Exploring values and beliefs to create a shared purpose

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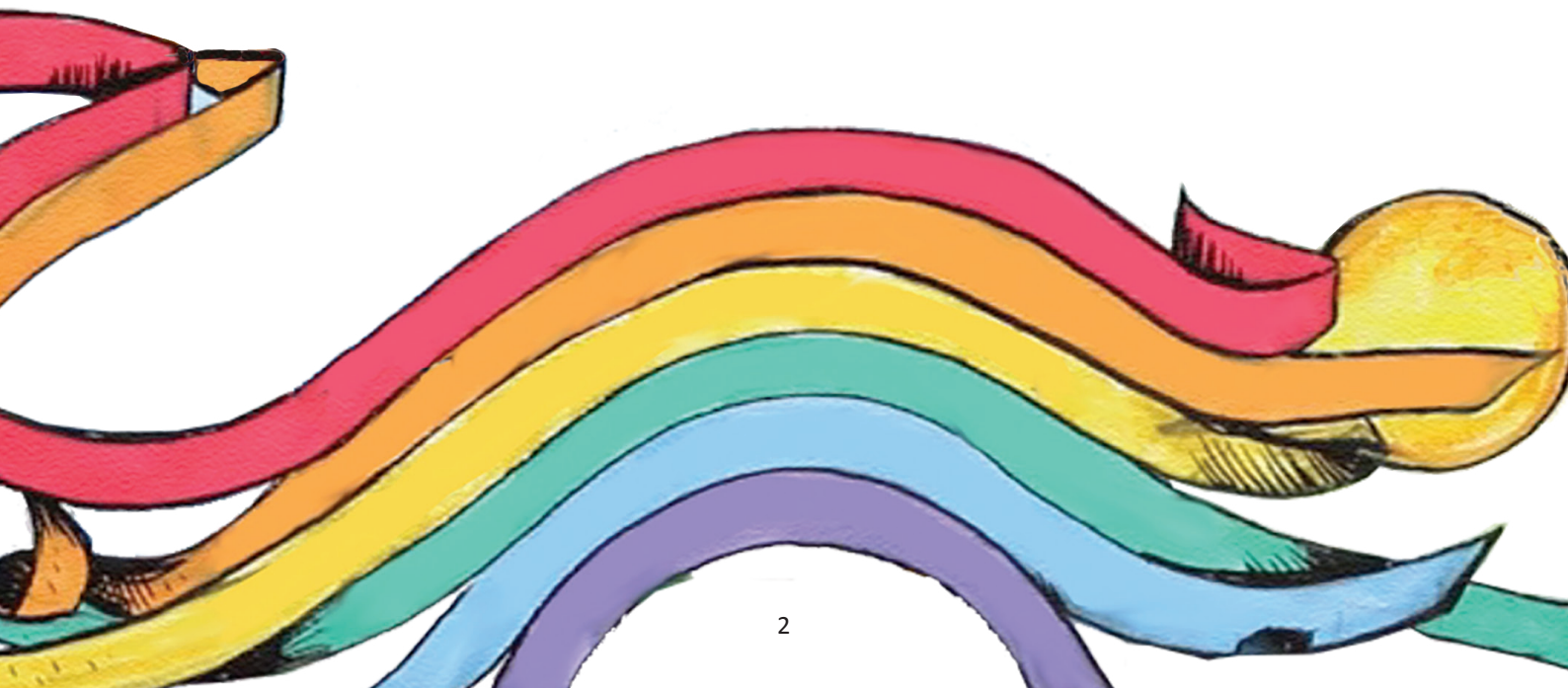
Commit to learning in and from practice

Celebrate success and continue momentum

Creating Caring Cultures: Getting Started

Facilitation

SECOND EDITION

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Creating Caring Cultures: Getting Started
Second edition

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fons.org/learning-zone/culture-change-resources

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Note on terminology:
When we use the term 'patient' in this resource, we include service users and residents.
When we use the term 'staff', we are referring to anyone who is involved in providing care and/or services.

Authors' foreword to the second edition

Since the first Creating Caring Cultures booklet was published in spring 2015, its popularity has required us to do several more print runs. As we move into 2019 with supplies again running low, we decided it was time to revisit and review. And so here we are with the second edition. Perhaps not surprisingly, we found very little needed to be changed as it still feels as relevant now as it was when first published.

