Changing Culture: improving patient care

Dean Royles, Chief Executive, NHS Employers

If the Francis report told us anything it’s that we need to systematically and sympathetically review organisational culture in the NHS and the attitudes and behaviours of our staff providing patient care and those that lead them. Many of us who read the report asked ourselves, how could this happen, could it happen where I work, what do I need to do differently and perhaps more importantly - how would I know? The challenge is how do we go about changing the culture of our organisations so that we can be sure that it won’t happen to us?

Culture is the sum total of all our behaviours, so to change culture we need to pay attention to the way we behave, with each other and with our patients and their families. It starts with individual changes and an understanding of the impact our behaviour has on us and those around us. This is all very well, but by putting the emphasis on the individual are we negating the impact of our organisation? The answer is of course ‘no’. We need to create the climate in our organisations which enable our colleagues to reflect and make changes to their behaviour.

Even if we know this intuitively, we are still faced with making the case in a business environment. Looking at the evidence from experts such as Boorman, Dame Carol Black, Robertson Cooper, Professor Michael West and others, it is clear that the business case has already been made. Improving staff experience has an impact on their ability to deliver high quality patient care on an individual level (measured in patient satisfaction scores) and on wider patient outcome level (measured as mortality rates, infection rates). We need to continue to remind and reassure ourselves and those who make crucial decisions at board and executive level, that creating positive working environments, engaging with staff and supporting them to be healthy are all sound business actions.

The NHS Employers organisation has a good track record in providing support and resources for NHS trusts across a wide range of employment issues including health and wellbeing and staff engagement. We have recently developed and launched an Organisational Development resource for the NHS entitled “Do OD: Putting Theory Into Practice”, we have created the first OD resource aimed at supporting the use of applied Organisational Development techniques. We have long established programmes of work which support NHS organisations to improve the health and well being of their staff and increase levels of staff engagement with lots of...
free and practical resources on our website. There has been significant progress over the last 5 years in the value organisations take in the health and wellbeing of staff. Our workforce expertise combined with our access to and support of HR, OD and Occupational Health practitioners and networks means we have a framework through which to support organisations in the service to deliver transformational change and improvement.

Following the Francis report, we engaged with the NHS to find out what additional support we could provide to help them in their plans to change and improve culture and patient experience. Whilst there was a lot we could do, one of the key workforce issues identified was support around the issue of staff emotional wellbeing.

Emotional wellbeing - what does that mean? Wellbeing exists at both the physical and emotional level and each exist on a spectrum which can change for all of us each day.

Changes in our levels of wellbeing on either of these spectrums impacts on our behaviour, which in turn can impact on the way we interact with each other and our patients.

**Future work with emotional health**

We are much better at measuring the impact of our physical health, but less so the impact of our emotional health. How do we support and improve emotional well being in a way which will impact positively on the delivery of compassionate care?

Our desire to deliver practical support for NHS organisations has lead us to work with Robertson Cooper to develop an NHS specific measure of emotional wellbeing which can be used across the NHS, by individuals or teams to begin the discussion about the state of our emotional health and what impact that is having on our work with patients.

This approach will enable emotional wellbeing to become part and parcel of every day life, enhancing and strengthening compassionate care and the delivery of the 6 C’s of nursing, but also reach all Healthcare professionals.

This will support the creation of a culture and environment where NHS staff can have a better understanding of their emotional health and assess the impact this has on care. We will work with Robertson Cooper to develop a practical tool to support staff to assess their level of emotional wellbeing, make changes to minimise the impact on patient care and provide signposting and support to encourage behavioural change.

**In summary what we will deliver is:**

- NHS specific definition of emotional wellbeing and associated factors
- Behaviour change toolkit
- Compassion/wellbeing measure
- An emotional wellbeing pathway
- Bring emotional and physical wellbeing together with equal importance
- Increase compassionate care through better staff survey scores, increased retention, decreased sickness, reduced complaints, improved patient satisfaction scores.
Creating emotional health and well-being in the NHS

Professor Cary Cooper, Founding Director, Robertson Cooper

It’s now just over 12 months since the publication of the Francis Report and it’s been a particularly challenging time for the NHS; a year of restructuring, refocusing on patient care, and coping in the media storm. Mistakes were made and action is needed to ensure they don’t happen again, but ask those who work within the health service and there is total confidence in the skills and compassion of staff to meet that challenge.

