

W5: Creatively confronting leadership challenges in quality and safety: A management research pecha kucha and discussion

AGENDA:

9:00 – 10:15 – Intro and short presentations

10:15 – 10:30 – Break

10:30 – 11:15 – Breakout #1 (small group discussion with authors/presenters who intrigue you/ resonate with work)

11:15 – 11:30 – Break

11:30 – 12:15 – Breakout #2 (new group or stick with 1st, your choice)

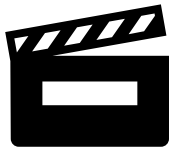
12:15 – 12:30 – Debrief and reflections

Pecha Kucha Order

- A **strategic attention** perspective on leadership in healthcare (Amit Nigam)
- **Doctors on the board**: it makes a difference, but not how you think' (Ian Kirkpatrick & Gina Dokko)
- Know Your Place! Why it pays to be posh in UK medical careers - and **how class discrimination makes medicine less safe**. (Louise Ashley)
- Why is it so damn hard to change healthcare? **The invisible stickiness of institutions and professional identity** (Yiannis Kyratsis)
- Mitigating Bias in Organizations: **Debiasing vs. Choice Architecture** (Irene Scopelliti)
- "We thought we knew it all!": Experiences of **failure and uncertainty in clinical work** (Amelia Compagni)

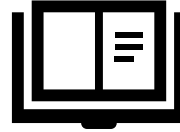
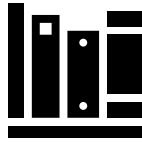
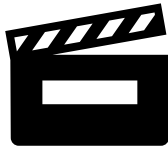
A Strategic Attention Perspective on Leadership in Healthcare (three scenes)

Professor Amit Nigam, Bayes Business School (formerly Cass)

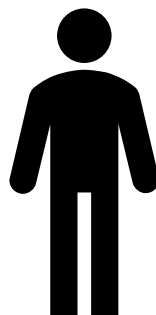


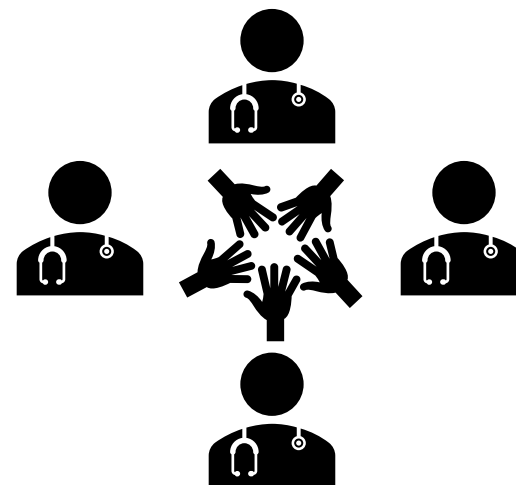
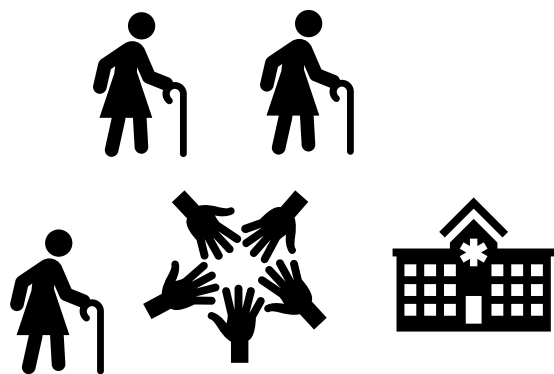


