



Sarah W. Fraser & Associates

5 Cuddington Rd, Dinton, Aylesbury, Bucks, HP18 0AB, UK

Tel: 01296 747543

Fax: 07092 344044

sfraser881@aol.com

VAT No. GB 768 4847 67

37 Kawanakoa Place, Honolulu, Hawaii 96817
Tel: +1 (808) 528-2433 temenos@lava.net

Report on
Vital Signs of Cultural Health

for

XX

June 2003

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1. Executive Summary

This survey was carried out in April and May 2003. A total of 95 useable responses were received, 13% from administrators, 13% from doctors, 39% from managers and 35% from nurses.

Overall employees have high confidence in the quality of care afforded the 'average patient'. However, the confidence felt by the providers themselves, the doctors and nurses, is noticeably lower than administrators and managers who are further from the 'coal face'. This difference is significantly correlated with the reported high levels of frequent verbal abuse experienced or observed by all respondents, and again, in particular doctors and nurses.

The xx Hospital Trust provides, for most people, a magnetic working environment; namely, one they would recommend to a good friend seeking employment. Given the documented correlation between verbal abuse and staff turnover, these results must be examined with two points in mind:

- (a) Is the xx the 'only game in town' such that people see themselves as having no other options?
- (b) Have healthcare professionals just become hardened to accepting that high levels of verbal abuse are 'just the way things happen in the profession'?

The xx's currently middle of the road state of affairs with respect to free flowing open and honest two way communications will be put to the test in dealing with its current state of cultural health.

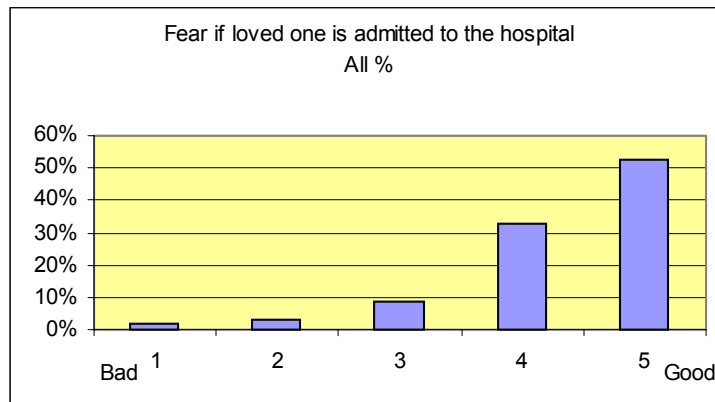
Recommendations

This survey contributes to modernisation, personal and organisational development activities currently underway within the organisation. It is intended to provide a specific focus on cultural health. While being part of a national health system with its own funding, performance and governance requirements can sometimes feel limiting, we encourage you to look beyond the 'obvious' restrictions and to see how, in fact, cultural health is having an actual impact on the care patients receive from your organisation.

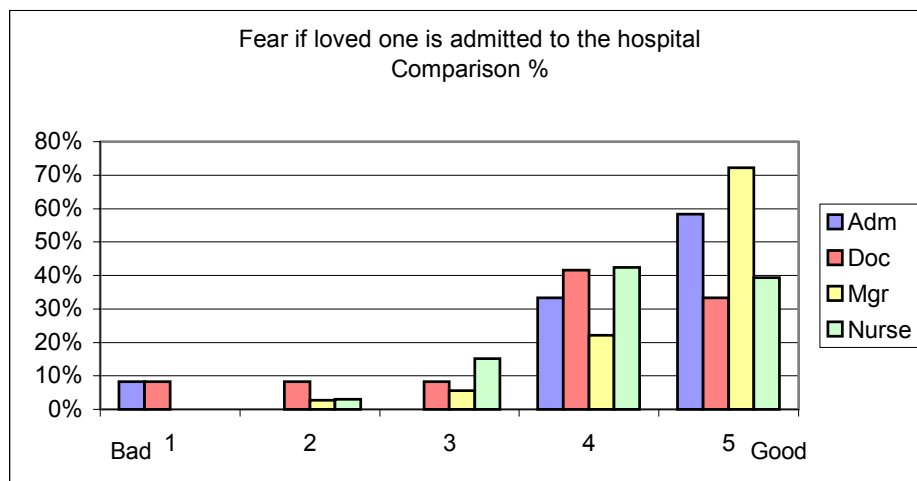
1. This report needs to be reviewed by senior management. A series of questions in Section 8 of this report are designed to help you review this survey in the light of the wider perspective of development and operational activities within the xx.
2. The issues raised and the action plans to resolve them need to be integrated into the existing modernisation plans, adding in any new techniques and initiatives as you may require.
3. A large number of staff spent time answering the survey and they deserve receiving feedback on the results and the action plans.

