

# BRIDGING EVIDENCE-BASED AND ACTION LEARNING APPROACHES TO FOSTER CULTURAL TRANSFORMATION IN MANAGERIAL PRACTICES

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Research and Centre de recherche  
Intervention Centre for et d'intervention en santé  
Healthy Workplaces des organisations

# THE CRISO TEAM

- CRISO brings together researchers and consultants with leading edge expertise in work psychology. Affiliated with the McGill University Health Centre, we work hard to contribute to the scientific advancement of best practices in organizational development and we provide assessment, expert advice, and consulting services to large public service organizations seeking to improve the quality of their psychological work climate to enhance their overall efficiency and the quality of the services they provide.
- Essentially, we do funded action research – we have obtained about 1 million dollars of grants since 2003 – and we offer OD consulting and change management services, mainly in the health care organizations.

# WORKSHOP GOALS

- 1) To present our findings following the first year of the REISS 2008-2012 program, named "Stabilizing healthcare teams and mastering operational systems" - (REISS was a CHSRF program named Research, Exchange and Impact for System Support. This program stopped in 2009).
  
- 2) To share experiences regarding conditions for success and intervention tools that favor cultural transformation of management practices:
  - Systemic vision when using evidence-based data in order to improve work climate, quality and security of healthcare services.
  
  - Conditions for success regarding manager's uptake on and use of evidence based data for successful change management.
  
  - Strategies helping to enhance middle management's leadership capacities in order to create change in their everyday practices, and also to influence the whole organization

# PRESENTATION PLAN

## 1) THE “TEAM” DIMENSION

The use of evidence based data in order to foster quality healthcare and workplace climate.

## 2) THE “ORGANIZATION AND CULTURE” DIMENSION

Operational failures between nursing and supporting services: a lever for change in work relationships.

## 3) THE “INDIVIDUAL” DIMENSION

Developing manager’s leadership competencies in order to create better workplace climate and master operational failures.

# THE GOALS AND STRUCTURE OF THE ACTION-RESEARCH PROGRAM

- The REISS 2008-2012 program at “l’Hôpital du Sacré-Coeur de Montréal” is following the basic hypothesis that the improvement of quality of the psychosocial environment and the mastering of cultural sources of operational failures redundancies between services will help stabilize healthcare teams while also improving healthcare quality and security.

In order to achieve this ambitious goal, the program aims to help the hospital improve its efficiency with a two-level intervention, taking place during 36 months:

- Action learning seminars and leadership program for 30 middle managers, responsible of clinical or non clinical units. Managers form small groups of 7 people and use the co-development approach and action learning methods to develop their leadership and change management abilities.
- An operational failures intervention process, targeting organizational culture issues, which should help reduce the “redundancies” of these failures amongst services, compromising healthcare quality or security, and personnel satisfaction.



# THE “TEAM” DIMENSION

**Workplace climate and healthcare quality: use of evidence based data to create change in work teams**

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# INFORMED DECISION MAKING PROCESS: A GROUP DISCUSSION

- Please read the following questions and discuss them with colleagues at your table (about 10 minutes).
- Designate someone to take notes of your discussion.
- The presenters will be at your disposition to answer questions and help with the discussion.
- At the end, we will invite you to share your views with all the participants.

1) What dimensions of work environment influence the most the quality of care?

2) How can you help managers who receive evidence based results of these dimensions to:

