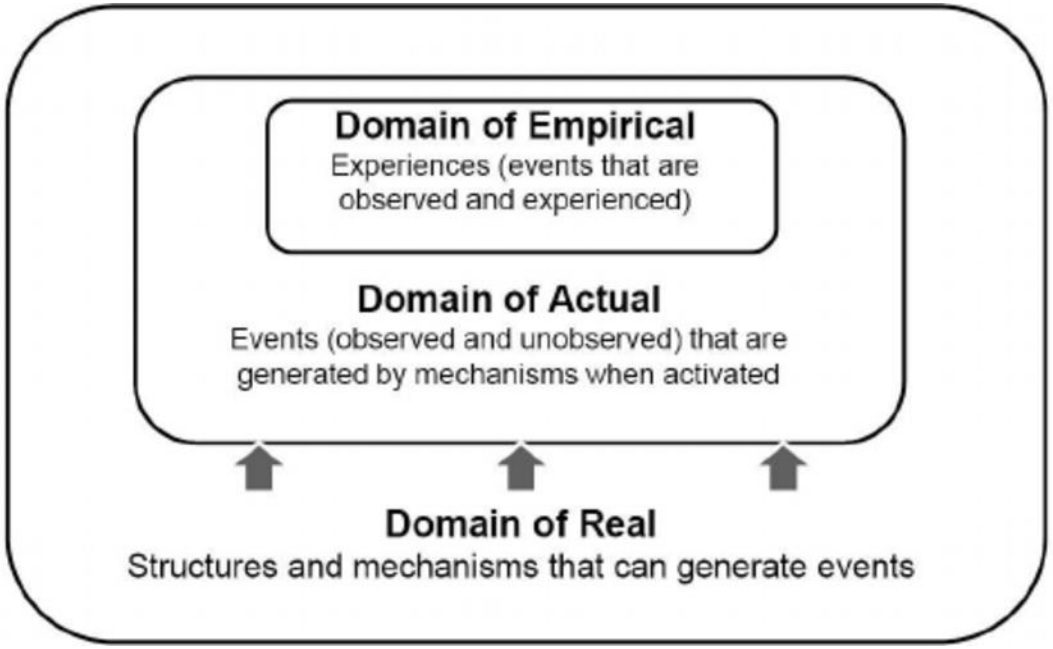
Thesis Aim

To explore the **perceptions** of New Zealand healthcare safety practitioners (HSPs) as a means of learning about the wider **influences** in the system

Ethics

- Approved by **Auckland Health Research Ethics Committee** on 10/08/2020 for three years. (Reference number AH2889)
- Locality approval for ADHB and CMH
- Submitted to Maaori Research Review Committee

