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Hospitals are struggling with systems that are not working. Medical considerations are being sidelined, and job satisfaction is evaporating. This might well have an effect on patients.

# Hospital cornerstones are crumbling

The specialist health services require 44 000 additional man-years by 2040 (1). It is therefore disturbing that according to a survey, half of hospital doctors are considering whether to quit (2). Increased work pressure and less influence over their own daily work, sidelining of medical expertise, non-functioning systems and rotas entailing onerous shift patterns are some of the reasons.

Since the hospital reform in 2002, the working lives of health personnel have changed considerably. With New Public Management, attention shifted towards economics, profitability, performance-related management and reporting. Talk began of patient production, and doctors and nurses started to feel as though they were the fly in the ointment – we were those who had to tighten our belts. At the same time, the number of administrative employees increased. From the introduction of the hospital reform until 2012, half of around 12 000 new man-hours in the specialist health services were non-medical positions (3). Hospital doctors spend increasingly less time on patient care, despite the fact that they work more than 800 man-hours free of charge as unregistered overtime (3, 4). Greater demands for documentation and reporting, coupled with fewer secretaries and other support staff, mean that doctors spend more time on office work.

An increasing proportion of our work is performed electronically. This is a necessary development. However, essential service functions, such as IT support, have been centralised and removed from the hospitals. Now that we need this service more than ever, along with the local knowledge that enables matters to be resolved quickly and smoothly, we instead find ourselves waiting idly in a telephone queuing system for Sykehuspartner, our IT service supplier.

Technology that fails to work has become one of the hospitals' greatest thieves of time. Even though many of the systems that have been introduced, such as electronic patient records and electronic x-ray and blood test requisitioning, have been very beneficial, the question arises as to whether hospitals have become a little *too* eager. New hospitals are built containing increasingly impressive technology, which unfortunately is far from functioning satisfactorily. For example, the old-fashioned but reliable paging system has been replaced with modern telephones in many hospitals. However, many staff have experienced that illogical search functions make it cumbersome and occasionally impossible to get through to the person one wants to contact, particularly when it is urgent. A technological development that was in essence sensible has become a safety issue. The introduction of electronic curve solutions may gradually become beneficial, but the system is still plagued by a number of deficiencies and over-complexity, which instils a fear in doctors and nurses of committing serious errors. It is burdensome to feel that we cannot trust our work tools, and it can appear to us as users that many such system changes are not subject to the same quality- and patient-safety assessments that characterise the introduction of new clinical routines.

A major reason why our daily lives are becoming more demanding is the issue of more patients for fewer beds. The last OECD report shows that there is a high level of activity in the Norwegian health service, and we have fewer than the average number of hospital beds per resident in the EU countries (5). Norway also has the third highest hospital bed occupancy rate. In the OECD countries, fewer than eight out of ten beds are occupied on an average day. In Norway, this figure is more than nine out of ten. Notwithstanding this, hospitals are consistently being built that are too small, and doctors and nurses struggle daily to find solutions for where patients should be placed when hospitals are full. The patients are the casualties who have to lie in corridors or in an inappropriate ward.

The fact that our new hospitals are too small is also evidenced by the lack of office space for doctors. The day frequently starts with a struggle to find a desk – which, to make matters worse, is usually placed in a very noisy area. Here they are expected to make a detailed study of patient records and take crucial decisions, as well as sensitive telephone calls with next of kin. The employees seem to be forgotten in the construction process. The importance of making employees feel valued appears to be downplayed by the management in many Norwegian hospitals. I started as a foundation doctor immediately before the hospital reform, and felt welcomed and wanted – and everyone was given office space. This created a feeling of affiliation. The hospitals were able to help with kindergarten places and housing for those who had newly moved to the area. This was extremely helpful for hospital doctors, who have to move several times in the course of training. Parking for hospital staff was free. These are small things of little significance for the hospital budget, but of great importance for wellbeing and loyalty to one's workplace.

The new budget-saving measures that are now being considered in several hospitals are cuts in morning meetings, courses and training. The morning meetings are important for conveying information about inpatients, and provide an opportunity to discuss professional challenges with other members of the team. Courses and training are absolutely essential for keeping updated on fast-developing specialties, where knowledge rapidly becomes outdated. If we save on this, the patients pay the price.

The hospital management and staff are united in the goal of creating good health services. But to achieve well-functioning hospitals within the economic frameworks that have been set, the management needs to be on the side of its employees, and take our objec-

tions seriously. The distance between decision makers and clinicians has now become too great. We are highly specialised professionals, and we must be included to a greater degree in the process of shaping hospitals to become the good environments we wish them to be. The passion of health personnel for their profession and for patient care is the very cornerstone of the hospitals – without this, the buildings are nothing more than high-tech castles in the air.

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