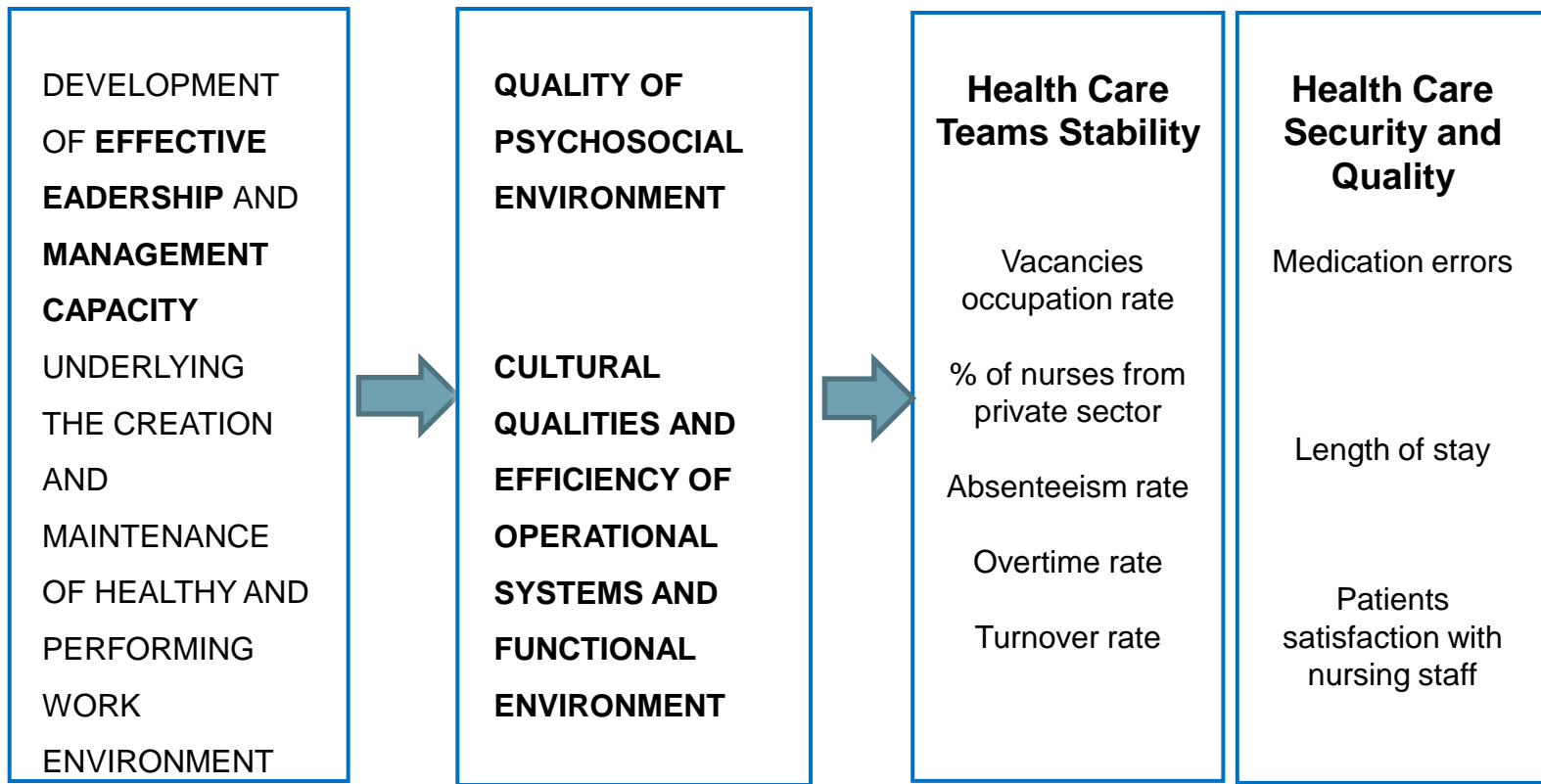
- Understand and take action?
- Mobilize their teams around the information?

# Research and Intervention Program REISS 2008-2012/CRISO/HSCM

"Stabilizing healthcare teams and mastering operational systems"

## Conceptual Framework

Serge Gagnon, PhD



### Control variables

Internal/external context variations (ex : pandemic), beds occupancy rate and nurse/patients ratio

# THE SURVEY

- 31 managers (and 3 clinical advisors) and their 49 units
  - Care units
  - Diagnostic units (ex.: radiology) and laboratories
  - Support units (housekeeping, etc.)
- The survey began on February 16<sup>th</sup> 2009 and ended on April 24<sup>th</sup> 2009 (two waves).

# THE QUESTIONNAIRE

- Our questionnaire measured the following aspects:
  - ❑ CRISO-PCQ: Work Climate (15 indicators)
  - ❑ Siegrist's effort/reward imbalance ratio
  - ❑ Four of Karasek's Job Content Questionnaire scales: Psychological demand vs control, plus social support from peers and supervisor
  - ❑ Nurse/physician relations, a scale from the Practice Environment Scale of the Nursing Work Index (PES-NWI)
  - ❑ Intent to quit

# ADMINISTRATIVE DATA

- Administrative data was obtained about the following indicators, for four administrative periods (when the survey took place):
  - % Absenteeism (short term; 1-5 days)
  - % Turnover (workers who left the organisation)
  - % Overtime
  - % Vacant positions
  - % of hours worked by private agencies personnel
  - Nurse/patient ratio
  - % of bed occupation

