Introspective Analysis of Current Systems to Transform Health Care

Health care systems develop not only through discovery and innovation but also through introspective analysis of our experiences. This is achieved by looking inward at our own practices and behaviors that lead to outcomes. It is accomplished through a readiness to challenge our own assumptions and admit the existence of our own biases. This method is certainly helpful in quality improvement studies, such as one article published in this issue on "Patient Safety Events and Additional Hospital Stay and Direct Cost among Pediatric Patients in a Philippine Tertiary Government Hospital" by a team of authors led by Professor Edilberto Garcia.[1]

Far more than a mere retrospective analysis of data, introspective qualitative evaluation of our own performance as health professionals provides invaluable lessons to develop health systems and improve outcomes. Introspection is a recommended activity in developing a culture of patient safety.[2]

Self-examination and analysis of prevalent culture likewise provide insights that can be developed into strategies to improve health care delivery. This is most relevant for marginalized recipients of health care, such as the LGBTQ community. Aside from reading about perceptions of care received by these individuals, the paper by delos Reyes and co-authors on the "Knowledge, Attitudes, and Practices of Filipino Healthcare Professionals on LGBT Health: Implications for Inclusive Care" admits our shortcomings as providers and calls for policy changes to implement better care through training.[3,4]

Lastly, the development of health systems requires change management. Introspection is thus a valuable tool to learn lessons through periods of crisis, such as the COVID-19 pandemic. In a paper recently published by de Vasquez and co-authors, collective introspection was promoted as a type of learning—specifically reflective learning.[5] This was likewise embodied in the study for organizational readiness in the article by de la Fuente on "Development of a Transformative Model of Change for Mental Health Education, Research, and Service" in this issue.[6] It is no small feat to undertake a qualitative assessment of the unit one leads, and for de la Fuente, reflexivity may have enhanced the insights gathered from the participants rather than detracting from the validity of the findings.

These three manuscripts featured in this issue illustrate that reckoning with our own selves, how we train, how we perform, and how we build and implement systems are as important in providing health care. The integrity of the researchers allows for the accurate portrayal of systems studied, identifying gaps, structural, cultural, policy, and others. Honesty provides us with a clear pathway by which we can confront our shortcomings and pivot towards improvement to shape patient outcomes.

This systematic introspection helps us transform our systems with intentionality, preserving our intentions, providing guardrails as we pursue our terminal goals. This type of scholarship is part of our collective professional duty.

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