

## Aim

This brief highlights health system legacies associated with the financial crisis of 2008. It outlines how health system resilience was impacted, why, for whom and under what circumstances – offering insights for better preparedness in future. Realist reviews are an ideal methodology to understand the interaction between contexts, mechanisms and outcomes.

## Context-Mechanism-Outcome Configurations (CMOC) (Fig.1)

What is a CMOC? An evidence-driven theory based on underlying factors that lead to observed patterns in the data.

### Development of Refined CMOCs and Final Programme Theory:

The analytical process revealed a chain of 5 CMOCs, concentrating on the health workforce - where most studies focused.

## Key messages

- Resilience can be undermined by a lack of transparency and poorly communicated policy implementation.
- CMOCs reveal a perceived shift from internal to external transparency — undermining healthcare professionals' role.
- Quality communication, ownership over policy and practice decisions, and a reduction in professional dissonance among healthcare professionals are vital for increasing the quality of care available to patients.
- Lack of ownership, distrust, resistance to change, poor communication, low morale, apathy and burnout create a legacy for health system performance.

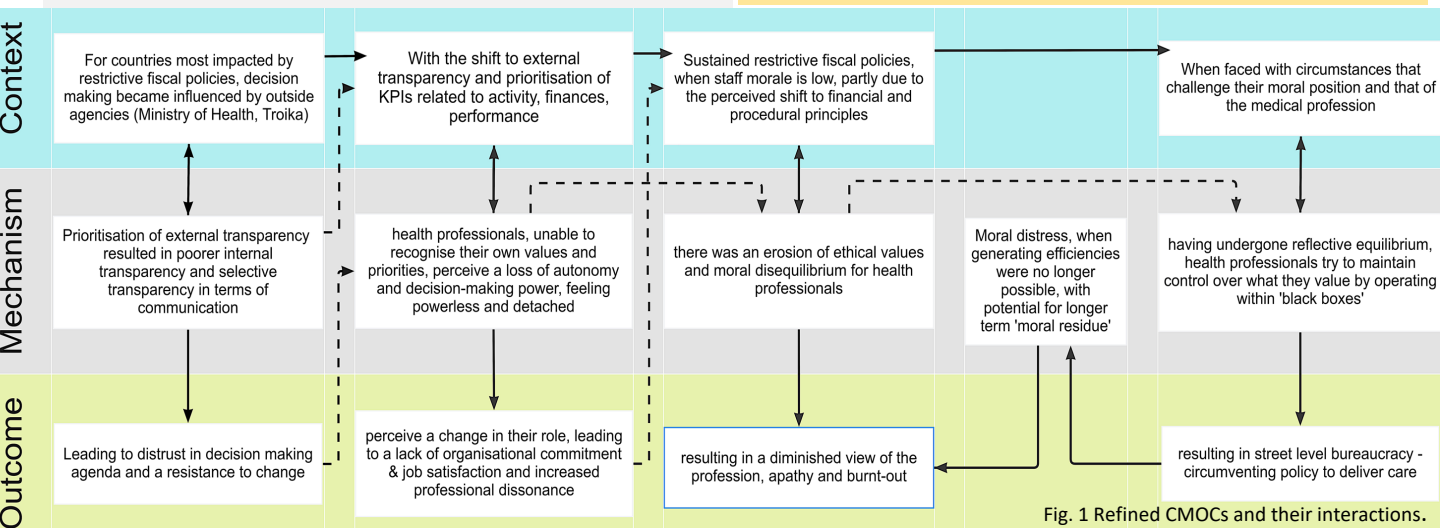


Fig. 1 Refined CMOCs and their interactions.

### CMOC 1. Top-down Governance and Transparency

Efficiency-driven decision-making was increasingly influenced and monitored at a national / European level by external agents, i.e., Depts. of Health / Finance, Troika.

- Response reflected the interests of external agents and perceived neglect the interests of frontline workforce.
- This led to distrust in the decision-making process and resistance to change.

### CMOC 2. Perceived Value Shift Loss of Autonomy and Decision-Making Power

Healthcare professionals were unable to see their input, values and interests reflected in the dialogue and data flows reflecting instead situational values specific to austerity, the interests of external agents and ideological positions.

