Title

Health Care Workers Perceptions of Organizational Culture and the Impact on the Delivery of Compassionate Quality Care.

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Abstract:

This article explores the qualitative outcomes as part of a larger feasibility study which was developed to test a Cultural Health Check (CHC) toolkit designed to assist healthcare workers and organizations in the provision of safe, dignified and compassionate quality care for older people. For the qualitative part of this project, eleven healthcare workers agreed to participate in a one to one semi-structured interview. The primary aim of the research was to identify the experiences of staff in relation to the different factors they feel contribute to the culture of the organization. This data was analyzed using Attride-Stirling (2001) thematic analysis, the data was coded and four global themes were evident: Professional practice, support, workforce and service delivery. Professional practice included organizational themes of quality, communication and collaboration and how these impact on a health worker's ability to carry out their role and the impact on the delivery of compassionate quality care. Support included organization themes of personal and professional development and facilitation by leaders and managers to access the available support. Workforce centered on the importance of having adequate levels of all staffing groups to be able to deliver safe, quality people-centered care and services. Service delivery identified the organizational themes of care, people-centered care and communication where staff have the desire, determination and enthusiasm to deliver safe, high quality compassionate people-centered care and services. These themes are key in the impact analysis relating to the delivery of compassionate quality care.

Key Words:

Culture, hospital, organization, health care, quality, perceptions, in-patients, ward, patient care, Professional practice, Support, Workforce.

Introduction

The vast majority of healthcare organizations and workers want to provide safe, quality care environments and services. Similarly, the vast majority of healthcare organizations want to provide safe, caring and quality working environments for their employees. This is in recognition and reward for their commitment, enthusiasm and hard work in highly complex, multi-challenging and changing healthcare organizational cultures and working environments. The creation of safe, caring and quality healthcare organizational cultures and working environments are undoubtedly influenced by macro level drivers for quality improvement and change; including how health policy informs change, the public's perception and media reporting of individual stories and experiences of services. Organizational culture is also impacted by other drivers and micro level influencers such as staffing levels, working environment and general job satisfaction (Mannion *et al,* 2005).

Unfortunately, recent inquires and investigations highlight the importance of healthcare workers sharing and learning from situations such as the Kirkup Report (2015) Investigating failings in Maternity Services at Morecombe Bay National Health Service Foundation Trust and the Public Inquiry into Mid Staffordshire National Health Service (NHS) Foundation Trust (2013). A recommendation made by Sir Robert Francis (QC) was for the development of a 'Cultural Barometer' (CB) to gauge the caring and cultural environment within a healthcare setting. Healthcare settings and the related cultural implications can be influenced by a variety of factors; Stenhouse *et al* (2016) highlight the impact key micro level influencers such as time pressures on staff and the quality of care, as well as Ion *et al* (2015) who explore the issue of compassion and its role in quality patient experience.

As such a wider feasibility study funded by a local National Health Service Education Forum was developed to test the CHC toolkit, aiming to illustrate how clinical governance and/or integrated governance offers a framework for gauging and measuring the organisational healthcare culture and

caring environments. The original CHCT first published in the Nursing Times (2013) built on the works of McSherry et al (2013) by utilising a mixed methodology approach in order to explore the various layers and drivers associated with the complexity of healthcare organizational cultures and the impact on the delivery of compassionate quality care. The research was carried out using three key phases: Phase 1 - distribution of healthcare workers and patient/carer questionnaires; Phase 2 - healthcare workers and patient one to one semi-structured interviews and Phase 3 - documentary analysis of the wards performance data.

Compassionate care is focal to the patient's experience and can be directly influenced by culture. Papadopulous and Ali, (2016) suggest compassion is associated with key themes including: being empathetic, recognizing and ending suffering, being caring, attending to patients need and connecting and relating with the patients. They also indicate that communication is critical in ensuring the patient and carers are involved in the care processes and that service delivery relies on having a competent and professional workforce. Papadopulous and Ali (2016) argue these themes ultimately influence the 'compassion and cultural competence'.

