Developing cultures of high quality care

Michael West,
Professor of Organisational Psychology,
Lancaster University Management School
Leading cultures for high quality care

1. Prioritising an inspirational vision – focused on high quality care
2. Clear aligned goals and objectives at every level
3. Good people management, health and well-being for flourishing
4. Employee engagement throughout
5. Team and inter-team working
6. Values-based leadership at every level
Being clear about what we are required to do …..

- Clear objectives
- Aligned
- Measureable and
- **Challenging** … at every level
3. Good people management

• National staff survey in UK National Health Service running since 2004 [www.nhsstaffsurveys.com](http://www.nhsstaffsurveys.com)
• 350+ organizations surveyed each year 1.4 million employees
• Responses from a sample of 300,000-400,000 staff. Response rate 55%-60%
• Linked to:
  – Patient Satisfaction Surveys
  – Mortality data
  – Infection rates,
  – Quality of care
  – Financial performance
  – Absenteeism, turnover

www.nhsstaffsurveys.com
Patient Satisfaction

- Patient satisfaction highest in organizations with clear goals at every level – patients say good communication with staff and they feel involved in care decisions
- Staff views of their leaders are strongly related to patients’ perceptions of the quality of care
- Staff satisfaction and commitment predict patient satisfaction
- Supportiveness of immediate managers
- **Staff positive feelings at work**

Patient Satisfaction

• High work pressure - patients report too few nurses, insufficient support, privacy and respect.
• Poor staff health and well-being, high injury rates - patients less satisfied, poorer care and financial performance of hospitals is worse
• Good HRM practices - low and decreasing levels of patient mortality
• A well structured appraisal leads to high staff engagement, better health and well-being - poorly structured appraisals have no effect

Patient Mortality

- One of the best predictors of patient mortality is percentage of staff working in well structured teams
- Those working in teams have better health and well being
- Lower mortality in trusts whose staff have opportunities to influence and contribute to improvements at work.

- A positive organisational climate is associated with low and declining levels of patient mortality

Boorman Report - Absenteeism

- 10.3 million working days per year
- 45,000 whole time equivalents (WTEs)
- 4.5% of workforce; £1.75 billion
- BT and Royal Mail achieved 30-40% reductions saving £555 million
NHS stress, health and well-being

- ‘Presenteeism’ Pressure to attend when unwell – 22%
- NHS as exemplar e.g., smoking, drinking, diet
- Bullying and harassment (14% report bullying by managers and colleagues in 2010)
- A move from average to good staff health well being would save 840,000 staff days per year (£13.7 million)
- Use of agency staff to cover absence costs £1.45 billion; recruitment costs to cover turnover £4.5k; ill health retirement £150 million
Modelling Well-Being
4. Employee Engagement in the UK National Health Service

- Leadership Supervisors’ Support
  - Team Working
  - Job Design
  - Work Pressure
  - Having an interesting job
  - Feeling valued by colleagues

- Overall Engagement
  - Advocacy
  - Intrinsic Engagement
  - Involvement

- Employee Reactions
  - Health and Well-being
  - Stress

- Hospital Performance
  - Quality of Services
  - Financial Performance
  - Absenteeism
  - Patient Mortality Rate
  - Patient Satisfaction

http://www.kingsfund.org.uk/publications/leadership_review_12.html
40% of staff say employers listen to their concerns about the working environment
36% say they are able to contribute towards improvements at work
Positivity builds health and well being

> Barbara Fredrickson [www.positiveemotions.org](http://www.positiveemotions.org)
> Positivity ratio > 3:1; Maximum 11>1
> (... and negativity is necessary)
"It's Monday morning, Miss Berstresser. Let the merriment commence."
Leadership, positive affect and culture

- Job satisfaction is associated with better performance CEO positive affect, climate and company performance
- Dealing with disruptive behavior and poor performance
What enables staff engagement?

- Employees have:
  - the information they need to do their jobs well
  - learning opportunities
  - feedback which builds confidence
  - support and safety to innovate
  - leaders who value, respect and support them
  - trust in their leaders

5. Team and inter-team working
### Team working in Primary Care

<table>
<thead>
<tr>
<th>300 PCTs</th>
<th>50,000 respondents</th>
<th>% working in real teams</th>
<th>% working in pseudo teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational health and safety overall</td>
<td>.41</td>
<td>-.43</td>
<td></td>
</tr>
<tr>
<td>% staff suffering injury at work in previous year</td>
<td>-.30</td>
<td>.36</td>
<td></td>
</tr>
<tr>
<td>% staff witnessing potentially harmful errors/near misses in previous month</td>
<td>-.32</td>
<td>.30</td>
<td></td>
</tr>
<tr>
<td>% staff experiencing physical violence in previous year</td>
<td>-.36</td>
<td>.34</td>
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</tr>
<tr>
<td>% staff experiencing bullying, harassment or abuse in previous year</td>
<td>-.29</td>
<td>.30</td>
<td></td>
</tr>
</tbody>
</table>
Working in Team and Errors, Stress and Injury
(170 acute trusts, 120,000 respondents)

Types of Team Working Patterns

- Not Working in Team
- Pseudo III
- Pseudo II
- Pseudo I
- Real team

Odds Ratio

- Errors
- Stress
- Injury

www.nhsstaffsurveys.com
Patient mortality

- 5% more staff working in real teams associated with 3.3% drop in mortality rate ($p = .006$)
- For an “average” acute hospital, this represents around 40 deaths per year
Four conditions for effective teams:

• Having a real team - bounded, stable, interdependent with a real team task
• Having a clear team purpose, challenging and consequential with clear objectives
• Making the right choices about who should be on the team - skills and roles, enablers not derailers
• Developing through regular coaching and self-coaching
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- Developing through reflexivity and regular self-coaching
Teams are more effective and innovative to the extent that they routinely take time out to reflect upon their objectives, strategies, processes and environments and make changes accordingly.

Reflexivity

Schippers, West & Dawson, 2012 Journal of Management
8 Key Factors in Effective Teamworking

1. Clear team leadership and identity – inspiring vision
2. Clear objectives – shared understanding
3. Involvement in decision making and constructive debate – commitment to excellent patient care
4. Effective communication and team members working interdependently
8 Key Factors in Effective Teamworking

5. Accurate and timely feedback on performance
6. Managing conflict
7. Positive attitudes towards diversity and positive, supportive relationships
8. Inter-team cooperation and effectiveness and organisational loyalty
Fully effective teams

The Aston Team Performance Inventory

Inputs

- Team task design
- Effort and skills
- Organisational support
- Resources

Processes

Team Processes
- Objectives
- Reflexivity
- Participation
- Task focus
- Team conflict
- Creativity and innovation

Leadership
- Leading
- Managing
- Coaching

Outputs

- Individual satisfaction
- Attachment
- Team effectiveness
- Inter-team relationships
- Team innovation
Leaders can develop cultures of high quality care by…

- reinforcing an inspiring vision of the work
- seeking and acting on high quality intelligence
- listening and responding to patient experiences
- promoting positivity and staff health and wellbeing
- involving staff in problem solving and innovation
- giving helpful feedback and celebrating good performance
- taking action to address systems problems
- developing and modelling excellent teamwork
- ensuring staff feel safe, supported, respected and valued
- modelling values that inspire those in the organisation
6. Values Based Leadership