



Department of
Health Policy

Dancing in the Netherlands – A critical appraisal

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Dancing with a Virus: Finding new Rhythms of Organizing and Caring in Dutch Hospitals

- The authors seek ‘to study how hospitals in the Netherlands engaged in organizing and delivering care in times of Covid-19, in particular how they worked with the different spatio-temporal orders of the (anticipated) crisis and emergent organizational and policy responses.’
- The metaphor of dancing with a virus is used ‘to provide an affective and spatio-temporal account of how hospital organizations develop new and flexible routines for organizing and caring.’
- Background on Dutch healthcare system and structured narrative of the COVID pandemic in Dutch Hospitals



The Dancing Metaphor

The article gives elaborate context to the used metaphor of 'Dancing with the virus'



- The authors explain how dancing and (Jazz) music metaphors can be used to describe (emotional) behavior of organizations (and individuals) in time and space.
- Limit describing dance metaphor in general
- The authors could go further in explaining what learning and policy implications can be derived from this metaphor

Dutch Healthcare System

Social Security / Regulated competition

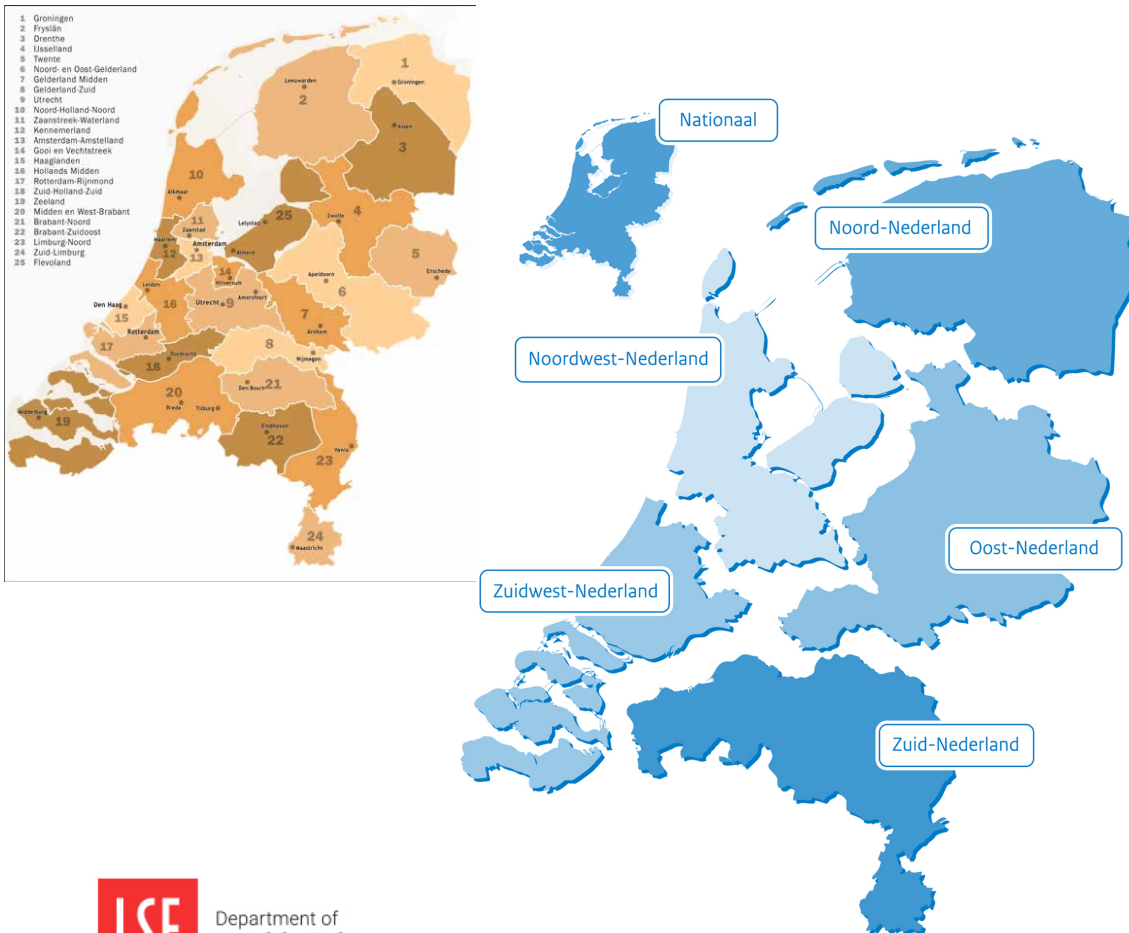
The article explains – in brief – the specific organisation of the Dutch healthcare system. Different aspects of the system are reviewed.

