

The of health care:

Developing effective strategies for advancing engagement and performance in hospitals through team work and change initiatives

Presenter: Dr Anya Johnson

In collaboration with Dr Markus Groth and Helena Hong, UNSW

And our research partners

Sydney Children's Hospital

Prince of Wales Hospital

Sydney Hospital / Sydney Eye Hospital

Royal Hospital for Women

Royal Children's Hospital

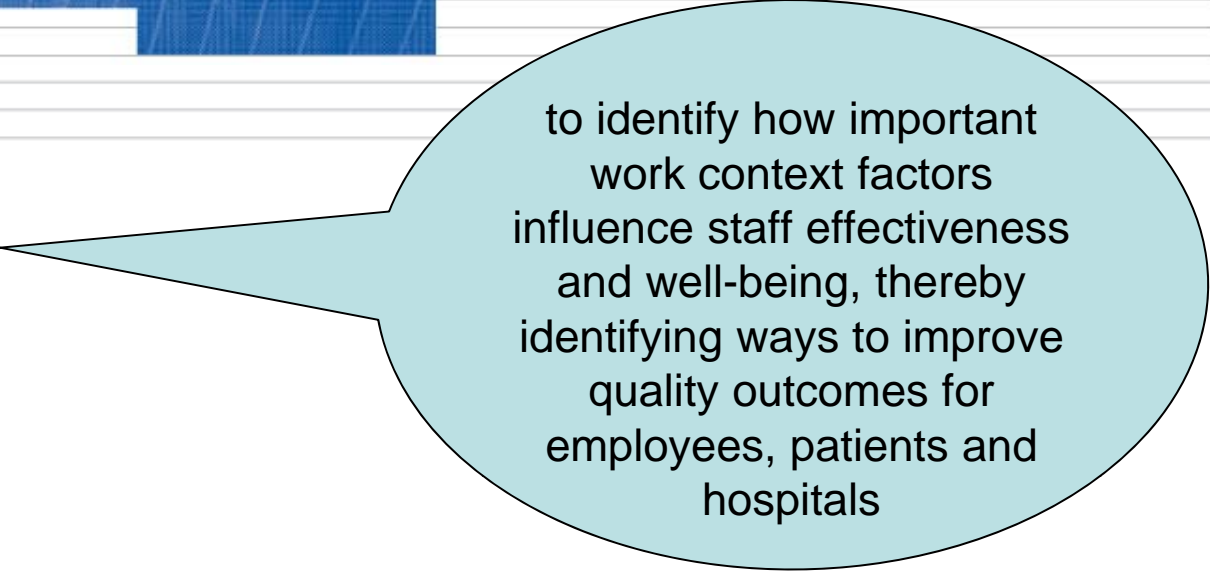


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The presentation

- Aim:



to identify how important work context factors influence staff effectiveness and well-being, thereby identifying ways to improve quality outcomes for employees, patients and hospitals

- Overarching research model
- Case study – measuring the effectiveness of a work place change
- Finding the right balance: Overview of other projects and some findings to date
- Where to from here



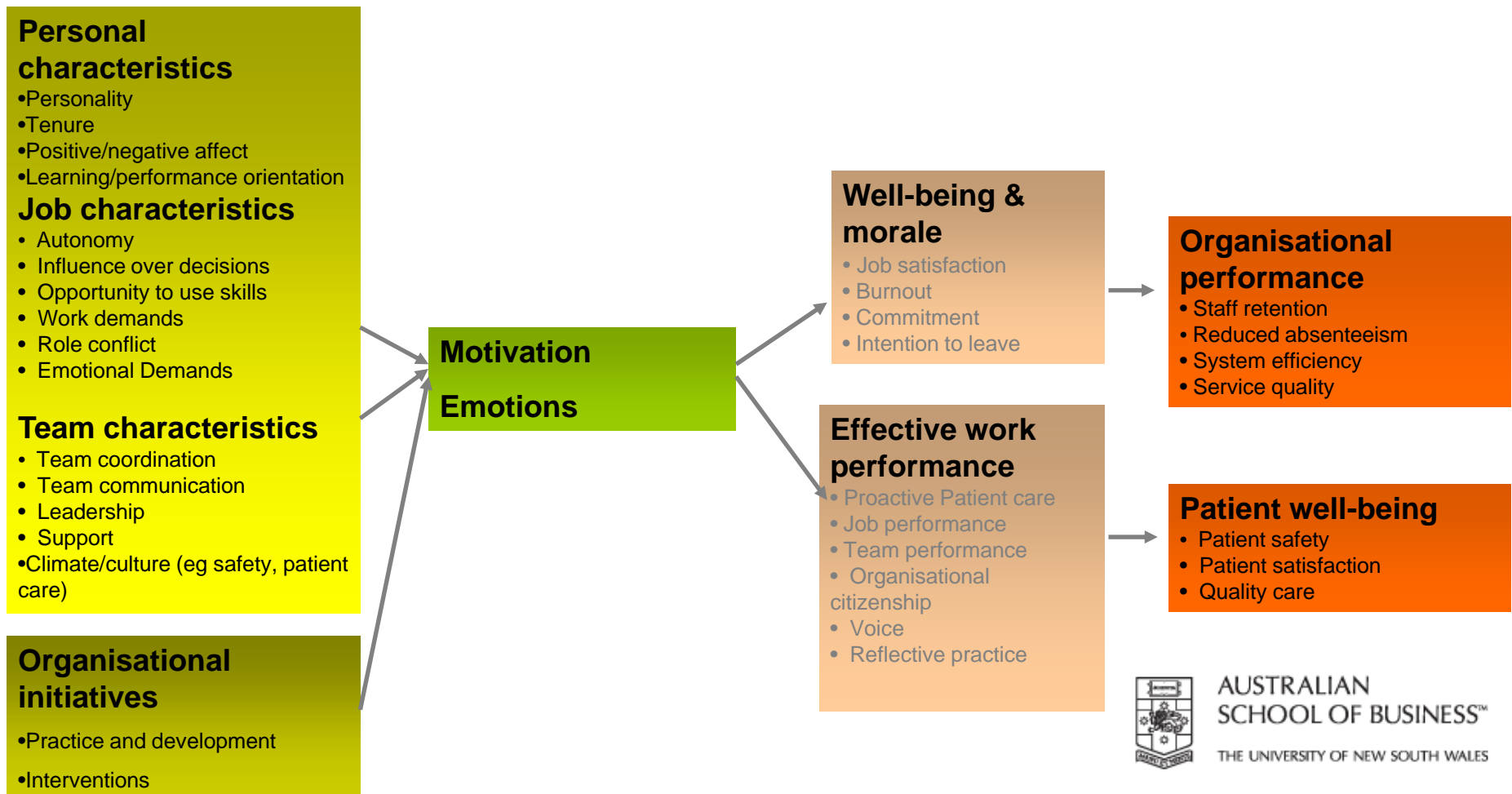
Delivering Better Patient Care: Research Framework

