WHAT IS EVERYDAY HEALTH SYSTEM RESILIENCE AND HOW MIGHT IT BE NURTURED?

Background

Current discussion of resilience in the health sector is characterised by a focus on sudden shocks, such as disease outbreaks. However, the concept of resilience has been used outside the health sector for over five decades. In organisational theory, resilience is seen as 'the maintenance of positive adjustment under challenging conditions such that the organisation emerges from those conditions strengthened and more resourceful' (Vogus and Sutcliffe 2007: 3418).

Beyond sudden shocks, organisations and systems face ongoing strain of multiple factors. RESYST research has shown that district health managers routinely face structural and policy instability, such as changes in governance structures, payment delays, abrupt and imposed policy directives. They also work with unstable authority delegations, manage unpredictable staff, and address changing patient and community expectations. These stresses typically occur at the same time, in the same system, impacting on the same set of people.

What is everyday resilience?

Everyday resilience is the ability of health systems to continue to deliver services in the face of constant challenge and strain. Everyday resilience derives from the combination of absorptive, adaptive and transformative strategies that actors in systems adopt in responding to strain (Béné, Wood, Newsham, & Davies, 2012) (Box 1).

Box 1: Everyday resilience strategies

- **Absorptive strategies** seek to neutralise low intensity or transient challenges, and return the system to its previous state with minimal or no effect on its functionality.

- **Adaptive strategies** are used when challenges are of a higher intensity and are likely to exhaust the system's absorptive strategy; resilient organisations respond by making limited adjustments (adapting) in order to continue to function.

- **Transformative strategies**: when shocks to the system are greater and persist, they may require the system to transform into an entirely new state through significant functional and structural changes.

Béné et al., 2012

Strategy adoption draws, in turn, on a range of cognitive, behavioural and contextual resources and capacities (Lengnick-Hall, 2005) (Box 2). The everyday resilience of complex health systems is, essentially, an emergent property that enables such systems to absorb and respond to strain, continuously renew, reorganise and re-develop, by utilising multiple and creative channels of actions, and leveraging multiple linkages and networks (Marion & Bacon, 2000).

Box 2: Resilience capacities and resources

- **Cognitive capacity:** the system's ability to have an awareness (notice or detect) of a shock or chronic challenge, interpret the challenge (sense making), analyse and understand the challenge and develop appropriate responses to the challenge.

- **Behavioural capacity:** Agency - the ability of a system to respond to the recognised shock of stress by acting and deploying appropriate strategies.

- **Contextual capacity:** the resources that can be drawn on by the system to exercise both cognitive and behavioural capacities.
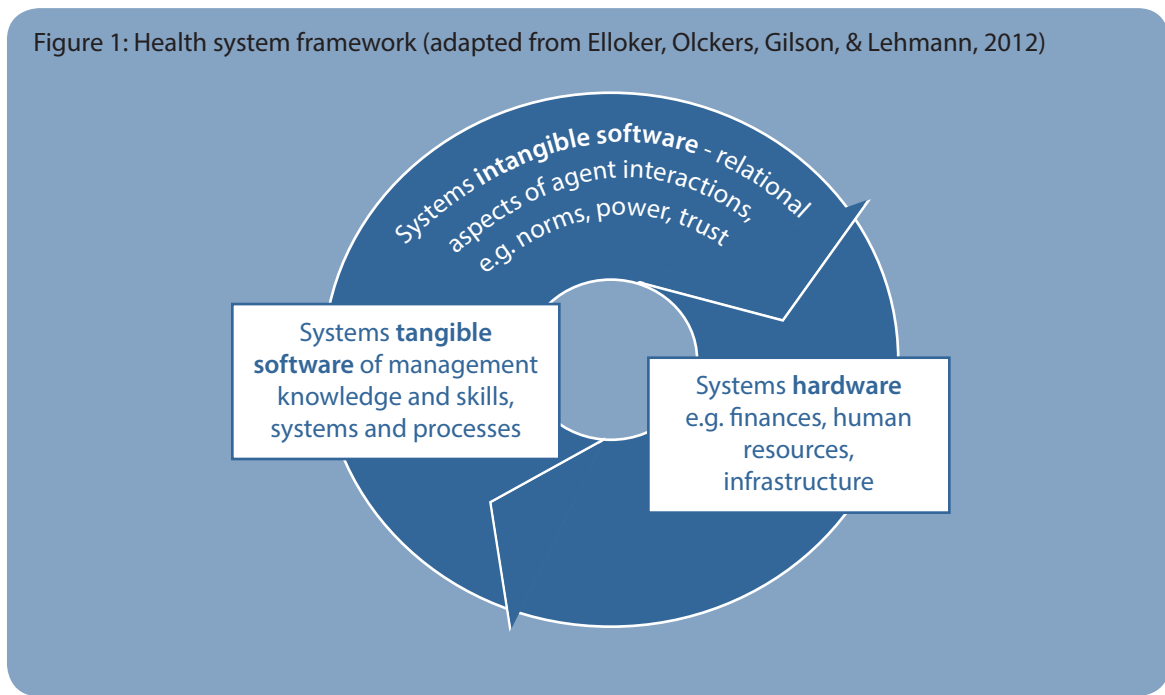
Lengnick-Hall, 2005

