Exploring what teams perceive by 'culture' when implementing new models of care

Running title: Culture in new care models

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Abstract

Introduction: Health and social care organisations continually face change to coordinate efforts, improve care quality and better meet patient needs in the context of growing pressure on services. NHS 'vanguard' teams funded to pilot organisational change in England have argued that alongside new structures, policies and governance, a shift in 'workplace culture' is needed to implement change. Although now defined in the literature and seen as an important driver of quality care, it was not clear what teams themselves mean when discussing workplace culture.

Methods: In a qualitative study nested in a wider behavioural science programme, 34 managers and frontline NHS staff took part in interviews and focus groups on the role and meaning of 'workplace culture' in their experience of change. Participants were from organisations in four NHS England vanguards implementing new models of care. Inductive thematic analysis revealed six interlinking themes: unity, emotions, support, consistency, openness to innovation and performance.

Results: The term 'workplace culture' was nuanced and used in various ways. It was seen as a determinant, measure and/or consequence of change and linked to workplace behaviours, emotions and cognitions. Participants agreed that imposed top-down change in new models of care was a common cause of damaged culture and knock-on effects on care quality, despite manager accounts of the importance of staff ideas.

Discussion: Our findings suggest that exploring teams' own meanings of culture and behaviour change barriers, gathering ideas and co-developing tailored support would help overcome cultural challenges in implementing new models of care.

Introduction

As pressure on health and social care grows worldwide, services need creative solutions to coordinate efforts and better meet patient needs[1]. The NHS England Five Year Forward View[2] stimulated large-scale reorganisation of care to integrate traditionally divided systems and improve prevention of ill-health. In 2015, fifty 'new care models vanguards' were chosen to pilot innovative ways of delivering care, each comprising up to 30 organisations and hundreds of teams. Finance, governance and service design issues have been much discussed in advice for organisations. [3,4] Yet, vanguard employees are the ultimate change agents so the concept of workplace culture has come into focus. [5,6]

Culture is a key driver of quality care globally, associated positively with many patient level outcomes. [7,8] Few high quality studies, however, have explored the links between types of culture, patient outcomes and quality. [7] Some vanguards voiced that alongside new structures, policies and governance, a shift in 'workplace culture' was needed to implement change. [9] Indeed, a GP trying to lead change reported '*we found strong cultures–different cultures-did not allow that to happen and it failed completely*'. [5,p.23] It is not clear what vanguard teams mean by 'workplace culture'. Workforce culture has proved difficult to define and measure [7,9,10], though there is academic consensus that it is normative and behavioural: 'the way things are done around here'. [11] This study explored vanguard team members' perceptions of workplace culture and its role in new care models.

Methods

This was a nested qualitative study within a programme of behavioural science support for vanguard teams adopting new models of care, commissioned by Health Education England North West. We aimed to recruit vanguard leads, directors of services, managers and frontline staff were recruited from four NHS vanguards in North West England. Vanguards recruited to participate in the wider programme were groups of organisations (for example local primary care practices partnering with a hospital trust), working together to adopt new care models such as moving specialist care into the

community; better linking of hospitals; integrating older people's care; coordinating emergency care effectively, or linking acute and primary care. Participants were invited for semi-structured interviews/focus groups to share views on workplace culture, conducted by one trained focus group facilitator (EB) using a semi-structured interview guide developed with the other members of the research team. This included exploratory open questions such as: 'what is the culture of your team and vanguard?', 'what does 'positive/negative culture look like?', 'what cultural problems have you experienced in implementing new models of care?', 'what would be different with a positive/negative culture in your team?' EB explained the purpose of the study at the beginning of each interview and focus/discussion group, enabling participants to ask questions, and assured them of confidentiality and data security, before collecting their verbal consent to proceed. EB moderated the focus group, actively facilitating a range of views to be shared, to help ensure that participants had equal opportunity to share views, irrespective of seniority, to minimise bias. The study met criteria for operational improvement activities exempt from ethical review at University of Manchester. Field notes and transcribed audio-recordings were analysed with inductive thematic analysis, through generation of initial codes and gathering into initial themes using initial transcripts, and a coding frame developed and applied to the rest of the transcripts and written notes, following checking and refinement with the research team [12]