# PATIENT OUTCOMES DATA

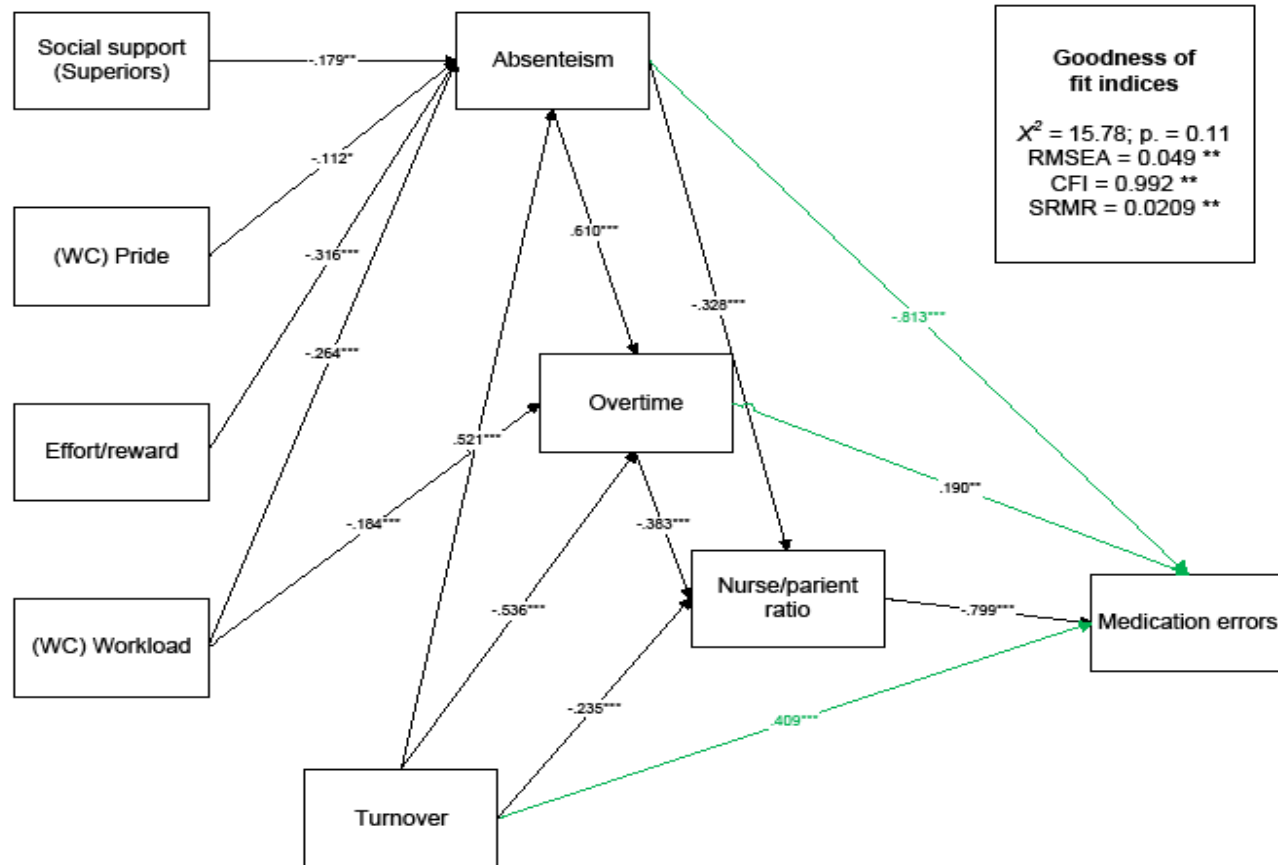
- Medication errors
- Length of stay
- Survey on patient satisfaction towards care provided by the nursing personnel
  - QAPSIR (new instruments; 36 items under 6 dimensions)
  - 8 care units
  - During 2 one month waves
  - 358 patients were solicited, 211 accepted to answer the questionnaire

# WHAT TO DO WITH ALL THESE INDICATORS?

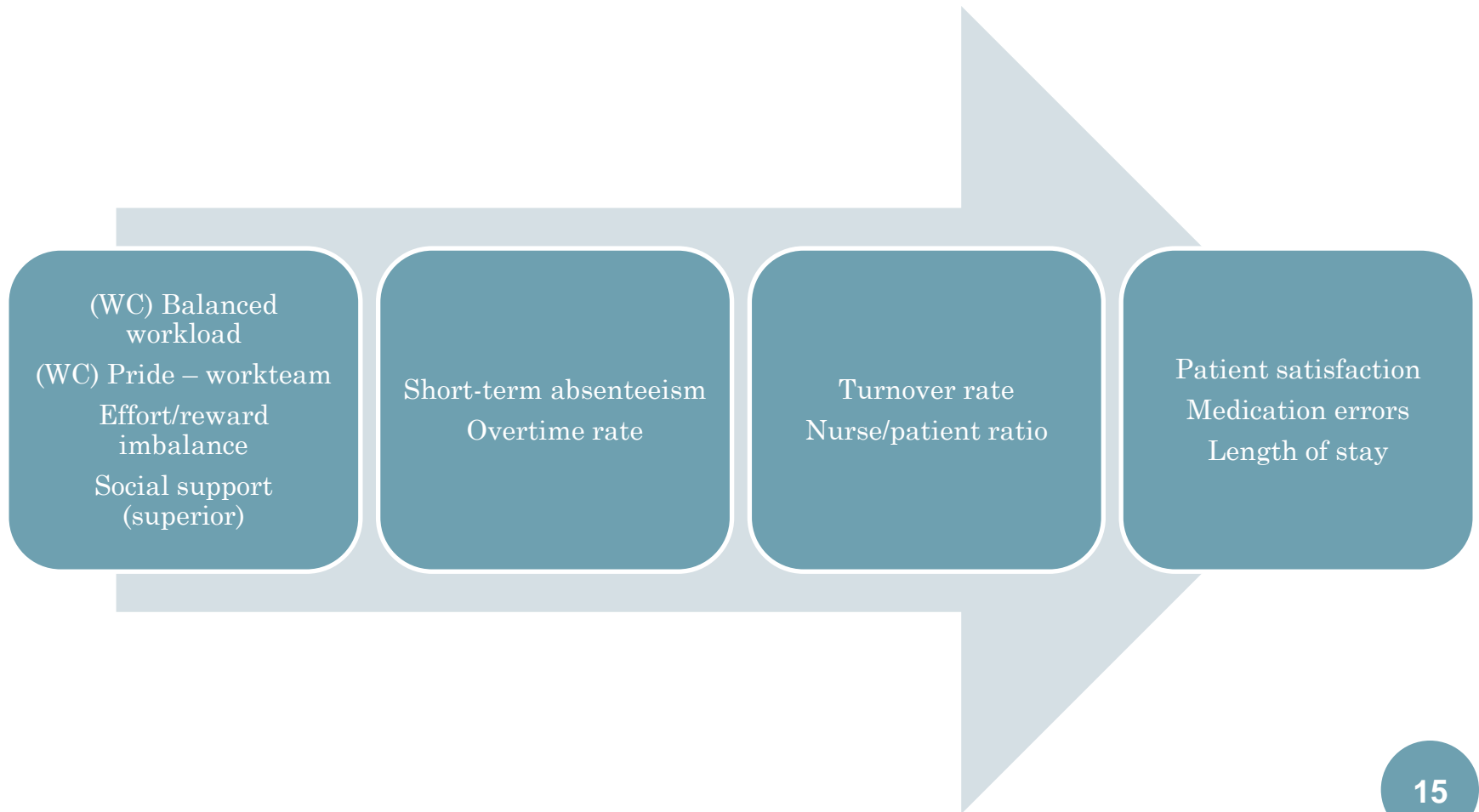
- The main interests behind the elaboration of prediction models in such a program are:
  - To provide synthesized data to managers in order to facilitate decision-making.
  - To determine which indicators are the most likely to have an effect on important outcome variables (ex: security and quality of care).
  - To acknowledge the existence of these relations allows managers to support their decisions with evidence based data.

