



## Perspectives

# Creating a culture of high-quality care in health services

Michael A. West<sup>a,b</sup>

<sup>a</sup>Lancaster University Management School, Lancaster, United Kingdom

<sup>b</sup>The King's Fund, London, United Kingdom

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## ABSTRACT

Creating a culture of high-quality care in health services requires an understanding of the key elements of culture and consideration of how such elements can be nurtured. This paper draws on extensive research within the United Kingdom National Health Service (NHS) to describe the importance of visions of high-quality care that are not just promulgated by leaders, but also enacted at every level of a health-care system. It is also necessary to set clear challenging objectives to improve quality at all levels. The research shows that a key determinant of health care is the extent to which staff are managed effectively by promoting their satisfaction and commitment via supportive, compassionate, respectful, and appreciative supervisory leadership, along with appropriately designed human resource management practices. Staff engagement is higher in positive, optimistic, and supportive work-place climates and where there are high levels of trust in leadership. Teamwork is fundamental to high-quality care, but requires well-defined teams with clear objectives, interdependent working, and regular reviews of team performance.

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## Introduction

This paper describes six key elements that are necessary for sustaining cultures that ensure high-quality, compassionate care for patients. These elements are: inspiring visions, clearly aligned objectives at every level of a health-care organization, supportive and enabling people management, high levels of staff engagement, and effective teamwork.

## Visions of high-quality care

In order to create cultures of high quality, compassionate, and safe care for patients, leaders must prioritise a vision that focuses on such care and emphasizes it as the core purpose of their organization. They must make it clear continually and at every level of their organizations that high quality, compassionate, safe care is the core purpose of their organizations. This purpose must be in the DNA of their organizations so that all staff understand and live by this commitment (Dixon-Woods et al., 2013).

Government ministers, regulatory bodies, top management teams, directorates, departments and team leaders must all make it clear that high-quality compassionate care is their purpose and

priority also rather than sending conflicting or ambiguous messages suggesting that productivity or cost effectiveness are more important than care quality. When any of these bodies adopts an orientation suggesting high quality care is not the top priority, they start to corrode clarity about the purpose of health services (Dixon-Woods et al. 2013).

Targets, productivity, cost cutting, efficiency, and meeting regulatory requirements are all hugely important, but high-quality care must be the top priority. If productivity becomes more important than high-quality care in an organization's culture, the road to poor care and mistreatment becomes much shorter. Cost-effectiveness is vital, but leaders must be vigilant in ensuring that their concern with this element does not trump a concern with delivering high-quality, safe, and compassionate care (National Advisory Group on the Safety of Patient in England, 2013).

Visions are not just statements; the messages that leaders send about their priorities are communicated more powerfully through actions than words. The areas that leaders monitor, attend to, measure, reward, and reinforce shape the efforts of staff. If leaders spend more of their time in meetings discussing targets, efficiencies, productivity, and costs than addressing patient experience, quality of care, and patient safety, these priorities will permeate throughout the organization and shape the culture accordingly.

Similarly, senior leaders who ignore staff concerns and stress, avoid discussing workload pressures, and fail to deal with system

E-mail: m.a.west@lancaster.ac.uk

problems (blockages in patient pathways, unnecessary bureaucracy, inter-departmental conflicts) will undermine the espoused message of high-quality care. Furthermore, when leaders treat staff brusquely, rudely, uncaringly, and disrespectfully, they will create a culture in which patients are treated in the same manner.

Vision and mission statements, however often they are repeated in written or verbal form, will not be trusted by staff who experience different cultures in practice. Cultures are about what we value, what we do, and what we come to take for granted as the correct way to behave. This starts with our visions of the kind of health-care system people want in their society (Schein, 2004).

### Clear objectives in health services

Health services staff are often overwhelmed by tasks and are unclear about their priorities, which can result in stress, inefficiency, and poor-quality care. Vision statements and mission statements about high-quality and compassionate care provide a directional start for staff in health-care organizations. However, these statements must be translated into clear, aligned, and challenging objectives at all levels in the organization in order to create a culture that is truly focused on high-quality care. Such shifts will radically transform the effectiveness and efficiency of a health-care organization.

Research into organizations over the last 60 years has shown that when people have clear objectives at work, they are motivated to work harder and smarter and to develop new and improved ways of working (Locke & Latham, 2013). Employees need clear objectives, which ultimately derive from the organization's vision, mission, and strategy. The organization's top management team should have five or six clear objectives for itself (many do not have these). Each directorate, department, and team should have its own objectives, as should every individual (via their appraisal process). These objectives should be aligned across the organization so that efforts are collectively focused on achieving the same outcomes; namely, high-quality, safe, compassionate care; high-quality patient experience; efficiency; and innovation.

