Resilience, cognitive conflicts, and life-and-death decision-making in a Danish nursing home

Background

Digitalization leads to unexpected cognitive conflicts and thus sets new demands for what constitutes resilience in health organizations.

An ethical and societal problem: Frail patients who wish to pass away get resuscitated against their will: “why aren’t we allowed to die anymore?” (Ziebell, 2022).

We study a case at a Danish nursing home where two nurses discuss what to do if a patient dies. She doesn’t want CPR, but her wish is not properly documented in the EPR.

Danish law: “If there is any doubt whether the situation is included in one of the exceptions, CPR ***must*** be initiated.”

Method

Systemic cognition investigates cognitive processes in cultural-cognitive eco-systems. It takes a multiscalar macro-meso-micro perspective: organisation, organising, behavior.

Distributed cognition studies decision making, problem solving and other cognitive processes as properties of person-artefact-team constellations (”distributed cognitive systems”).

Cognitive ethnography focuses on the interlacing between situated behavior and organizational constrains – through detailed interaction analysis based on video recordings of situated behavior.

Results

Cognitive conflicts emerge when parts of the cognitive system impose conflicting demands on the system: E.g. **techno-bureaucratic** vs. **medical-ethical** demands.

Legal requirements are **non-adaptive**, and technological systems are **brittle**. Only human agents exhibit **adaptive behavior**.

In our case, the nurses must choose betwen doing CPR against the patient’s wish, or abstaining from CPR against the law. They circumvent the conflict by reinterpreting the patient’s state: they **NARRATE** her better.

In **dysfunctional** systems, does **resilience** entail that **dysfunctionality perdures?**

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