2. Confidence in the hospital

This question elicited a response testing how fearful the respondent is about a certain person being on duty if a loved one is admitted to the hospital. A high score (5) is good and indicates they are unlikely to be concerned and a low score (1) is bad and means they are very likely to be concerned. The ideal is for anyone 'coming off the streets' to be assured of getting the same VIP treatment as would the partner of the hospital's most senior doctor... whether or not s/he was in town to oversee the care. And while for over 50% of respondents there are no concerns, for one in 7 suggested they would have some degree of anxiety about the care a loved one would receive if 'So-and-So' was on duty. The issue for the hospital is (a) what standard is acceptable, and (b) how you will dig deeper to uncover the causes of the anxiety that does exist.

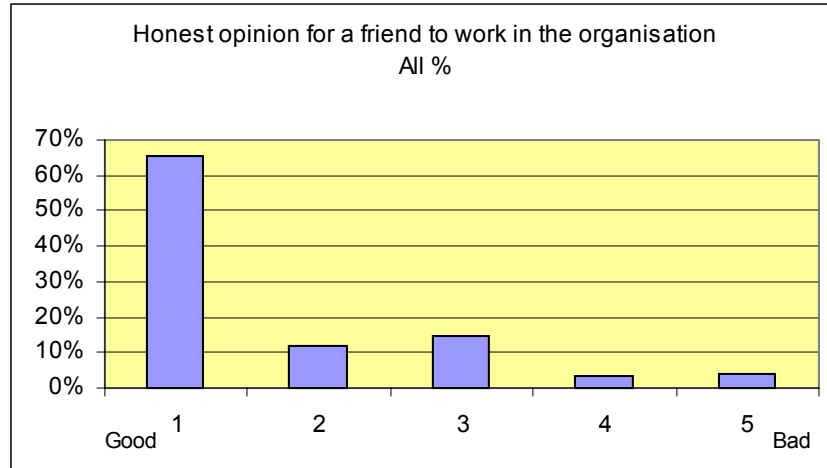


The role sub-group comparisons are concerning. Those closest to the source have the greatest anxiety about the source. It suggests the problems are known by the doctors and nurses and are not being shared with the managers, possibly because the 'fraternity' does not expose its own, (see *communications flow data*) or because you get verbally abused if you talk about your concerns about someone's competency or approach to care (see *verbal abuse data*).

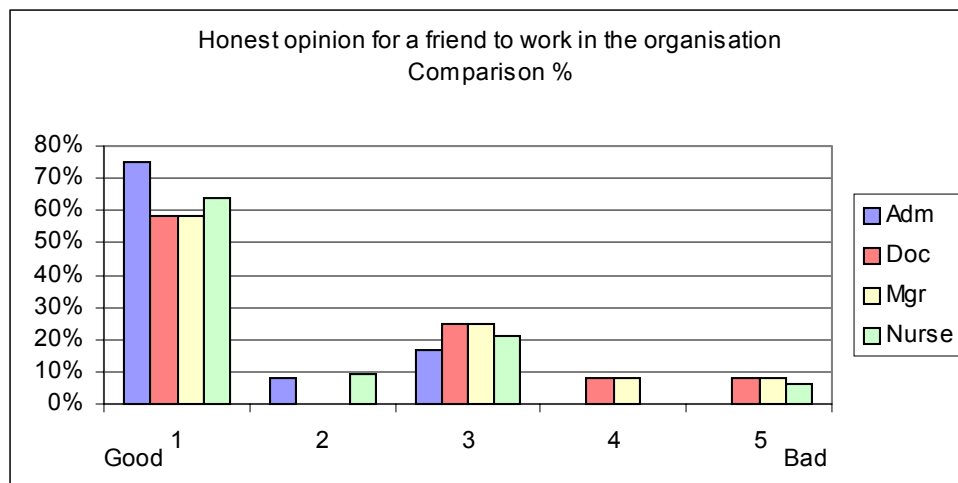


3. Recommendation for working in the hospital

This question assessed the opinion of the respondent in encouraging, or not, a colleague to accept a job at the xx hospital. It signals how satisfied staff are working in the hospital. A low score (1) is good and indicates they would recommend a friend "Go for it" and a high score (5) is bad and indicates they thought they would "End up being sorry" if they went for the job.