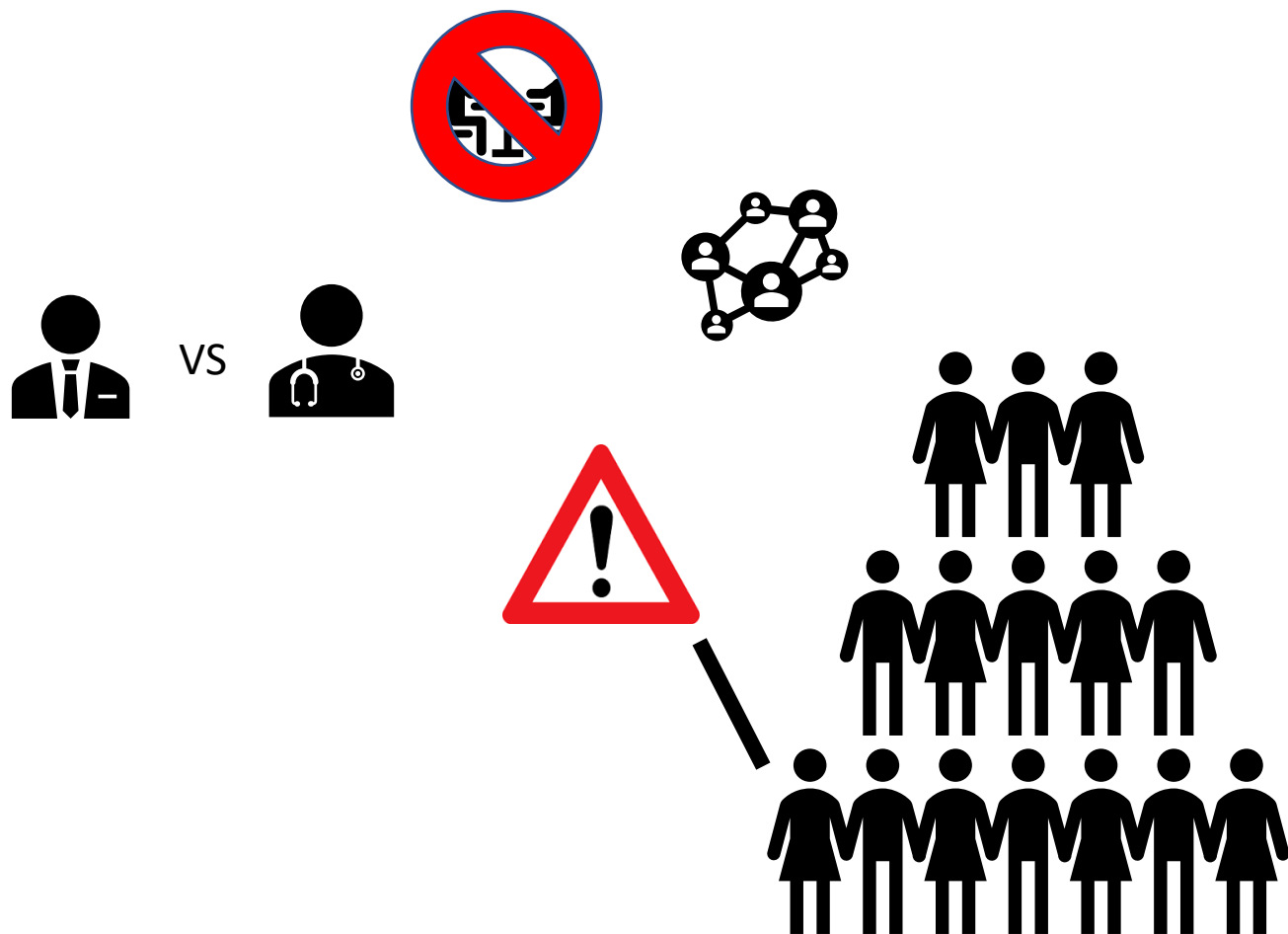


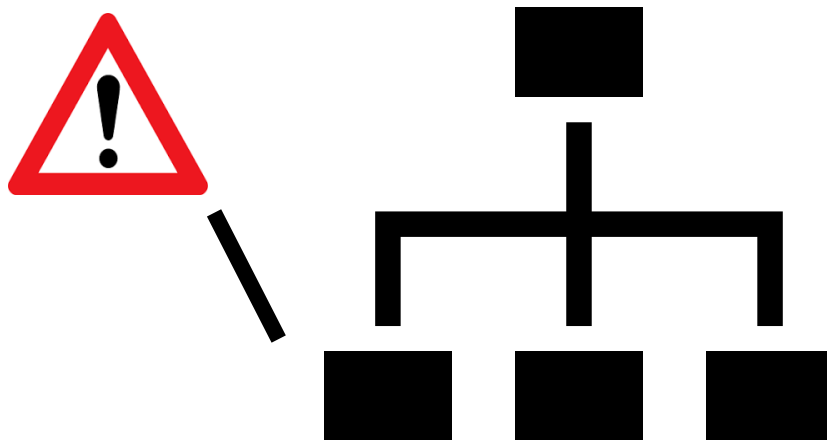


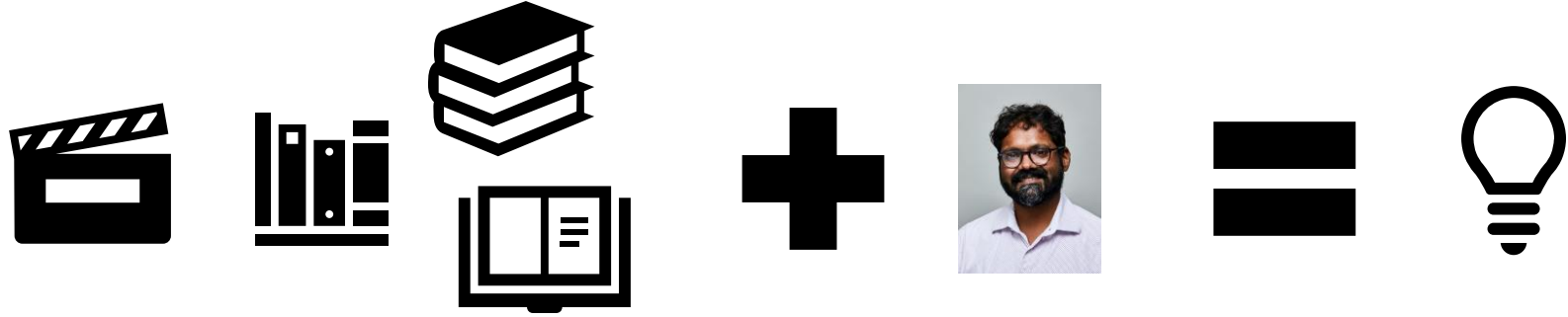
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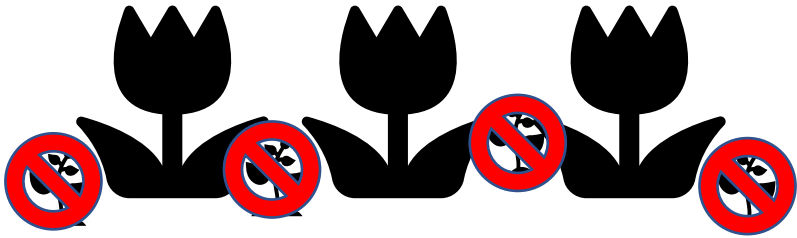