Our continued work with team leaders in health and social care shows us that, while many acknowledge the need for culture change, knowing where to start is still difficult. Although we hear person-centredness spoken about more, this is often not something experienced in reality, by staff or those using services. And as demand on services continues to increase, we recognise more than ever the need to focus on staff wellbeing for its own sake, to create cultures within teams and workplaces where staff feel valued, respected and engaged.

If you haven't yet read the booklet, watched the associated animation, or explored the freely accessible online resources, we would like to share with you the words of some who have, from across the world:

'It was so helpful! It grasps all the essentials together – from what workplace culture is, up to celebration and the purpose of the facilitator. The resources on your website were helpful in more than one way and I am so glad that I came across them.'

'The animation and resources are great. I used them as part of a workshop I was delivering to a group of ward sisters to facilitate reflection and discussion about what culture is, what we can all do to look at our culture, begin to improve our culture, the impact of poor culture, etc... Having access to the resources certainly enabled me as a facilitator.'

'It's been my handbook this last year, easy to dip into.'

'Gives great tips of how to encourage #CaringCultures and #PersonCentredness.'

'I think the animation is especially useful in helping people understand why values matter... always great feedback from the participants. I also use the resources to support new facilitators to understand their role and identify strengths... The resources are very helpful, not too wordy and as handouts they are attractive and well received.'

Introduction

The Creating Caring Cultures resources are based around a model in the form of a rainbow because like rainbows, it is difficult to see/find the beginning or end of culture change. The model has been developed using our experiences over a number of years of working with health and social care teams and our theoretical understandings of practice development[1] as an approach to enabling change and transformation, towards the development of person-centred practice and cultures.[2]

The rainbow model is created using six colours, each representing a different intention or focus, to:
- Explore values and beliefs and agree a shared purpose
- Look at what is happening in practice and identify gaps between what we say and what we do
- Develop action plans through shared decision making
- Enable team working and staff wellbeing
- Commit to learning in and from practice
- Celebrate success and continue momentum

The seventh colour represents the fact that culture change is a continuous process that needs to be facilitated, preferably by clinical leaders, with the support of others within the organisation.
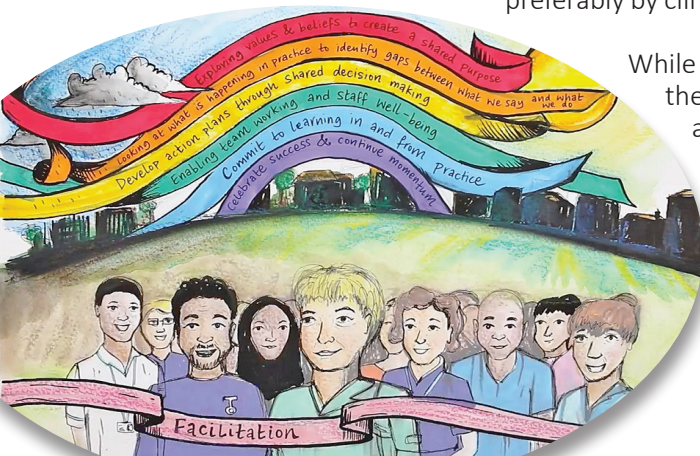
While we suggest that you ideally start by exploring values and beliefs, the model is not intended to be prescriptive or linear. It may be more appropriate to first spend time talking to staff, understanding their experiences, helping to promote engagement and to enhance their wellbeing. The model is intended as a guide and each team will find its own way of using it.

In the next section, we will talk more about culture and then in the following sections, we will explain the elements of the model in more detail and how you might use it to get started.

PEOPLE MAKE CULTURE

What is culture?

What exactly do we mean by culture?

Put simply, culture is 'how things are done around here'[3] – the patterns, habits and routines of practice. Each one of us makes up the culture and so whatever our role, it's important for everyone to know that as individuals our ideas and actions can change things.

Why do we need culture change?