Results

Thirty-four participants took part in 30 individual interviews and 8 discussion groups, taking a total of 82.5 hours between September 2016 and February 2017. Participants were midwives, nurses, doctors, allied health professionals, auxiliary staff and managers from acute/community settings across psychiatry, cardiac care and midwifery specialties. Amongst the focus/discussion groups, one group was an integrated cardiac team including a mix of junior and senior staff (n=6), three were senior organisational managers (n=3 in each), two groups were sub-teams of midwives (n=5 in each), one group contained midwifery managers (n=5), one group were an integrated psychiatric team (n=5). Thematic analysis revealed six interlinking themes: unity, emotions, support, consistency, openness

to innovation and performance.

Unity: This was the strongest theme: nearly all participants described that teams implementing new models of care successfully were united, with shared goals. Conversely, in teams described as struggling to change, managers perceived that "*some staff are disconnected from the vision*". Some saw this as a factor precipitating change, others felt this was the desired outcome from integration, "*everyone knowing how care should be delivered…what we are striving for.*"

Emotions: The emotion or 'feeling' of a team was described very frequently by frontline staff, more so than managers, as a 'temperature gauge' of workplace culture. An occupational therapist who reported that culture had recently improved said "*I just think there's a feeling on the ward now, there's more togetherness…it's a nicer place to come to work".* All staff agreed that too much top-down change when adopting new care models could damage workplace culture through reducing morale, teams becoming *"cynical", "change fatigued",* and *"demoralised."*

Support: Almost equally important to unity and emotions in a team, discussions of culture included positive/negative support from colleagues within the system. Frontline staff sometimes felt that *"the managers are against us"* and that they were being watched *"like battery hens".* For some, support was a firmly embedded part of a team's culture: "*that's what we do here, we support each other."*

Consistency: Participants felt that in teams with positive cultures, individuals did things in the same way, a challenge for teams involved in merging or implementing new care pathways. Leaders thought consistency necessary, but found developing standardised protocols difficult: *"Everyone knows what needs to happen but working groups have different opinions on how best to get there and don't seem to be making decisions."*

Openness to innovation: Participants felt a positive culture included "*the team flourishing…coming*

up with their own new ideas". Teams with a positive workplace culture were seen as active participants in successful change. Where teams expressed barriers, or worries about their traditional role boundaries, some leaders described this as *"closed-mindedness"* which could derail change: "*We have this new….midwifery unit, but lots of cultural problems in that the [staff] see many difficulties with moving into it."*

Performance: Finally, culture was thought both to lead to and reflect performance in teams' core business, safety and quality of care. This was mentioned most by managers: '*if we had a better culture we would see….positive impacts on care…[and] reduced…safeguarding incidents.'*

Discussion

We found six themes in NHS staff descriptions of workplace culture's role in implementing new models of care. Culture was complex, simultaneously 1) a determining factor, where positive culture was openness to change accelerating innovation towards high performance; 2) a measure of how successfully the change was happening, where teams still working in the 'old' way must have a 'cultural problem'; and 3) a consequence of too much change, damaging morale. These interweaving narratives contrast with clear-cut theoretical definitions, [11] yet connect with dimensional approaches to describing healthy culture. [10]

Culture linked to workplace behaviours, emotions and cognitions. Frontline staff accounts focussed on emotional team climates; managers on current and expected behaviour change gaps. Work engagement and burnout research[13] repeatedly highlights the impact of affective-motivational states on job performance.[14] Participants agreed that imposed top-down change in new models of care was a common cause of damaged 'culture', despite manager accounts of the importance of staff ideas. The NHS Constitution pledges to empower staff to drive change:[15] it is unclear to what extent this happens in practice. Previous work indicates that a positive culture relates to patient outcomes[8], this more complex construction of culture could help shape future work to understand

quality in health care.

Participants formed a convenience sample; further exploration of workplace culture in new care models would enhance generalisability. This study suggests 'culture' is nuanced: a determinant, measure and/or consequence of change. Exploring teams' perceived culture and behaviour change barriers, gathering ideas and co-developing tailored support may help overcome cultural challenges in implementing new models of care.[5]

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