→ Professionals perceived loss of autonomy and power in decision-making led to a lack of job satisfaction and increased conflict between professional values and job expectations.

### CMOC 3. Low Staff Morale and Moral Disequilibrium

- Staff morale suffered due to restrictions on treatment options, time available with patients, and staff rationing.
- Ethical values eroded as healthcare professionals were unable to maintain their values and moral integrity when faced with new challenges.

### CMOC 4. Working the System and “Black Boxes”

Healthcare professionals faced with prolonged restrictive policies which challenged their moral position began operating within “black boxes” to balance system needs with service user needs.

**Black Boxes**—independent action generated through multiple conversations, interventions and perspectives to meet continual challenges.

→ Operation within black boxes led to 1) management being detached and 2) being unaware of issues within units.

### CMOC 5. Street-Level Bureaucracy (SLB) and Moral Distress

**SLB**—Health professionals sidestepped policy to deliver care through formal and informal approaches e.g., treating patients regardless of their ability to pay, and/or through legal challenges or informal referrals to colleagues.

Professionals experienced a distressing imbalance due to an inability to take ethically appropriate action. If these painful psychological imbalances are left unresolved, they can remain dormant eventually resurfacing when the next shock occurs.

→ **Dissonance, apathy and burnout generate cyclical and destructive interplay between CMOCs.**

## Reducing negative outcomes from shocks.

### Mitigating Moral Distress and Moral Residue

- Promoting job satisfaction by improving physical, emotional and financial resources.
- Provide access to the information and resources required to successfully do the job.
- Provisions made available to staff for support and learning opportunities.

### Achieving Moral equilibrium

- Facilitate co-production of policy development and implementation and utilize it to resolve challenges in the system.
- Organizational and individual challenges can be mitigated through constructive, co-produced and well-communicated decisions between all stakeholders—workers and internal and external agents.

### Cyclical Flow of information

- Enhance communication flows (upstream and downstream) and progress understanding of the information communicated.
- Allow parallel conversations to take place, generate multiple views and adopt strategies to meet day-to-day challenges.

### Empowerment Through Internal Transparency

- Internal transparency is the vital information flow required by employees to do their job.
- Stimulates better quality of information used to inform decisions.
- Sharing of critical information and perceptions can lead to co-produced decisions in line with agreed standards and moral values that benefit the staff and end users.

### Recommendations

1. Ensure **open and transparent communication** of values to encourage buy-in and ownership over decisions.
2. Ensuring **communication flows in both directions** offers workers the necessary information to do their job and provides decision-makers with insight into the challenges faced.
3. **A dual role for frontline staff in policy and practice promotes understanding** and provides nuanced solutions to the issues they face.
4. **A common goal for all**, a shared understanding and co-produced strategies, is more likely to be successful and conflict is less likely to arise.
5. **Trust in the professional discretion** ('black box' activity) of frontline staff to respond to changing needs to best meet patient and organizational needs.
6. Consistent focus is required to **identify causes of moral distress** to determine adequate and responsive solutions given the circumstances.

This review provides insights for policy-makers to design strategies that harness the strengths and values of all stakeholders, government, healthcare professionals and the end-users of the health system.

This research was part of the [RESTORE](#) project, which aims to evaluate and enhance the resilience of the Irish health system to recover from austerity, improve health system performance and deliver effective reform, in the shape of Sláintecare. Project funded by Health Research Board, Research Leader Award. For more information on the RESTORE Project please visit: [https://www.tcd.ie/medicine/health\\_policy\\_management/research/current/restore/](https://www.tcd.ie/medicine/health_policy_management/research/current/restore/)  
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### Discussion points

- CMOCs demonstrate how policy decisions can impact the health system.
- Understanding and preparing for the impact of a future shock requires mitigation measures to protect and support the workforce. This can be supported by improved communication flow.
- Pressures associated with day-to-day activities, health system metrics and efficiencies forced healthcare professionals to balance the needs of the structure and those of the service users.
- Professional dissonance is caused by the inability to provide high-quality care in a way that matches the personal and professional values of staff, in an equitable and needs-led way.
- Transparency, open communication, and co-production of policy and implementation can help improve health system resilience.