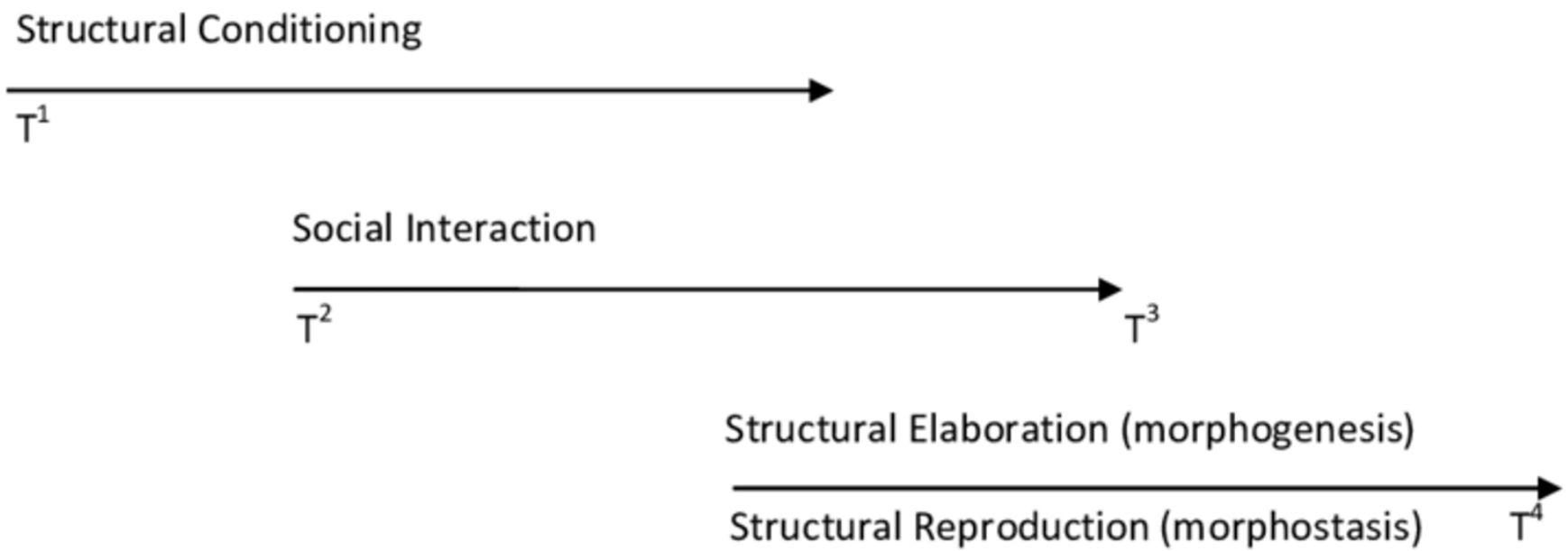
Methodology – critical realism



- Stratified, realist ontology
- Fallibilist, socially constructed epistemology
- Contextual activation of causal mechanisms
- Assumes open systems and emergent interactions

Bhaskar 1975

Analysis – abduction (Archer 1995)



Interviews

- 18 interviews
  - 9 CMH
  - 9 ACH
- Duration
  - 81 minutes (64 – 99)

Interviews

Roles	DHB1	DHB2	Years of Experience Mean (Range)	
Clinical Directorate HSPs	3	4	7	(2-12)
CQRMs	5		9.5	(1-20)
CEAs		2	13	(3-23)
Quality & Safety Management		2	6.5	(2-11)
Other roles	2		9.5	(5-14)
Total	9	9	8	(1-23)

The Socialisation of Safety Practitioners

HSPs bring their clinical ‘baggage’

Poorly defined roles

Variable training

Limited community of practice

Exploring what shapes the system

A Stretched System

- Increasing demands and complexity
- Resource limitations
- Production pressures

'So, we'll have to stretch from somewhere else and put them here. So we will spread the butter thinner.'

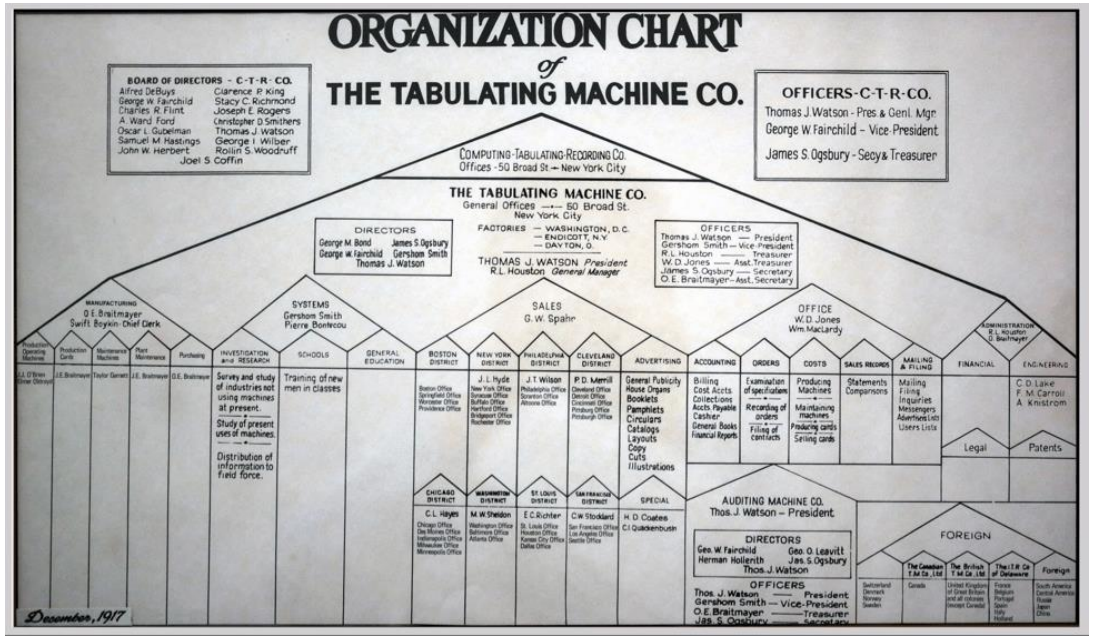
Bureaucratic Safety

- Proceduralised approaches to safety
- Rituals of verification e.g. audit
- The need for bureaucratic closure