One of the most significant influences on the quality of care is workplace culture.[4] This has been highlighted by several reports into significant failures in health and social care, which have identified the need for change.[5-8]

Although it is often organisational culture that is spoken about, organisations are made up of many smaller cultures, for example within departments and teams and at ward and unit levels (workplaces). It is these cultures that have the greatest influence on the experience of patients, families and staff.[4]

A caring culture makes things better for everyone. Patients, service users, residents and their families and carers experience good care. Staff feel valued and supported, which helps them to provide the care patients want with compassion and confidence.

How do you know if your culture needs to improve?

The complex nature of health and social care means that wherever you work, there will be aspects of care that can be improved, even if there are no specific concerns. As patients' needs change, services reconfigure or staff join, it is valuable to reflect continuously on practice to ensure the care being delivered is safe, effective and person-centred.

You could also look at audits, dashboards, the Friends and Family Test, staff and patient surveys, compliments and complaints and exit interviews, or use tools such as the 15 Step Challenge[9] and the 'Culture of Care' Barometer.[10] All of this will help you to develop a better understanding of your workplace culture, by identifying:

- What is working well and how you could make this happen more often
- What needs to be improved and where you might need support

Here are some questions that may help you to begin to think about the culture in your workplace:

- What do patients and relatives say about their experiences of care?
- What do staff say about what it is like to work here?
- What do students say about their experiences of learning in your workplace?
- What aspects of care (if any) do you think need to be improved?
- What concerns (if any) do you have about patient safety – falls, pressure ulcers?
- What gaps are there between what people say they do and what actually happens in practice?
- What are the recruitment, retention and sickness rates like?
- How open are staff to change?

Facilitating culture change

Although culture change is not quick and easy, a planned approach helps and it is important that there is someone to guide the process- someone who is enthusiastic, persistent and willing to listen. Maybe this is you.

Because culture is about people, it is important that you work with people, not on your own. If you work alone, you are more likely to take a directive role and to work in a task-focused way, often ending up doing things for staff. However, by adopting an approach that involves using more coaching or facilitation skills, your focus will be on helping staff to become more involved, enabling them to take action and responsibility for improving practice. This may feel harder and more time consuming at first, but we know that skilled facilitation and transformational leadership help to create more effective workplace cultures.[4]

It is therefore useful to think about the people that are affected by the culture and/or can affect the culture. For example, patients, service users, residents, families, carers, staff (nursing, medical, therapy, pharmacy, ancillary and so on) and managers. Ideally all of these people should be involved, however you may find it easier to begin by working with a small team of interested staff.

There are also other people that can help you. Perhaps there is a practice development team in your organisation or a learning and development department. Your patient experience lead, quality improvement team or research and development department may also be able to offer advice and support. Alternatively, you could start to work with other ward managers or team leaders or make contact with other care home managers. There are also external organisations such as FoNS, that could offer you advice, help and support.
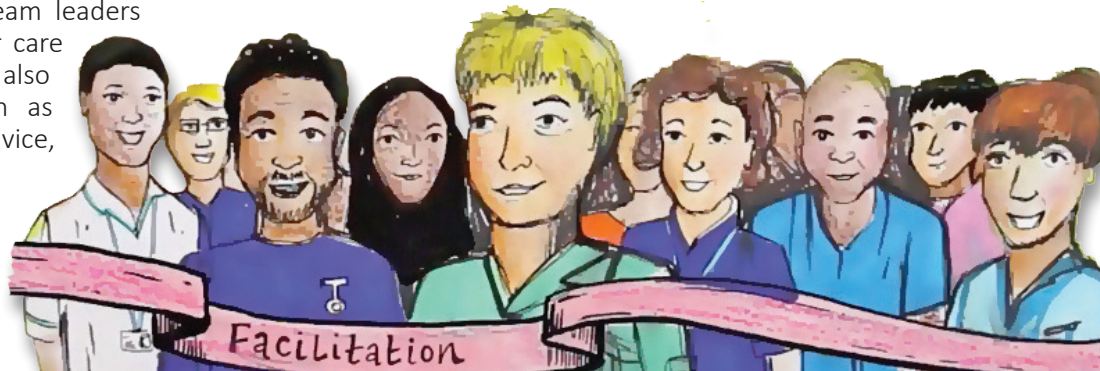
Enabling team working and staff wellbeing