# MEDICATION ERRORS: EXAMPLE OF A MODEL

CRISO – 29 jan. 10



# OUR PREDICTION MODEL



# STRATEGIES USED TO FACILITATE MANAGERS' INFORMED DECISION MAKING PROCESS

- After the data was collected and analyzed, we presented the results to each manager during an individual meeting.
- Additional support was offered (on demand) to elaborate objectives and action plans based on the obtained results.
- A possibility was offered to discuss the emerging difficulties from the reported data during the Action Learning seminars.

# MANAGERS'S FOLLOW-UP

- A total of 30 work units were solicited for the survey, 25 of them received a survey report for their unit.
- Five units did not have a sufficient response rate necessary to the elaboration of a survey report.
- Six managers arranged meetings with their employees in order to present to them the survey results. In order to do so, they sought help from CRISO counselors.
- 10 managers expressed the desire to present the survey results to their employees, without specifying a date.
- Nine managers never responded to CRISO's invitations to present the results to their employees, whether it be because they simply did not want to or have time to do it.

# USE OF EVIDENCE BASED DATA: A GROUP DISCUSSION

Any questions and reactions to our results ?

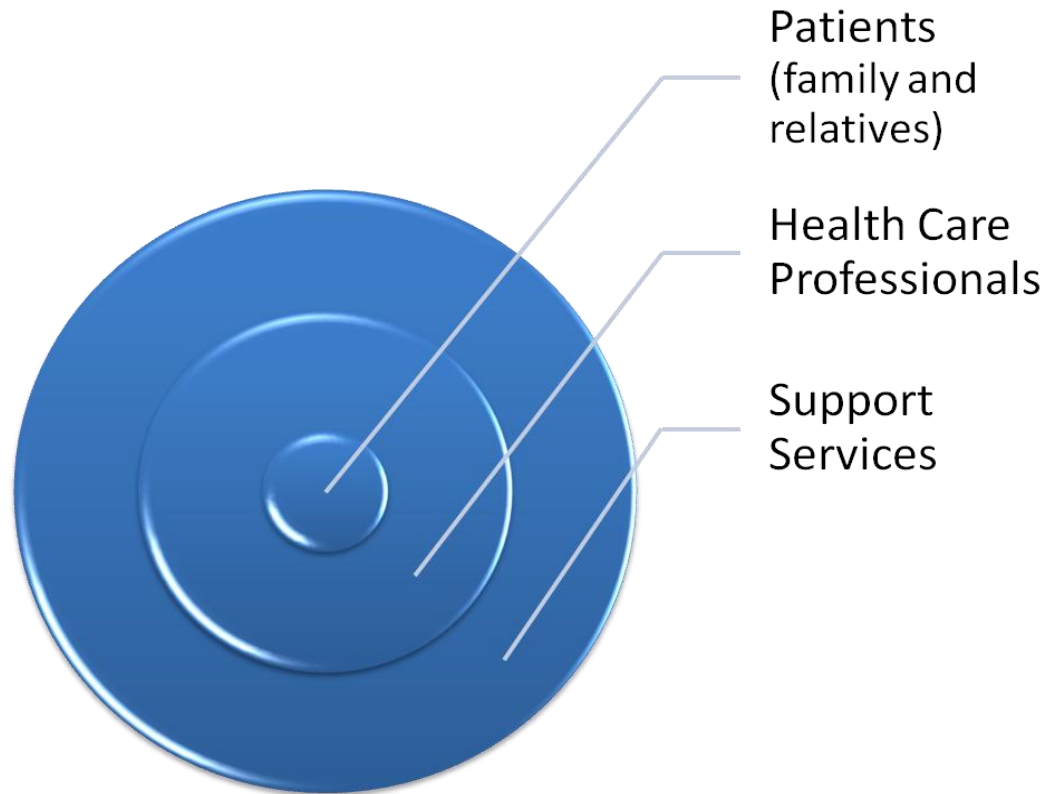
**According to you, what would be the most important conditions for managers' successful understanding and use of the results ?**

