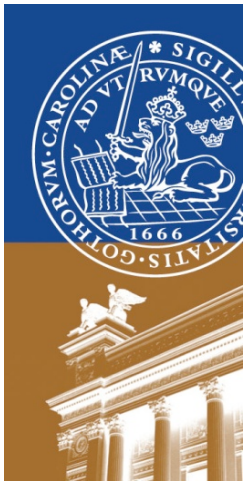

Escalating obstetrical situations
An organizational approach

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Background

- Research on organizational coordination in escalating situations conducted at Lund University
- Invited by a mid-size Swedish hospital to initiate a project on escalating labour situations
- The organization felt uneasiness about the emergency caesarian sections

An issue of communication?

- “We cannot communicate in healthcare” [attending anesthesiologist]
- “It is all about communication” [midwife]
- “The obstetricians have no good instruments to tell us that the situation is critical” [anesthesiologist]

- Communication problems reported to be contributing factors in 60% of the cases reported

- A convenient construction, as “communication problems” seems to be an easy and economic target for intervention
  - By implementing structured communication routines

But is it really all about communication?

- But what would happen if we instead approached the problem with an organizational approach, involving:
  - The midwifes
  - The obstetricians (from residents to attendings)
  - The operation ward (anesthesiologists, anesthesiology nurses, operation nurses)
  - The neonatal care
- We made observations and interviews
- Specific interest in intervention decisions/actions
  - e.g. calling for help
- Could we instead than as a problem of communication look at escalating obstetric situations using organizational contingency theory?

Contingency theory

- The more dynamic the environment, the more organic the organizational structure becomes
- Examples are military and so called High Reliability Organizations
- Decentralization of decision-making authority concerning safety issues permit rapid and appropriate responses to dangers by the people closest to the problems at hand
- “Decentralized anticipation”
  - Emphasizing the superiority of entrepreneurial efforts to improve safety over centralized and restrictive top-down policies or structures

Contingency theory and obstetric interventions

- Contingency theory seems to predict wrongly
- Obstetrics (and healthcare in general) seems to appeal to hierarchy and structure in response to developing emergencies
  - "As a midwife I am responsible for managing the normal pregnancy and the normal labour" [told by many midwifes]
  - "But the boundary when it is not normal anymore is fluid" [midwife]
- As the situation is judged to be non-normal more layers are added to the organization
  - Resident obstetrician – attending obstetrician – anesthesiologist – neonatologist
- And that can limit diversity

Constructing obstetric interventions as an organizational problem reveals:

Structures of power and knowledge

- “When the physician arrives he/she takes the responsibility/accountability of the situation” [midwife]
- “As a midwife I become an assistant. At least if the obstetrician is experienced. But they have different levels of experience” [midwife]

Structures of identity

- “If you walk in unannounced at a labour room the midwifes will have a go at you” [obstetrician]
- “I don’t call for help as much as for someone to share my view of the situation” [midwife]
- “It is the resident who calls the attending, we don’t.” [midwife]
- “I got a call to come and stay outside a specific labour room.” [Pediatrician]

Novice/expert relationships

- “What we often face is the feeling that the resident does not dare to bring in the attending” [midwife]

How the act of configuration involves the construction of the contingency, not the other way around

- “We try to keep the patient at home for as long as possible, because if we have them here the risk is greater that we will start to intervene in the labour process” [obstetrician]
- “Sometimes the midwifes rather increases the infusion rate than calls the resident” [resident]

Planned activities

- It is our belief that there need to be a raise of awareness for the issues discussed here among the people involved in escalating medical situations
- Is it possible to raise the discussion from communication problems and soft skills to the complex problems discussed here?
  - e.g. on how to enhance diversity and limit monopolistic power
- We are looking into the development of ways to reflect upon these complex issues (not only in obstetrics) in multi disciplinary settings