There are strong links between staff engagement (such as staff feeling connected with each other and the organisation) and patient outcomes, and staff wellbeing and motivation and patient experience.[11-15] Staff wellbeing is not only important in its own right, but also because it is an antecedent to good patient care.[13]

Leadership plays a vital role in staff engagement and wellbeing. 'If leaders and managers 'want staff to treat patients with respect, care and compassion, all leaders and staff must treat their colleagues with respect, care and compassion'.[15]

It is therefore important to prioritise staff engagement and wellbeing if you want to create a caring culture. Increased staff engagement can be achieved by nurturing positive staff relationships[12], and through developing well-structured teams that have 'clear shared objectives, work interdependently and meet regularly to discuss effectiveness'.[14] Supportive line management is crucial to the leadership of such teams.[14]
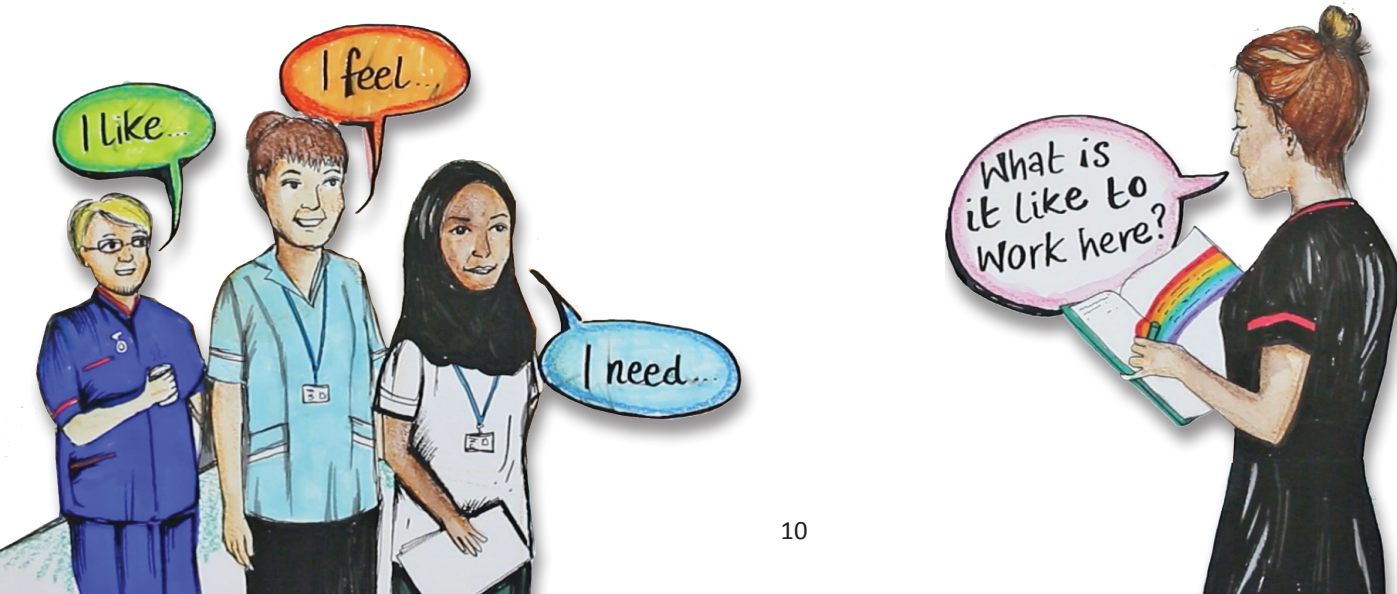
A great place to start creating a positive environment is by talking to staff – asking them 'what is it like to work here, what's good, what could be different?' Don't assume that you already know – ask them and really listen. When staff feel listened to and valued, they feel happier at work and we know that if staff are happy then patients are happier too.

You could use existing opportunities to get staff together – team meetings, handovers, huddles during the shift? Or could you be courageous and create new ones – extended coffee breaks, away days, conversation circles? Just do it!

