

## System Ergonomic Organizational Design of Clinical Work Systems – Finding the Right Management Balance

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**Introduction** – Clinical work systems all over the world have to deal with four characteristic developments: 1. A steadily increasing cost pressure resulting from diminishing financial resources and a growing number of cost intensive treatment possibilities; 2. Rising customer demands caused by a growing number of media reports about medical innovations and an increasing necessity/willingness to pay for selected medical services on a private basis; 3. A growing system complexity resulting from each patient's individual health condition, unpredictable treatment dynamics and a growing treatment fragmentation; 4. An obligation for an outstanding treatment quality because of the patient's health/life being at risk and an increasing discussion about medical errors and malpractices.

**Method** – The necessity for a systematic organizational (re)design of clinical work systems is obvious. For this reason we have developed a system ergonomic management approach for a “balanced rationalization”, which is not only focusing on the systematic release of a work system's existing optimization potential, but also on a sustainable reinvestment of the released resources for further system improvements (Marsolek, Buss, & Friesdorf 2005):

1. At the “management level” by finding the right management balance between the necessary medical, management, innovation and communication competence – e.g. by initiating and carefully monitoring all necessary change projects.
2. At the “process level” by finding the right management balance between the definition of optimization goals (top-down) and an adequate staff enabling (bottom-up) – e.g. by defining realistic optimization goals and qualifying the involved staff accordingly.
3. At the “staff level” by finding the right management balance between the release of existing optimization potential and its usage for future system improvements – e.g. by reinvesting released optimization potential for the development of additional service offers.

**Results** – Momentarily this system ergonomic management approach is further on specified in a German-Japanese research cooperation\* by collecting good practice examples for a sustainable (re)design of clinical work systems from scientific publications as well as clinical practice addressing one of the following (re)design aims: optimizing a work system's management vision & strategic alignment, customer orientation & marketing, change management & monitoring, information transparency & staff participation, process analysis & optimization, quality & patient safety, staff safety & health, incentives & staff motivation, knowledge management & staff training or general work system culture. Furthermore all of the identified (re)design approaches are integrated into one comprehensive management concept for the sustainable improvement of clinical work systems.

**Conclusion** – All in all, not only within literature but also within clinical practice already many good practice examples exist for the organizational improvement of clinical work systems. Nevertheless, many of them are focused on achieving only one of the (re)design aims specified above and are poorly harmonized with other (re)design approaches simultaneously launched within one and the same work system, so that the entire optimization potential, which could be achieved by an integrated/harmonized work system design, can not be accomplished.

### References

Marsolek, I.; Buss, B. & Friesdorf, W. (2005): Arbeitswissenschaft – Rationalisierung mit konfligierenden Zielen (humane, ökonomische, Qualitätsziele). In: Journal für Anästhesie und Intensivbehandlung 1, S. 212-215

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