There is significant evidence according to Kaufman and McCaughan (2013), Spencer-Oatley (2012), Hruschka and Hadley (2008) and Davies et al, (2000) demonstrating that generally culture is defined as "the ideas, customs, and social behavior of a particular people or society" (The Oxford Dictionaries 2015). The study of culture according to American Anthropology Association (2015) is termed 'Anthropology'. Anthropology is the study of humans, past and present. Within the context of healthcare there is sufficient evidence and an emerging consensus of what a culture is and the determinants required for this to be effective. Mannion and Davies (2013) suggest that "culture consists of the values, beliefs, and assumptions shared by occupational groups. These shared ways of thinking are then translated into common and repeated patterns of behavior: patterns of behavior that are in turn maintained and reinforced by rituals, ceremonies and rewards of everyday organizational life". When exploring a

healthcare organizational culture reviewing and understanding why individuals, groups and organizations behave in specific ways is highly complex.

The importance of recognizing that healthcare organizational cultures exist and that they impact on healthcare workers and patients/cares experiences, performance and the quality of outcomes is evident by the decade of work provided by Davies et al, (2000) and Davies and Mannion (2013). There are many drivers at marco, meso and micro level that drive and influence culture and the result in a significant impact on the quality of care. Patient safety, quality, care, compassion, performance and outcomes have all been shown to be influenced by the way a healthcare organization facilitates, supports and reacts to the way healthcare workers build and evaluate their culture. A consensus of evidence is emerging surrounding the impact and outcome of organizational cultures and working environment on the delivery of compassionate and quality care. These integral issues include performance, productivity, quality and fundamentally patient safety (Davies and Mannion 2013, Hunt et al, 2012, Jackson et al, 2010). It can be argued that healthcare leaders, managers and workers need to have a good understanding of what, why and how their healthcare organizational culture contributes and influences essential factors including, building and fostering safe, caring and quality working and caring environments. It is essential that culture is fully explored and impact assessed in order to uphold the standards of regulators, commissioners and patients/carers and staff and provide that essential quality of care (McSherry et al, 2012). Knowing how and why healthcare organizational culture impacts on services and people is imperative and must not be left to chance.

Illustrating how clinical governance and/or integrated governance offers a framework for gauging and measuring the organizational healthcare culture through the development of the 'Cultural Health Check Toolkit (CHCT)' formed the basis for a larger general feasibility study conducted in England. As part of this larger study, a significant component was the qualitative analysis of the perceptions of health care workers based in an acute setting. Literature highlighted that organizational culture could have an

impact on both staff and patients through the effective delivery of compassionate quality care (Hunt et al, 2012, Scott-Findlay and Estabrooks, 2006); thus the research aimed to explore this and obtain in depth data through the use of interviews with staff.

Methods

Ethics

The research was approved by University and National Health Service research ethics committees along with local research and development departments for the hospitals.

Data collection: This study conducted individual semi structured interviews carried out by three senior researchers over a six week schedule (July – August 2014). An interview timeline was provided with appointments for individuals to select at their convenience. The duration of each interview was approximately 30-45 minutes, taking place in the participant's hospital setting in a private location on site away from the ward. Participants were given a participant information sheet detailing the purpose of the study and the use of data, confidentiality and other important data protection and governance related matters. A consent form was signed prior to commencing the interviews.

Each interviewer had an interview schedule comprised of sixteen questions used to frame the questioning of the interviewees. The interview schedule aimed to explore key factors known to influence a healthcare organizational culture, working environment and performance and the delivery of compassionate quality care. These included, views relating to communication and information, perceptions relating to safety and quality of care, workforce and staffing as well as experiences of whistle blowing and staff support. Sample questions are as follows.

-. *Do you feel that you are able to carry out patient care to your satisfaction?*

-. *Do you feel there are adequate numbers of staff in the area?*

-. In your opinion is there a high rate of sickness absence in the area?

-. Would you be happy for your family or friends to be treated in this area?

The use of one to one semi-structured interviews was important to establish healthcare worker's insights and experience of working on one or more of the identified wards. This was essential to gain an accurate reflection of their perceptions, experiences and involvement of working in a complex, dynamic and evolving healthcare culture and working environment. Secondly, to identify how the macro and meso level factors influence their experience of culture, quality, safety and care through capturing their daily encounters; it was necessary to adopt an approach that enabled an exploration of the key influences that affect their experience of working in a healthcare culture. Therefore, group interviewing or focus groups were not considered a feasible option due to the inability to obtain appropriate depth and the potential for influence of particular participants within groups influencing other participants, their ideas or their responses (Hudelson, 1994).