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# **THE “ORGANIZATION AND CULTURE” DIMENSION**

**Operational Failures and Interruptions in Hospital Nursing**

# OPERATIONAL SYSTEMS FAILURES: AN APPROACH THAT PUTS PATIENTS AT THE HEART OF THE SYSTEM



# OPERATIONAL FAILURES – WHAT ARE THEY ?

- Operational failures are disruptions or errors in the supply of necessary materials or information to employees (Tucker, 2004).
- We extend this definition, adding that these disruptions can happen in the delivery of diagnostic, therapeutic, technical and administrative services, all essential to the good functioning of healthcare units.
- Medical practices can also be a source of disruptions.

# OPERATIONAL FAILURES – A FEW STATISTICS

- Around 6.5 to 8.4 operational failures happen during every nurse's 8 hour shift (Tucker & Spear, 2006; Tucker, 2004).
- The most frequent operational failures are related to medication, medical orders and different supply problems (ex., inadequate or missing meal), problems related to staff and broken or missing equipment (Tucker & Spear, 2006).
- Around 95\$US per hour, per nurse, is lost due to operational failures (Tucker, 2004).

# OPERATIONAL FAILURES – A FEW STATISTICS

- Nurses spend on average 4.2 minutes of their time directly resolving the failure, and 0.8 minutes indirectly (ex. talk about the difficulty to another employee) (Tucker, 2004).
- After the failure, 24 minutes are in average necessary before the system can be operational again (Tucker, 2004).
- Every failure requires the nurse to accomplish in average 2 more tasks (Tucker, 2004).

# OPERATIONAL FAILURES – A FEW STATISTICS

- Nurses observed during complete shifts spend on average 42 to 45 min. in unpaid overtime, which is almost the necessary time to resolve all the operational failures that came up during their shift (Tucker & Spear, 2006; Tucker, 2004).

# OPERATIONAL FAILURES – A METHOD AND A MEASUREMENT TOOL

- We prepared short questionnaires and individual interviews to study operational failures at the Sacré-Coeur Hospital.

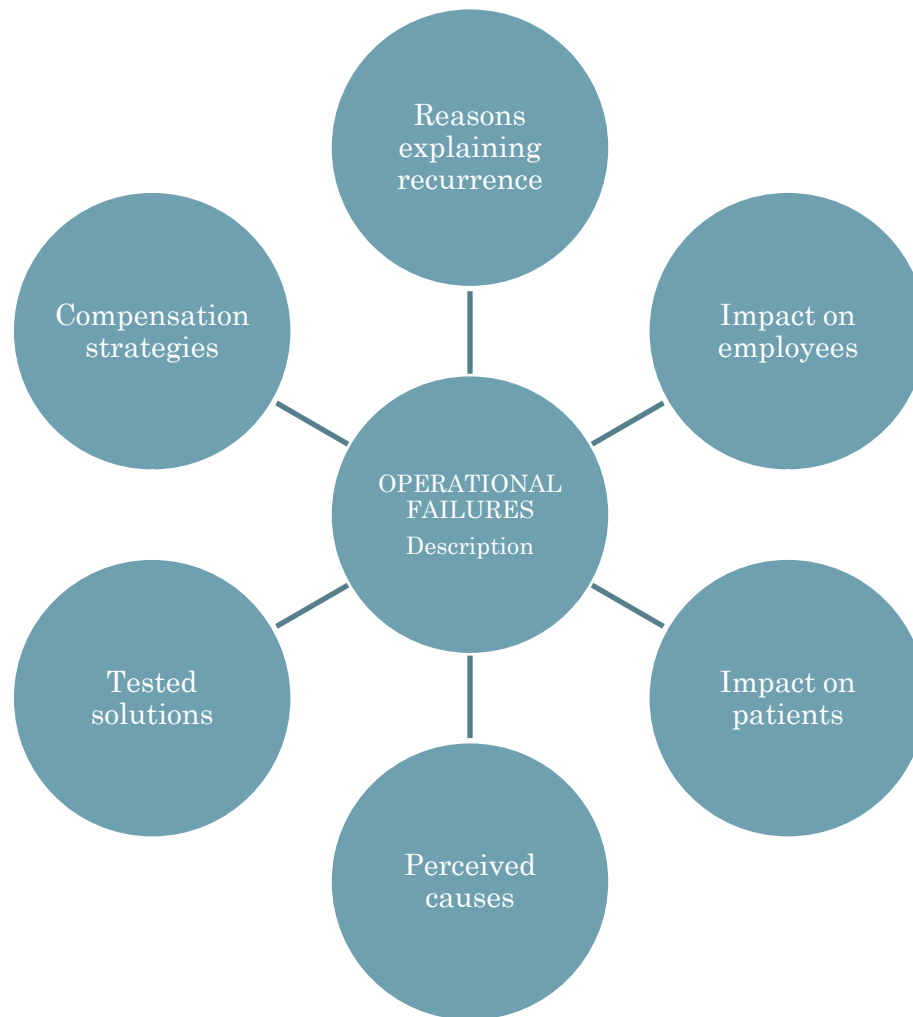
The study consists of two phases:

- 1<sup>st</sup> phase: questionnaires and in-depth interviews were conducted with 16 nurses and clinical managers participating in the Action Learning seminars. The first phase helps identify main failures and few reasons explaining their cause and recurrence.
- 2<sup>nd</sup> phase (ongoing): questionnaires and in-depth interviews are conducted with managers from technical and support units also participating in the Action Learning seminars. We are trying to learn more about mechanisms and processes that would permanently resolve operational failures vs. those that contribute to or maintain problematic situations.