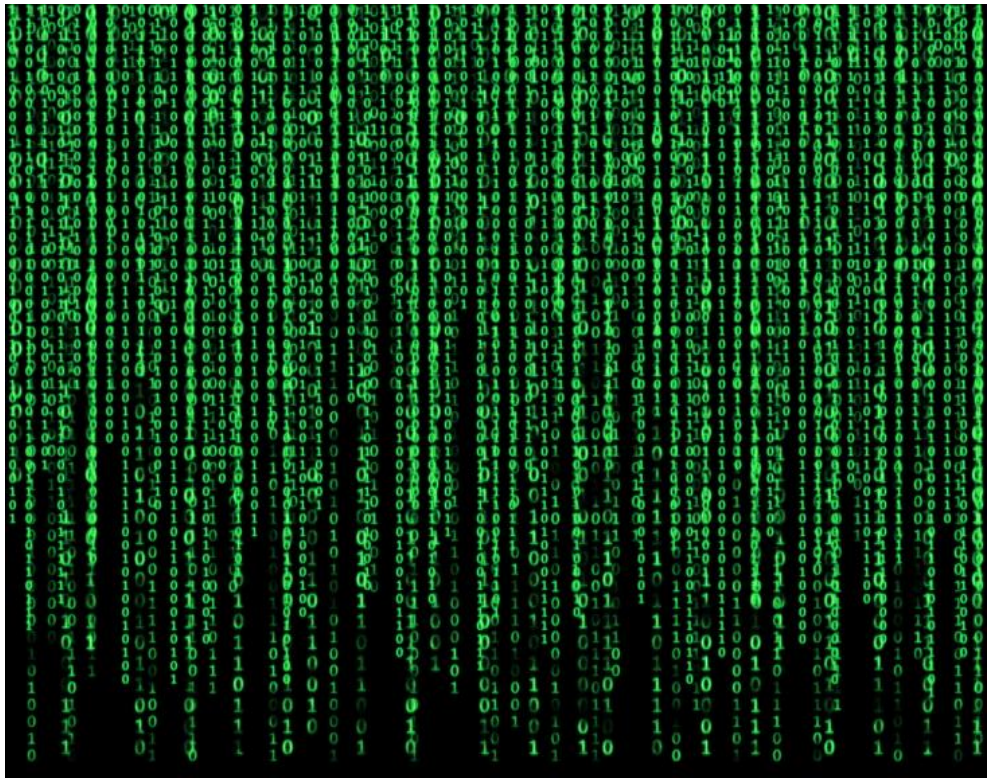
'a bit like the adverse event review reports, which HQSC says you must generate, we don't care if you follow up and find out what recommendations are enacted or not. But we must have an REB A and an REB B by 15 and 90 days and then you're sweet.'