The application of one to one semi-structured interviews was important because research that explores culture and seeks to address the discrepancies between espoused values and actual practice, requires greater utilization of qualitative methods (Hunt et al, 2012, p231). The justification for adopting the qualitative approach is based on the following; firstly, one to one semi structured interviews complement a mix methods approach to reviewing the various dimensions and factors associated with healthcare organizational cultures and working environments (Mannion, 2008). Secondly, it provides a rich and deep exploration of individual's experiences and perceptions of major factors that influence culture, quality, safety and care. Thirdly, to capture examples of how healthcare worker's values, beliefs and behaviors influence organizational culture and performances (Ryan *et al,* 2007).

Sample

The research was conducted in two acute and community Health Service Foundation Trusts in England. Each Trust having two separate hospitals some distance apart. Both hospitals allocated two wards comprising of older people and surgical specialties. The sample included the full spectrum of healthcare workers providing care and services to patients within the four identified wards. These included professional staff for example, doctors, registered nurses, allied health professionals, non-registered professionals, administrative and supporting positions for example, ward clerks, domestic staff and healthcare support workers. Culture is a complex concept to explore and there are many factors and drivers that influence culture which ultimately impacts on the delivery of compassionate quality care; as such it is important to explore this concept fully from the perspectives of all health care workers and all who contribute in any way to the culture of the organization. All health care workers provide a valuable insight into the daily occurrences and impact of local drivers and micro level factors. From this the researcher is able to synthesize all of this information to establish a wider observation and a deeper understanding of the cultural artifacts that influence the delivery of compassionate quality care. A total of 11 healthcare workers participated in the semi structured from across the two hospitals and four wards (table 1).

Table 1: Characteristics of the healthcare works one-one semi-structured interview sample

Hospital	Positions	Number
Trust 1	**Domestic** **Ward Clerk** **Physiotherapist**	**3**
Trust 2	**Registered General Nurse** **Ward Clerk** **Health Care Assistant (Bank)** **Consultant Physician** **Senior Sister** **Ward Manager x2** **Clinical Matron**	**8**

Table 1 describes the characteristics of the sample of participants interviewed which highlights a diverse range of the roles undertaken by the healthcare workers. The authors acknowledge that the trusts have different profiles which demonstrate that clinical and non-clinical staff were interviewed. However, this may be a concern as the profiles are not homogeneous, the authors suggest this is not a concern for the following reasons; firstly, this is research was part of a wider feasibility study which aimed to capture the perspectives of all healthcare workers irrespective of position, role or trust. Secondly, the research focused on identifying what constitutes and compromises compassionate care irrespective of position, role and trust. Finally, the emphasis was on the collection of qualitative data of the lived experiences of staff in the exploration of the delivery of compassionate care not to explore performance at trust and/or individual level.

Recruitment: The healthcare workers interviewed self-referred having met the inclusion criteria for completing a quantitative questionnaire as part of the larger feasibility study identified earlier. This

afforded them the opportunity to volunteer for phase 2. A purposive approach to sampling was applied in order to ensure that participants demonstrated appropriate base line characteristics which were reflective of study aims.

Trustworthiness and credibility: Bias was limited through the use of a sampling frame; the clinical leads associated with this project who were members of staff working in the identified wards had lists of all staff who worked on the wards and were all given a survey to complete either whilst on shift or in their staff personal post locations (pigeon holes). This ensured that every member of staff received the opportunity to take part. There were however some limitations in terms of recruitment of allied health professionals and non-permanent ward staff as there was no existing robust sampling frame from which to invite participants to engage and this had to be done using convenience sampling. There are limitations with the use of this methodological approach, as it is not possible to ensure with certainty that every allied health professional was made aware of the opportunity to take part and the potential for some professionals who have experiences of the culture of the organization to have been inadvertently overlooked.

Setting for interview: The researcher was considerate of setting and therefore offered the participants a choice of locations to conduct the interviews ranging from meeting rooms on site or off site with the option to state if there is a preferred location for the interview to take place. Every setting was private, enabling participants to talk in confidence and openly.

