

## **Public Inquiry into the Outbreak of Clostridium Difficile on Northern Trust Hospitals**

---

**A summary of the evidence on communication with and support for staff in hospitals, with special reference to hospitals under normal working conditions and during an organisational crisis**

### **Provided by**

Barbara Wren

C. Psychol.

**Chartered Consultant Psychologist in Work and Health**

---

### **Overview and Summary of Evidence**

Communication in healthcare organisations is a product of organisational culture, task, processes, and structure, and the skills of individual workers. Patterns of communication will vary during times of organisational stress in which it is highly likely that the way in which information is communicated and the way in which it is received will be disrupted.

The purpose of communication at work is to facilitate the transfer of information in order to maintain equilibrium, effectiveness and stability at each level of the organisation:

- The relationship of the individual to their task and their role
- The relationship of the individual worker to their team or department
- The relationship of teams to each other
- The relationship of parts of the organisation to the whole organisation
- The relationship of the organisation to the wider healthcare system and the outside world.

At each of these intersections a crucial transaction (a transfer of resources and information that allows for a safe interface between the task and the process) occurs, and the aim of effective communication in healthcare is to allow this to happen in a way that maintains work effectiveness, allows for coherent working and reduces risk to patients. In summary good communication keeps an organisation and its workers “on task”.

Healthcare work is inherently demanding and stressful. Both the nature of the work and the level of demands pose risks to staff health. Stressful experiences at work create psychological challenges which can result in improved performance, learning and growth on the one hand, or disengagement, withdrawal and burnout on the other. The mediators of these two different outcomes are:

- a) The management of healthcare organisations
- b) The level of support available to healthcare staff
- c) Role clarity
- d) Team-working
- e) Effective communication
- f) Adequate resources.
- g) Skills and characteristics of staff

Recent research has highlighted the vital link between management style and staff experience of, and functioning at work. Investigations into the link between the management culture and systems in healthcare organisations and patient mortality suggests that organisations with more coherent, integrated management structures have lower patient mortality. Managers are the pivot, the vital link between micro and macro

level organisational performance.

There is increasing recognition of the need to provide support to staff in healthcare to maintain their effectiveness, increase resilience and remedy problems as early as possible. Such services should provide interventions at primary, secondary and tertiary level with risk assessment and early intervention a key part of reducing stress related harm at individual and organisational level. Ongoing organisational hotspot mapping can provide early warning of systemic problems which may be compromising patient care.

### **1. The effectiveness of communication in hospitals between managers and staff, under normal circumstances and in organisational crisis.**

The following factors facilitate effective communication between managers and staff

#### *a) Under normal circumstances*

- Role clarity
- Effective team working
- Managers with emotional intelligence, flexibility and a conceptual understanding of their role in linking micro and macro level organisational experience
- Effective management /employee relationships built at a number of levels on the following factors: trust and goodwill, sense of equity and justice, ability to match styles to organisational need and empathy.
- Effective processes: meetings, supervision, organisational systems and support for managers in implementing them
- Managers' skills in taking up their role as "translator" and toxic handler
- Organisational culture and the management of change

#### *b) In Organisational Crises*

As well as the skills above

- Containment skills
- Ability to tolerate and normalise high emotion
- Diffusing skills
- Facilitation of "on task" behaviour
- Regular updates (even when there is nothing to say)
- Know when to refer on /bring in help
- Managers being well supported – to ensure they do not respond defensively to challenge or high emotion
- Managing group processes
- Management flexibility

### **2. The nature of staff support needs under normal circumstances and in crises. Known differences between /within staff groups**

Stress is the single largest cause of occupational ill-health in the public sector accounting for around half of all days lost to work related ill health. It is estimated that sickness absence costs the public sector £4billion annually. The management of Health and Safety at Work regulations (1991) give employers a legal obligation to carry out risk assessments to identify workplace hazards including stress. Stress in healthcare staff is substantially higher than in employees in general in the UK with NHS managers twice as likely to be above the threshold for psychological distress as other British managers.