The question now is how can the NHS help its staff to provide the highest quality of patient care? Nurses, clinicians and a long list of specialist staff are dealing with unique circumstances on a daily basis, from high patient numbers to the emotional skills they need when dealing with health and mortality. But whatever natural talent and training that means staff can provide world-leading healthcare, it’s only sustainable with high levels of mental and emotional well-being and the support of NHS managers and colleagues to maintain it.

The link between compassion and well-being

The crucial link between well-being and compassionate care was made in the 2012 ‘Compassion in Practice’ report, looking at how to embed the 6 Cs of nursing into every part of the NHS. Care, Compassion, Competence, Communication, Courage and Commitment – these can only be achieved if, as the report puts it, we help people to ‘stay independent, maximising well-being and improving health outcomes’. Robertson Cooper’s own research in NHS trusts has proven that link between well-being and performance too. By surveying nearly 12,000 members of staff over the past ten years we’ve built up a picture of the factors that affect performance in general, as well as physical and psychological well-being. The top five barriers to well-being which are shown in the table opposite aren’t answers in themselves. It’s not realistic to task managers on their own to create more time for their teams, or minimise the effects of change, but the list is a good starting point in thinking about how we can support staff.
The top five barriers to well-being in the NHS
(by frequency and impact)

1. My organisation is constantly changing for change’s sake
2. I do not have enough time to do my job as well as I would like
3. My job is likely to change in the future
4. I have little control over many aspects of my job
5. I am not involved in decisions affecting my job

Specific trends

• Control is the strongest predictor of employee engagement, accounting for 27% of variance
• Job conditions are strongest predictor of positive psychological well-being, accounting for 30% of the variance
• 94% of employees agree that they are committed to achieving the goals of the job
• 76% of employees agree that they would put themselves out for the organisation when necessary.
Supporting staff to take control

There’s a big weight of evidence now linking how NHS staff feel about certain aspects of their role, their emotional well-being, and how well they are able to perform. For example, the degree of control people feel they have in their role is the biggest predictor of their level of job engagement. There could be a number of things that take away that control in part – conflicting demands on employee’s time (paperwork is commonly cited!), changing procedures and structures, the nature of unpredictable patient numbers. No individual employee can control these factors on their own; the emphasis on care and support to deliver it has to come from the very top level. That means connecting leaders to the reality of what happens at the frontline of care provision – a lot of which has started already – and key to that is seeing staff as people with real pressures, not just as resources to be maximised.

So giving control to NHS staff is empowering and can lead to higher well-being and better care. But we also know that roles in the NHS are some of the most challenging in the UK and we need to give employees the tools to build their resilience and manage their emotional state when pressures ramp up. NHS staff are consistently willing to put themselves out for the organisation because they’re 100% committed to achieving its goals. It’s a great strength of the health service but we can’t let staff burn out with the inevitable knock-on effect for care. They need access to well-being and resilience resources that can help them reflect on their own well-being, giving advice on managing their workloads, and allowing them to raise issues to management when needed. It’s support that is practical but needs to be flexible too, fitting around shifts and in breaks, rather than full days of training which take employees away from care provision.

Next steps – learning from staff and building the tools

There is so much variety across NHS roles, we need to further our understanding of the pressures inherent in each, how they make people feel, affect their emotions and most importantly their mindset when dealing with patients. That work has already started, in mid-February, when senior healthcare practitioners along with leading academics met to discuss the meaning and importance of emotional well-being, getting personal perspectives from people who work day in and day out on the frontline of care provision. Over the next nine months, Robertson Cooper and NHS Employers will continue to build that understanding and use it to inform the design of an emotional well-being tool and care pathway, which can be rolled out across the NHS. The patient focus for well-being is key, but the motivation for improving emotional well-being also comes from valuing the people that make the health service what it is. Well-Being is a priority because it’s the right thing for any organisation to do, but if we can continue the work linking it to world class patient care, it will create a sustainable NHS that works for staff and patients alike.