

Implementation of person-centered care
Facilitators and Barriers

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av

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Avhandlingen baseras på följande delarbeten.

- I Tariq Saleem J. Alharbi, Inger Ekman, Lars-Eric Olsson, Kerstin Dudas, Eric Carlström. Organizational culture and the implementation of person centered care: Results from a change process in Swedish hospital care. *Health Policy* 2012;108:294-301.
- II Tariq Saleem J. Alharbi, Lars-Erik Olsson, Inger Ekman, Eric Carlström. The impact of organizational culture on the outcome of hospital care: After the implementation of person-centred care. *Scandinavian Journal of Public Health* 2014;42:104-110.
- III Tariq Saleem Alharbi, Eric Carlström, Inger Ekman, Lars-Eric Olsson. Implementation of person-centred care: management perspective. *Journal of Hospital Administration* 2014;3:p107.
- IV Tariq Saleem J. Alharbi, Eric Carlström, Inger Ekman, Anders Jarneborn, Lars-Eric Olsson. Experiences of person-centred care - patients' perceptions: Qualitative study. *Submitted*

ABSTRACT

Background: One of the major issues facing health systems around the world is the implementation of necessary reforms. In Sweden, many attempts have been made to reform the health care system, however, very few have been successful. The Swedish health care industry has been described as conservative, backward-looking and severely resistant to organizational changes. Furthermore, the reductions in the number of hospital beds and the increasing number of patients with chronic diseases are placing stress on the system. As a result new health care models have been developed to address these issues. One of them is Person-Centered Care (PCC), which its implementations has been attempted within the Swedish health care context. This attempt gave rise for the need to identify presumptive facilitators and barriers during the implementation process.

Aim: To explore the barriers to and the facilitators for the implementation of a new health care model in a hospital setting.

Method: Data from 117 nurses who completed the organizational values questionnaire (OVQ) and 220 hospitalized patients who completed the uncertainty cardiovascular population scale (UCPS) in Paper I, a health-related quality of life instrument (EQ-5D) in Paper II were investigated with regression analysis. Semi-structured interviews were conducted with all of the members of a hospital departments' managerial group (Paper III) and with patients (Paper IV). Interview transcripts were analysed by means of directed deductive content analysis.

Results: In Paper I, the results seemed to indicate that in hospitals where the culture promotes stability, control and goal setting, patient uncertainty was reduced. In Paper II, a decreased health status, pain/discomfort and mobility problems could be attributed to culture being dominated by flexibility. In Paper III, The respondents identified factors, which were perceived as facilitating or obstructing the implementation process. These factors were; organizational culture, distribution of power, patient characteristics, resistance to change, teamwork, efficiency, time and speed of implementation. In Paper IV, Aspects of the newly implemented care model were obvious; however, it was also clear that implementation was not complete. The analysis showed that patients felt listened to and that their own perception of the situation had been noted. Patients felt that the staff saw them as persons and did not solely focus on their disease.

Conclusion: Three factors were found to affect the implementations process: organizational culture, time and actors involvement. Flexibility within the organizational culture was viewed as a facilitator because it helps to induce the change process. However, flexibility was also found to be a barrier to the sustainability of the change. The second factor, time, was perceived very differently by managers. Some thought the implementation process would take two years while others thought it would take a generation. The third factor, an actor's level of involvement, was perceived as a barrier or a facilitator depending on the understanding of roles and responsibilities. This highlights the need to have a clear-cut picture regarding the patient's role in the diagnosis and decision-making processes. Taking these findings into consideration, it becomes clear that it is important to be aware of the culture and perceptions of time. Further research aimed at developing a theoretical framework that accounts for organizational culture and time could help to improve the chances for the successful implementation of a new health care model within different contexts.

Keywords: Implementation, Person-Centred Care, Sweden, Culture, Health management