**page 3.**

The Department of Health recommends that under normal circumstances each NHS Trust should employ one full-time counsellor per 2,000 staff assuming the counsellors have no other role than counselling. Interventions for work related stress should be provided at primary, secondary and tertiary level. Managers also have a key role in helping their staff manage work related stress and have been shown to be a significant influence on the level of stress to which staff will be exposed

In crisis situations information, containment and safety are vital (to continue working) and more directive management styles are beneficial (with less facilitation and more leadership). The aim of support in crisis situations is to help keep staff “on task” and able to attend to all aspects of work experience. This will include helping them to process their work experience in order to reduce toxicity, to maintain engagement and motivation, reduce distress, re-establish boundaries and re-engage with their role, contain difficult feelings, avoid the likelihood of colluding in unhelpful group processes, and understand the system and their place in the system to keep their role and the organisation effective. The emerging discipline of occupational health psychology provides such interventions in the NHS. It is important that managers themselves are well supported in times of crisis in order to enable them to achieve all these functions and helped to understand when to bring in specialist help. It is recommended that staff are not referred on the specialist services until at least four weeks after an acute stress. In the meantime “watchful waiting” is indicated with regular team meetings and ongoing provision of information.

### **3. The effectiveness of support for staff in hospital**

Psychology services at work have been shown to provide benefits to employee wellbeing, and to save money in terms of absenteeism and productivity. Department of Health recommendations suggest that there are cost savings of £1000 per staff member provided with 5 sessions of counselling. Good management has been shown to impact on patient mortality in healthcare organisations and on the levels of stress and emotional exhaustion in staff.

### **4. The impact of stress on communication**

Stress affects how information is transmitted and received. In times of stress communication is likely to be fragmented. Staff under stress may be overwhelmed, and unable to take in as much information as they would in normal circumstances. Under stress people resort unconsciously to positions of safety and repetitive patterns of working and communication, which will protect them from feeling overwhelmed.

### **5. The barriers to effective communication within hospitals.**

- Poor role clarity
- Poor management and poor leadership
- Inadequate processes – meetings and how they are used
- Inadequate, poorly pitched and poorly timed briefings

Difficulties in understanding what staff need to know – the bottom line question is “what do staff need to know to manage anxiety, maintain focus and stay engaged with the task, while working in a way that is effective and safe?” There is an organisational and management role in tailoring communication to this organisational need.

**6. Best practice in internal communications with and support for staff in hospital.**

- Good management
- Good appraisal systems
- Transparent systems to link individual and organisational performance
- Teamwork
- Regular, well used meetings
- Regular briefings
- Effective use of internal communication systems such as Intranet
- Good support for managers to help them fulfil their role as “translators”

**7. Any other aspect of communication and support for staff you consider relevant.**

- The vital importance of supporting and developing managers to manage process.
- The high volume of work and high level of demand needs to be factored into an understanding of communication.
- The importance of conceptual clarity (simultaneously seeing the big and small picture) and the skill of flexibility in managers.

Barbara Wren  
**C.Psychol.**  
September 2010

***References available for evidence presented***

## **Selected References**

- Argyris, C. (1983) *Strategy, Change and Defensive Routines*. Boston, MA: Pitman.
- Borrill, C.S. et al (1998) *Stress Among NHS staff: Final Report*. Institute of Work Psychology: Sheffield University.
- Cooper, C.L et al (1989) *Stress Counselling in the Workplace: The Post Office Experience*. *The Psychologist*, 384-388.
- Cox, T., Griffiths, A., and Randall, R. (2003) *A Risk Management Approach to the Prevention of Work Stress in: The Handbook of Work and Health Psychology*. Edited by M.J Schabracq, J.A.M. Winnubst and C.L. Cooper. © 2003 John Wiley & Sons, Ltd.
- M. Csikszentmihalyi and I.S. Csikszentmihalyi (Eds) *Optimal Experience*. Cambridge: Cambridge University Press.
- Department of Health. (2000) *An Organisation with a Memory*. HMSO
- Department of Health. (2000) *The Provision of Counselling Services for Staff in the NHS: Moving Staff Support up the Agenda*, HMSO.
- Firth-Cozens, J. and Payne, R. (Eds) (1999) *Stress in Health Professionals*. Chichester, John Wiley and Sons.
- Firth-Cozens, J. (2001) *Interventions to improve physicians' wellbeing and patient care*. *Social Science and Medicine*, 52, 215-222.
- Goffman, E. (1974) *Frame Analysis*. New York: Harper & Row
- Griffiths, A. and Schabracq, M.J. (2003) *Work and Health Psychology as a Scientific Discipline: Facing the Limits of Natural Science Paradigm in: The Handbook of Work and Health Psychology*. Edited by M.J Schabracq, J.A.M. Winnubst and C.L. Cooper. © 2003 John Wiley & Sons, Ltd.
- Hatfield, E., Cacioppo, J.T. and Rapson, R.L. (1994) *Emotional Contagion*. Cambridge University Press, Paris.
- Highley-Marchington, P. and Cooper, C.L. (1997) *An Evaluation of Employee Assistance and Workplace Counselling Programmes in the UK*. In M. Carroll and M. Walton, (Eds.) *Handbook of Counselling in Organisations*, Sage.
- HM Government. (2006) *Health, work and wellbeing-caring for our future. A strategy for the health and well being of working age people*.
- Intensive Care Society. (2009) *Support for NHS Staff Working in Exceptional Circumstances: Guidance for NHS employers and other relevant organisations*.
- Janoff-Bulman, R. (1992) *Shattered Assumptions: Towards a New Psychology of Trauma*. Free Press, New York.
- Karasek, R.A. & Theorell, T. (1990) *Healthy Work, Stress, Productivity and the Reconstruction of Working Life*. New York: Basic Books.
- Kleber, R. and Van der Velden, P. (2003) *Acute Stress at Work in: The Handbook of Work and Health Psychology*. Edited by M.J Schabracq, J.A.M. Winnubst and C.L. Cooper. © 2003 John Wiley & Sons, Ltd.
- Maslach, C. & Leiter, M.P. (1997) *The Truth about Burnout*. San Francisco, CA: Jossey-Bass.