- Social security system and ‘managed competition’
- Acute and Emergency care is aligned between providers using healthcare networks based on geographic regions (ROAZ).
- Crisis management is structured in (different) geographical regions: Safety Regions
 - > (Local) Public healthcare interventions: Lock Down, Face Mask, social distancing etc.

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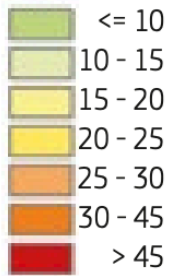
- The authors could elaborate further on the distinction between:
 - ✓ Safety regions focused at crisis management and public health
 - ✓ ROAZ focused at acute care, governed by healthcare providers that remain autonomous
- The authors could elaborate further on the ‘regulated competition’ social security model in the Netherlands as this is important to understand actions of organizations in their response to the COVID crisis
- The Dutch COVID response policy of ‘intelligent lockdown’ isn’t discussed

Research Design

Structured interviews and observations

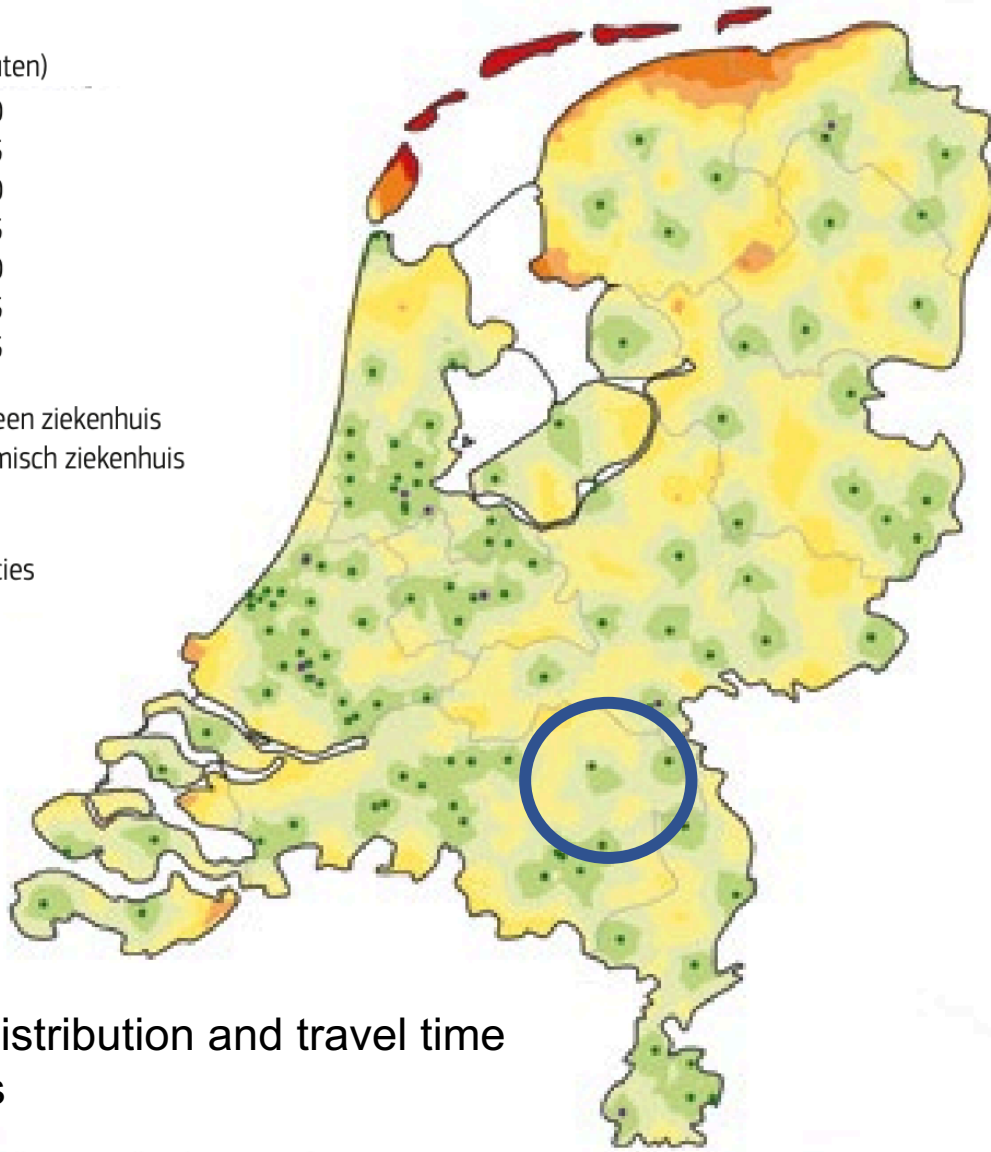
- The authors explain how they observed policy-meetings in a large university hospital
 - Semi-structured interviews were conducted with key-actors, nurse managers and nurses
 - Using dance-organizational theory and the dance metaphor the authors 'aim to provide a layered and in-depth account of how hospital organizations improvised and established new organizational rhythms of organizing and providing care in uncertain times'
- More comprehensive definition of 'key-actors' that were interviewed, and specific sites could give a reader more context to interpret the findings
 - Precise definition of the studied time-period is missing
 - The choice of one (specific) University Hospital could impact results as this hospital has a special position in the Dutch response to COVID
 - Furthermore, geographical distribution of COVID was (very) uneven in the Netherlands. A small hospital in Brabant was 'ground zero' of the outbreak and this organization quite possibly acted differently than larger university hospitals.