Fragmentation and Difference

Fragmented Organisations



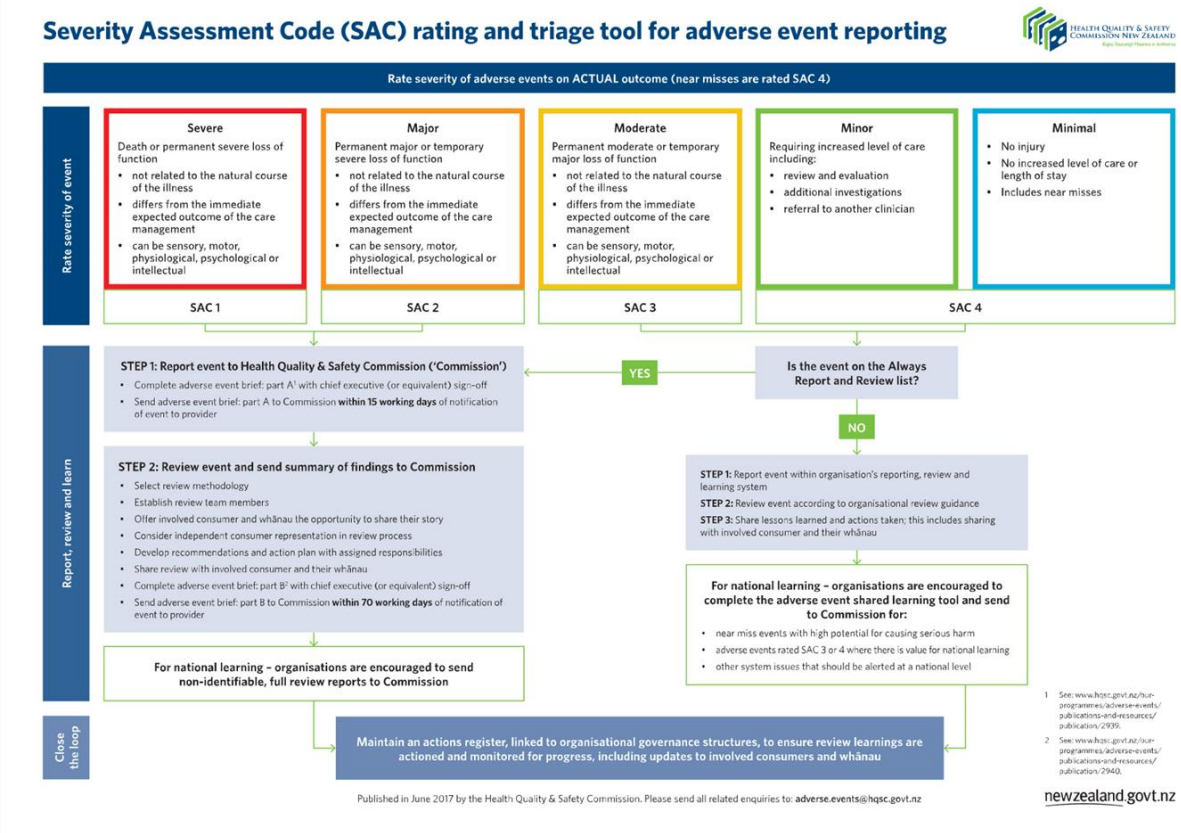
Fragmented information



The Many Audiences of Safety

- HSPs must navigate the multiple, differentiated audiences of their work, each with specific needs.

“No Harm, No Foul”



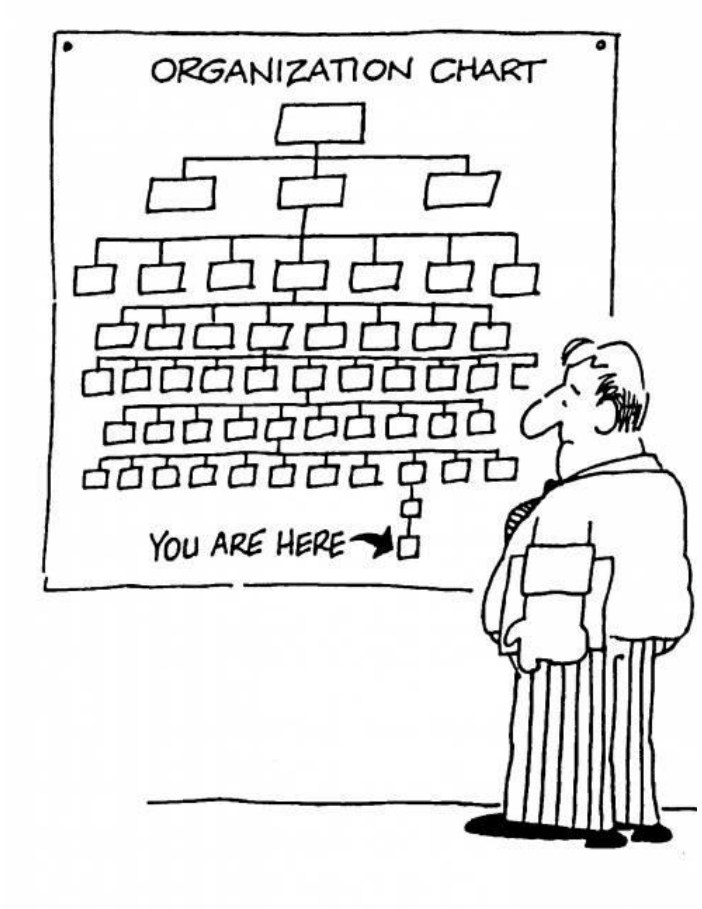
- Externally mandated system of prioritisation
- System resources and attention allocated based on degree of harm rather than learning potential

The Primacy of Measurement

- Only what is measurable is meaningful
- Determines:
  - What counts as data?
  - How big is the problem?
  - What interventions to use?
  - Have we fixed the problem?