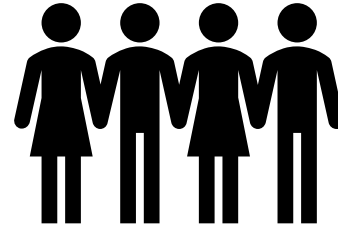
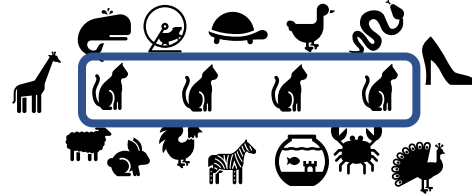
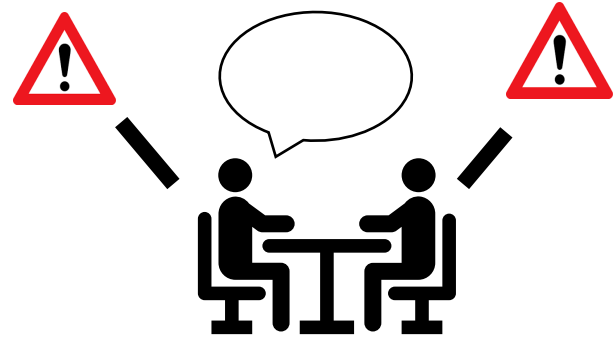
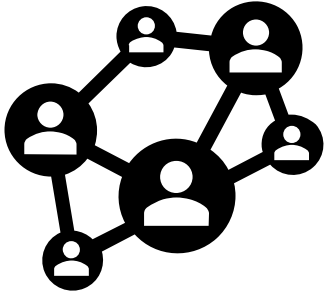














Why is it so damn hard to change healthcare?