Reistijd (minuten)



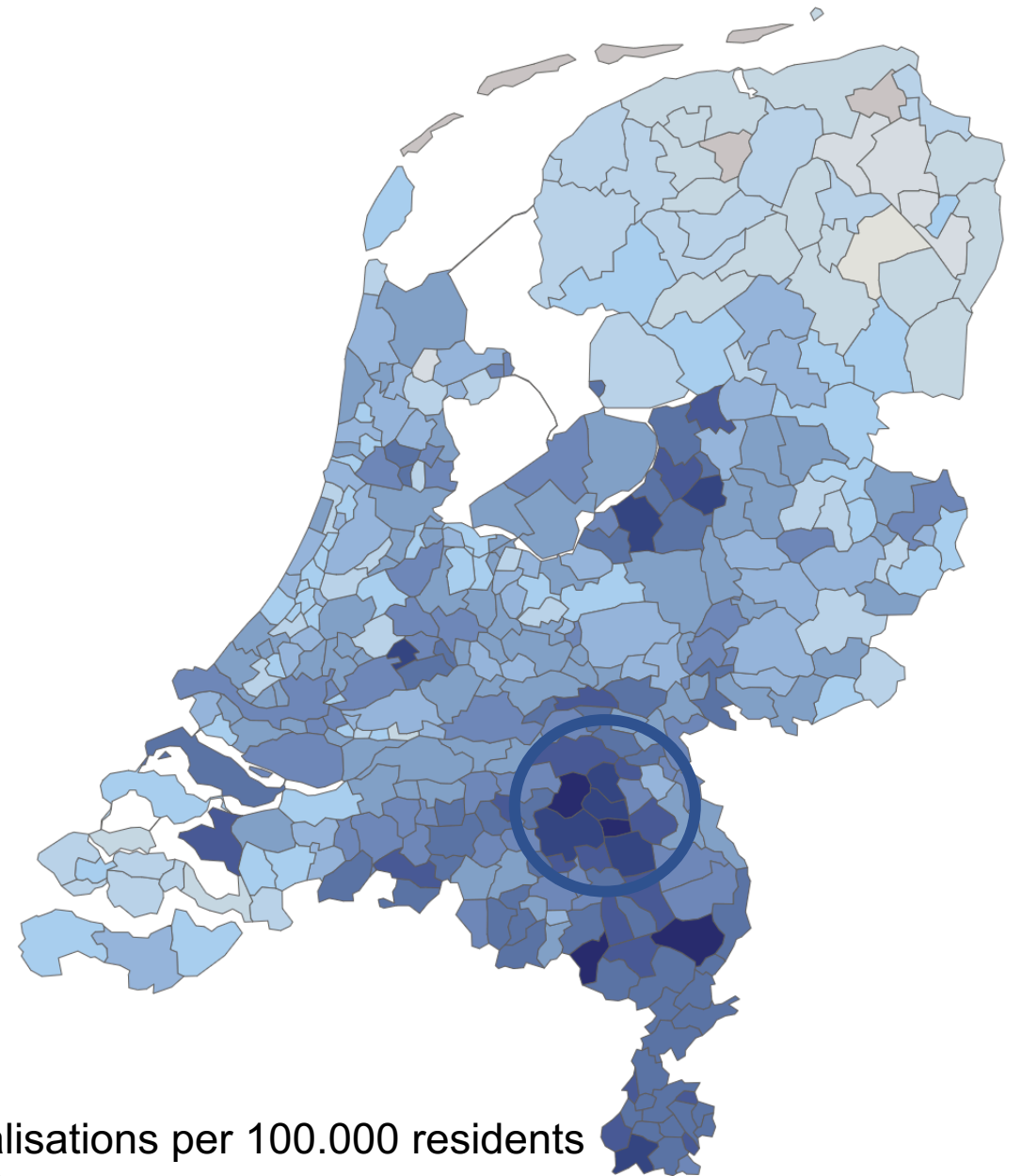
- Algemeen ziekenhuis
- Academisch ziekenhuis

