

Facing up to tough realities: how to play your part well

**An analysis of
current NHS
culture and the
role of personal
influence in
improvement**

**An evidence-
based resource for
NHS staff.**

**designed to spark
conversations on
tricky topics**

It is helpful to distinguish between problems and predicaments



A problem has a solution that fixes it, returning a situation to its original condition

A broken laptop - IT fix
A soiled bed - change it
Too hungry to work - eat

A predicament by contrast, has no solutions, only outcomes that can be responded to, but no response can erase a predicament and return to original condition

Staff groups not communicating
Staff not feeling listened to
Increased patient complexity
Redeployment to other areas
Theatres starting late

Staff, particularly managers, deal with both on a daily basis. Some people are natural problem solvers but in complex healthcare, multiple problems can occur at the same time, for different people, usually a symptom of broader predicaments.

Predicaments do not require a fix-it approach, but instead - thought, consideration, cross-party discussion, communication, trial, error and an acceptance that no-one has the definitive answers that return the situation to a golden problem-free state.

'It's a relief to come to the realisation that there is not necessarily an answer to this - no immediate resolution. Going to continue to be tough and it's not going to be sorted' (Matron reflecting on her shift in perspective)

The fix-a-problem approach is having limited success, and this is having negative impacts on staff and how they feel at work.

For professionals and committed staff who want to give their best to their patients, not being able to remove or prevent the endless flow of problems that they face each day is highly distressing. This can lead to unhelpful **emotionally-fuelled behaviours**.

'You work til you're broken'

Denial

Tribalism

Burnout

Blaming others - incivility

Moral injury is a widely recognised term to describe the harmful impact that can arise from being forced to violate your moral or ethical code for reasons beyond your control (Williamson, 2021). This is another way of understanding why staff are employing often unhelpful strategies to protect themselves from these threats to their sense of identity and purpose at work.

The wider culture is impacted by the responses of individuals who are operating under threat

In the NHS, individuals' responses seem to collectively manifest in two different ways:

Those in positions of management with accountability for standards of care adopt 'comfort seeking behaviour': i.e. being unwilling to seek out data that challenges the sense that all is well:

'there has been an increase in reported bullying and harrassment amongst particular staff group, but we still rank higher than most in the region....so we are OK'

'We don't need to intervene in specific team dynamics as these will be sorted by our forthcoming service transformation project'

Those at the frontline delivering patient facing care exhibit conflicts and chasms between groups e.g.:

HCA's & nurses

HCA's & therapists

Physiotherapists & orthopods

Heart failure nurses & cardiologists

Surgeons & anaesthetists

Operational managers & clinicians

Healthcare staff & patients

These conflicts contribute to mass breakdown in team working, corroborated by patient feedback.

These cultural states are ubiquitous, affecting all attempts to eradicate problems and make improvements, but go largely unacknowledged, and definitely not prioritised.

Dixon-Woods & Martin (2023) Organisational culture: problem-sensing or comfort seeking, **NHS Providers** Guide to Good Governance in the NHS.

The power of personal influence

'the best we can ever hope for is that an organisation is self-aware, recognises their issues and deals with them effectively'

Moyes in Dixon-Woods & Martin (2023)

The organisation is not something out there to be fixed, but is made up of you, me, and every other individual.

Because we humans can exhibit behaviours that don't help, it is powerful to focus on ourselves as an effective way to improve culture.

This perspective is counter-cultural, but is growing. We can see this in initiatives that promote 'Kindness'; 'civility'; 'coaching', 'just culture'; 'culture champions'; 'wellbeing'; 'mental health awareness'.

Awareness of **personal impact** features in growing numbers of leadership development programmes

Psychologists have given us ways to understand and address our responses to pressurized situations: tools like Berne's **Transactional Analysis**, or the Thomas- Kilmann **Conflict model** can be used by competent, trained facilitators and coaches.

Berne (2010) Games People Play: The Psychology of Human Relationships

Thomas & Killman (1976) The Thomas-Killman Conflict Mode Instrument. **Group & Organization Studies**, 1 (249-251)

This resource is a collation of insights gained during the following Improvement Academy initiatives

Report 2020: **What Really Matters to Patients and their Carers?**

Based on interviews with over 130 patients and carers between 2017-2020.

Report 2022: **Beyond Demoralised: listening and responding to NHS frontline staff is everyone's business.**

Based on interviews with 60 staff between 2019- 2021.

Lightening the Load - staff morale pilots 2022/3.

Ethnographic and organisational development work with 2 clinical teams.

Various **improvement work** and support provided to clinical teams through **Improvement Academy programmes.**

The authors' own experience of **receiving coaching**, and then researching benefits/ applicability of coaching tools and techniques in health and social care.

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We will keep exploring the application of these ideas in practice.

If the ideas raised resonate with you and you would like to join in the conversation, please contact:

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