Drivers

Self-regulation

Staff effectiveness

Quality Health Care

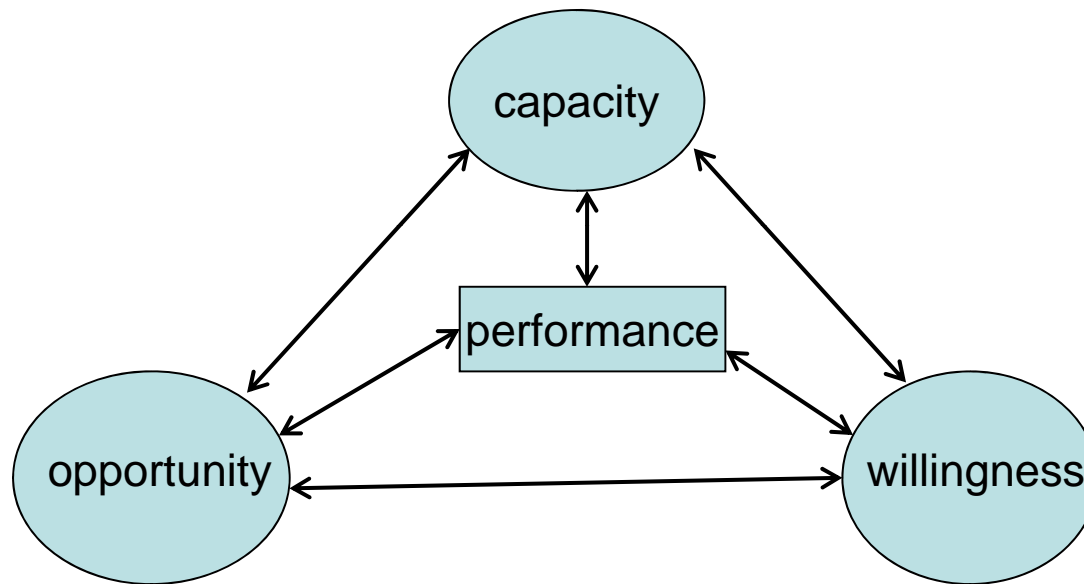


A case study:

Changing the work environment: enhancing junior doctors well being and proactive performance on the overtime shift



Performance and Job design



Blumberg and Pringle (1982)



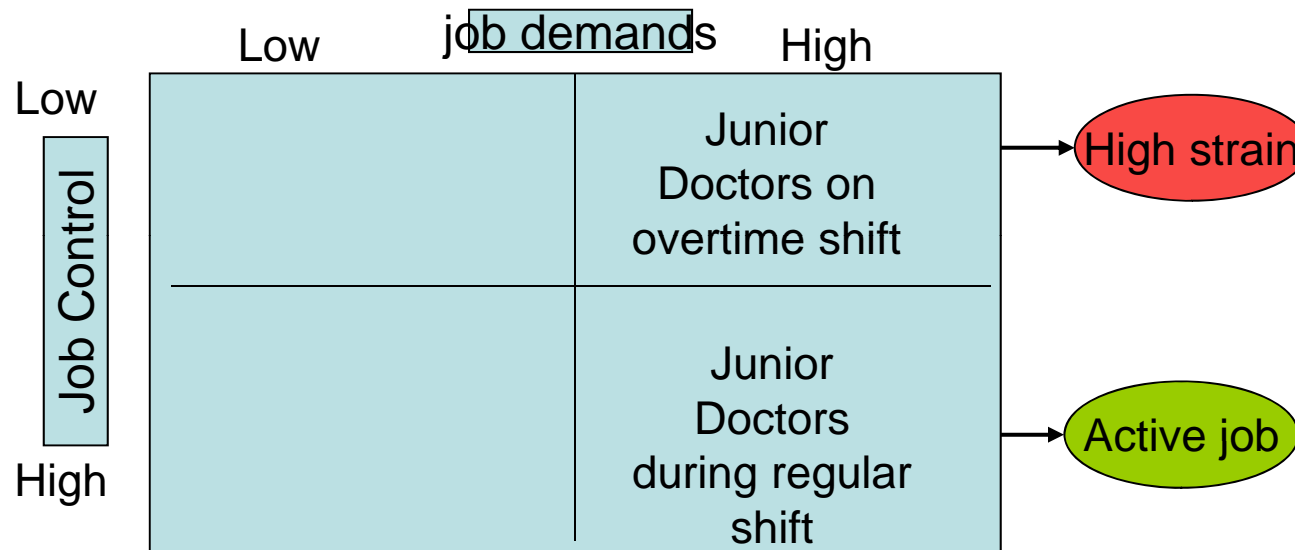
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Setting the scene

- Junior doctors within the hospital system
 - Aging population with increasing acuity and co-morbidity
 - Pressure to increase patient flow
 - Hierarchical, strong culture
 - Chronic shortages of junior doctors
 - High turnover of nursing staff



Experience of junior doctors on typical overtime shifts



Adapted from Karasek (1979)

High: work demands, responsibility and uncertainty

Low: job control and support



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A solution: A redesign of the workplace

In this applied research our aim was to determine:

1. **Does the intervention work:** Determine if intervention has effect on junior doctor's performance and levels of strain
2. **Does it work for everyone under all conditions:** Investigate moderating role of individual differences and context on intervention effectiveness
3. **Why does it work:** Understand why intervention has the effect....
So we can replicate it



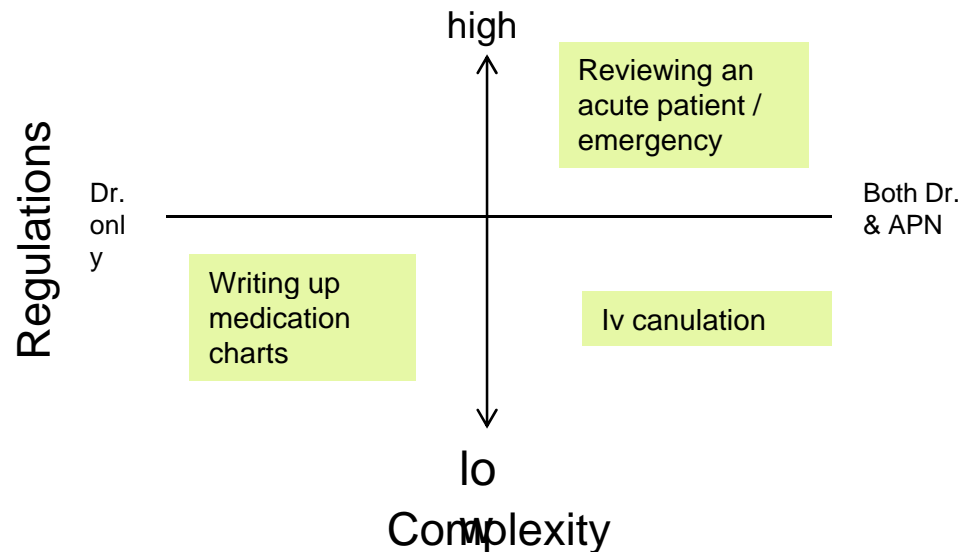
How did we measure the intervention

- **Design:** Field experiment— matching shifts and individuals with and without the intervention
- **Sample:** 91 doctors over 192 shifts – 47 matched
 - 89% of eligible doctors participated, with 58% of shifts captured
 - 54% female, 35% first year intern
- **Survey – To measure**
 - Behaviours - the tasks / activities with and without the intervention
 - Characteristics of the job (work demands, role clarity, opportunities to use skills and initiative, support)
 - Emotions, perceived performance – both task performance and proactive patient care (validated through external performance ratings)
- **Interviews**
 - With different stakeholders to understand why the intervention was effective