*The invisible stickiness of **institutions** and **professional identity***



Dr Yiannis Kyratsis

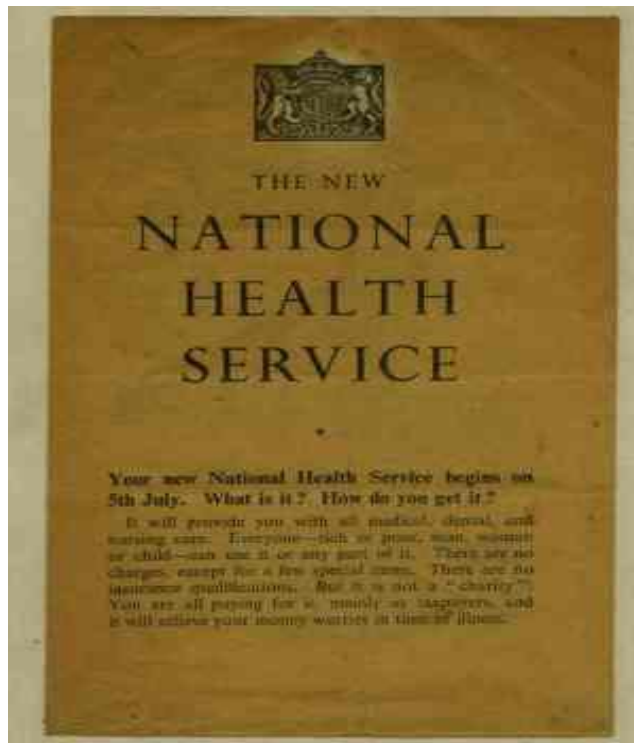
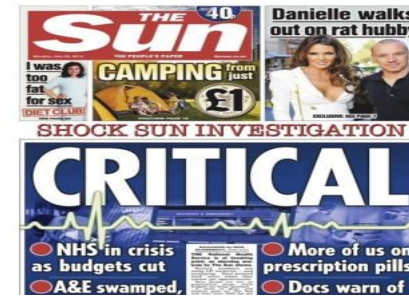
Associate Professor Organization Theory

Director of Research and Innovationn Lab: Health, Care & Wellbeing





75 years of NHS Reforms...



Structural change in health care

The Cure-All Remedy



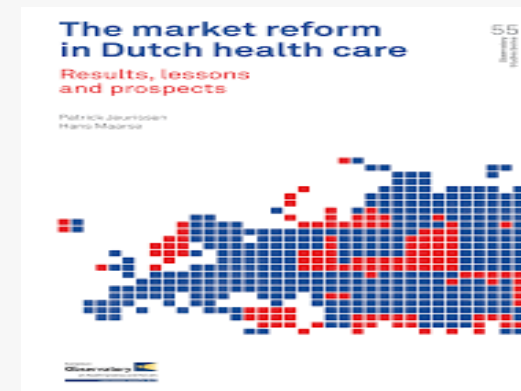
Image source:

<https://www.antiquemedicines.com/Kilmer/Kilmer.htm>

Restructuring as tinkering: actors' power



Political factors in changing health care



Institutions: dominant & subordinate logics





Institutional Logics in Healthcare

Scott, et al, 2000

- **Professional Logic:** Quality
- **State Logic:** Equity
- **Market (managerial/business) Logic:** Efficiency
- **Digitalization Logic:** Effectiveness, Efficiency, Choice





• The figures quoted have been checked and certified to by LYBRAND, ROSS, ADAMS AND MONTGOMERY, Accountants and Auditors.

20,679* Physicians
say **“LUCKIES**
are less irritating”
“It’s toasted”
Your Throat Protection against irritation against cough



He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS
THAN ANY OTHER CIGARETTE

DOCTORS in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor?

The brand named most was Camel!

The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have the same appeal to the smoking tastes of doctors as to millions of other smokers. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.