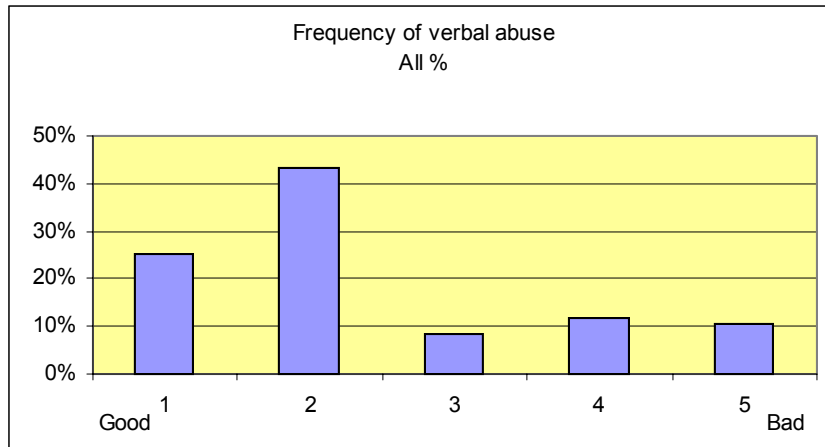


Two thirds (65%) of respondents would suggest to a highly motivated and achievement orientated friend that the organisation is a good place to work and they should go for the job. However, the data can, and often does, signal a satisfied work staff, if, and only if, people are actually free to leave and feel they have other viable employment options. Turnover and morale are only correlated when turnover is a viable option.

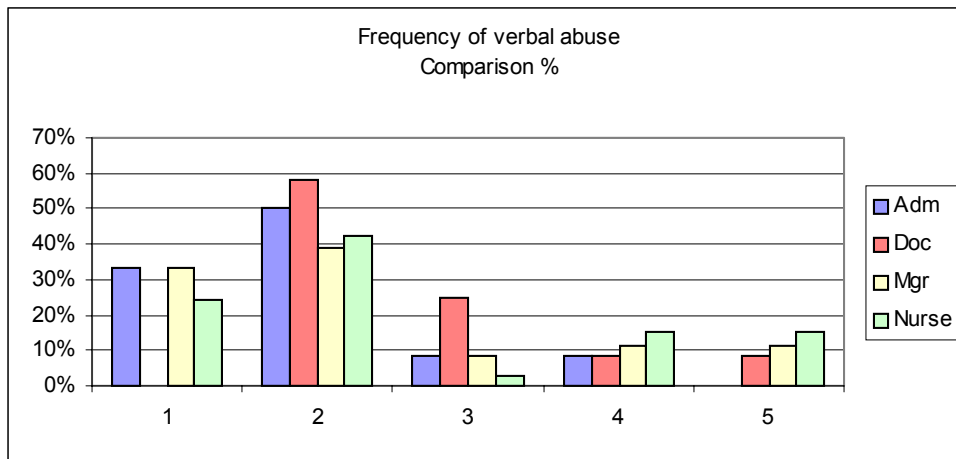


4. Frequency of verbal abuse

Respondents were asked to indicate how often they experienced or overheard verbal abuse involving either a colleague or a patient. A score of 1 is good and indicates "Not once", 2 means "Once or twice in the last month", 3 is "Once per week", 4 is "More than once per week" and 5 is "Almost daily"



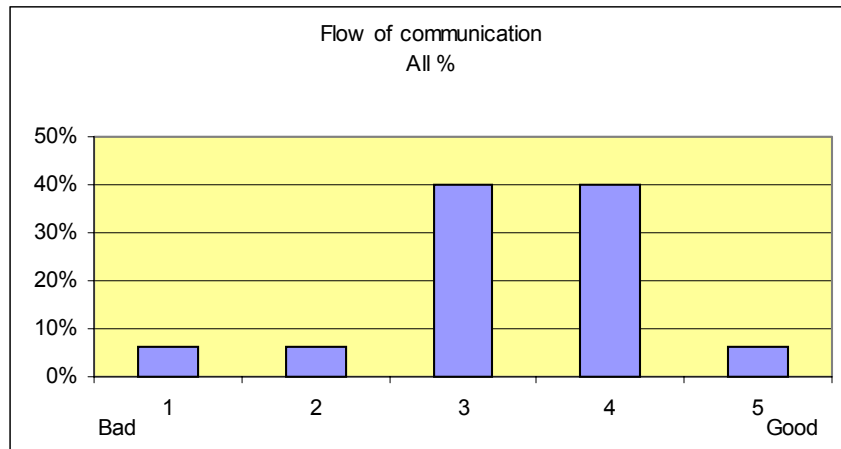
42% of all respondents reported experiencing or over hearing verbal abuse at least once or twice a month. Even more concerning are the numbers reporting a more frequent experience; 31% once or more than once a week (scores 3 + 4 + 5), of which 11% report daily experiences.