Leaders can create positive and supportive environments by:
- Understanding the staff experience – asking them what it is like to work here
- Acting on staff feedback – helping with ideas for making improvements
- Supporting staff development through well-structured appraisals, mentorship, clinical supervision and ongoing learning and education opportunities
- Developing well-defined teams that:
  – have shared goals
  – are clear about their roles and responsibilities
- Creating space for staff to:
  – get to know each other as people
  – reflect on goals, effectiveness, team working, patient care challenges and innovations

Exploring values and beliefs to create a shared purpose

Why are values and beliefs important?

'How things are done around here' (our behaviour) is influenced by our values, beliefs and attitudes. This is often taken for granted, not challenged or spoken about.

Talking to the people who receive care (patients, service users, residents, families and carers) and the people that give care (nurses, multidisciplinary team, ancillary staff, managers, and others) about what they see as important (values) and what they feel should happen (beliefs) is therefore an important first step in the process of culture change – helping everyone to think about how they would like care to look and about how to transform the way things are done to achieve this.[16]

This information – about what matters to people – can be used to create a shared purpose.

What is a shared purpose and who should be involved?

A shared purpose sets the direction, aims and objectives or goals, helping you and your team to identify what you want to move towards. A shared purpose should represent the values and beliefs held by the people you care for and those you work with. The more people involved in creating it, the stronger it will be. While acknowledging differences, it should be able to:

- Help people to see what connects them – shared ground and common interests, such as everyone agreeing mealtimes are an important part of the day – rather than the differences – between patients and staff, or different job roles, for example
- Create a personal connection to the change or transformation you are trying to achieve

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How do you do this?

The starting point is getting to know the values and beliefs that people hold about the aspect of care or work that you want to focus on, for example, being caring and compassionate, person-centred care, team work, pain management and so on.

First, start with yourself – what is important to you and what do you think should happen – what really matters?

Then, invite others to think about their values and beliefs and share them. Perhaps you could use some time in a scheduled meeting and use picture cards to prompt discussion; or maybe you have team days or could allocate some time during education or training. Alternatively you could put up some posters in the office and encourage people to contribute.

Once the values and beliefs have been collected, they can be used to create a shared purpose – providing a focus and energy for any changes or transformations in practice. This is done by finding common values and beliefs, turning these into statements and using these statements to create a shared purpose. At every stage, information should be shared and feedback encouraged.

Looking at what is happening in practice and identifying gaps between what we say and what we do

How do I use the shared purpose?

The shared purpose can be used to reflect on or evaluate your current practice – helping you to look at what is happening in practice to identify gaps between what you and your team say and what you do. In effective workplace cultures, the values and beliefs that people hold and talk about are reflected in their behaviour and put into action every day.[4] That is, what people say is what they do. For example, if a nursing team agree that it is important to know 'patients as people':

- You should see staff spending time with patients – asking them about what matters and what is important
- You should hear staff talking about patients as people, not bed numbers or diseases
- Documentation should reflect patient preferences and involvement in decision making

A shared purpose offers a baseline against which to evaluate your practices and cultures, helping you to think about and identify:

- What you are doing well and could build upon
- What you might need to create, develop, change or improve to achieve your purpose

How do I do this?

Describing and measuring where you are starting from helps you to identify what you need to change or develop:

- In yourself
- In your team
- In your workplace setting

In most organisations, there is already a lot of activity to 'measure' aspects of care and practice, often using audit tools. While this information is useful, it tends to focus on 'what' has or hasn't been done/happened rather than the 'why' or 'how'. For example, a safety cross for pressure ulcers or falls, identifies how many people have acquired a pressure ulcer or fallen, but it does not highlight what is being done well to prevent pressure ulcers, or the circumstances under which people are falling – missing an opportunity to learn in a way that can inform future practice.

Additionally, this activity is often done by only a few people, for example senior members of the team or staff from other departments, who take the data away and interpret it for the team. This can make the activity and information that it provides less meaningful to those that it primarily relates to.

To enable the transformation of cultures and practices it is essential to involve all staff in evaluating practice against your shared purpose. You can do this by looking at what is happening and how things are done through: observing practice – thinking about what you see, hear and feel; listening to the experience of patients and staff- asking what has been done well and what could be improved; and collecting stories using emotional touchpoints.[17] You can then discuss what you find, helping staff to:

- Gain new insights
- Deepen understanding
- Identify actions

Developing action plans through shared decision making

Shared decision-making involves frontline staff in decisions about their practice.[17] They are experts in their area and so are well placed to identify solutions to clinical problems and to implement meaningful changes for patients.

