

University of Groningen

Hospital care organization for patients with multimorbidity - An analysis of a wicked problem

Weil, Liann

DOI:

[10.33612/diss.1072033119](https://doi.org/10.33612/diss.1072033119)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2024

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Weil, L. (2024). *Hospital care organization for patients with multimorbidity - An analysis of a wicked problem*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen. <https://doi.org/10.33612/diss.1072033119>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Hospital care organization for patients with multimorbidity –

An analysis of a wicked problem

1. Patients and informal caregivers need to be aware of their increasing role, responsibilities, and needs in coordinating and managing multiple long term conditions. (this thesis)
2. The knowledge gap of medical specialists in mental-somatic multimorbidity and psycho-socioeconomic determinants of health is alarming. (this thesis)
3. Medical, specialized knowledge has expanded without a similar expansion in our ability to integrate, prioritize, and personalize narrowly construed information. (Kurt Stange)
4. Medical practice guidelines should address the reality of patients with multiple long term conditions and acknowledge the uncertainties in treating interacting symptoms and treatments. (this thesis)
5. Data from electronic health records represent a crucial opportunity for healthcare organizations to support changes in the organization and delivery of healthcare. (this thesis)
6. Information exchange and data solidarity are pivotal to reduce fragmentation and improve healthcare delivery. (this thesis)
7. Reimbursement systems should prioritize care coordination, shared decision-making, and sustainable use of all resources. (this thesis)
8. Stakeholder involvement is key for achieving effective implementation of integrated care for patients with multiple long term conditions. (this thesis)
9. You don't so much 'solve' a wicked problem as you help stakeholders negotiate shared understanding and shared meaning about the problem and its possible solutions. The objective of the work is coherent action, not final solution. (Jeffrey Conklin)
10. There is nothing more difficult to take in hand, more perilous to conduct or more uncertain in its success than to take the lead in the introduction of a new order of things. (Niccolo Machiavelli)