— Provincies



Hospital distribution and travel time in minutes

Bron: www.volksgezondheidenzorg.info



COVID hospitalisations per 100.000 residents
Up to 1-7-2020

Findings – Learning to Dance

The article defines three arbitrary phases of the outbreak and subsequent responses. ‘Learning to dance’, ‘Dance Marathon’ and ‘Dancing to a cacophony’

- Based on the interviews the authors present a comprehensive narrative of these three phases of the COVID pandemic and responses in the Netherlands
- Adapting of organizations and actors to a new reality. Hospitals are ‘transformed’ into COVID care facilities.
- The effect of anticipation, the subsequent surge of cases and shortage of PPE and healthcare facilities are discussed.



Findings – Learning to Dance



- To facilitate interpretation of the results it is important to understand the events that defined each specific phase:
 - ✓ Which time-period does this refer to? In ‘Learning to dance’: From the interviews was this phase defined by just the anticipation of a surge in COVID cases, the actual surge or both?
- Events had certain effect on actors, but also different effects on different actors. For instance (the anticipation of) PPE shortage affected administrators and nurse in different ways.
- Actions because of PPE shortage also influenced nurses sometime causing fear and frustration
- Defining and understanding *cause and effect* can inform policy in the future.

Findings – Dance Marathon

- The authors describe the impact of emotional strain on healthcare providers and administrators.
- In this phase the number of admissions in hospitals peaked. People feared an overload in patients needing an ICU admission which would trigger a ‘code black’ in which doctors would have to ‘choose between patients’.
- In this phase both the care for none-COVID patients and the financial sustainability of hospital organizations becomes an increasing worry for hospital administrators.
- PPE shortage outside hospitals became a concern
- A National Coordination Centre for Patient Distribution was formed in an attempt to distribute patients more evenly over all hospitals in the Netherlands
- Although successful; protectionism hindered this effort
- A more thorough account of specific events and the effect these had on different actors could guide future research.



Findings – Dancing to a cacophony

- This final phase is characterized by a decline in the number of patients and subsequent easing of the strain on healthcare providers and hospital systems.
- Healthcare providers increasingly focus on non-COVID care and maintaining a competitive position.
- Expert opinion (OMT) was authoritative and -more or less- unified. This began to erode in this phase with increasing scrutiny of 'lockdown' measures and subsequent unwanted effects.

- The authors mention that some actors experienced this change in rhythm as a loss but could go further in reporting from the interviews on how actors reacted to this phase. For instance the feeling of under-appreciation of healthcare workers started to manifest itself in this phase.
- Although a 'cacophony' there were identifiable events that defined this phase.



Discussion

- The authors have offered an in-depth account ‘from within’ healthcare practice on how hospital organizations improvise and establish new organizational rhythms of organizing and providing care in uncertain times.
 - Metaphors can be powerful and the dancing analogy is very applicable to describe ‘the tensions between the loose acts of improvisation, such as the quick clearing of whole nursing departments, and (attempts at) order’
- Depending on geography some hospital had time to prepare
 - Anticipation (of PPE shortage)
 - Hesitant to start Non-COVID care
 - Fear of losing a competitive position in relation to other hospitals

Summary



- The use of the dance metaphor sometimes seems forced
- The authors could go further in discussing the specific Dutch situation ie. 'intelligent lockdown' and 'managed competition' in understanding actions of hospitals
- Defining cause and effect from the interviews could guide future research and help policy makers
- Is there a 'dancing style' that the authors would suggest for dealing with what's still to come?