

Applying the Psychology of Change Lens in Healthcare Safety and Quality Improvement

It has been nearly 20 years since healthcare organisations recognised the human elements that influence patient safety¹, which has been a driver for healthcare safety and quality improvement work globally. Yet, healthcare organisations still experience challenges regarding maintaining employee engagement in safety and quality improvement work²⁻⁴. The significance of engagement for positive healthcare safety and quality improvement work outcomes has been established²⁻⁵. Although the full scope of healthcare safety and quality improvement goes beyond the interactions between individuals in teams, that local cultural element is extremely important^{4,5}.

There is consistency regarding the challenges employees perceive about safety and quality improvement work^{3,4,6,7}. Taking a view from the point of care, sources suggest that the role of the leader, or manager, is crucial to enabling engagement^{3,4,6,7}. Positive leadership improves engagement, whilst negative or absent leadership decreases it^{3,4,6}. Perceptions of the purpose of engaging in safety and quality improvement work drives engagement^{3,6}. Clinicians may be wary of the intent, but they will engage if deemed genuine in improving patient care^{3,6}. Moreover, engagement decreases when safety and quality improvement work is perceived as wasteful of resources or creating more harm than good³. Lastly, there may be limited universality of the concepts, methods and language amongst clinicians, which creates challenges around clarity and purpose^{3,4,8}. Engagement is challenged when group members lack clarity and purpose⁹. There is a strong theme about the 'human factor' in the

descriptions of challenges to clinician engagement in safety and quality improvement.

The 'Psychology of Change'

Safety and quality improvement are about change, in either behaviour, process or both^{10,11}. Therefore, accounting for the 'human factor' of change is crucial to individual engagement in the change. Some healthcare safety and quality improvement literature¹² describe to the human element of change for safety and quality improvement using W.E. Deming's¹³ System of Profound Knowledge (SoPK), and specifically what he refers to as the 'Psychology of Change' lens. The Psychology of Change lens is described as leveraging individuals' motivation, or agency, as well as the collective agency of the team and a system that enables individuals and teams to exercise that agency^{12,14}. It encompasses involving people in change, working with resistance to change and is supported by good communication and collaboration behaviours between people¹². Further, the importance of coaching, authenticity and distributed power is emphasised¹⁴, which are leadership behaviours that support change in others¹⁵.

Individual motivation and empowerment

Self-determination, intrinsic motivation and psychological empowerment are critical elements to successful organisational change¹⁵⁻¹⁸. In the context of healthcare safety and quality improvement, a requisite of productivity is the individual motivation of each member to contribute to the group's

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objectives^{16,19}. Therefore, safety and quality improvement requires extra-role behaviours^{8,20,21}. Extra-role behaviours are certain behaviours of employees that are not part of their formal job requirements, as they cannot be prescribed or required in advance for a given job, but do help in the smooth functioning of the organisation as a social system^{21,22}. Healthcare organisations may not consider safety and quality improvement work as extra-role behaviours, however, when organisations do not protect time for that work in core business, then frontline patient care will always take precedence²³. Albeit, a significant enabler of effective frontline care, the work that underpins safety and quality improvement may not be allocated for in each day for the average frontline clinician²³.

To influence extra-role behaviours, individuals need to feel engaged by a leader who can illicit individuals' motivation and feelings of empowerment to participate in safety and quality improvement work in addition to their regular duties²⁰. Further, positive team dynamics can influence engagement in extra-role behaviours²⁴.

Positive dynamics in the safety and quality improvement team

Positive group dynamics, which comprises task cohesion and social cohesion, is another important facet to organisational change^{25,26}. Task cohesion is the alignment a team has around the aim of the task and clarity on members' roles to complete the task²⁷. Social cohesion means the feeling of belonging to a group or a 'sense' of team membership²⁶. Safety and quality improvement work may

involve a formal or informal team, with a designated person that plays a 'team leader' role¹⁴. To be effective as a team, the leader and its members must be cognisant and well-informed regarding their understanding of how to influence positive dynamics, so that the work gets done productively. Lack of aim and role clarity is a significant predictor of team dysfunction and low productivity²⁸. Social cohesion is also critical in healthcare teams that are not stagnant, as they may form and adjourn based on things like rostering or to address a patient's specific clinical need.

Social cohesion is important to the design of effective clinical quality improvement teams. Social cohesion strongly and positively influences internal coordination, knowledge sharing, and within-group communication.

Task cohesion has been shown to improve error management culture^{29,30}. An error management culture involves organisational practices related to communicating about errors, sharing error knowledge, quickly detecting and handling errors, and helping in error situations^{29,30}. These behaviours that underpin error management culture are all essential to patient safety in healthcare^{31,32}.