CAMELS Costlier Tobaccos

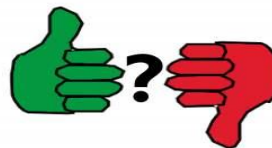
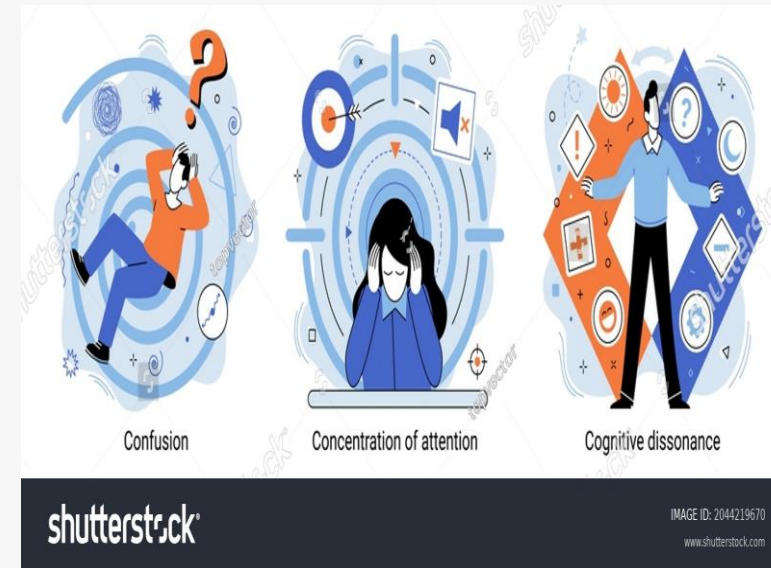
Your "T-Zone" Will Tell You...

T for Taste . . .
T for Throat . . .

that's your proving ground for any cigarette. See if Camels don't suit your "T-Zone" to a "T."



Change: Reconstructing Professional Role Identities



Reconstructing Professional Role Identities



Jobs and Skills
for the Transition



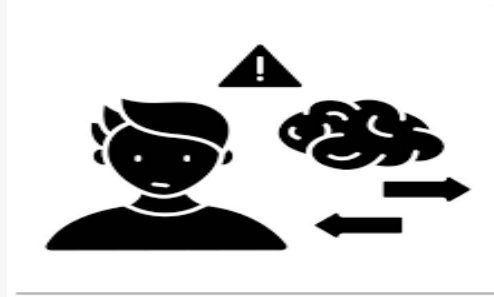
Types of professional identity threat

- Status loss
- Professional values conflict
- Social identity (beyond work) conflict



