

Managing cultural change in a crisis

Submitted by: PR Artistry Limited

Thursday, 22 October 2020

The coronavirus pandemic has magnified a myriad of challenges in the healthcare sector. Whilst there is no magic cure, a change in culture can deliver seemingly miraculous benefits including reducing the effects of staff burnout, delivering a higher quality of care and increasing productivity. It is well within the remit of leaders, who can use their power, to influence workplace culture and drive positive change from within.

Coronavirus has delivered profound shockwaves across the country. At a time when people are losing their lives, Government measures to halt the spread of the disease are adversely affecting people's income, job security, life chances for the young and social contacts – all essential to physical health and emotional wellbeing. Many of these factors are identified by The Health Foundation, an independent charity committed to bringing about better health and healthcare for people in the UK, as the 'five dimensions of the impact of COVID-19'. These encompass the direct impact of the virus in terms of death and serious illness; the impact on acute care for conditions that are not related to the virus; the disruption suffered by those with long-term chronic conditions; the medium to long-term impact of Government interventions to contain the virus by restricting movement; and the long-term impacts of service capacity and resilience in the health service. (i)

Crisis magnifies perennial problems in healthcare

During the pandemic, the NHS, local government and local communities have really come together, reshaping their work in an effort to contain the infection and protect the most vulnerable. However, increased fatality rates – NHS England & NHS Improvement (NHSE) claim death rates have doubled during the pandemic (ii)- along with the extra workload resulting from delayed care for routine treatments, have put additional burdens on an already overstretched health service struggling with squeezed budgets and not enough people.

Financially, the situation has been bleak for some time. Even before the pandemic, NHSE revealed an NHS deficit of £1.3billion for the first six months of 2019-2020 (iii) and it can only get worse. In a bid to reduce waiting lists for non-COVID care, predictions are that the NHS could spend £10billion outsourcing work to private hospital groups over the next four years alone. (iv)

Moreover, staff shortages are nothing new. At the beginning of this year, there were around 44,000 unfilled nursing vacancies in the UK (v) and staff burnout has always been, and continues to be, an issue. Findings from the Royal College of Nursing who surveyed their 8,307 members reveal that 77% work in excess of contracted hours at least once a week, while 63% feel under too much pressure at work and 61% are too busy to provide the level of care they would like. (vi)

The value of cultural change

The challenges are greater than ever before, but it is how healthcare organisations prepare themselves to tackle these challenges that will make the difference. No-one expects an instant cure-all for widespread NHS debt or staff shortages caused by factors outside our control, such as a pandemic or the imminent arrival of Brexit. How executive leaders can drive improvement is by focusing on developing their organisation's culture, building with their staff an open, just, and empowering environment, thereby

enabling their organisation to meet the challenges of the new and uncertain healthcare environment.

Evidence shows that leaders who invest personally and emotionally in workplace culture can influence significant change in spite of all the noise around them. They can also expect to enjoy significant rewards. A culture of openness, for example, has been associated with demonstrably lower mortality rates among 137 NHS acute trusts, and organisations regularly achieve a 6.48% reduction in mortality events following culture initiatives. (vii) Meanwhile, improvements in culture could easily represent a 30% reduction in the £2.2 billion litigation costs through NHS Resolution, saving around £660 million every year.

Focus on what you can do, rather than what you cannot

At first sight, the challenges facing healthcare leaders today appear overwhelming, so what can executive teams do to overcome the numerous barriers to success and how do they cope during extreme circumstances? 'Focus on what you can do rather than what you cannot' is a good place to start the journey towards a new and enlightened workplace culture.

Here are six strategies to consider:

Deploy systems that allow you to hear what your team is telling you – Establishing an open culture has to be based on the ability for leaders to understand the organisation they are managing. Sydney Finkelstein's book "Why Smart Executives Fail" highlights the outcomes of once-great organisations that were managed by leaders who did not work in the same reality as that of their teams.

