

Summary

In current healthcare are increasingly greater demands on efficiency and quality of care: organisations are changing. When changes are made, this does not mean that the change is embedded in practice. When the stage after the implementation will be studied, it is about securing sustainability or sustainable change. In the literature different perspectives on sustainability are discussed: it may be the 'finish' of change or can be seen as a cyclical process (dynamical change). In addition, varying factors of success and bottlenecks may be appointed in the literature to sustain or not sustain the change. These divergent views, but also the limited literature on this subject, makes it interesting to examine this stage. The number of organizational change that is not sustained, is high.

Objective research

The project 'Werken zonder Wachtlijst' (CBO) has been analysed at three outpatient clinics in the Netherlands. Inclusion criteria consists of outpatient clinics that more than two years ago have participated and that access to the outpatient clinic with 30% was reduced. It is interesting to examine how outpatient clinics now are able to sustain access- and waiting times. The purpose of this research is twofold: to discover preconditions for sustainable changing access and waiting times and examine whether the deployment of Human Resource Management here has an added.

Methodology

This research uses a qualitative research in which a literature review and interviews were conducted. Semi structured interviews have been held at three outpatient clinics: cardiology in hospital 'A', neurology in hospital 'B' and orthopaedics in hospital C. On each outpatient clinic a department head, secretary, doctor and quality officer are interviewed.

Results

All outpatient clinics are weekly measuring the access- and waiting times. However, they are not at all outpatient clinics structurally discussed. Good working continuous interventions and 'ad hoc' interventions (deploy additional capacity) are running, but no longer seem to be evaluated. Because outpatient clinics are subject of the dynamics in environment, it seems necessary to critical continue reflection of the access and waiting times. When these critical gaze is lost, there is a chance that interventions do not consistently be implemented and assurance disappears. In the outpatient clinics a static assurance can being recognized (retained interventions, goals and functioning). To dynamical sustain the access- and waiting times and to dynamically respond to changes in the environment, structural measuring and evaluating the access- and waiting times, maintaining commitment and controlling employees on responsibilities, seems to be factors of success to sustain the change. Some outpatient employees would first have to become re-consciously incompetent. HRM has added this to raise awareness of employees. When knowledge of principles and interventions will be increased through training programmes, motivation of employees will be raised by offering rewards and participation is getting more attention, access and waiting times can be sustainable changed in future.