
CONFERENCE ABSTRACT

Reflexive dialogues of multidisciplinary care professionals and clients as part of the development of integrated maternity care: bridging perspectives, building resilience

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Background: Limitations of traditional structures and approaches in the health care system to further enhance patient safety, satisfaction and systemic sustainability, are becoming increasingly visible. Amplifying resilience is considered important to defy these issues in the complex adaptive system that health care has become. There is increasing recognition that embedding reflexive learning would contribute to realizing this. However, health care organizations are still reticent, and struggling with whether and how this could be implemented in health care practice. Through participatory action research (PAR), we aimed to develop a method with and for professionals and clients in maternity care, to systematically reflect on daily care practice and explore potential improvements, while balancing their values, interests and perspectives.

Methods: To improve quality of care, two groups of multidisciplinary and multiorganizational maternity care professionals and clients (n=30) from two regions in the Netherlands, participated in 'reflexive learning meetings'. Cases from participants' own practice were discussed, with a Safety-2 approach and using the functional resonance analysis method (FRAM) to explore variability in everyday performance. 22 meetings took place from 2020-2022, mostly online, supported by an independent chairperson and two researchers. Additionally, 22 participants were interviewed. All data were audio recorded, transcribed and thematically analyzed. Stakeholders (maternity care professionals, clients and managers from the participating regions) were engaged

in all stages of the project; from the initial design, through constant monitoring and until the project evaluation and development of an 'Intervision Toolkit' to share lessons learned and practical tools with the field.

Findings: Although critical about working with the FRAM, participants were generally positive about the meetings and Safety-2 approach. Learning from everyday care practice instead of adverse events (common in Safety-1) was considered valuable and motivating. Barriers for partaking predominantly related to organizational and systemic impediments, especially high workload and lacking support from superiors. In the meetings, participants felt psychologically safe and challenged to critically reflect on their own and each other's care practices. Through this, insight in and understanding of alternative perspectives and approaches grew, as well as awareness of interpersonal and interorganizational similarities. This fostered mutual relationships and job satisfaction, and helped to discover potential for further alignment. Although implementing improvements beyond the individual level proved difficult within the time frame and context of the study, participants became more conscious of their acting and decision-making habits, which in turn stimulated them to experiment with alternatives and share new insights with colleagues and peers. Evaluating the project, participants articulated the wish to continue and embed multidisciplinary and multiorganizational reflexive meetings as standard practice in maternity care. Some initiated actions to contribute to realizing this.

Conclusions: This study indicates that reflexive dialogues between multidisciplinary and multiorganizational professionals and clients foster alignment, quality, people centeredness and resilience in maternity care. By structurally stimulating, facilitating and embedding such meetings, their transformative potential could be further unleashed and reinforce the development of an integrated and sustainable maternity care system.