How is everyday resilience strengthened?

RESYST research has found that strengthening everyday resilience requires a broader view of health systems, as comprising interactions between hardware elements (such as finance and infrastructure) and tangible software elements (such as leadership capacity, social networks and appropriate organisational culture), that are underpinned by the intangible software of e.g. norms, power, trust (Figure 1).

A focus on everyday resilience entails the continuous nurturing of the internal organisational resources and capacities needed to adjust to and learn from everyday challenges, and preserve or even improve health system functioning in the process.

Figure 1: Health system framework (adapted from Elloker, Olckers, Gilson, & Lehmann, 2012)

Systems **intangible software** - relational aspects of agent interactions, e.g. norms, power, trust

Systems **tangible software** of management knowledge and skills, systems and processes

Systems **hardware** e.g. finances, human resources, infrastructure

RESYST research, combined with other relevant empirical literature and related theory, highlight three inter-related facets of everyday resilience in district health systems (Box 3).

Box 3: What has RESYST learned about everyday resilience in district health systems?

- **Leadership is important:** Exercised by people across the system, and not just at the centre; working in formal and informal positions, and practicing new forms of values-based leadership that empower others.

- **Social networks and relationships are important:** Social networks provide access to the multiple resources and forms of value (material, knowledge, reputational) that bestow resilience to health systems.

- **Material resources and organisational structures matter:** Ensuring that health systems have adequate resources and strong structures, especially low and middle income settings, contributes to, but does not by itself generate, resilience.

Ultimately, resilience is not a function of what a system has but of what it does. Strengthening capacity, and health systems, is '… more than simply providing assets or technology. It is about developing people's agency, it is about governance and power' (Béné et al. 2012: 28).

Related publications

- Gilson L, Barasa E, Nxumalo N, Cleary S, Goudge J, Molyneux S, Tsofa B, Lehmann U. **Everyday resilience in district health systems: governance lessons from the front lines in Kenya and South Africa**. *Submitted*

- Nyikuri M, Tsofa B, Barasa E, Okoth P, Molyneux S (2015) **Crises and Resilience at the Frontline—Public Health Facility Managers under Devolution in a Sub-County on the Kenyan Coast.** *PLoS ONE 10(12): e0144768*

References

- Béné C, Wood RG, Newsham A, Davies M (2012) **Resilience: new utopia or new tyranny? Reflection about the potentials and limits of the concept of resilience in relation to vulnerability reduction programmes.** *IDS Working Paper. Brighton*

- Elloker S, Olckers P, Gilson L, & Lehmann U. (2012) **Crises, Routines and Innovations: The complexities and possibilities of sub-district management.** 161–173

- Lengnick-Hall CA (2005) **Adaptive Fit Versus Robust Transformation: How Organizations Respond to Environmental Change**. *Journal of Management, 31(5), 738–757*

- Marion R, Bacon J. (2000) **Organizational Extinction and Complex Systems**. *Emergence 1(4):71-96*

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