Tasks carried out on the shift

- Self reported check list of 20 tasks – designed with Senior Doctor
- 2 task dimensions:
 1. Complexity – basic procedures versus complex problem solving
 2. Regulatory – Tasks that cannot legally be undertaken by APN



Work Characteristics and moderators (contingencies)

- **Work load:** e.g. “do you have too much to do in the time available”
(Caplan et al, 1975)
- **Opportunity for using initiative:** e.g. ‘In this shift did you have the opportunity to use your initiative”
- **Support:** formative measure, from key individuals present on the overtime shift
- **Pressure for high performance:** eg. Did you worry about making mistakes
- Moderators included:
 - Role Clarity
 - Affect:–negative (anxiety and depression) Daniels (2000)

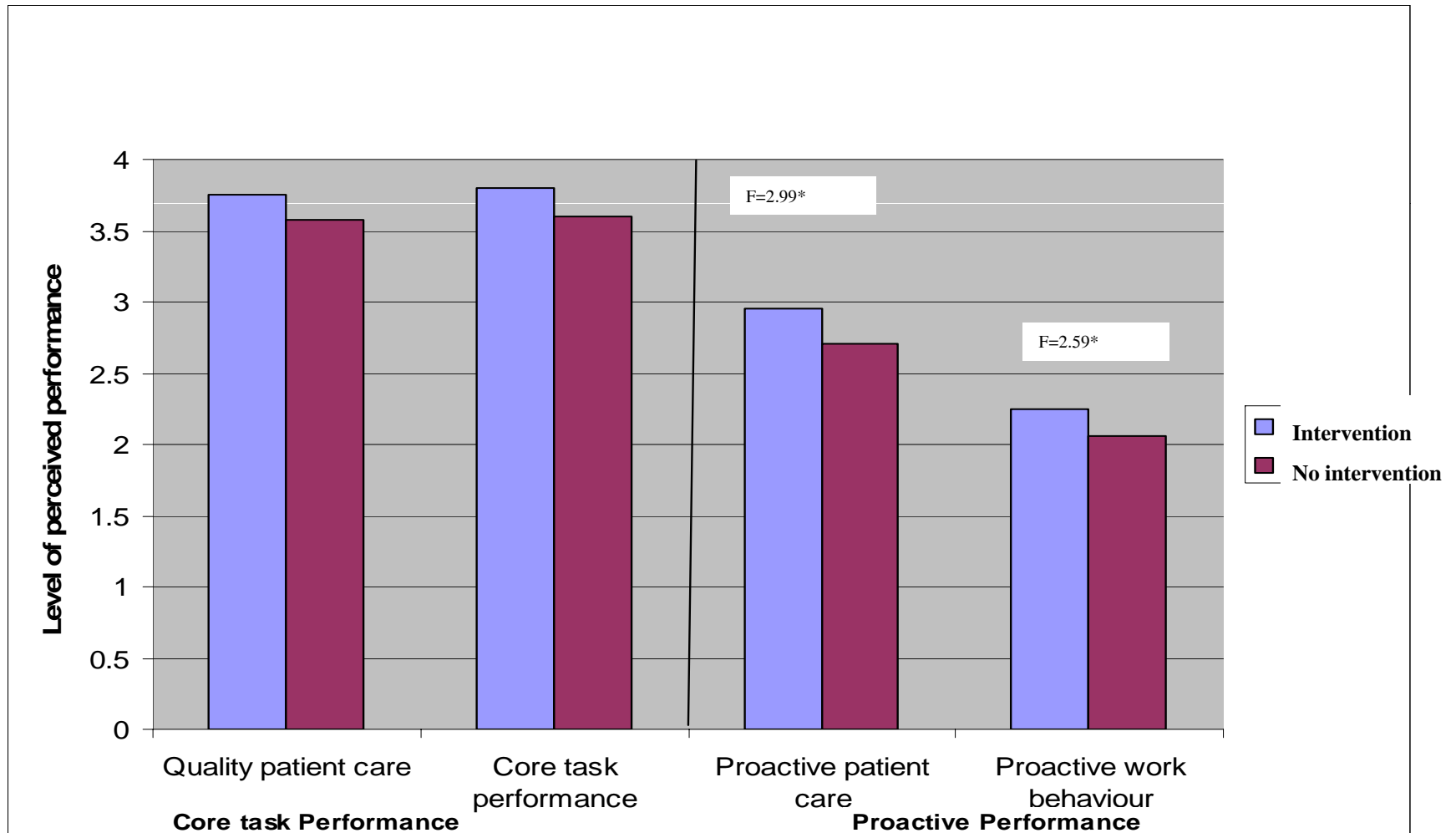


Measures: Proactive work performance and patient care

- **Proactive work behaviour** (4 items, single factor, alpha .90)
 - **Voice** – eg: communicate your ideas about issues, even if others disagreed with you
 - **Taking charge**: eg: making suggestions for improvements
- **Proactive patient care** (5 items, single factor, alpha .77, .88)
 - Eg: Anticipate what the patient or their family might need to know & communicate this to them?
- **Validity checks:**
 - Factorially distinct from task performance and standard care (survey measures)
 - Significant moderate correlations with observed ratings of proactive performance