Eliminate the fear factor – Your organisation has to be open to hearing the truth from all staff. Nothing is worse for communication than a healthcare organisation where bullying and harassment are rampant. The statistics speak for themselves. When you take into account the direct specific impacts to staff health, sickness absence, costs to the employer, employee turnover, diminished productivity, sickness presenteeism, compensation, litigation and industrial relations costs, bullying and harassment are estimated to cost the taxpayer £2.281 billion per annum – and that's a conservative estimate. (viii) Executive teams should focus on eliminating the fear factor so that if an individual has been diligent but still has no success, it's not the individual's fault but the organisation's fault.

Change unsuccessful leadership habits – identified as an important step to success in the book 'Why Smart Executives Fail'. The key is to listen and to be open to changing your Leadership Habits based on feedback from your teams. Put another way, seek to become a 'servant leader'. A servant leader is one that focuses on building systems and processes that enable their people to flourish in their roles and to be the very best that they can be – and then gets out of their way. To use a lesser known quote from Albert Einstein, 'Do not try to become a person of success but try to become a person of value' - in the terms of leadership this means be of value to your staff.

Caring for your staff is not only based on ethical and professional values of good healthcare but research suggests it is a key differentiator of successful organisations in all industries. For example, supporting staff where failures happen and taking ownership for improving the system. Executive leaders should aspire to attain the top ten characteristics of servant leadership: listening, empathy, healing, awareness, persuasion, conceptualisation, foresight, stewardship, commitment to the growth of people and building a community

Visibly own inspiring visions and culture - operationalised at every level with clear, aligned objectives for all teams, departments and individual staff. This is something most organisations have, but only the best organisations' leadership teams actually live by them, every day. A vision can just be a set of words on a slide, but when an organisation's leadership team truly believes and exhibits this belief in an inspirational vision it has the power to remove stress. The tangible value of this is evidenced in a growing body of research on how stress reduces an individual's ability to acquire knowledge and understanding through thought, experience, and the senses.

Adopt a just culture - in a sector where a blame culture is prevalent, the greatest stressor for staff especially during a healthcare crisis like COVID-19, is 'What will happen to me if something goes wrong?' The first step towards positive cultural change is to eliminate blame by focusing on the systems or processes that support staff rather than the supposed failings of individuals. Avoidable deaths (the Office for National Statistics deems some 22% of deaths to have been avoidable) (ix) are often caused by inefficient processes. Be mindful of the system, consider its impact on staff and a just culture will follow.

A just culture aims for openness & transparency - "if transparency were a medication, it would be a blockbuster, with billions of dollars in sales and accolades the world over." (x)

Indeed, NHSE's definition of a just culture is one that supports fairness, openness and learning in the NHS by making staff feel confident to speak up when things go wrong, rather than fearing blame. (xi) Executive leaders can create a workplace environment where staff are encouraged to be open about their own mistakes as well as the potential failings of other individuals or the organisation as a whole. This allows valuable lessons to be learnt so the same errors can be prevented from being repeated. Most importantly, staff should be confident they are following an objective process where they can be open without suffering undue recrimination for speaking out.

RLDatix blog - Moving from a blame culture

(<https://resources.rldatix.com/uk-en-blog/moving-from-a-blame-culture-to-a-just-culture-seven-key-elements-2>)

Start from the very beginning – with your new recruits. Demonstrating compassion throughout the employee lifecycle, starting with recruitment, is essential to supporting and retaining NHS staff. Research indicates that newly qualified nurses are at the highest risk of leaving the profession, and, stress and burnout have been found to significantly correlate with intention to leave. In a European nursing survey, 42% of UK nurses reported burnout (the highest percentage of the 10 European countries surveyed), compared to the average of 28%. Conversely, nurses who are psychologically engaged and currently involved in their organisation report a lower intention to leave their job. (xii)

Do your new recruits feel welcome? Do they believe in your Vision and Culture? Do they have the right knowledge to do their job properly? Do they understand the most common processes? What about training and new technology? Have you ensured they have enough experienced staff they can approach with questions? Investing executive attention in new staff with a clear focus on wellbeing and development opportunities will reap dividends. It boosts confidence, empowers staff to care for patients in their own way and builds long-term staff loyalty. It also costs very little, but the rewards are high.