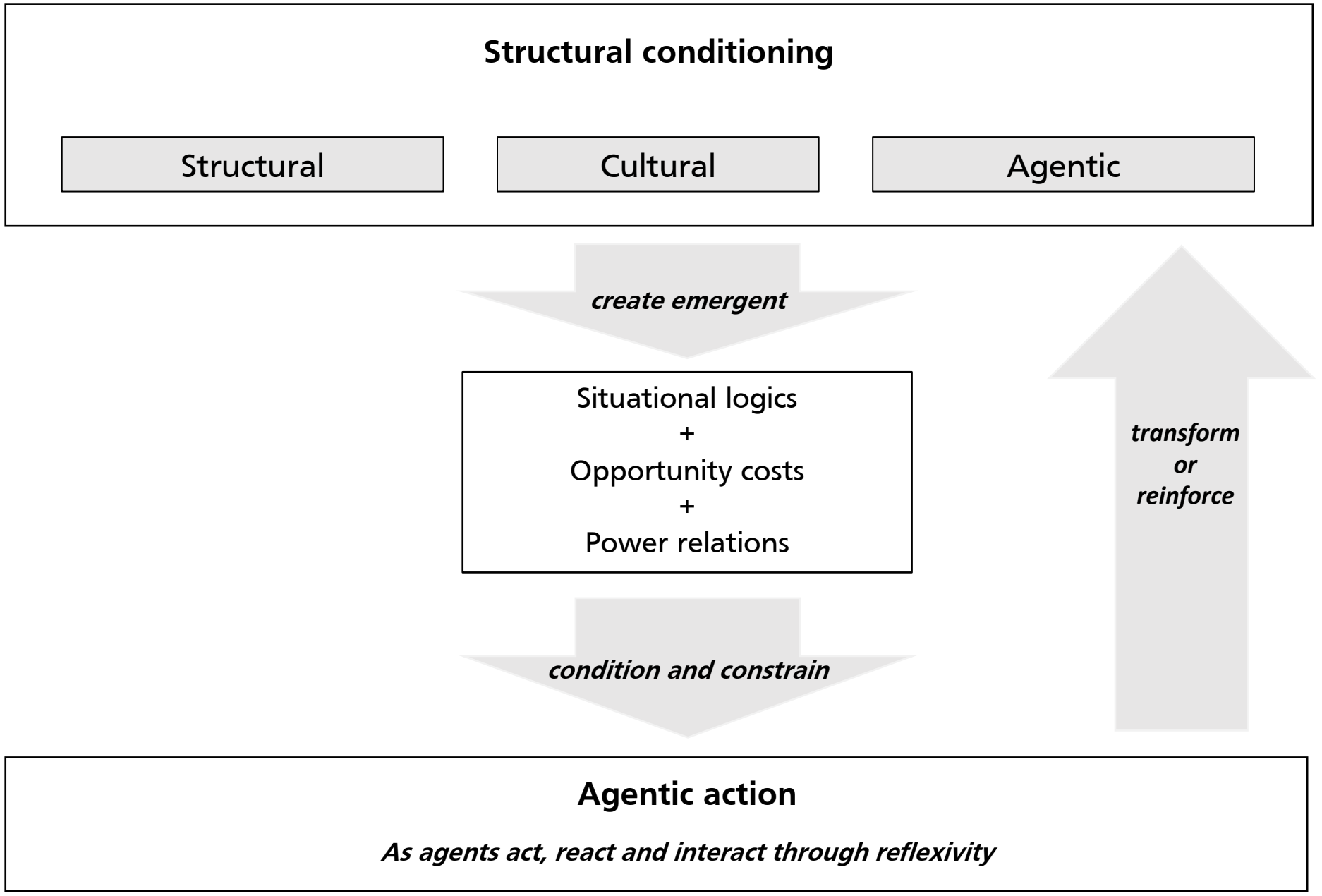
'So, you-- basically many of the things were meaningless because you didn't really have a level of understanding as to what actually drives, you know, those measures... And with the vast majority of it, at least my way of viewing it, having really no relevance to what the patient experiences or what service we provide.'