# OPERATIONAL FAILURES: THE INTERVIEW STRUCTURE

- Identification of few operational failures and their characteristics (description, frequency, people involved, etc.)
- Impact of the specific failure on the employees
- Impact of the failure on quality and security of healthcare provided to patients
- Perceived causes
- Tested solutions
- Reasons explaining the recurrence of the failure
- Employee's and manager's compensation strategies

# OPERATIONAL FAILURES: INTERVIEW STRUCTURE



# OPERATIONAL FAILURES: EXAMPLES OF INTERVENTIONS

Revision of the  
employee selection  
process

Centralization of  
employee  
replacement services

Crisis management  
intervention at the  
radiology  
department.

Revision of schedule  
planning among  
rehabilitation  
services

# ON SOME CULTURAL REASONS EXPLAINING OSF REDUNDANCIES:

- What is an hospital?
  - A multitude of internal and external actors, having a diversity of "views" and interests, acting and reacting to each other, cooperatively and competitively.
  - Therefore, the overall behavior of the system is the result of a very large number of decisions taken simultaneously at each instant by several agents.

# ON SOME CULTURAL REASONS EXPLAINING OSF REDUNDANCIES:

- **What is the main source of paradoxes in hospitals?**
  - The necessity to balance the “physicians’ Hippocratic Oath” and the “politicians/administrators promise of access at the best price!”
- **How do we achieve “balance” between opposite goals?**
  - When people are able to interact in a “dia-logue” mode, which means being able to co-operate AND to debate/confront their point of views.

# ON SOME CULTURAL REASONS EXPLAINING OSF REDUNDANCIES:

- Now, what are the main cultural traits of an hospital?
  - SEARCH FOR HARMONY... or APPAREANCE OF HARMONY AND NO PUBLIC CONFLICT!
  - “Over-valued” behavioral norms : self-accomplishment, affiliation tendency and conformity to conventions.
  - “Under-valued” behavioral norms: opposition, power and competition (“not politically correct”).

# ON SOME CULTURAL REASONS EXPLAINING OSF REDUNDANCIES:

- **What are the consequences?**
  - Very weak capacity for confrontation and debate in the formal places of interactions like management teams meetings, inter-services committees, etc.
  - Multiplication of “parallel systems” of negotiation that produce temporary solutions... often a lot more expensive.
  - A large number of COMMITTEES, working out problems that are not solved at the right table!!!

# ON SOME CULTURAL REASONS EXPLAINING OSF REDUNDANCIES:

## Hypothesis:

The redundancies of operational system failures in hospital settings result from imbalance between cooperation capacity and the confrontation and debate capacity of the agents interacting in the formal spaces of communication and decision making.

# COLLECTED RESULTS

	Mean	Standard deviation from mean
<b>Accomplishment norms</b>	<b>3.92</b>	<b>0.86</b>
Self-actualization norms	3.17	0.83
Humanist and encouragement norms	3.08	0.76
<b>Affiliation norms</b>	<b>3.85</b>	<b>0.80</b>
Approval norms	3.31	0.75
<b>Conventionalism norms</b>	<b>4.00</b>	<b>0.74</b>
Dependence norms	2.46	0.97
Avoidance norms	2.19	1.25
<b>Opposition norms</b>	<b>1.69</b>	<b>0.75</b>
<b>Power norms</b>	<b>1.77</b>	<b>0.73</b>
<b>Competition norms</b>	<b>1.85</b>	<b>0.80</b>
Perfectionism norms	3.08	1.19



# THE “INDIVIDUAL” DIMENSION

**Developing of leadership capacities as a support strategy to work climate improvement and mastering of operational systems and the Leadership Effectiveness Model**

# **THE “IDEAL” LEADER: A GROUP DISCUSSION**

**What kind of leader are you looking for  
in your institution ?**

**What are her/his characteristics ?**

**What kind of behaviour and attitude  
should this person have ?**

# LEADERSHIP EFFECTIVENESS – 2 SIDES

## Competencies

- Goal-directed
- Proactive analytical
- Perseverance
- Emotional equanimity

## Follower Effects

- Attitude toward org objectives
- Intention to work toward org objectives
- Job satisfaction
- Commitment to leader

# EFFECTIVE LEADERSHIP

- Having the necessary competencies

Plus

- Followers **aligned** with the leader and committed to working toward organizational goals
- Exercise

# WHAT IS INTEGRITY?

- No clear definition
- Can you have integrity and not be ethical?
- I define integrity as –

**standing up for a set of values**

## TWO TYPES OF INTEGRITY

- **Intellectual Integrity** - tendency to act to uphold a consistent set of principles or values determined through the pursuit of objectives and practical reasoning
- **Moral Integrity** - tendency to act to uphold a set of moral principles or values based upon a consideration for others, the avoidance of injustice, and a sense of membership in the community

# IS INTEGRITY ALWAYS ETHICAL?

- Moral integrity is ethical by definition

What about intellectual integrity?