Information that is collected about practice should be shared with staff as soon as possible (audits, compliments, complaints, observations, stories and so on), helping them to think about:

- How does current practice relate to the shared purpose?
- What is good/working well and how could this happen more often?
- What are the areas for improvement and ideas for taking action?

Approaches such as a SWOT analysis (to identify strengths, weaknesses, opportunities and threats) or claims, concerns and issues[19] (to identify positives, concerns and questions) can aid the planning process by identifying potential barriers but also people and resources that may offer help and support. It can also help you to think about how your plans fit the strategic goals of your organisation to encourage support and recognition from your senior team.

Creating an action plan

Action planning is a process that will then help you to identify clear objectives and the steps needed to achieve them, considering who should be involved, the resources you will need and the timescale that you should be working towards. When creating action plans, a useful approach is to ask yourself if your objectives are SMART. In other words, are they:

- Specific
- Measurable
- Achievable and Action-orientated
- Relevant and Realistic
- Time-based

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Committing to learning in and from practice

Culture change requires a change in the way things are done – transformations in people and their practice. Learning is crucial to this transformation and the development of caring cultures because it helps us to develop a deeper understanding about ourselves and our practice and we can use this to plan actions.[20]

There are a variety of opportunities to access training and education within health and social care; however many of these are pre-planned by others and often focus on the development of knowledge and skills. It is also not unusual for them to take place away from the workplace.

While these opportunities are essential for the development of competencies, the nature of these approaches may mean that the learning tends to be more general and not specific to the context within which staff are working. This can make it more difficult for staff to translate what they have learnt into their everyday practice – thereby reducing the impact on culture change.

What is not so often recognised is that the clinical area itself makes a great classroom because learning can be facilitated using opportunities arising from everyday practice.[20] This can make the learning more specific to individuals and teams, and to the context within which they are working – perhaps helping people to connect emotionally with the learning, to become more fully engaged and take responsibility for identifying their own actions.

There may already be formal systems in place to facilitate learning in and from practice, for example clinical supervision, preceptorship and mentoring. These can be strengthened and built upon in a number of ways - you can use the shared purpose as a focus. For example, by:

- Involving staff in the collection and analysis of audit data
- Involving staff in observing practice, for example, observing mealtimes or the way people speak about each other. It might be helpful to ask people to use their senses: What do you see, hear, smell, feel?
- Asking staff to listen to patient's experiences of care using:
  – Short questions, such as: What did we do well? What would you like us to do more of?
  – Emotional touchpoints
- Encouraging staff to use reflective models

Staff should then be supported to reflect individually on what they have seen or heard and to share with their team to gain other perspectives, celebrate success and to identify actions.

Celebrating success and continuing momentum

Why should we celebrate success?

Celebrating success is one of the simplest ways to keep teams engaged and motivated. Staff who feel appreciated are more likely to work effectively. We've all heard the term 'success breeds success'; teams that focus on and celebrate success create more success, making it part of the culture. Staff want to work in this type of team.

Celebrating success is also a good way of remembering a shared purpose, helping teams to unify around agreed objectives/goals. It can reinvigorate energy levels and help to continue momentum. Leaders have a key role. They can facilitate staff engagement and wellbeing by having conversations that focus on the positives, strengths and accomplishments. By role modelling praise and recognition in meaningful ways, they can encourage peers to acknowledge each other; peer-to-peer praise can create a thriving and innovative workplace.

What should you celebrate?

The most important thing is getting started. If you wait to celebrate something that you think is really significant, it may be a long time coming and opportunities and momentum could be lost.

You could start by recognising people. Think about what is important to you and start to notice it. Giving feedback that is well prepared, motivating and developmental is an effective way of celebrating success. It must feel genuine to the person receiving it, and so should be specific and sincere, for example: 'I saw you communicating effectively with Mr Brown during his discharge planning. You listened actively and showed kindness and compassion'. You could do this face-to-face or by sending a thank-you card or an email. Compliments from patients should always be noticed and shared with individual staff and at handovers or team meetings. If staff are named personally, copies of thank you cards can be created for them.