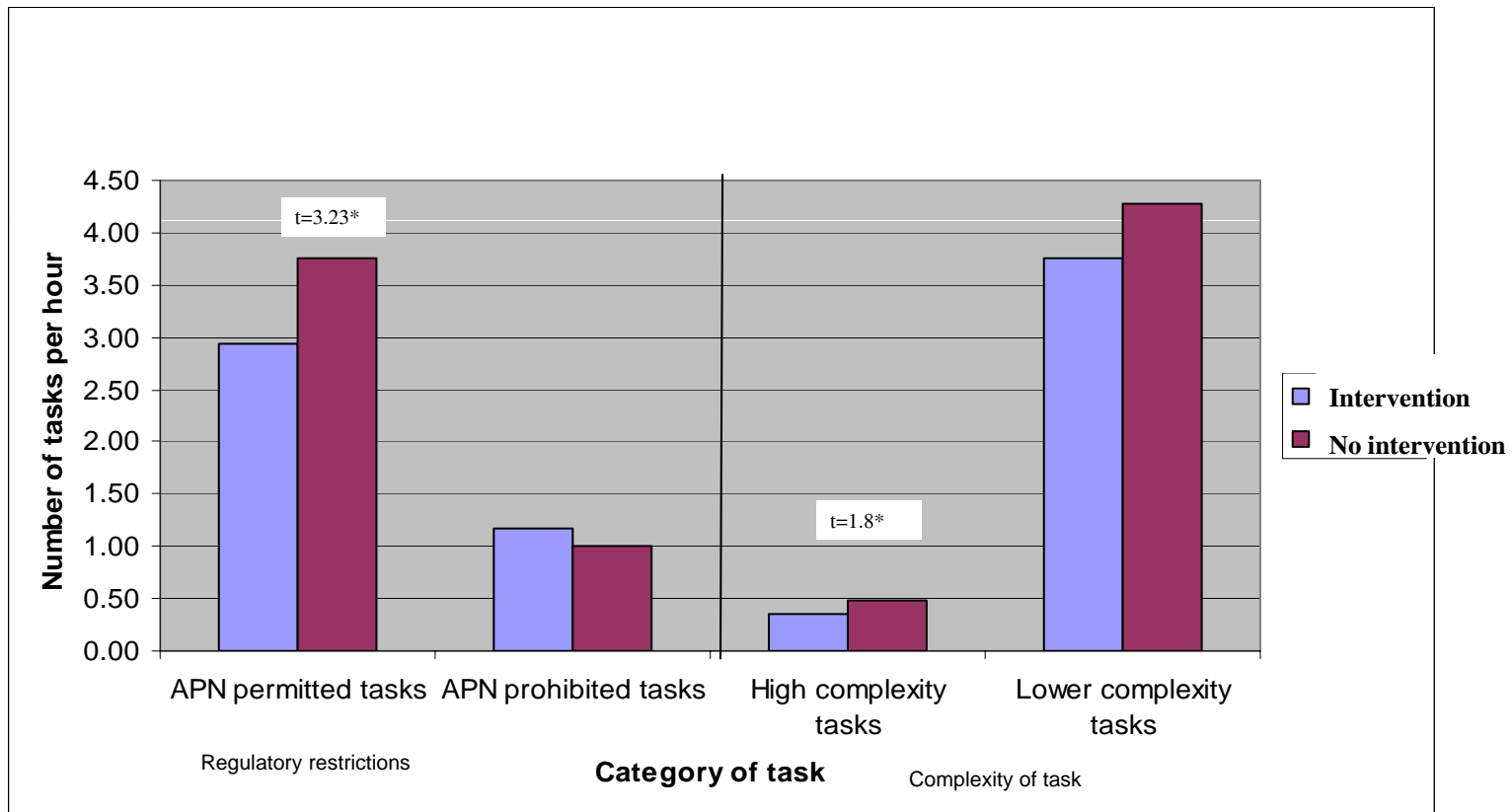


Overall effect: Does the intervention make a difference: To performance generally and proactive work behaviour and patient care?



Did the intervention change the environment?