- Intellectual integrity is not necessarily ethical – examples?

- For intellectual integrity to be ethical it must be **based on justice (mutual altruism)** – a concern for the objectives of the organization and all the people involved – both internally and externally

# RESEARCH RESULTS

- A surprise !!!
- Effects on followers were **stronger for intellectual integrity** than for moral integrity

# INTELLECTUAL INTEGRITY

- **Definition** – the tendency to act to uphold a consistent set of principles or values determined through the pursuit of objectives and practical reasoning

Let's break down this definition

- Values based on pursuit of objectives
  - Values based on practical reasoning
  - Uphold values
  - Consistent values
- 
- **Do these points look familiar?**

# A COMPARISON

## Competencies

- Goal-directed
- Proactive analytical
- Perseverance
- Emotional equanimity

## Intellectual Integrity

- Values based on pursuit of objectives
- Values based on practical reasoning
- Uphold values
- Consistent values

# INTELLECTUAL INTEGRITY CAPTURES BOTH SIDES OF LEADERSHIP EFFECTIVENESS

- Intellectual integrity captures the 4 competencies
- Greater perception of intellectual integrity leads to stronger effects on followers

## AN IMPORTANT POINT:

- The key is **perception** of intellectual integrity
- It is not enough just to have it
- **The leader must demonstrate intellectual integrity.**

# WHAT ARE THESE ACTION LEARNING SEMINARS?

- They regroup managers that want to exchange with peers on their experiences of being managers or leaders (5 to 8 participants from any department in the hospital);
- The groups meet on a regular basis and maintain a confidentiality « contract » between participants.
- During the seminars, real-life management problems or challenges are discussed under an approach that is flexible but rigorous, based on questioning, active listening and dialogue.
- Participants are mainly encouraged to share practical knowledge (“P factor”), but theoretical knowledge (“G Factor”) is also presented and discussed, when needed.
- The underlying goal is to help each participant be a more efficient leader, according to his/her own efficiency criteria.

# ACTION LEARNING SESSION STEPS

(PAYETTE & CHAMPAGNE, 1997)

1. One participant takes the « client » role. He/she must present a management problem, a project or an organizational stake that he/she wants to discuss.
2. The rest of the group members act as « consultants ». They ask clarification questions on the client's problem.
3. The needs/demands of the client are clarified (this orients the kind of solutions provided afterwards).
4. Consultants provide as many solutions to the client as possible. The client listens without criticizing the solutions.
5. The client synthesizes the chosen solutions in a short action plan.
6. Conclusion : each participant shares about what they've learned in this session (or other useful comments).