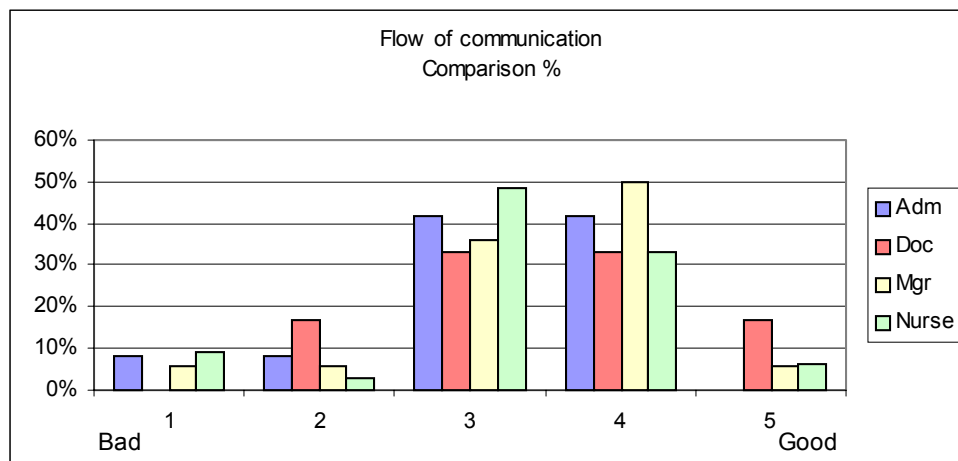
Overall, medical and nursing staff reported more verbal abuse than administrative or managerial staff. In particular, over one third (30%) of nurses and managers (30%) indicated they experienced or overheard verbal abuse either daily or more than once a week. Also significant is the number of doctors reporting they regularly experience or overhear verbal abuse; every doctor reported a level of verbal abuse. This data suggests there is a high awareness of verbal abuse that may be going unreported and not dealt with, and this may have an adverse impact onto patient care.

5. Flow of communication

This question asked respondents to assess how free and open are the communication processes in the organisation. A low score (1) is bad and means “People are fearful about speaking up”, a moderate score (3) means “Some people are willing to hear the truth, but you have to be very careful”, and a high score (5) is good and indicates “Two-way communications always flow freely and openly”.

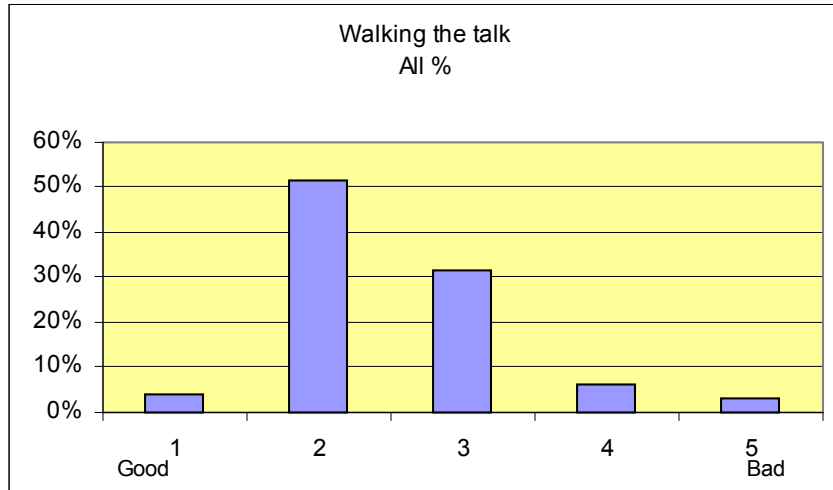


60% of the nurses, 50% of the doctors and 48% of the managers indicated their fear at speaking up and that ‘you have to be careful with whom you speak openly and freely’ (scores 1 + 2 + 3). The xx may not have totally blocked communications arteries, yet, but there is definitely some *constriction* and *restriction*. And the problem with *constriction* (not breathing smoothly and easily and holding one’s breath in fear) and *restriction* (with-holding information – which is a normal way to try to minimise verbal abuse) is that both increase the probability of a serious ‘attack’ down the road: in the form of an apparent ‘surprise’ crisis that has been buried or not diagnosed; in the form of emotional outbursts; in the form of burnout and its risks of turnover or serious medical mistakes; etc. Put simply, any human emotional mental energy spent having to be careful what truths I say to whom for fear of whatever consequence, is human emotional mental energy that is unavailable to be care-full toward patients.