Structuring of people



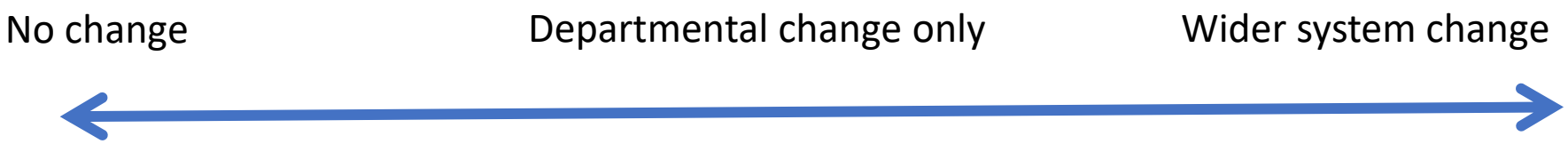
- HSPs exist in a web of power relationships
- Their ability to effect change is mediated indirectly through clinical directorates

'We make it visible. And it's very much then the view is, is that it's basically a service decision as to how they then deal with that.'


Structural conditioning
Structural
Cultural
Agentic
create emergent
Situational logics
+
Opportunity costs
+
Power relations
condition and constrain
transform
or
reinforce
Agentic action
As agents act, react and interact through reflexivity

Agency for change is always available
(but with differing costs)

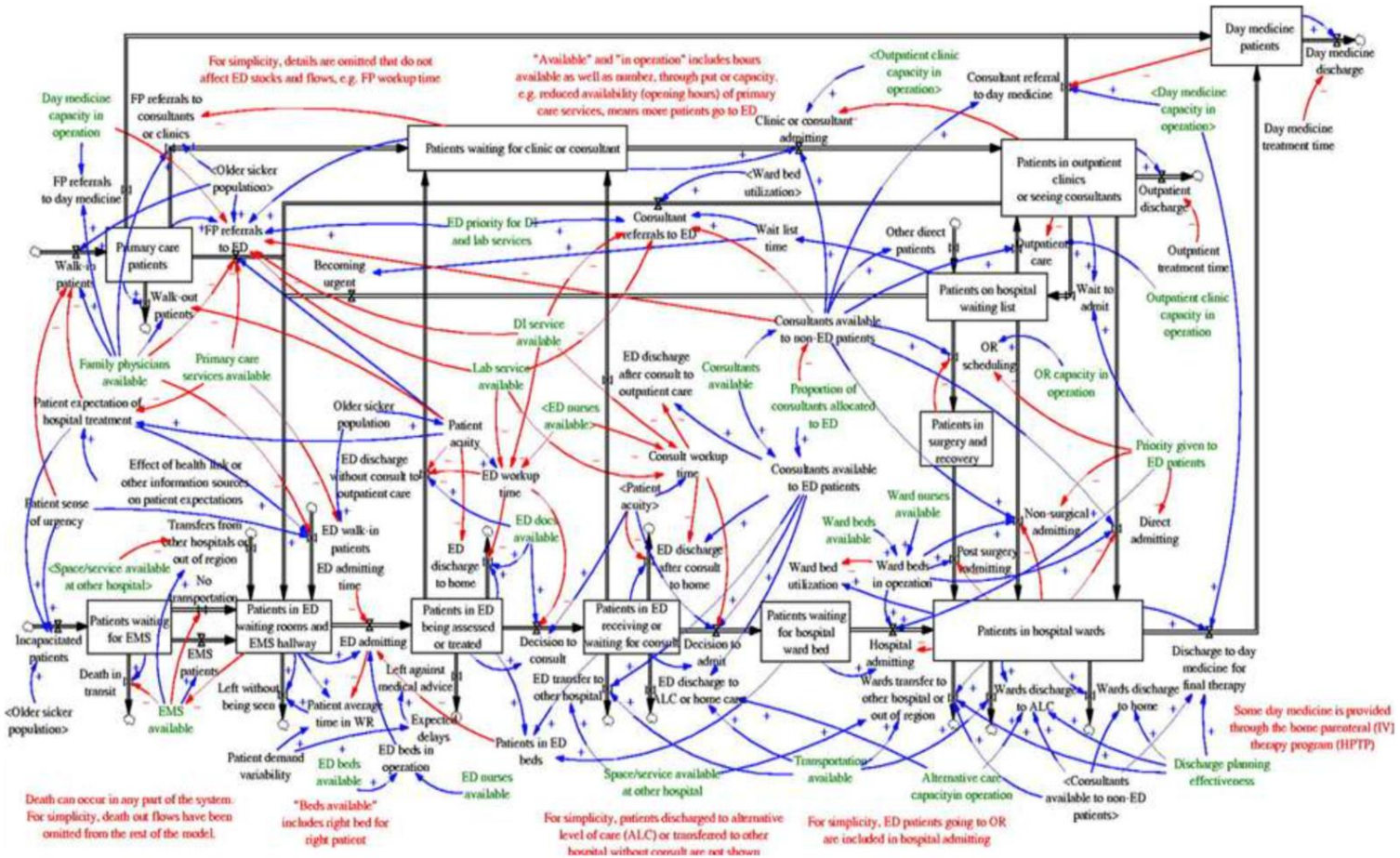
- Different discourses create the opportunity for HSPs to consider new approaches
- HSPs face different situational logics, opportunity costs and power relations
- These impact how much they feel they can influence change in the system:



What Is Missing?

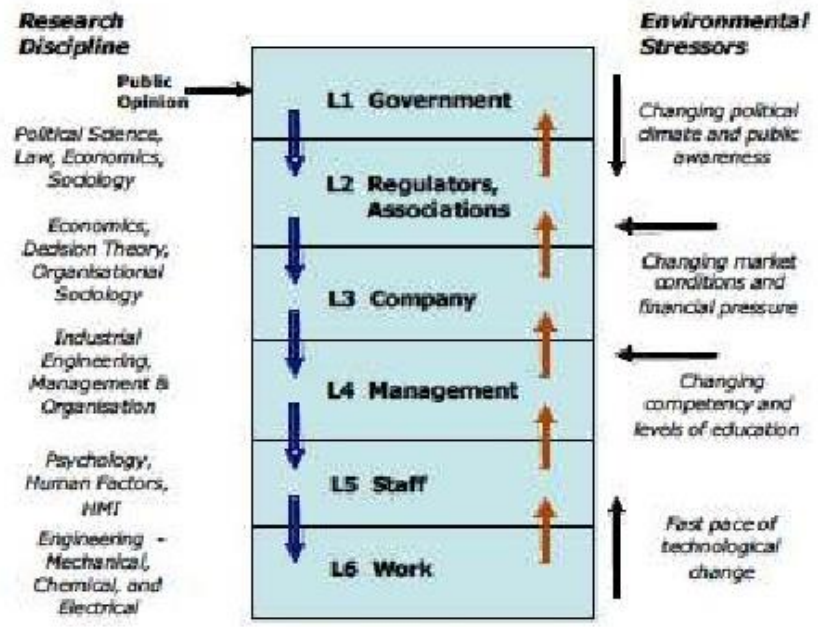
Not Meeting the Needs of Families

The Realities of Everyday Work



The Upper Levels of the System

HIERARCHICAL MODEL OF SOCIO-TECHNICAL SYSTEMS



(Rasmussen, 1997)

'You can't-- there's a certain there's a certain altitude you can go to and then you can go no further. You certainly can't say, "Well, this is all because the CEO didn't decide to invest X number of health bucks in... promulgating a just culture in the organization". You certainly couldn't have ever said that.'

Retroduction – the search for necessary conditions

Deontological focus of healthcare

Neoliberal reforms of the 1990s

We pay attention
to certain things,
in certain ways
with certain solutions and

we remain blind to all that
we do not see.

Implications for Safety Science

- Changing the discourse is not enough
- Structure-agency issues are important in affecting change to the underpinning safety model
- We need to understand the situated structural relationships that condition and constrain resilient performance

Allowing us to ask better questions

"what works,

for whom,

in what respects,

to what extent,

in what contexts,

and how"

Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. London ; Thousand Oaks, Calif.: Sage.

Full thesis available:
https://lup.lub.lu.se/student-papers/search/publication/9062288

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