Data analysis:

The process by which data analysis is undertaken is fundamental to determining the credibility and trustworthiness of the findings and it should transform raw data into final descriptions, narratives or reflective themes (Ryan *et al*, 2007). Recognizing that there are several possible qualitative analysis frameworks available to aid with the one to one semi structured interviews. For example, Braun and

Clarke (2006) qualitative thematic framework, a predominately psychological based approach to qualitative analysis. Interpretive Phenomenology (Smith, 2009), Grounded Theory and Ethnographical approaches identified by Burns and Groves, (2001). The latter three having several complex sequences required to be highly effective. Attride-Stirling, (2001) 'Thematic Network Analysis' deemed most appropriate to contribute to the analysis of this data for several reasons. Firstly, to identify the complex layers of organizational culture and working environments from the lived experiences of healthcare workers unique perspectives. Secondly, this qualitative method of data analysis is presented through the development of thematic networks; which are complex illustrations pulling together the main themes highlighted throughout a number of qualitative transcripts and codes. Thirdly, thematic analyses seek to explore key themes present throughout collected transcripts, and thematic networks contribute to the structuring and presentation of these themes. This approach to synthesizing themes from language is a robust and sensitive tool utilized in systematic analysis and presentation of qualitative data (Attride-Stirling, 2001). Thematic analysis enables a rich exploration of the narrative to be analyzed in depth, exploring the multifaceted nature of workplace and healthcare culture and the impact on the delivery of compassionate quality care. Finally, this approach to thematic analysis is most suitable for this data analysis allowing more flexibility within the study and enabling a detailed description of data to be gathered (Vaismoradi, 2013). Thematic network development enables the mapping and illustration of complex themes and factors appropriate to research as the process and analysis complement the need to explore the layers and depths associated with organizational cultures and working environments (Sarantakos, 2004). There are a complex number of factors that make up and contribute to a healthcare organizational culture and it is the in depth exploration of the many component parts and contributory factors that is most suited to a thematic network approach.

As such, the Attride-Stirling (2001) thematic analysis network was undertaken by reviewing and developing a coding frame. At this stage interviews were transcribed and each individual evaluation was reviewed and transcribed (tables 2).

Table 2: Attride-Stirling (2001) thematic analysis networks applied to cultural health check interviews of staff.

Stages	Steps	Rationale
A **Reduction or Breakdown of Text**	1. Code material	Each individual evaluation was reviewed and transcribed.
	2. Identify themes	A transcript template was devised for each question. The transcript questionnaire enabled a review of the participants response by basic, organisational and global themes
	3. Construct thematic networks	Focused on consolidating the transcript into basic themes.
B **Exploration of Text**	4. Describe and explore thematic networks	Achieved by identifying emerging organisational themes derived from consolidating the basic themes
	5. Summarise thematic networks	By reviewing and consolidating the organisational themes for global themes originating in the organisational themes
C integration of Exploration	6. Interpret patterns	Associated with reviewing the occurrence of the global themes across all questions.

Through the reduction and breakdown of the text, using language and key words, the transcript enabled a review of the participant's response by basic, organizational and global themes and thematic networks were constructed from these emerging themes. These basic themes were consolidated with an in depth

exploration of the text and the final stage was a synthesis of all the originating basic themes into encompassing global themes. The interpretation of emerging themes can be enhanced by accurate data coding as codes are key tabs, labels or language examination which are attached to the available data through the use and analysis of the transcribed interviews (table 3).