Work with your team to identify small targets – these could be related to your action plans. When these are reached, small celebrations could be planned. For example, create a poster for display in the staff room, which identifies the people involved, and what they have achieved. You could celebrate with cake or a fruit basket, and invite your communications department to write a short article about what has been achieved for inclusion in newsletters. Involve the staff in identifying how they would like to celebrate – they may come up with some new and interesting ideas!

We know that in caring cultures, patients experience safe and effective care and staff feel valued and engaged. We can achieve this by working together, talking, listening and taking action, helping us to provide care that is the best it can possibly be. If you would like further help and support, we encourage you to access our short animation and online resources, at **fons.org/learning-zone/culture-change-resources**

Wherever you are working in health and social care, we hope this has inspired you to get started today.

References

1. McCormack, B., Manley, K. and Titchen, A. (2013) *Practice Development in Nursing and Healthcare*. Chichester: Wiley Blackwell.
2. McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Oxford: Wiley-Blackwell.
3. Drennan, D. (1992) *Transforming Company Culture*. London: McGraw-Hill. p 9.
4. Manley, K., Sanders, K., Cardiff, S. and Webster, J. (2011) Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*. Vol. 1. No. 2. Article 1.
5. Francis, R. (2010) *Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009*. Vol. I. London: HMSO.
6. Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: HMSO.
7. Parliamentary and Health Service Ombudsman (2011) *Care and Compassion? Report of the Health Service Ombudsman on Ten Investigations into NHS care of older people*. London: HMSO.
8. Patterson, M. (2011) *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People.* Report for the National Institute for Health Research Service Delivery and Organisation Programme. London: HMSO.
9. NHS England (2017) *15 Steps Challenge Toolkit*. Retrieved from: england.nhs.uk/participation/resources/15-steps-challenge. Last accessed 24th January 2019.
10. Rafferty, A., Philippou, J., Fitzpatrick J.M. and Ball, J. (2015) *'Culture of Care' Barometer: Report to NHS England on the Development and Validation of an Instrument to Measure 'Culture of Care' in NHS Trusts*. London: Kings College London.
11. Dixon-Woods, M., Baker, R., Charles, K. et al. (2013) Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study. *BMJ Quality and Safety*. Published Online First doi:10.1136/bmjqs-2013-001947. Retrieved from: qualitysafety.bmj.com/content/early/2013/08/28/bmjqs-2013-001947.full. Last accessed on 24th January 2019.
12. Maben, J., Peccei, R., Adams, M., et al. (2012) *Patients' Experiences of Care and Influence of Staff Motivation, Affect and Wellbeing. Final Report. NIHR Service Delivery and Organisation Programme*. Retrieved from: netscc.ac.uk/hsdr/files/project/SDO_A1_08-1819-213_V01.pdf. Last accessed 24th January 2019.
13. Maben, J., Adams, M., Peccei, R., et al. (2012) 'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care. *International Journal of Older People Nursing*. Vol. 7. No. 2. pp 83-94.
14. West, M. and Dawson, J. (2012) *Employee Engagement and NHS Performance*. London: King's Fund. Retrieved from: kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf. Last accessed 24th January 2019.
15. King's Fund (2014) *Developing Collective Leadership for Health Care*. London: King's Fund. p 10. Retrieved from: kingsfund.org.uk/publications/developing-collective-leadership-health-care. Last accessed 24th January 2019.
16. Manley, K. (2000) Organisational culture and consultant nurse outcomes: Part 1: organisational culture. *Nursing Standard*. Vol. 14. No. 36. pp 34-38.
17. Dewar, B., Mackay, R., Smith, S., et al (2009) Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting. *Journal of Research in Nursing*. Vol. 15. No. 1. pp 29-41.
18. Swihart, D. (2011) *Shared Governance: A Practical Approach to Transform Professional Nursing Practice*. 2nd Edition. Marblehead, USA: HCPro.
19. Guba, E.G. and Lincoln, Y.S. (1989) *Fourth Generation Evaluation*. Newbury Park: Sage.
20. Dewing, J. (2010) Moments of movement: active learning and practice development. *Nurse Education in Practice*. Vol. 10. pp 22-26.

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