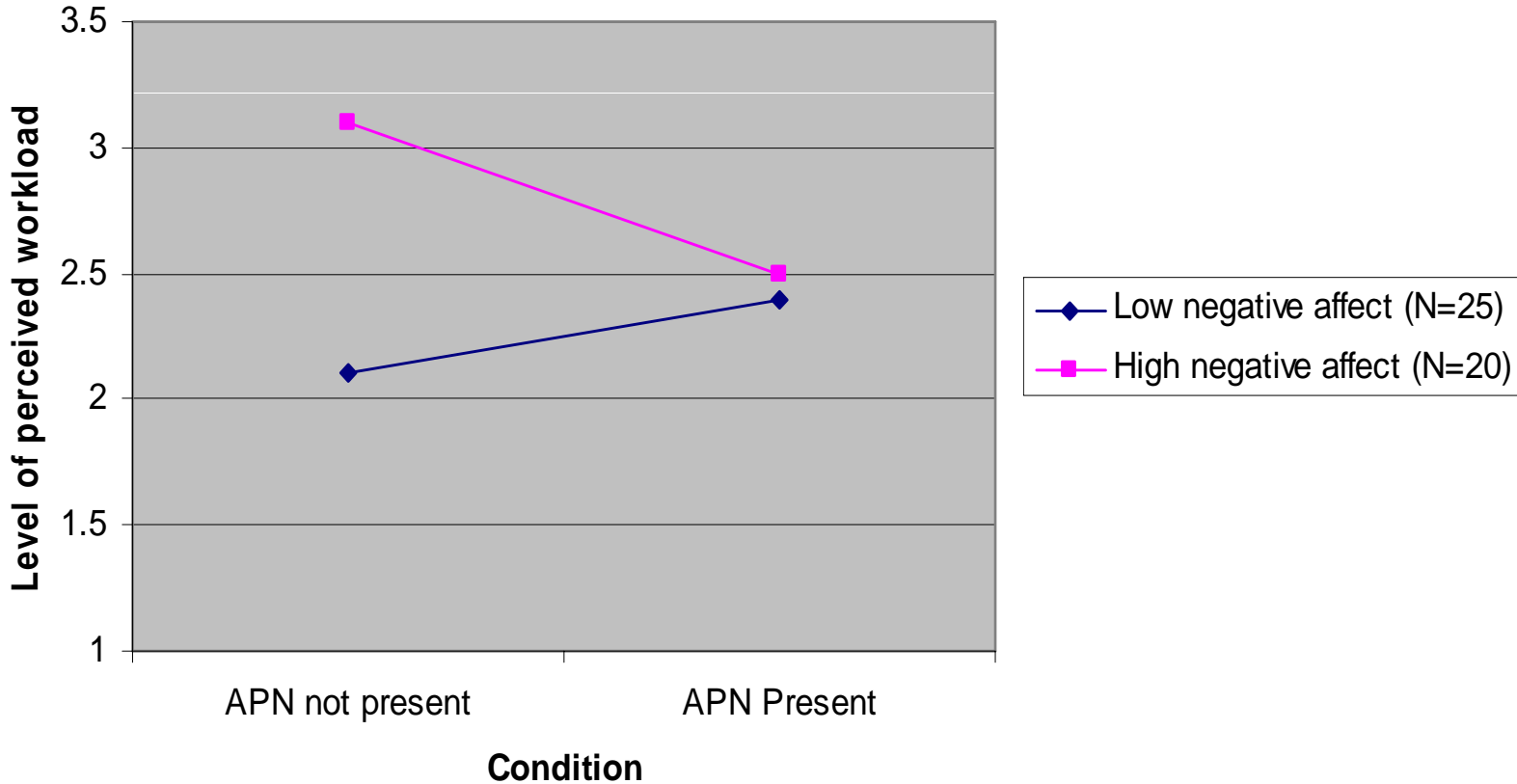
Tasks completed by Junior doctors



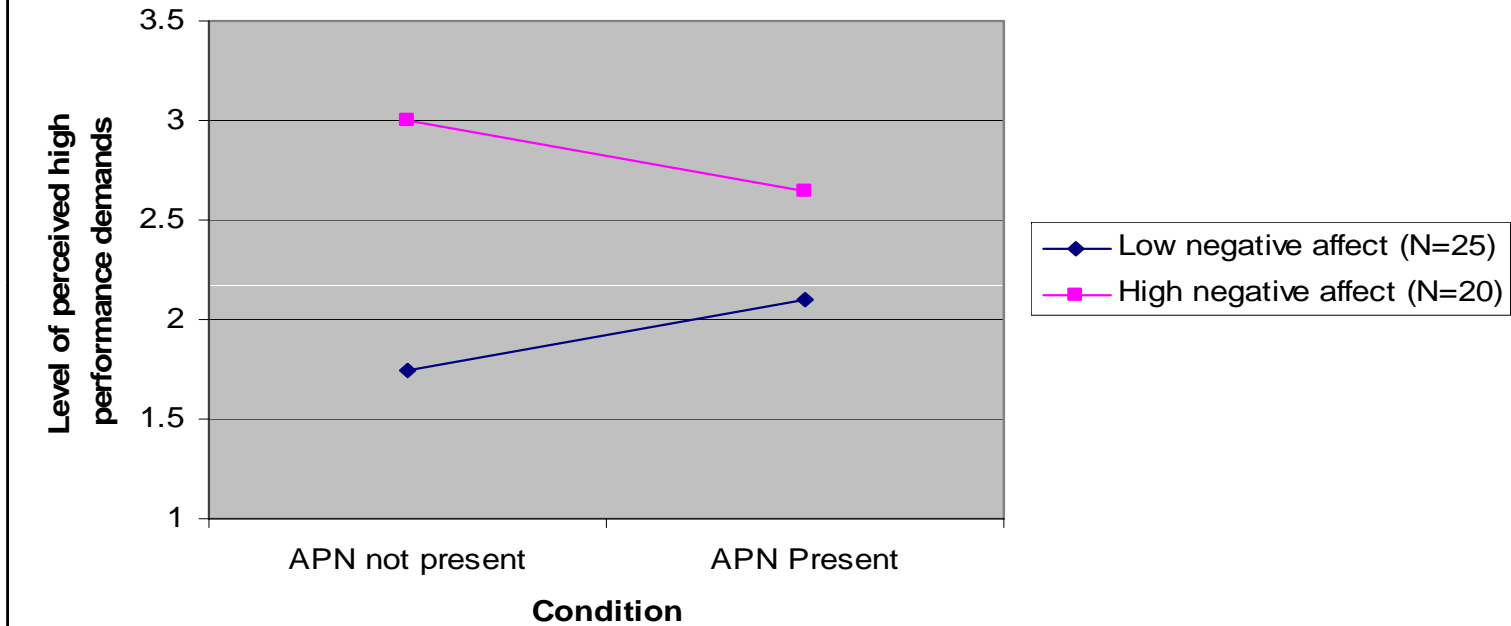
Junior doctors report an increase in support but no overall increase in opportunity to use their initiative



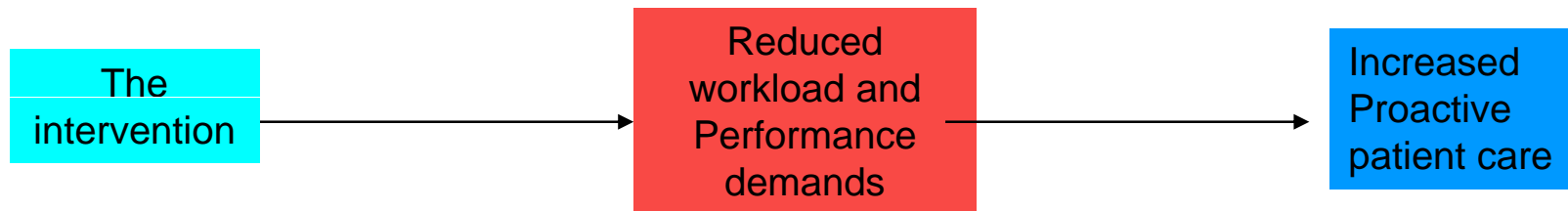
The effect of the intervention on workload, moderated by negative affect



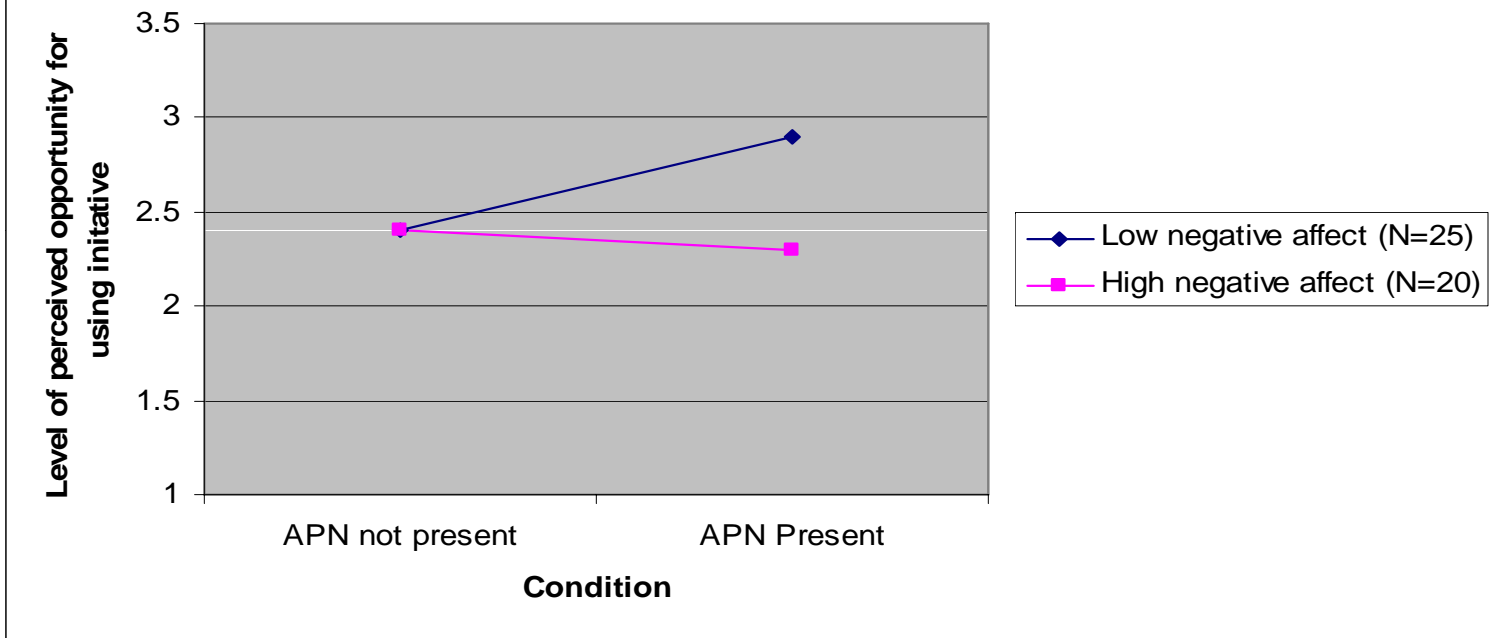
The effect of the intervention on performance demands moderated by negative affect