Table 3: Participant Analysis Sheet - CODES TO THEMES

CODES - TAKEN AND ASSIMILATED FROM 11 STAFF INTERVIEWS	ISSUES DISCUSSED	THEMES IDENTIFIED
➢ Communication ➢ Patient care ➢ Quality	• Communication • Multidisciplinary • Patient care • Continuation of care • Quality of patient care • Time available for staff to complete paperwork	1. Ability to carry out patient care to the satisfaction of the health professional
➢ Support ➢ Management ➢ Leadership ➢ Time	• Support from managers • University • Training courses • Study time • Personal development reviews • Time to complete relevant work • Time off the ward • Cover for staff attending courses • Study and study leave • Structured to needs of the trust rather than needs of the staff member • Pressured for time	2. Clear communication between professionals is important

➢ Time ➢ Staff ➢ Agency ➢ Shortage	• Bank/agency • Lack of staff • Many staff uniforms • Lack of time • Time • Cover • Patient care • Conflict • Extra staff • Good support from medical teams	3.Being involved in multi disciplinary meetings is essential to adequate patient care and continuation of care
➢ Quality ➢ Resources ➢ Leadership ➢ Individual	• Quality • Patient care • Time • Resources including staff, bank agency and support staff on the ward • Managerial leadership • Compassion • Understanding the patient • Individual needs of the patient • Treatment • Communication to staff and patients • The understanding of the patient	

Table 3 identifies the results in the systematic linking of key themes and data aggregations and reflecting this back against the emerging evidence and context of the transcriptions. Codes can therefore be descriptive, nominal, initials, symbols, names, or numbers which facilitate and highlight the identification of concepts (Denscombe, 2007). The interview transcriptions were coded based on key issues identified from the eleven staff interview. These issues included for example, patient care, quality of patient care, time to undertake work, study leave and many other emerging key issues. These categories were then developed to generate umbrella terms under which a number of individual codes were be placed. These codes included communication, quality, support, time and leadership and it was possible to explore the data and analyze the key concepts, identifying relationships and commonality between the codes or patterns within the data. Several organizing themes were identified including, quality, communication and collaboration, personal development and staffing and people centered care.

From these organizing themes it was possible to establish four emerging global theme as follow: Professional practice, support, workforce and service delivery.

This in depth analysis and process of collating and presenting data allowed us to return to the field and work with the key liaison officers/acute staff in the trusts to check the emerging explanations of the phenomena in order to contextualize the findings and ensure reflexivity throughout the process.

Results

The Attride-Stirling thematic analysis process identified above was found to be effective in identifying the emerging themes. The four global themes identified from these rich and comprehensive narratives of healthcare worker's perceptions, attitude and beliefs associated with their healthcare culture and the impact on the delivery of compassionate quality care was significant **(**table 4). The four global themes of: Professional practice, support, workforce and service delivery were further reviewed and consolidated to represent two final global themes of 'professional practice and support' and 'workforce and service delivery'.

Table 4: From Basic Themes to Global Themes

Global Themes	Organising Themes	Basic Themes
Professional Practice **1**	Quality Communication Collaboration	1. Ability to carry out patient care to the satisfaction of the health professional 2. Clear communication between professionals is important 3. Being involved in multidisciplinary meetings is essential to adequate patient care and continuation of care

Support **2**	Personal development Access to personal development Facilitation	1. Feeling supported to undertake personal development 2. Access where appropriate to training and study leave 3. Appropriate managerial support for ward staff
Workforce **3**	Staffing Agency and bank Workload	1. Adequate level of staff working on the ward - having enough time to see patients thoroughly 2. High levels of agency and bank staff on the wards - issues with continuation of care for patients 3. Having enough time to achieve everything on daily workload
Service Delivery **4**	Care People-centred care Communication	1. Providing quality care to Patients 2. Delivering a service to patients and carers that staff would be confident in their family and friends being treated there 3. Recognising that all patients are different and have different needs and as such should be treated as individuals 4. Patients value communication about their treatment

Discussion

Thematic analysis based around Attride-Stirling's framework has enabled an exploration into the complexity, layers and depths of an organizational culture and working environment in a healthcare setting. It is important to obtain this rich and in depth lived experience of the staff as it is in the understanding and analysis of their context and experience that we can start to understand and explore the lived experience and impact of culture on the delivery of compassionate quality care. This analysis allowed the exploration of pertinent emerging themes and enabling cultural factors; 'professional practice and support' and 'workforce and service delivery' which impact on the environment, activities, practices, attitudes and ultimately quality.