Forms of identity work

- Reframing



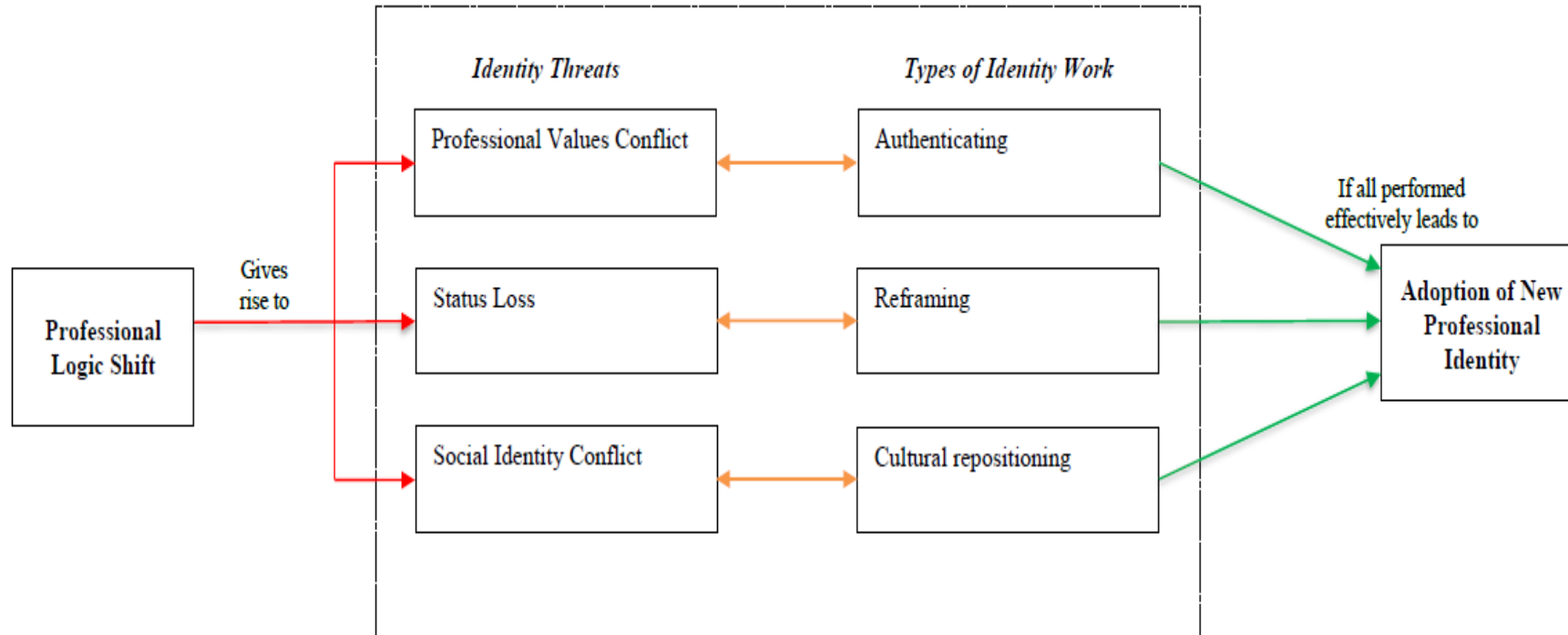
- Authenticating



- Cultural repositioning

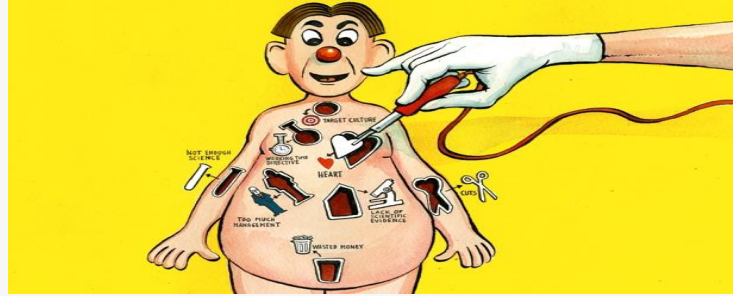


A model of physician identity change when institutional logics shift



Reforming a health system

- Structure



- Political factors



- Institutional logics

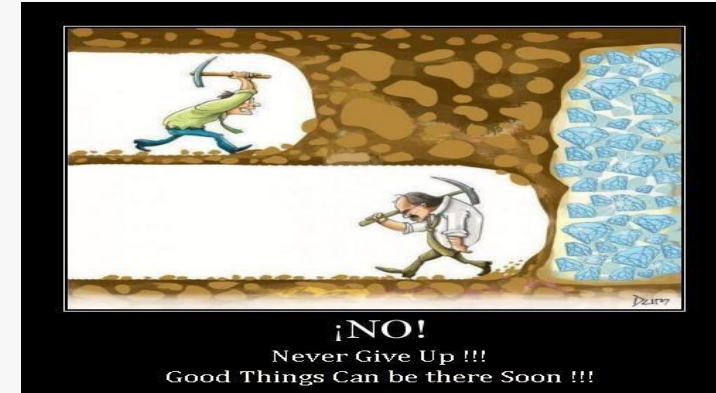


- Professional identities



Summing up: large scale substantive change in healthcare

- Not easy, simple, or quick; consistent effort, time
- Sustainable change = New dominant institutional logic
- Plan professionals' identity restructuring:
 - Supply resources: identity narratives, rhetorical strategies, role models
 - Deal with issues of status loss, feelings of technical incompetence, professional value and social identity conflicts



Thank You



If want to get in touch: y.Kyratsis@vu.nl

We thought we knew it all!": Experiences of failure and uncertainty in clinical work

Dr. Amelia Compagni, Bocconi University

Amelia Compagni,
Bocconi University



Giulia Cappellaro,
Bocconi University





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