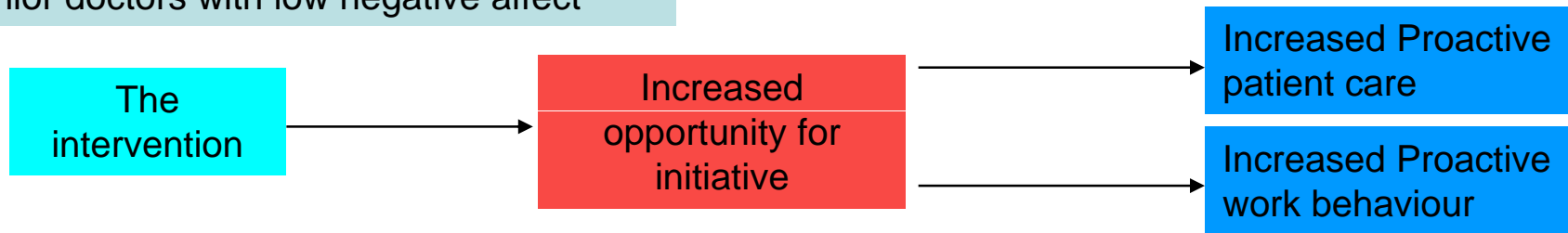
Junior doctors with high negative affect



The effect of the intervention on opportunity for using initiative moderated by negative affect



Junior doctors with low negative affect



Key themes from the interviews with different stakeholders

The effect of the APN (from interviews with junior doctors, APN, and Senior Doctors)

- Reduces workload
- Improves opportunity for skill learning and development and clinical decision making
- Increases environmental scanning and situation awareness
 - *When he (APN) is around, he tells you what is going on... if you haven't had a chance to visit a ward for a couple of hours and you are wondering whether there are any nasty surprises up there. You get an idea of whether there is a huge amount or what sort of work there is – (then you) can relax & concentrate on what you are doing because you can assess and anticipate what is going on, and set priorities on other wards....”*
- Increases psychological safety to enable voice and break silence
- Increases team working
- Reduces stress and increases self efficacy
 - *“Will coach us through things, asking us “what equipment will you need in this situation”, and saying ‘I am a hundred percent behind you in this’ Gives you a lot of confidence “*



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Some conclusions

- For Practice: All junior doctors benefit from the intervention on overtime shift
 - Higher affect – presents opportunity to broaden role
 - Lower affect – provides buffer against perceptions of demand (both workload and performance)
- For theory: Proactive performance is influenced by the situation and varies within people as a function of context and opportunity.
 - proactivity can be enhanced – and it's expression (either as patient care or work behaviour) is a function of the interaction of the individual with the intervention
 - suggests a systems approach to work design



Finding the right balance!

Building capacity: What's in it for our partners?



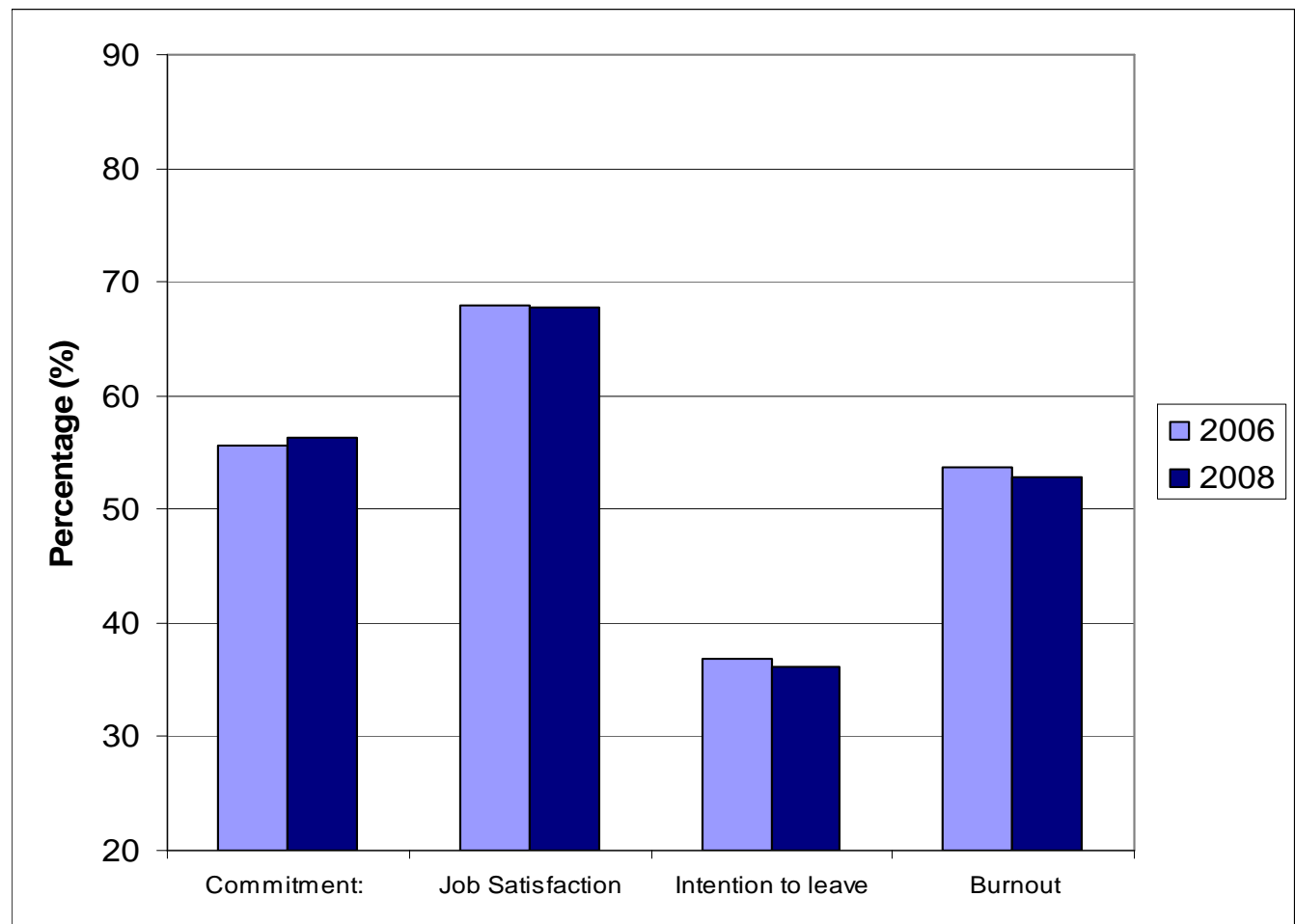
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An opportunity to understand the experience of staff across time: At a descriptive level:

A tool for guiding strategic decisions

Commitment <i>Eg: I feel a strong sense of belonging at XXX</i>
Job Satisfaction <i>Eg: My job gives me a lot of satisfaction</i>
Intention to leave <i>Eg: I often think about quitting XXX</i>
Burnout <i>Eg: Being tired, exhausted</i>