- Reynolds, S. (1997) Psychological Wellbeing at Work: Is prevention better than cure? *Journal of Psychosomatic Research*, 43, 93-102.
- Rose, S. J. Bisson (1998) Brief early psychological interventions following trauma: a systematic review of literature. *Journal of Traumatic Stress*, **11**, 697-710.
- Schabracq, M.J. (2003) Everyday Well-Being and Stress in Work and Organisations in: *The Handbook of Work and Health Psychology*. Edited by M.J Schabracq, J.A.M. Winnubst and C.L. Cooper. © 2003 John Wiley & Sons, Ltd.
- Schabracq, M.J. (2003) Organisational Culture, Stress and Change in: *The Handbook of Work and Health Psychology*. Edited by M.J Schabracq, J.A.M. Winnubst and C.L. Cooper. © 2003 John Wiley & Sons, Ltd.
- Schabracq, M.J., Cooper, C.L. and Winnubst, J.A.M. (1996) Work and Health psychology: Towards a Theoretical Framework in: *The Handbook of Work and Health Psychology*. Edited by M.J. Schabracq, J.A.M. Winnubst and C.L. Cooper. © 1996 John Wiley & Sons Ltd.
- Schabracq, M.J., Cooper, C.L., Travers, C. & van Maanen, D. (2001) *Occupational Health Psychology: The Challenge of Workplace Stress*. Leicester: British psychological Society.
- Van der Kolk, B, McFarlane, A.C. & Weisaeth, L. (Eds) (1996) *Traumatic stress: The overwhelming experience on mind, body and society*. New York: Guilford Press.
- Whittington, J.L., Paulus, P.B. and Quick, J.C. (2003) Management Development, Well-Being and Health in the Twenty-First Century in: *The Handbook of Work and Health Psychology*. Edited by M.J Schabracq, J.A.M. Winnubst and C.L. Cooper. © 2003 John Wiley & Sons, Ltd.
- Williams, S., Michie, S., and Pattani, S. (1999) *Improving the Health of the NHS Workforce*. Report of the Partnership on the Health of the NHS Workforce.
- Wren, B., and Michie, S., (2003) Staff Experience of the Healthcare System in *Handbook of Clinical Health Psychology*. Edited by S. Llewelyn and P. Kennedy. John Wiley and Son.

**ANNEX A (2)**

**EXPERT WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE  
OUTBREAK OF CLOSTRIDIUM DIFFICILE IN THE NORTHERN TRUST  
HOSPITALS**

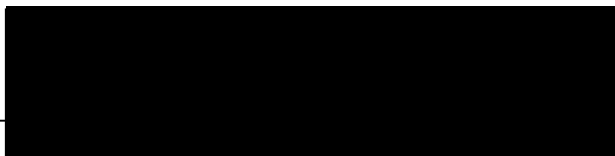
EXPERT WITNESS NAME: \_\_\_\_\_



I hereby attach a report dated 9/9/10 which forms my written statement of evidence to this Inquiry.

I declare that this statement is true and accurate to the best of my knowledge and belief.

Signed: - \_\_\_\_\_



Date: - \_\_\_\_\_

9/9/10

*Please return with your report.*