RESILIENCE IN THE SWEDISH HEALTHCARE SYSTEM

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Abstract

Background: Swedish healthcare has become increasingly under strain with problems to recruit and retain personnel, decreasing production and productivity as well as increasing queues. This more demanding situation raised the question if it also would affect the healthcare system's ability to deal with disruptions. The ability of a healthcare system to handle both regular and extraordinary disruptions is essential to ensure care of citizens under varying conditions and trust in the system.

Purpose: to assess the ability of the Swedish healthcare system to handle both regular and extraordinary disruptions in a short- and long-term perspective.

Theory: a resilience-engineering framework of four system functions: monitoring, response, anticipation and learning, was used.

Methods: quantitative (official statistics) and qualitative methods were combined. DRG statistics determined production and the productivity of Swedish healthcare regions. Document studies, interviews and workshops helped understand issues qualitatively.

Results: Swedish healthcare has an adequate ability to respond to short-term extraordinary disturbances, but has more problems in handling regular challenges in operative care. Key reasons for these problems were insufficient monitoring and learning; as evidenced by problems to match capacity to needs and difficulty in realizing structural change towards a healthcare system based around primary care.

Conclusions: Swedish healthcare exhibits a typical pattern in many organizations in which focus on short-term pressures crowds out longer-term strategic issues of system restructuring.