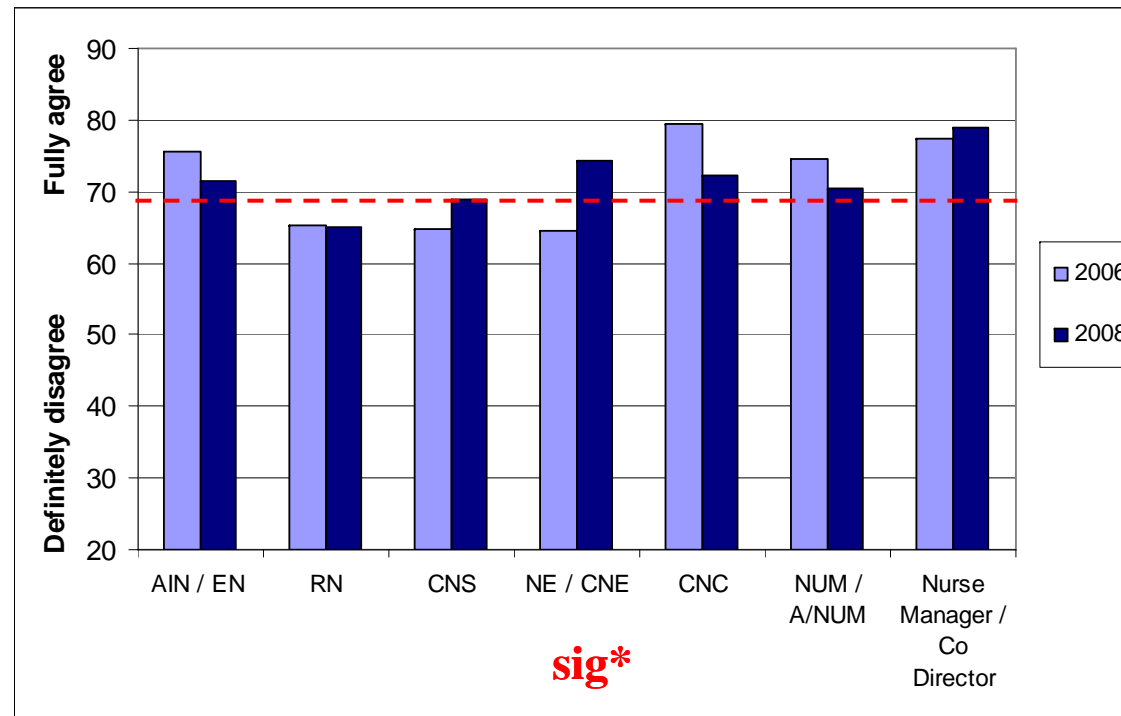


Looking more closely: Within professional groups

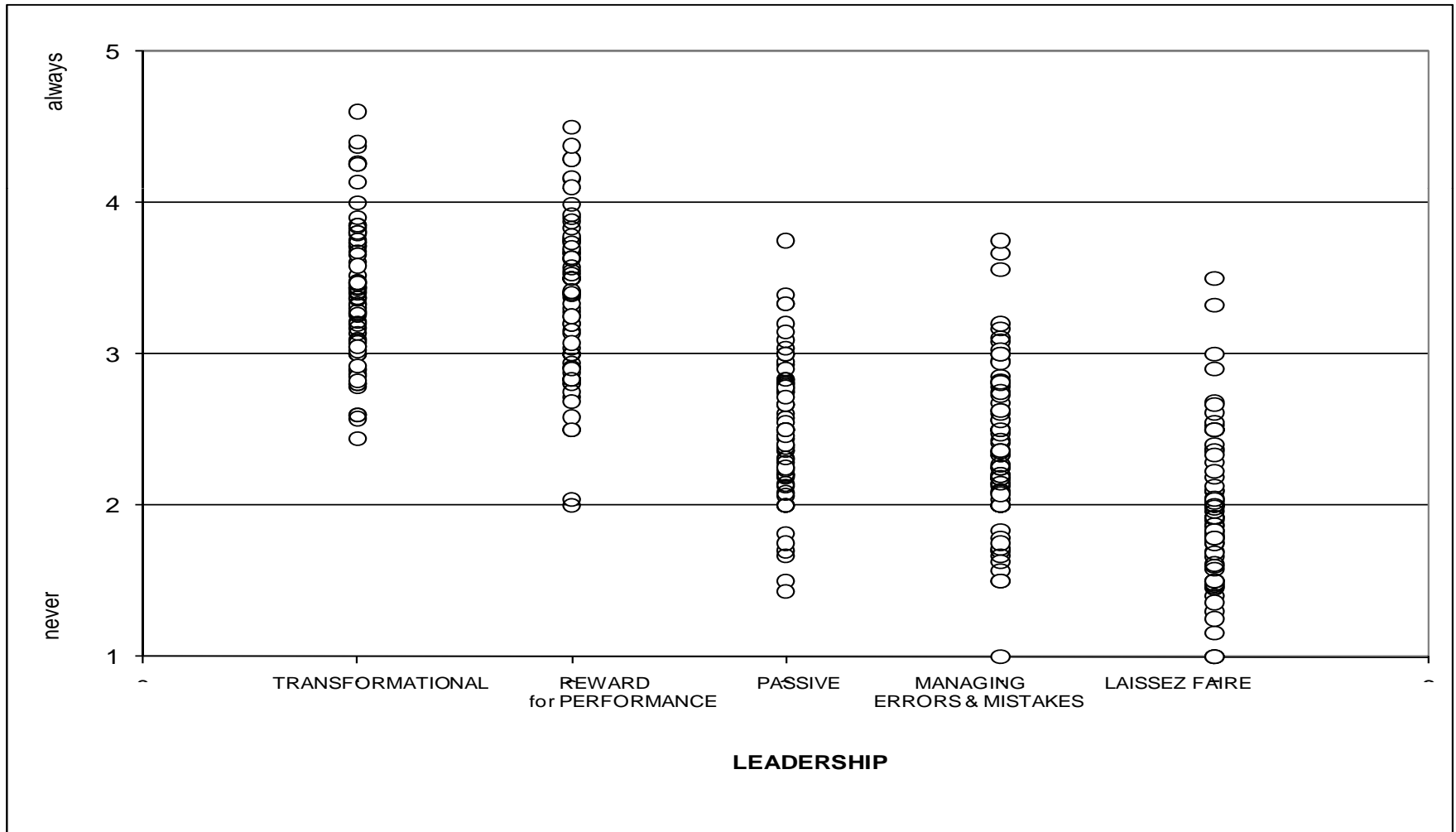


Job Satisfaction

My job gives me a lot of satisfaction
My job is very meaningful for me
I am enthusiastic about my present work
My work gives me an opportunity to show what I am worth



