

Chapter 7

Conceptual Understanding of Provider Responses to the Complexity of Healthcare Delivery

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ABSTRACT

This chapter introduces complexity science as a framework for understanding the healthcare delivery system and the inherent challenges it poses for healthcare providers. The Institute for Healthcare Improvement's triple aim, which focuses on the patient experience, population health, and decreased costs, served the health disciplines for a short period of time. It was then recognized that the healthcare provider, the worker at the point of care, was instrumental in the success of the triple aim. This concept, the health and wellbeing of the worker, came to be crystallized as meaning and joy in one's work. The chapter explores this positive affect concept as well as that of compassion satisfaction along with negative affect occupational-based strains occurring for the healthcare provider as they navigate working in the complex healthcare delivery system of the United States.

INTRODUCTION

The healthcare system in the United States (US) is complex. It is difficult to navigate as a patient, and at times it is even more difficult for the healthcare provider. Most healthcare providers, when asked, will state they entered healthcare to help people. They felt a calling and/or recognized behaviors in themselves congruent with helping others. They entered the profession with bright eyes and cheerful smiles knowing they were on the path to fulfillment through assisting others. They envisioned saving lives, bringing

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comfort, guiding one's health and well-being, and easing the process of death amongst other things. Many find meaning and joy in that work; they are satisfied as their purpose is fulfilled. Others felt the stress of the complexity of the healthcare system and lost that passion and satisfaction. They burned out as the morally distressing situations stayed with them; in turn, they lost their compassion, and they were affected by others' tragedies. In most instances, the quality of care they delivered suffered and, usually, they left the work they deliberately selected to do. The providers lost meaning and joy and were no longer fulfilled. In the following chapter these topics will be explored in depth to enhance understanding of these healthcare provider responses to the complex system of healthcare delivery.

After completing the chapter, the reader will be able to:

1. Recognize the complex nature of health care delivery.
2. Discern the essence of meaning and joy.
3. Identify the factors contributing to meaning and joy.
4. Address the states of burnout, moral distress, compassion fatigue, and secondary traumatic stress.
5. Propose well-being strategies for themselves to promote meaning and joy.

HEALTHCARE PROVIDERS' RESPONSES TO THE COMPLEXITY OF HEALTHCARE DELIVERY

Complexity of Healthcare Delivery

The US health care delivery system in 2021 is not really a system. It can be characterized as a collection of parts that do not connect with each other unless mandated by payment mechanisms or other regulatory initiatives. Access is difficult unless you have resources, know how to use the resources, speak the language available at the resource, and know how to finance the resource utilization. Cost is an issue that is challenging not driven by typical economic forces of the market, involves the government and individuals, and is institution by institution dependent. Quality, however one defines it, is equally as challenging. Care varies across the nation and quality is often not the measurement or word we would use to characterize care that is delivered. The Institute of Medicine (IOM) in 2002 said quality was safety, timely, efficient, effective, equitable, and patient centered (IOM, 2001). The Covid-19 pandemic experience illustrates that care is not equitable, it is not about the patient per se, it is effective sometimes and rarely efficient, and not safe when misinformation is delivered each night through the media. Yet, there is persistence in calling the sources of health care one receives a health care delivery system. Thus, there must be another lens to examine our health care delivery system and that is the lens of complexity.

Complexity science (Uhl Bien & Russ, 2009) yields to the fact that complex systems are composed of many individual parts which relate to each other in some ways and should relate to each other in many other ways. Complex systems are interactive, and when examined at the fundamental core level, it is noted that each part of a system lies within itself. These individual parts are known as complex adaptive systems and whole systems, e.g., the health care delivery system, are many interactive complex adaptive systems. Complex adaptive systems are characterized as being nonlinear meaning there is not necessarily order or a clear starting and ending point. There is a sense of chasing one's tail which confronts our energy and patience. Order for one is not the order for another because the lens used to judge the order is different. Complex adaptive systems emerge; the emergence is based on need and a commitment to

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