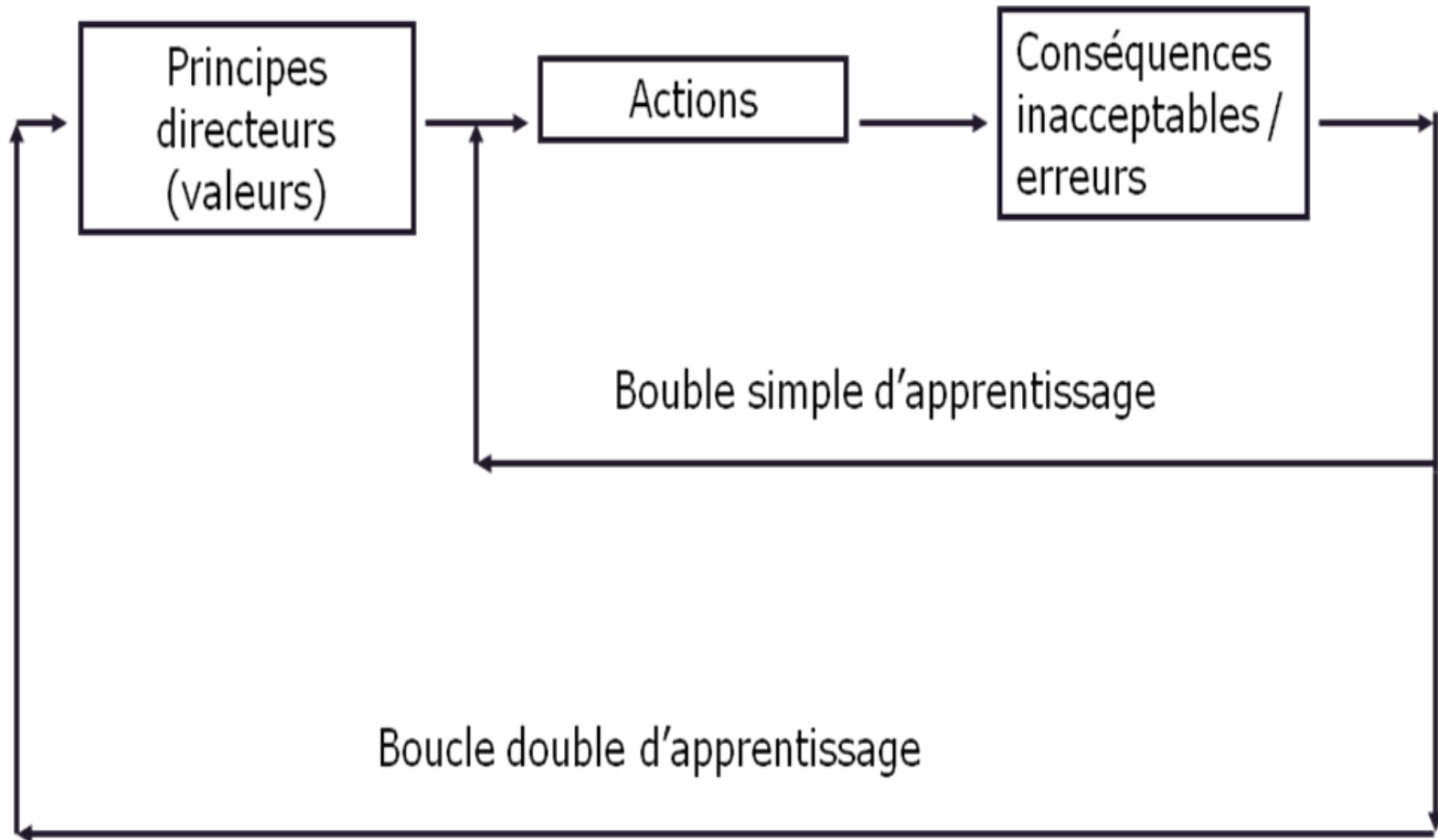


# TWO EXAMPLES OF CONCEPTUAL TOOLS FOR « REFLEXIVES PRACTITIONERS »

- Single and double learning loops
  - Model I and Model II of communication
- ... these tools help to develop dialogue capacity (cooperation AND debate/confrontation)



# SIMPLE AND DOUBLE LEARNING LOOPS



# COMMUNICATION MODELS

Model I	Model II
<p data-bbox="112 515 852 615"><b>Define goals and try to attain them.</b></p> <p data-bbox="112 686 909 851"><b>Increase victories and diminish defeats (« winner/loser » principle) .</b></p> <p data-bbox="112 915 938 1136"><b>Restrict as often as possible occasions where negative emotions could be maintained or expressed</b></p> <p data-bbox="112 1200 639 1250"><b>Always stay rational.</b></p>	<p data-bbox="981 515 1605 615"><b>Increase and share valid information.</b></p> <p data-bbox="981 686 1663 786"><b>Promote free and informed choices.</b></p> <p data-bbox="981 858 1731 1022"><b>Intensify commitment to decisions taken and put them jointly into action.</b></p>

# MANAGEMENT CASES: EXAMPLES

- The next slide shows a synthesis of the types of cases and some examples. Since the managers' cases were mainly about interpersonal issues (employees) and their leadership development (styles, values), we plan to encourage them to treat more complex organizational issues in the second phase of the seminars.
- During the first phase phase of our seminars, 37 different cases were presented by the participants.

# MANAGEMENT CASES: EXAMPLES

## Human resources related problems (43% of the cases)

- How to promote the development of specific employees (talents)
- Problematic employees: Perfectionism, bad attitude influencing work climate, insubordination and discipline, harassment, etc.

## Management/leadership styles and values (41% of the cases)

- How to transmit one's values to the employees or to the management team
- How to be more flexible regarding leadership styles and better adapt to situations

## Organization's structure, systems and stakes (16% of the cases)

- Challenges in the restructuration of a service
- How to promote the adoption of a major reorganization project
- How to influence a superior (senior management) in the adoption of a project

# ACTION LEARNING SEMINARS: EVALUATION OF EXPERIENCES AND DEVELOPMENT NEEDS

At the end of the 1<sup>st</sup> phase of the seminars, we evaluated what the participants learned throughout the sessions and what are their needs for the 2<sup>nd</sup> phase of the program.

In order to achieve the evaluation goal, we used short questionnaires and group interviews.

In general, the participants were satisfied and the seminars helped them to:

- Better know themselves as managers
- Act more quickly when an incident happens and give timely feedback to employees
- Feel that they're not alone
- Learn how to plan their actions (instead of acting "in the spur of the moment")

# ACTION LEARNING SEMINARS: EVALUATION OF EXPERIENCES AND DEVELOPMENT NEEDS

On the other hand, participants would like the next phase to:

- Give them tools to better understand organizational stakes and complexity.
- Develop political, influence and negotiation abilities.
- Offer them a choice of flexible learning approaches.

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## **1 YEAR LATER: A HUMAN RESOURCES DIRECTOR'S ACCOUNT**

57

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# SUMMARY AND CONCLUSION

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## **SUMMARY: A GROUP DISCUSSION**

**In 3 or 4 words, what do you consider the most important messages of this seminar ?**

- **Ideas**
- **Strategies**
- **Questions**
- **Etc.**



**PLEASE DO NOT FORGET TO FILL  
OUT THE EVALUATION FORM !**

**THANK YOU !!!**