Good objectives must be limited in number (a maximum of five or six), specific, and challenging. Research has shown that there is a linear relationship between how challenging a person's goals are and their subsequent performance, except when the goals are clearly unattainable (Locke & Latham, 2013). Therefore, staff appraisals should involve the setting of challenging goals. The SMART acronym (objectives that are Specific, Measureable, Achievable, Relevant and Time-based), useful though it is, omits this critical element of good objectives, probably because agreeing on challenging objectives can be uncomfortable for both appraisees and appraisers since there is an implied tension in asking a person to agree such objectives.

One of the implications of the recommendation to set challenging objectives, is that people should not be expected to achieve all their objectives and should certainly not be censured for not achieving them, as this will simply lead them to resist setting challenging objectives in future. Progress towards goal achievement, rather than just the attainment of the goals, should be celebrated and recognized, but doing so requires a change in leadership mind sets.

It is also important to establish measures with which to assess progress towards achieving goals so that this information can be fed back to staff. In order for employees to learn, adjust their efforts, identify and overcome obstacles in their work, and improve performance, they must be given constant feedback on their performance. In addition, leaders must support staff to help them achieve their objectives by removing obstacles and building skills.

One of the five or six objectives every team in every health-care organization should be to improve the effectiveness with which the team works with other teams to deliver care (or whatever the task focus is). Inter-team working is as important to health service success as intra-team working (Richter et al., 2006).

Having clear objectives diverts attention away from irrelevant activities, activates relevant knowledge and skills, and helps increase staff's efforts and persistence. Such objective setting also increases staff's interest in their work, promotes success (and therefore satisfaction), and ensures that the efforts of staff are being directed towards a sensible number of strategically important objectives across the entire organization. Implementing this simple guidance across an organization can have an enormous impact on the organization's performance. It is also important to ensure that objective-setting motivates not just the 'what', but also the 'how' of delivering care. Caring, compassionate, safe, and high-quality care is what staff want to deliver and what patients need. Therefore, this must be built into objective setting and staff development across the organization.

### People management is a simple equation

Simply put, if staff are expected to treat patients with respects, care, and compassion, the staff must be treated in the same way. Research has shown that directive, brusque managers dilute the ability of their staff to make good decisions, deplete their emotional resources, and hinder their ability to relate effectively to patients, especially the most distressed or emotionally challenging individuals (Stordeur, D'Hoore, & Vandenberghe 2001).

The UK NHS national staff survey data, collected between 2004 and 2013, is related directly to patient outcomes. The present study has identified clear links between staff experience and patient outcomes (<http://www.dh.gov.uk/health/2011/08/nhs-staff-management/>). According to the data, patient satisfaction is highest in organizations where staff report clear goals at every level. In such organizations, patients indicated having experience good communication with staff and felt involved in care decisions. Staff members' views of their leaders are strongly related to patients' perceptions of the quality of care: the levels of satisfaction and commitment that staff report correspond to the levels of satisfaction reported by patients. In particular, when staff report high levels of support from their immediate manager, patients report having received better care, staff who are more positive about their work generally, have patients who are more positive about their care. If leaders and managers create positive, supportive environments for staff, the staff will create caring, supportive environments and deliver higher quality care for patients (Woods & West, 2010).

From another perspective, when staff report poor health and well-being, organizations have higher injury rates, patients are less satisfied, the Care Quality Commission (the UK's national audit body for health-care) reports poorer quality of care, and hospitals even report poor financial performance. When staff report high work pressure, patients report too few nurses, insufficient support, and a lack of privacy and respect in their treatment.

Our data also shows that the spread of good HRM practices to include more staff is associated with low and decreasing levels of patient mortality (West et al, 2002; West et al., 2006). However, the data also shows that a well-structured appraisal leads to high staff engagement, better health and well-being, while poorly structured appraisals have no effect. Although the proportion of staff receiving appraisals in the NHS has increased from approximately 60 percent to 76 percent over the last decade, the proportion who report having received *useful* appraisal conversations has barely shifted from 35 percent. The challenge is to ensure the quality of HR practices is high in order to contribute to good staff performance. Many appraisals are box-ticking exercises, according to staff, that do not enable staff to do their jobs better, do not involve good objective setting, and do not leave staff feeling valued and respected (<http://www.dh.gov.uk/health/2011/08/nhs-staff-management/>).

There is also evidence that HR practices – from recruitment through to induction, training, and appraisal – should focus on

encouraging high-quality care and compassion. Such HR practices are likely to be more effective at delivering high-quality health services than general HR practices (Hong, Liao, Hu, & Jiang, 2013).

Overall, it is clear that when health-care staff work in a climate that they consider to be positive and supportive, as evidenced by coherent, integrated, and supportive people management practices, there are low and declining levels of patient mortality. In addition, the associations between good people management, patient satisfaction, and health-care outcomes are consistent across all the domains of health-care – acute, mental health, primary care, and ambulance. The challenge is to ensure the simple equation is understood and enacted throughout health services.