Professional practice and support

Professional practice and support included organizational themes of quality, communication and collaboration. Healthcare workers indicated that having sufficient time to carry out their role in practice to their satisfaction and being supported by their employer to do this effectively has a significant impact on their ability to effectively deliver compassionate quality care to the standard that they would ideally like to. They recognized the complexity of the working environment and how the case mix is impacting on their ability to perform their role efficiently and effectively. Staff also commented on the fact that when work and capacity issues were high their ability to access Continuing Professional Development (CPD) activities was often the first thing to be cancelled.

Other factors relating to practice and support include wider concepts such as communication; participants highlighted that having access to the multidisciplinary team and being fully involved in communication protocols emerged as a critical factor in ensuring patient safety, quality and compassionate care. This is because there is a shared responsibility and decision-making that occurs where all professional points are listened and responded too. Having the time to regular attend and be involved in multi-disciplinary team meetings and discharge planning was an issue resulting in poor communication and lack of clarity in relation to patient need, potentially impacting on the quality of the care and patient experience. The importance of focusing on the complexity of the case mix within the ward was also often under estimated.

"We have quite a difficult case mix and sometimes the nature of the patients that we look after can make the environment quite difficult and sometimes it is not through lack of ability its sometimes through lack of resources and just a difficult case mix that makes things slightly difficult to deliver the care" (Healthcare worker 1)

Support included organization themes of personal and professional development and facilitation by leaders and managers to access the available support. These were deemed essential in valuing and

developing the individual and workforce. Access to timely and appropriate training and education is imperative where leave and personal development reviews are not regularly cancelled and/or deferred. This is viewed to be counterproductive in developing a sound culture which values and support staff. The findings suggest that support encompasses having regular appraisal and robust development plans, having access to annual appraisals and personal development plans along with feedback from any submitted incidents and/or events was regarded to enhancing the caring and compassion afforded by the employer to the employee.

Collectively, professional practice and support, similar to Kaufman and McCaughan (2013) and Mannion et al, (2005), is about healthcare workers having sufficient time and support to perform their roles and responsibilities effectively by having the necessary support from leaders and managers. It is about been recognized and valued along with having access to statutory and mandatory training and education for the furtherance of themselves and others within their team and wider organization. The results indicate that valued employees create more positive working environments, can influence culture and contribute to the delivery of compassionate quality care through a positive and supporting working environment.

Workforce and service delivery

Workforce as a concept, centered on the importance of having adequate levels of all staffing to be able to deliver safe, quality people-centered care and services. The reliance on bank and agency staff was viewed to be counterproductive in providing safe, compassionate and quality care where some staff felt less efficient and effective by having to supervise and support healthcare workers who were often unfamiliar with the specific healthcare environments and needs of highly complex individual patients. The overall affect was having less or reduced time and capacity to deal with patients and carers leading to a sense of frustration and concern in not been able to perform their role to their satisfaction. Furthermore, increasing bank and agency staff was seen to contribute further to staff's frustrations and

impact up their overall perception of support for leaders and managers to perform their role effectively. These issues both singularly and multiple may have an impact of safety and quality for patients/carers and healthcare workers.

"I'm not fully aware of what their (nursing) cover and what their staffing issues are but I have been on the wards where there has been evidently not enough staff. Agency staff or staff who are working as part of like the bank work so they don't normally work on the ward and don't kind of know the procedures of the ward and don't know the patients" (Healthcare Worker 3)

"They…(nurses) go that extra mile to make sure the patients are well cared for, happy and you know they'll do extra like this morning for example, we've had a gentleman who doesn't want to go home and we've all had to be involved" (Healthcare Worker 4)

Service delivery identified the organizational themes of care, people-centered care and communication where staff have the desire, determination and enthusiasm to deliver safe, high quality compassionate people-centered care and services which directly impacts on the delivery of compassionate quality care. The standards applied were reflected in their own endorsement through the family and friends test. The importance of providing individual holistic compassionate care was at the forefront of their daily practice.

Service delivery similar to workforce shows a potential relationship between sickness and absence, staff shortages including medical culminating in increased readmissions and patient/carer complaints.

