How do we improve organizational culture?
How do we improve organizational culture?

Once we measure culture and have debriefed the results, the next hurdle is, “How do we improve Culture of Safety?” First, deciphering the culture of safety survey results, along with insights gained during the debriefing process, is paramount. Matching this information with a performance improvement tool follows. Information discussed in this chapter can assist you with choosing tools to address concerns.

SCORE data gives critical insight into culture of safety foundational tenets: facility learning environment, perceptions of local leadership engagement, workforce resilience and burnout, safety and teamwork dynamics and workforce engagement.

Learning Environment

An important pillar of an overall safety culture is the learning environment. The elements in the survey associated with this domain point to the degree of openness and transparency that exist in the work setting. Strong learning environments foster open discussion, curiosity and exploration without ridicule or punishment. Rather, questions and learning from errors are supported and managed in a just manner, recognizing that the sharing of learnings from errors and improvements must be spread in order to transform work and reduce risks. Leaders with strong learning environments use methods that encourage input from all team members, respectfully review errors and solutions and use the learnings.

If the Learning Environment domain scores are low (≤ 60%), your facility may consider:

- Use of survey results in staff meetings to identify common causes and brainstorm solutions
- Use of survey results in safety huddles to identify common causes and brainstorm solutions
- Leadership Walkrounds centered on patient safety with Stoplight or Feedback reports related to problems solved
- “Bright Ideas” methods to get staff input for improvement
Leadership Engagement

The leader closest to the front-line staff team is foundational to managing the infrastructure that staff work within that promotes safety culture. Tied directly to the teamwork and safety climate is the provision of feedback which is a crucial leadership practice. To enhance psychological safety and to reduce stress, access to the manager is also important; the more predictable the environment, the less stress. The elements in this domain are clear and focused, allowing distinct interpretation and response, and they focus on local management access, interaction associated with the team member’s performance, feedback to staff, and setting clear expectations.

If the Leadership Engagement domain scores are low (≤ 60%), your facility may consider:

- Using the performance evaluation process in a constructive way to set expectations and to provide tangible feedback
- Making appointments between formal evaluation times to talk with staff about performance
- Rounding on staff (not patients) to be sure to make contact and provide positive feedback, to notice performance in a favorable way
- Creating an “Ask Your Leaders” section in the facility newsletter

Burnout Climate

There’s a phrase “culture eats strategy for lunch”. Well, resilience eats culture and process for breakfast. Staff with low resilience (burnout) cannot step up to the performance demands of a challenging work environment and do not have the emotional and innovation energy to cope with changes that may be unfolding around them, such as performance improvement (PI) projects or adoption of new technology.

Burnout domains are the “pace-ometer,” for a work setting, as it tells you the pace and intensity of interventions and efforts that are likely to be successful and sustainable. If burnout is low, taking on significant teamwork or safety related interventions is reasonable if this unit falls below 60% on either teamwork climate or safety climate. However, if this unit falls below 60% on the other major domains and the burnout score is above 40%, then an initial focus on recovering from burnout and work-life balance is important as a first step. If burnout is
high and changes are non-negotiable, recognize the burnout and be extremely transparent in discussions with associates – no surprises. Take on change as slowly and methodically as possible. The leader will have to support the team in more depth to manage change and to assure the sustainability of change. That should be incorporated in the planning of that change, such as modifying timelines, adding resources to support the team after implementation etc.

If the Workforce Resilience and Burnout domain scores are low (≤ 60%), your facility may consider:
- Taking on any new changes slow and methodically as possible.
- Supporting the team in more depth to manage change and assure sustained change.
- Adding resources to support your must affected units
- Making sure staff get their breaks and lunch time, even if it requires additional staff to get this done
- Making appointments between formal evaluation times to talk with staff their concerns
- Rounding on staff (not patients) to be sure to make contact and provide positive feedback for the job they are doing
- Rewarding staff innovation and professional accomplishments publicly

Teamwork
A low teamwork climate stems from persistent interpersonal problems among the members of a given work setting. When teamwork climate is low, employees feel that their coworkers are not cooperative, that their voices are not heard by management, and that their efforts are not supported. These feelings can deeply affect employee performance and patient outcomes.