### Cultures of engagement

So far, we have explored three elements of culture: the importance of leaders enacting (and not just espousing) high-quality, safe, and compassionate patient care as their top priority; clear and challenging objectives that focus on improving quality at every level of the organization; and effective, enlightened people management that ensures staff are treated with respect, dignity, care, and compassion. The next element in creating the conditions for cultures of high-quality care is staff engagement.

Engagement describes an experience of work as being sometimes exciting, meaningful, energising, affirming, stretching, and connecting (Schaufeli, Bakker, & van Rhenen, 2009). The term “engagement” includes three elements: the extent to which staff are intrinsically motivated and excited by their jobs; the extent to which staff would act as advocates for their organizations, recommending family or friends to get treatment there or to work there; and the extent to which they are involved in decisions, proposing and implementing ideas for new and improved ways of doing things, for example (Bakker, 2011; Bakker et al., 2008).

Given that health-care is, rightly, evidence-based, what evidence is there that engagement is important for creating cultures of high-quality care? Data from the UK National Staff Survey reveals that staff engagement trumps all other measures (staff satisfaction, leadership, HRM practices) as the best overall predictor of organization outcomes. Staff engagement predicts care quality and financial performance (based on CQC ratings), patient mortality (in the acute sector), patient satisfaction, and staff absenteeism, health and wellbeing, and stress (negative relationship) ([http://www.kingsfund.org.uk/publications/leadership\\_review\\_12.html](http://www.kingsfund.org.uk/publications/leadership_review_12.html)). The above results are consistent across primary care, ambulance services, mental health services, and acute hospitals. Moreover, the data shows how increases in staff engagement in organizations over time are associated with subsequent improvements on these outcomes. In other words, we know that the direction of the relationship is more strongly from engagement to outcomes than vice versa. It is not simply that the staff of high-performing organizations feel more engaged, although this does follow to some extent.

It is especially noteworthy that involvement in decision making is the most important component of the engagement measure for predicting outcomes. Radically promoting innovation and involvement of staff at all levels to meet the challenges facing the service in terms of delivering high-quality, safe, and compassionate care to all represents a key challenge for leaders in health services. Command and control cultures do not work in health-care organizations internationally or elsewhere as our recent review of the international literature shows (West, Topakas, & Dawson, in press).

What must leaders do in order to promote staff engagement? Good leaders create a positive climate that makes staff feel engaged and gives them the emotional capacity to care for others. A fundamental, but poorly understood aspect of leadership in health services is that the negativity in health service organizations in

terms of fear, pain, anxiety, loss, and uncertainty, must be counterbalanced with positivity. Expressions of gratitude, appreciation, support, and encouragement to staff cost nothing, but can have a profound impact on patient care. Good leaders work to build cohesion, optimism, and a sense of efficacy among their teams and organizations (Fredrickson, 2013).

Creating a positive environment for staff means being genuine, open, curious (wanting to learn), kind, and appreciative. Such cultures can be nurtured by encouraging team cohesion, developing a sense of team optimism about the work, and building a sense of efficacy. Good leaders enable their team members to feel confident about the team's ability to achieve its goals and deliver high-quality, compassionate, and inspiring care.

Good leaders listen constantly and carefully in order to learn about the obstacles and hindrances that frustrate front-line staff, and then work with the staff to overcome these issues. They also take the more difficult problems to more senior leaders and mandate them to help find lasting solutions that enable staff to deliver the desired level of care. Such approaches are essential if health services are to meet the challenges of the sector and deliver the care the public wants and needs. This includes the most senior health service leaders challenging politicians where necessary.

Such approaches also involve dealing supportively and decisively with behaviors that create negativity, stress, and disengagement within the team or organization. Good leaders spend time coaching individuals who are abusive, have bad interpersonal relations with others, are rude or brusque with staff or patients, or who are not performing effectively. Ultimately, staff members whose behavior threatens the development of a culture of high-quality care for patients and who are unable or unwilling to change must leave the organization.

Another role of a leader is to look for opportunities to turn negatives into positives, help staff learn from their negative experiences, and develop strategies to prevent or cope (Bledow, ROsing, & Frese (2013). Leaders can also debrief and affirm the constructive way in which the staff member should deal with the situation. While leadership training tends to neglect the importance of helping staff turn negatives into positives, this is a key aspect of nurturing cultures of compassion.