"The level of care, the amount of time that a nurse spends with a patient is often determined by staffing levels, and generally cutbacks, and reduced staffing on the ward, usually means that at the moment we've got a nursing ratio of maybe one staff nurse and two healthcare assistants to about twelve patients on the ward" (Healthcare Worker 5)

Collectively workforce and service delivery goes essentially hand and glove with theme professional practice and support all of which are made up of a number of complex factors that ultimately impact on the delivery of compassionate quality care. Like Hunt et al, (2012) some healthcare workers commented that their hospital trusts and wards healthcare organizational culture is one of a verbal commitment to support their workers to develop. However, the agreed actions are then not maintained when planned study leave, personal development reviews are often cancelled at short notice with limited explanation and/or re-planning leaving the employee potentially feeling undervalued and potentially impacting on the organizational culture in the long term. Furthermore, healthcare workers reported that they often cover unfilled shifts on the bank and that agency staff are regularly used to fill shortages in medical and nursing cover. There was a perception that when used for long periods this is having an impact on sickness and absence rates, increased turnover of staff and potential compromises in safety, quality and care. Interestingly this was not mirrored by the majority of patients/carers who felt that there was sufficient medical and nursing cover in the wards to accommodate their specific needs. Similarly, there was a perception by healthcare workers that workforce and capacity issues are resulting with increases in incidents and complaints. This again was not echoed by the patients and carers or the through the review of the wards performance and outcomes data covering the period of the research. What is notably significant is in the explanations reported by healthcare workers surrounding the complexity and multiple needs of the patients and the high levels of care required to address the patient's specific circumstances. This is a change in the patterns of care delivery and workforce that requires acknowledgement and review in the future. Furthermore, there was a feeling that healthcare workers have to work longer and harder which too requires a review to accommodate the changing healthcare organizational culture and demography in order to manage impact on the delivery of compassionate quality care.

What is both original and significant about these findings is the fact that all of these important themes identified above ultimately contributes to our knowledge and understanding of how healthcare cultures

impact the delivery of compassionate quality care . They give us a basis for the development of protocols and practices to improve and shape cultures ultimately resulting in safer working environments for all and better quality of care for patients. These themes which have emerged from the research impact and affect safety, quality, productivity, and performance; all of which are key factors in the shaping of culture in healthcare organizations.

The significance and relevance of these findings on the impact on the delivery of compassionate quality care can be summarized as follows. The delivery of compassionate quality care according to healthcare workers is in creating an organizational culture and working environment that both recognizes and values staff with regard to effective communication, job satisfaction and appropriate staffing. The working environment impacts on the healthcare workers and their ability to deliver compassionate quality care and being supported to do so in terms of time, training and resource.

Conclusion

In conclusion the global themes emerging from these rich and comprehensive narratives of healthcare workers perceptions, attitude and beliefs associated with their healthcare culture and originations working environment and the impact on the delivery of compassionate quality care was vast. This was evident through the four global themes: Professional practice, support, workforce and service delivery. Analysis of the healthcare worker's findings indicate that a healthcare organizational culture which is caring and compassionate towards its staff is founded on two main factors and four determinates. These are professional practice and support and workforce and service delivery. Safety, quality, care and compassion are determined by how effective a healthcare organization embraces these factors in supporting, valuing, rewarding and celebrating staff achievements and outcomes in delivery outstanding care and quality services. Healthcare organizations according to the findings must also remember that

it's most precious commodity to delivering safe quality compassionate care are the healthcare workers themselves.

Limitations and further research: Although the sample size of 11 is arguably small it is reasonable to suggest that the qualitative nature of the study allowed for the in depth elicitation of rich and meaningful data through the semi structured interviewing of a smaller number of participants.

Key points

- The overriding factor influencing the performance and outcomes of safe, quality, compassionate care attributed to a healthcare organizational culture are its people and the culture itself.
- If the physical and structural environment and associated governance systems and processes are inadequate then safety, quality and compassionate care and services may be compromised.
- Similarly, if the leadership and management are innovative, facilitative, encouraging, and empowering the teams will be one that works dynamically together, valuing each member's contribution, resolving any conflict of interest, have an open, honest and transparent ability to report risks and celebrate success all for the furtherance of the team and the people they care for making the delivery of compassionate quality care a foundation of the organizational culture.
- Healthcare organizational cultures who have a clear vison, values base and philosophy that is articulated, implemented and will be well received by all who come into contact with the organizational culture and working environment and will have a significant impact on the delivery of compassionate quality care.

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