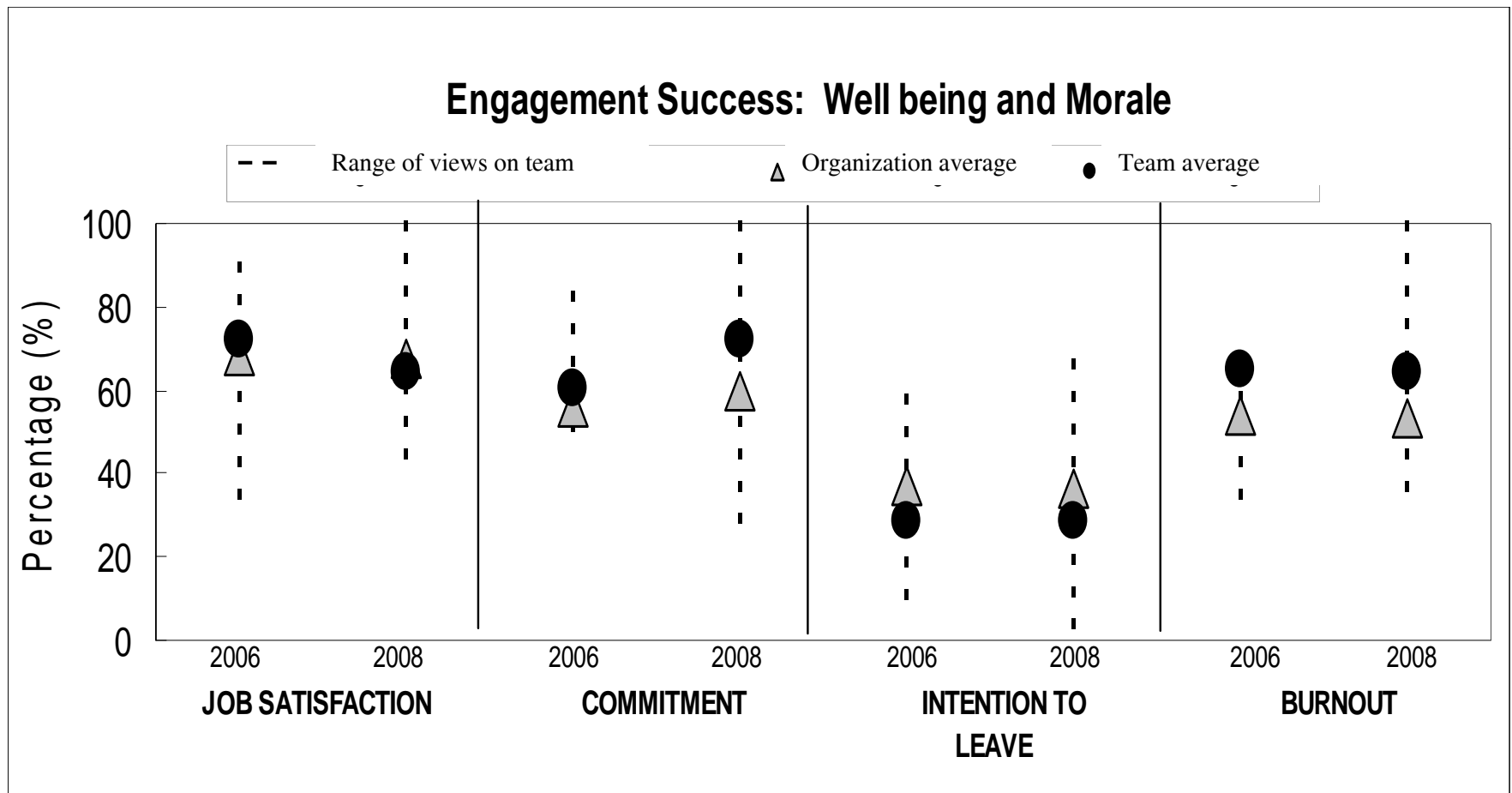
Looking more closely: Within teams





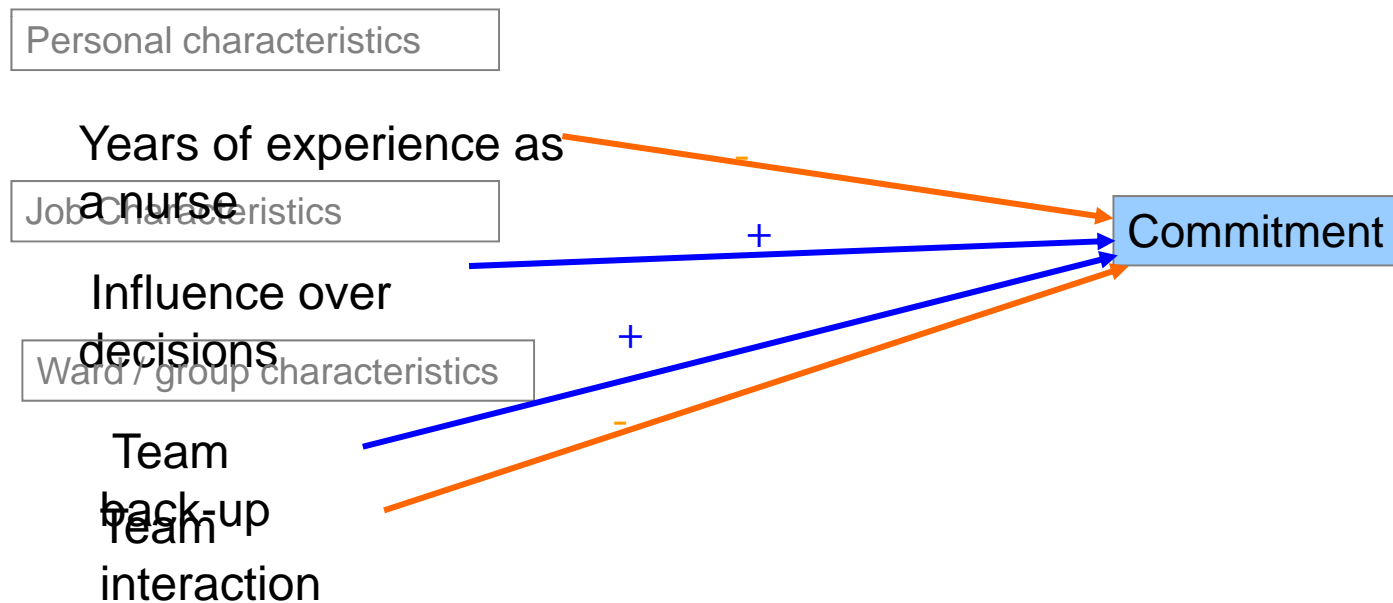
And more closely still: Team level feedback

A sample graph from a team workbook and facilitators guide



Strategic feedback to the organisation

Preliminary Driver Analysis: What factors drive changes to well being and morale



These results are statistically significant, controlling for level of commitment in 2006 for the matched sample



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Summary of results from driver analysis – from matched sample

Job Characteristics

- Autonomy – increases job satisfaction and improves patient care
- Opportunity to use skills – increases job satisfaction
- Influence over decisions – increases commitment and voice, and reduces intention to leave
- Work-demands – increases burnout, reduces patient care

Ward / team characteristics

- Interpersonal conflict – increases burnout and reduces commitment
- Team back up – increases commitment and reduces intention to leave
- Team coordination – increases patient care but reduces voice
- Transformational leadership – reduces intention to leave



Some final thoughts

- sharing the results has prompted the opportunity for conversations – about the **way we work** and **what sort of organisation we want to be**
- facilitated discussion with teams provides the opportunity for teams to reflect, think and share learning about their team and their team working effectiveness
- working with people, taking into account the **local context and dynamics** will help promote buy in
- electronic media is useful but it is the **communication and collaboration** that builds relationships and helps engage people
- **executive leadership and commitment of** resources is crucial