Trust lies at the heart of engagement. Staff will commit their motivation, emotion, energy, creativity, commitment, and kindness towards patients to the extent that they trust their leaders (Macey et al., 2009). It is therefore essential to treat staff with respect, care, compassion, dignity, support, and honesty. This includes not displaying favoritism. Good leaders strive to be transparent, just, genuine, and engaged in their roles as key in nurturing culture. Further guidance on developing a culture of staff engagement in health services is available in the form of a toolkit on the NHS Employers' website: <http://www.nhsemployers.org/EmploymentPolicyAndPractice/staff-engagement/Pages/Staff-Engagement-And-Involvement.aspx>.

### Health service teamwork

Cultures of quality and safety require strong teamwork values. Health-care staff must work interdependently across professional boundaries in order to provide safe, high-quality care for patients (West & Lyubovnikova, 2012; West, 2013). There is evidence that in environments in which multi-professional teams work together, patient satisfaction is higher, health-care delivery is more effective, there are higher levels of innovation in the provision of new and improved ways of caring for patients, lower levels of staff stress, absenteeism and turnover, and more consistent communication with patients (Salas et al., 2013).

There is general consensus that teamwork is a good thing, and most people in the UK NHS (91 percent) say they work in a team;

however, the true estimate of staff working in real teams is probably nearer 40 percent at best (West & Lyubovnikova, 2013). Approximately half of NHS staff report that they work in teams, but that their teams do not have clear objectives or do not work closely together or do not meet regularly to review their performance. These are basic characteristics of teams, and higher numbers of people working in such teams in an organization are associated with higher levels of errors that could harm patients or staff, higher numbers of injuries to staff, higher levels of harassment, bullying, and violence against staff, and higher levels of staff absenteeism and patient mortality. The corollary is that the more staff working in 'pseudo teams' (that is, teams that lack one or more of the above-mentioned characteristics), the worse the organization performance is on all those dimensions (West, Dawson, Admasachew, & Topakas, 2011). This leads to the question of why so many health-care staff appear not to work in well-functioning teams?

The answer to this question is primarily due to poor management and leadership that results from a lack of knowledge about teamwork. They think they understand what good teamwork is and that they do not need to make a great effort to achieve it. Good teamwork in health-care requires clarity about the basics of good teamwork and a focused and sustained effort to achieve those basics in practice. According to my own research (West, 2012), the basics of good teamwork are as follows:

- Good teams are clear about their task as a team and have stated this as an inspiring and (where appropriate) patient-centred purpose.
- Good teams are clear about what skills the team members need to achieve the above-mentioned purpose, and therefore make appropriate choices about who the team members should be. They should not have inappropriate skills, display aggressive or disruptive behavior, or be supernumerary.
- Teams should be clear about who the members of the team are. Most teams we have encountered in NHS organizations do not agree about who is in their team.
- Team size is an issue. Once a team exceeds eight or nine members, effective communication and coordination become more difficult. Some organizations have teams with in excess of 50 people, which is the equivalent of a small-to-medium-sized enterprise.
- Team members must clearly understand their roles and the roles of other team members so that there is no ambiguity about who is responsible and accountable for what tasks.
- According to our data, the most important factor contributing to effective teamwork in health-care is that teams set five or six clear, challenging, measurable objectives every year. The aim is not just to get the job done but to achieve significant improvements year on year in terms of quality, safety, and patient experience (in the case of front-line teams, although the need for improvement applies to all teams in health-care). Where such objectives are set, health-care teams are more effective, innovative, and satisfied, and patients receive better-quality care and report higher levels of satisfaction. Those objectives also constitute a core part of the agenda for regular team meetings.
- Among well-functioning teams in health services, one of their objectives is *always* to significantly improve the effectiveness with which they work with other teams within (and sometimes outside) the organization.
- Research has shown that teams with a positive, supportive, humorous, appreciative atmosphere deliver better care (for example, doctors in such teams will make more accurate diagnoses) and staff are significantly less stressed. Positive teams are more optimistic, cohesive, and have a stronger sense of their efficacy as a team (West, Patera, & Carsten, 2009).
- Teams must also meet regularly and have useful meetings that enable them to reflect on the quality of care they provide and

how to improve it. Teams that regularly take time out to reflect on their objectives, strategies, processes, ideas for innovation, etc. are not only much more productive, but also more innovative than teams that do not do those things. Such teams are also better able to respond to work pressures and adversity by innovating rather than feeling overwhelmed and helpless (Widmer, Schippers, & West, 2009).

The challenge of teamwork is to ensure it is properly applied in modern health-care organizations (see [www.astonod.com](http://www.astonod.com) for how to do this, plus a range of measures to assess team working). The payoff is significant in terms of patient care, compassion, financial performance, errors, and staff stress.

In conclusion, the practical steps necessary to create a culture of high-quality, safe, and compassionate patient care are relatively clear. The challenge is for leaders to ensure these steps are taken, from the senior management level to the front-line delivery of care. These steps are essential for the development of health services focused on delivering high quality and compassionate patient care.

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