Transformational Leadership: a style that drives change

If safety and quality improvement is ultimately about change^{10,11}, then the style of the individual leading that change is important. Leadership is not necessarily a management function. Leadership can be applied by anyone in an organisational hierarchy who wishes to make change for improvement. As

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informal and formal safety and quality improvement teams form and identify a group lead, this requires the group lead to be skilled at managing dynamics, inspiring participation and ensuring accountability^{12,14}.

People are most likely to change their behaviour when led by leaders who demonstrate transformational leadership behaviour^{15,33}. These leaders are concerned with how change happens and are focused on helping every member of the group succeed within the change context. Transformational leadership is a theory of leadership where a leader works with teams to identify what needs to change, create a vision to guide the change through inspiration and execute the change together with committed staff³⁴.

Bass³⁴ defines the behaviours of transformational leaders as comprising four components. The four components articulate a series of behaviours that transformational leaders incorporate into their practice. The first component is intellectual stimulation, by which transformational leaders challenge the status quo and encourage creativity. The transformational leader encourages staff to explore new ways of doing things and new opportunities to learn. Second is individualised consideration: transformational leaders offer support and encouragement to others. In order to foster supportive relationships, transformational leaders communicate openly so that team members feel free to share ideas, and so that leaders can offer direct recognition of the unique contributions of each individual. The third component is inspirational motivation, whereby transformational leaders have a clear vision that they are able to

articulate to others. These leaders are also able to influence others with the same passion and motivation to fulfil these goals. Finally, idealised influence describes the transformational leader as a role model for others. Because staff trust and respect the leader, they emulate this individual and internalise the leader's ideals.

Transformational leaders have a natural ability to build social and task cohesion^{35,36}. Therefore, demonstrating transformational leadership behaviours should support the development of positive dynamics in healthcare safety and quality improvement teams.

The transformational leader's behaviour as a significant influence on positive safety climate, and specifically the leaders' influence on the psychological safety of the group^{37,38}. Psychological safety is a shared belief that the team is safe for interpersonal risk taking³⁸ or "being able to show and employ one's self without fear of negative consequences of self-image, status or career"³⁹. Safety and quality improvement teams need psychological safety to perform, as the work requires group members to share ideas and have robust discussions with colleagues in a multidisciplinary setting. If psychological safety is compromised, then conversations about improvement can be stifled and engagement decreased^{3,4,6}.

Implications for healthcare safety and quality improvement

Figure 1 shows a model for the individual, team and leader factors that improve

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employee engagement in safety and quality improvement, otherwise known as ‘the Psychology of Change lens’⁴⁰. This model can be applied in practice. Those individuals wishing to engage others in future healthcare safety and quality improvement should consider adopting the key behaviours of Transformational Leadership if they wish to drive change. They should also consider how they are developing positive team dynamics, creating a sense of belonging and bonding between safety and quality improvement team members and having well-defined aim and roles in the team to achieve outcomes.

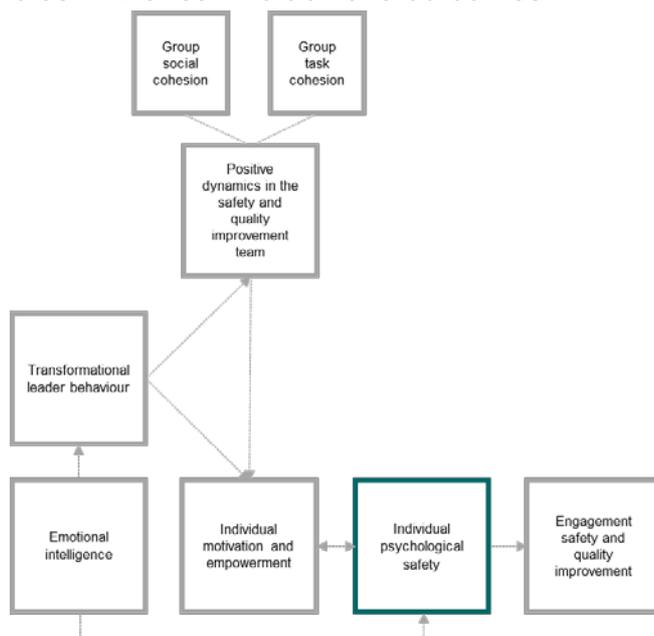


Figure 1. The individual, group, and leader factors that create the conditions for engagement in healthcare safety and quality improvement

Through focusing on self as leader and their own behaviours, as well as how those behaviours are fostering positive team dynamics and individual team members’ motivation and empowerment, will have a

great benefit on employee engagement in safety and quality improvement.

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