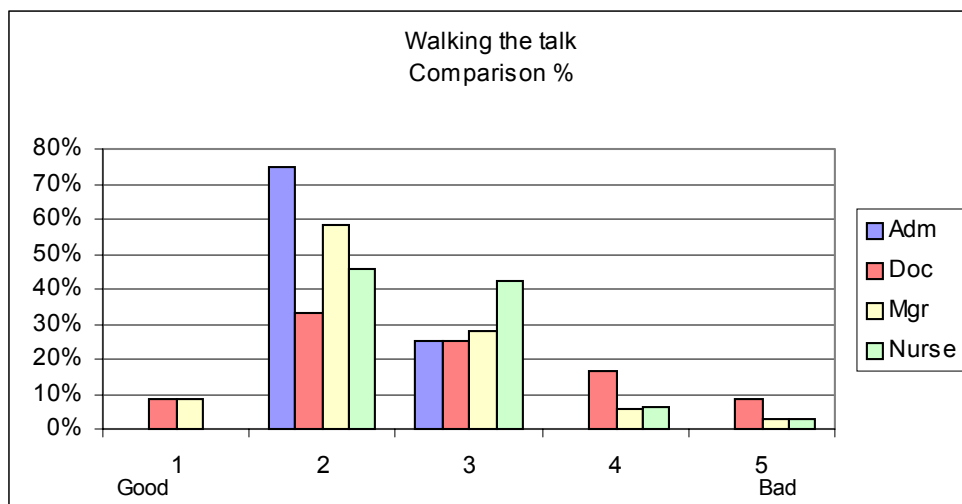


6. Walking the talk of purpose and values

This question assessed how respondents felt the purpose and values of the organisation were brought to life by what gets done by managers and clinical leaders in the hospital. A low score (1) is good and means “*They are all walking their talk*”, a moderate score (3) means “*It’s still a mixed bag – some are trying, some are just going through the motions*” and a high score (5) is bad and indicates “*The rhetoric, the talk, is still badly misaligned with the walk*”.



The more leadership is ‘just going through the motions’ or worse, the more other people’s emotions are being sapped but the lack of integrity. The xx has almost 40% of its leaders perceived as ‘going through the motions’, or worse (scores 3 + 4 + 5).



7. Management Review Questions

A key action for the xxx will be to integrate the results of this survey into other ongoing organisational and personal development work. The following questions are designed to help you understand the importance of cultural health and its impact on performance and patient care, as well as guide you to develop an action plan.

- ❑ How satisfied are you with your current organisational performance? What prevents you from achieving your goals and objectives? To what extent do staff relationships with other organisations help or hinder your performance?
- ❑ What impact is the financial impact of your state of cultural health? How many employment tribunals and complaints are being managed and what do these cost the organisation on an annual basis? What is the trend for staff turnover and the costs associated with this?
- ❑ How many patient complaints are being handled and how many could be avoided by improved communication and relationships between staff and with patients and their carers? What is the annual cost of handling patient complaints and clinical negligence claims?
- ❑ What problems do you experience that you feel working on communication and interpersonal behaviour would resolve; for example, managerial and clinical errors, recruitment and retention, commitment and engagement in modernisation work etc.
- ❑ Where in the organisation are there specific issues, either departmental or personal, that if resolved, you feel would have a significant impact on improving staff satisfaction and working relationships; specifically, where would you prioritise your efforts to reduce verbal abuse?
- ❑ What current modernisation, organisational and personal development activities currently underway within the xx can be used to work on some of the issues raised in this survey? To what extent do they help improve communication and interpersonal relationships between staff? What extra support do you need?

8. Notes

This survey was provided for the NHS Modernisation Agency . The results are confidential to the organisation.

The Vital Signs Assessment Survey (VSAT) is designed by and copyrighted to Temenos Inc., USA.