

Understanding the dynamics of organisational culture change: creating safe places for patients and staff

Executive summary for the National Institute for Health Research Service Delivery and Organisation programme

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Executive Summary

Background

Patient safety and staff well-being are key issues, presenting a range of complex, enduring challenges for the NHS. While links between staff well-being and patient safety are implicit in Department of Health and Health and Safety Executive initiatives, academic research designed to tackle these issues remains limited.

Aims

This study was a multi-level, multi-disciplinary, multi-method analysis of eight acute NHS Trusts in England. It shed light on how organisational cultural dimensions and perceptions of staff well-being and patient safety affect patient care and on what improvements are needed to create safer and satisfying workplaces. Key study objectives included:

- Extending the evidence base on organisational culture change and performance.
 - Researching key measurement issues: identifying high/low performance in patient safety and staff well-being; tracking impacts of policy change over time; and linking culture to care across settings and professional groups.
 - Defining and identifying policy and environmental change context issues: separating 'change-receptive' from intransigent contexts and linking them to culture, leadership, performance, patient safety and staff well-being.
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About this study

A multi-disciplinary team of researchers tackled different but related sub-themes, utilised multiple levels of analysis and employed a range of methods.

- The Organisational Strand took a whole organisation perspective, employing qualitative methods to access respondents' perspectives.

- The Leadership Strand used two different techniques, capturing insights from senior executives.
- The Staff Well-being Strand adopted a mixed methodology, providing a micro-analysis of ward and shift based data, concerning nursing staff's working conditions and their effects on mood and performance.
- The National Comparative Data Strand utilised Health Care Commission NHS National Staff Survey (NSS) data to inform the sampling frame and aid comparative analysis.

Key findings

The study identified the following key findings:

Complexity of meaning, organisation and processes

While all staff in all Trusts studied, agreed that safety and quality of care mattered, they differed on prioritisation, with variation in interpretation, in locus of responsibility and complexity in accountability, governance and strategy.

Priorities, values and leadership

Leadership mattered: in particular in the CEO's role in communicating strategic vision, giving direction and focus. Transformational leadership styles were beneficial to high performance in Trusts experiencing extreme environmental pressures. In stable Trusts a balance between transformational and transactional styles of leadership was reported.

The role of context, systems and organisational capacity

We revealed four broad types of Trust: Resilient, Adaptive, In Recovery and Conservative/Passive. Trusts most capable of buffering shocks had stable senior leadership, participative cultures supportive of staff engagement and focused on processes and structures supporting organisational learning.

Clinical realities and staffing

Key barriers to patient safety identified by Trust staff included staffing levels, skill mixes, workload demands, staff control over work and their level of engagement.

In the study of nurses' perceptions, low levels of perceived control were linked with lower levels of performance, particularly after a 'worst' incident was experienced during a shift. In contrast, high levels of reward within staff's working context were found to be protective: particularly so in high demand, high effort shifts.

Following a 'worst event' during a nursing shift, support from nurse managers and colleagues was protective to mood and clinical performance respectively.

Conclusions

The study has generated the following key implications for organisational practice, government policy and future research:

- Health organisations should conduct periodic, regular self-assessment of internal and external risks and not rely only on external inspection or accountability. They should develop their **organisational 'cultural capacity' to assess and manage change.**
- Patient safety and staff well-being strategies need to be explicit, coherent and integrated; and they need to be named, prioritised and marketed. Trusts need to **create processes to articulate and mobilise a common understanding of patient safety and staff well-being.**
- It is important to develop policies and practices to **secure the stability of Trust senior leadership**, provide support and develop other senior leaders. Leadership training should include the **development of competencies to manage disruptive change and buffer staff** from external organisational threats and risks.
- Health organisations should develop methods to **import critical and systems level thinking** on change management and organisational learning from other organisations.
- Quality Improvement approaches could be further harnessed to **develop dispersed leadership and engage clinical leaders** so as to release creativity in frontline staff, disperse leadership and enable problem sensing and solving.

- Patient safety reporting systems need to be simplified and improved. The process of reaction, action and feedback needs to be speeded up. Overall **communication needs improvement** with focus given to multiple modes and face-to-face dialogue. Practice needs to recognise the appropriate level for introducing strategy, customising intervention according to context.
- More integrated thinking is needed around patient safety and staff well-being and their linkages, particularly when major organisational changes occur. The **development of strategies to buffer staff from organisational change** could be important at ward level as well as at the macro-organisational level.
- Trusts might find it helpful to develop methodologies to assess staff well-being in terms of **demand/effort, control, reward and stress at the individual, ward or unit levels**. Using diary techniques judiciously might be useful at ward level, as a complement to incident measurement tools.
- More research is needed from both the researcher and service communities to identify, share knowledge and embed dissemination activities into projects from the outset. The value of **cross-Trust 'Action Learning Workshops'** for research participants drawn from a range of organisations would merit further development and evaluation.

We recommend future research of the following issues:

- Replication of the study to a wider range of Trusts, including primary care and including typical cases, not just problematic examples.
- Extend the use of multidisciplinary and holistic approaches to explore patient safety and staff well-being
- Investigate the critical leadership role of the CEO and of middle managers; and the interface between clinicians and management. Provide further focus on the relationships between leadership styles, competencies and safety outcomes.
- Explore the role of frontline staff and clinician interfaces and identify what dispersed leadership entails in the context of patient safety.
- Examine the phenomenon of 'buffering' change at Trust, management and ward levels.
- Explore patient experiences of patient safety.

- Further identify factors affecting staff well-being of clinical staff and how they impact on and link directly and indirectly to patient safety outcomes.
- Extend and utilise further elements of the NHS Staff Survey.
- Develop and evaluate knowledge interventions focused on transmission of learning and expertise between NHS Trusts.

This document is an output from a research project that was commissioned by the Service Delivery and Organisation (SDO) programme, and managed by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO), based at the London School of Hygiene & Tropical Medicine.

The management of the SDO programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Although NETSCC, SDO has conducted the editorial review of this document, we had no involvement in the commissioning, and therefore may not be able to comment on the background of this document. Should you have any queries please contact sdo@southampton.ac.uk.