If fewer than 60% report good teamwork climate, look at the teamwork items to see which aspect of teamwork pulled down the overall score: was it speaking up, conflict resolution (conflict may be between staff, between staff and physicians or related to process consistency conflicts), asking questions to clarify ambiguities, physician-nurse (or other inter-professional) dynamics, etc.
Rather than focus on teamwork in general, it is better to focus on the particular aspect of teamwork that is the biggest struggle for frontline workers, i.e., speaking up with concerns.
If the Teamwork Dynamics domain scores are low (≤ 60%), your facility may consider:

- Beginning the BETA Team STEPPS program
- Encourage staff to speak up (CUS)
- Develop a policy for and formally address disruptive behavior
- Educate staff on conflict resolution dynamics

Safety

Safety Climate scores predict clinical outcomes. When respondents report a low safety climate, they don’t perceive a real dedication to safety in their work setting. Safety climate is significantly related to caregiver safety (e.g., needle sticks, back injuries) and patient safety (e.g., bloodstream infections, decubitus ulcers), so low safety climate is critical to address.

If the Safety Dynamics domain scores are low (≤ 60%), your facility may consider:

- Integrating Just Culture principles into the facility everyday practices, including human resource management, risk management, patient safety and patient experience
- Integrating Just Culture language into facility policies
- Beginning the BETA Just Culture program
- Emphasizing the importance of and encouraging open communication
- Encourage the reporting of errors and adverse events, stipulating a non-punitive approach for facility response

Work Life Balance

People in careers that revolve around helping others are often the worst at maintaining a healthy work-life balance. Healthcare workers are some of the most challenged employees when it comes to self-care, yet they spend every day helping others with health challenges.

It seems to be a common personality trait among those driven to help others that they put others first. Yet time and again, research proves that if we take care of ourselves, we can actually help others more. Studies on work life balance have reported such benefits as staff retention, improved morale, reduced absenteeism, increased employee initiative and teamwork, increased job satisfaction and decreased burn out.
If the Work Life Balance domain scores are low (≤ 60%), your facility may consider:

- Providing on-site childcare
- Providing an on-site fitness center
- Family leave policies
- Parental leave for adoptive parents
- Flexible scheduling
- On-site seminars and workshops on such topics as stress, communication, nutrition etc.
- Encourage the reporting of errors and adverse events, stipulating a non-punitive approach for facility response

Workforce Engagement

Workforce or employee engagement does not simply mean employee happiness. Rather, it may be described as the property of the relationship between an organization and its employees. An "engaged employee" is defined as one who is fully absorbed by and enthusiastic about their work and, , takes positive action to further the organization's reputation and interests. These are the people who will drive innovation and move your facility to accomplish its mission. Thus, in healthcare, it is a critical driver of a culture of safety.

If the Workforce Engagement domain scores are low (≤ 60%), your facility may consider:

- Focusing on engagement at the local level (unit and service) by weaving employee engagement into performance expectations for managers and enable them to execute on those expectations. Managers and employees must feel empowered to make a significant difference in their immediate environment
- Selecting the best managers. Managers should understand that their success and that of the organization relies on employees' achievements. Great managers care about their employee's success and seek to understand their strengths.
- Making engagement goals meaningful to employees' day-to-day experiences. Describing what success looks like using powerful descriptions and emotive language. This gives meaning to goals and builds commitment within a team.
• Making sure managers discuss employee engagement at weekly meetings, in action-planning sessions, and in one-on-one meetings with employees to weave engagement into daily interactions and activities.

Next Steps
While organizational policy may be changed with a stroke of a pen, culture is bit more averse. In the next section of the toolkit we will discuss “Choosing your Culture of Safety Champions” and the need for boots on the ground to drive change.
References


Section Library

- **BETA: TeamSTEPPS**
- **BETA: Just Culture**
- BC Patient Safety & Quality Council: [Culture Improvement Resources](#)
- Creating a Culture of Safety: [AHRQ Resources](#)
- Institute for Healthcare Improvement: [How to Improve](#)
- **Set of Specific Interventions Rapidly Improves Safety Culture**: Peter Pronovost, M.D., Ph.D
- The Joint Commission: [Human Factors Analysis In Patient Safety Systems](#)
- The World Health Organization: [Human Factors in Patient Safety](#): Review of Topics and Tools
# Section Resources

Tools to Improve Culture
A Quick Reference Guide

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BETA HEALTHCARE GROUP | HEART Domain I: Culture of Safety
| Multidisciplinary Team Meetings |  |  |  |
| Process Map |  |  |  |
| Roles & Expectations |  |  |  |
| Safety Briefings |  |  |  |
| Safety Champion |  |  |  |
| Safety Reports at Shift Change |  |  |  |
| SBAR |  |  |  |
| Team Vision Statement |  |  |  |
| Two Challenge Rule |  |  |  |
| Use First Names |  |  |  |
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| Handoffs |  |  |  |
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| Supervision & Training of New Personnel |  |  |  |
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Adapted from the BC Patient Safety & Quality Council and Surgical Quality Action Network (2015) Culture Change Toolbox