Crossing your fingers isn't an option

Why does all this matter? Healthcare is a high risk industry, navigating this successfully as a care worker is essential to safe, reliable outcomes for patients, staff and leadership teams. Good, open transparent culture is built by the leadership team. As Canadian astronaut Chris Hadfield famously said: "No astronaut launches to space with their fingers crossed. That's not how we deal with risk. A large part of successfully being an astronaut is learning how to manage information." Today's healthcare teams are taking similar life and death risks on a daily basis. Do you and your teams start each day with your fingers crossed? Or have you equipped them with the Vision, Tools, Culture and skill to be successful? If not, I believe that all leadership teams have the ability to start that journey today.

For more information, visit RLDatix (<http://www.rldatix.com>)

-ends-

Phil Taylor is Chief Digital Officer of RLDatix

About Phil Taylor

Phil oversees the RLDatix's product and development strategy. For the past 14 years, he has held a number of positions within the legacy Datix organisation and has a deep knowledge of the patient safety industry. Phil holds a BA from Manchester Metropolitan University and is a Chartered Accountant.

About RLDatix

RLDatix is on a mission to change healthcare. We help organizations drive safer, more efficient care by providing governance, risk and compliance tools that drive overall improvement and safety. Our suite of cloud-based software helps organizations reduce healthcare-acquired infections, report on adverse events, and ensure patient safety learnings are deployed effectively and immediately through dynamic policy and procedure management. With over 3,000 customers in 19 countries, RLDatix software protects hundreds of millions of patients around the world. For more information, visit RLDatix (<http://www.rldatix.com>)

Press contact: Mary Phillips/Andreina West

PR Artistry Limited

T: +44 (0)1491 845553

E: mary@pra-ltd.co.uk or andreina@pra-ltd.co.uk

(i) Health Org.uk (<https://www.health.org.uk/news-and-comment/blogs/covid-19-five-dimensions-of-impact>)

(ii) HSJ Coronavirus

(<https://www.hsj.co.uk/coronavirus/urgent-reviews-launched-by-nhse-as-death-rates-double/7027937.article>)

(iii) HSJ Finance and efficiency

(<https://www.hsj.co.uk/finance-and-efficiency/nhs-finances-worsen-with-130m-overspend/7026475.article>)

(iv) [HSJ Finance and

efficiency]<https://www.hsj.co.uk/finance-and-efficiency/nhs-braces-for-10bn-spend-on-outsourcing-work-to-private-hospitals/7026475.article>

(v) The Conversation

(<https://theconversation.com/nursing-expert-this-is-the-full-scale-of-nhs-staffing-problem-128250>)

(vi) [RCN]<https://www.rcn.org.uk/professional-development/publications/pub-007927>

(vii) PSNET

(<https://psnet.ahrq.gov/issue/culture-openness-associated-lower-mortality-rates-among-137-english-national-health-service>)

(viii)TandFonline (<https://www.tandfonline.com/doi/full/10.1080/09540962.2018.1535044>)

(ix) Gov.uk

(<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityineng>)

(x)HBR (<https://hbr.org/2018/11/building-a-culture-of-transparency-in-health-care>)

(xi) 'A just culture guide' published by NHS Improvement:

(<https://improvement.nhs.uk/resources/just-culture-guide/#h2-about-our-guide>)

(xii) NHSEmployers org

(<https://www.nhsemployers.org/-/media/Employers/Publications/Workforce-Supply/Volume-Recruitment-in-the-NHS.pdf>)