Digging Deep: How organisational culture affects care homes residents' experiences

Dr Anne Killett
The CHOICE research team 2010-2012 was led by Dr Anne Killett University of East Anglia in collaboration with Professor Dawn Brooker, Jenny La Fontaine & Isabelle Latham at University of Worcester; Professor Alison Bowes, Dr Fiona Kelly and Mike Wilson at University of Stirling; Dr Martin O’Neill at Cardiff University and Dr Diane Burns at University of Sheffield.

The team gratefully acknowledges the important contribution of Dr Bridget Penhale, Dr Paula Hyde, Dr Fiona Poland, Professor Richard Gray, Dr Nick Jenkins and Heather Strange, our research team colleagues at University of East Anglia, University of Worcester, University of Manchester, University of Stirling and Cardiff University.

With special thanks to:

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The context of the study

• PANICOA; a programme of research aiming to enhance dignity and tackle abuse and neglect in the care of older adults

• CHOICE; Care Home Organisations Implementing Cultures for Excellence

• Exploring the relationship between the organisation, management and delivery of care and the experience of care within residential settings
The study aims and rationale

• Practice experience suggests that care homes with similar resources and demands can provide vastly different experiences of care

• Organisational culture, (the assumptions, values and norms shared by and influencing how members of an organisation behave and interact) is argued to play an important role in shaping the care experience
The research question

• ‘What are the individual circumstances, organisational cultures and practices most likely to encourage, or inhibit, the provision of high quality of care for older people living in residential and nursing homes?’

• The study examined, in context, experiences of care that reflected both high quality care and also poor care including mistreatment.
Person-centred approach

‘Person-centred care values all people regardless of age and health status. It is individualised, it emphasises the perspective of the person with dementia and stresses the importance of relationships. The primary outcome of person-centred care for people with dementia is to maintain their personhood, in the face of cognitive decline.’ (Brooker and Surr 2005:13).
Methods

• Comparative case study design in three phases

• Phase 1: key informant interviews and documentary analysis to provide context for sampling of cases

• Phase 2: A linked series of 11 case studies of care home settings carried out in Scotland, Wales and England

• Phase 3: Findings development
Defining organisational culture

A pattern of shared basic assumptions developed by a group and found to work as it adapts to problems, and taught to new members as the correct way to perceive, think and feel (Schein 1990)
In-depth case studies

• PIECE-dem observational framework gave detail of care experiences of residents with advanced dementia/complex needs

• Ethnographic data collection (interviews, observations and documents/artefacts) explored issues raised by PIECE-dem

• Each case study analysed to identify key practices and cultural elements influencing care experiences

• Cross-case analysis to compare and contrast case studies, identify common cultural elements.
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<td>Residential with nursing</td>
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<td>Single owner manager</td>
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<td>41, 40 occupied</td>
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<td>11</td>
<td>Not for profit – medium national</td>
<td>64</td>
<td>Units; 2 nursing, 1 residential 1 dementia residential care</td>
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Findings: Culture and care

In the 11 homes we found examples of
Excellent care
  Inspiring, creative, sensitive approach to individual residents
Homes working hard to provide good care
But also examples of impoverished care
  Little engagement for long periods
  No activity
  Insensitive help with feeding
Organisational culture and care

• The analysis did not reveal a typology of cultures
• Each of the care homes had their own distinctive culture and this varied in strength
• Seven interrelated cultural elements recurred and appeared to be of importance in maintaining positive care experiences
Key values, attitudes and behaviour

1. There is *shared purpose* in providing best possible person-centred care. To achieve this there is consistent espousal of values at an organisational and individual level.

2. Management *mediate external pressures* so that they do not negatively impact care, as demonstrated in the attitude, skills and behaviour of managers.

3. **Staff are empowered** to take responsibility for resident well-being through management and leadership, through values and attitudes of the organisation.

4. Staff and managers are *open to change* for the benefit of residents, as shown in their attitudes and behaviours.

These values, attitudes and behaviours support the following artefacts (observable practices):

1. There is a sense of **community** between all involved in the home.

2. Person-centred *activity and engagement is integral* to care work. This is supported by consistent organisational policies and procedures, knowledge and skills.

3. The care home **environment is used actively** for the benefit of residents, through the knowledge and understanding of the staff.
Positive care cultures

Managers ensure that external pressures do not have a negative impact on care delivery

A sense of community between all involved in the care home

Shared purpose in providing the best person-centred care

Staff are empowered to take responsibility for resident well-being through active management processes

Openness to change for the benefit of residents

Using the care home environment for the benefit of residents

Person-centred activity and engagement is integral to care work
A sense of community between all involved in the care home

Management able to mediate external pressure so that they do not negatively impact care

Person-centred activity and engagement integral to care work

Organisational Policies and Procedures; Knowledge and Skills

Artifact

Use of care home environment to the benefit of residents

Knowledge and Understanding; Artifact

Openness to change for benefit of residents

Attitude; Behaviour

Staff empowered to take responsibility for resident well-being through management and leadership

Organisational Value; Attitude

Assumptions

EG People are important

(Might be where the differences between homes come in…)

In Schein 1990 – assumptions develop from values that are consistent with solutions to problems the group deals with over time

Shared purpose in providing best possible person-centred care

Espousal of values; Consistent between organisation and individuals

Management able to mediate external pressure so that they do not negatively impact care

Skill Attitude, Behaviour

Artifact

Shared purpose in providing best possible person-centred care

Espousal of values; Consistent between organisation and individuals
Shared purpose

• All but one care home could show written documents

• Where positive care was more consistent, the values written down were also expressed and demonstrated in day to day practices

  ‘Good care means if somebody needs attention, just attend straight away rather than leave them. And just to look after them as a person, like an individual, you know, what she likes to be, does she want to be dressed at this time or does she want to go to bed at this time, it’s up to her, if she wants to go, whatever the time.’ (Bergamot Place, interview with nurse)
Shared values developing into assumptions

• Staff understandings of what may be needed to practice person-centred care, such as compassion and making emotional connections, developed into assumptions:

  ... you’ve got to have a compassionate side and be able to connect with someone before you can do any personal care, because it’s not fair otherwise. I wouldn’t like a stranger looking after me that I couldn’t talk to. (Tansy View, interview with care assistant)
Changing the shared purpose

- Giving permission for staff behaviour to be consistent with the values, in this case to hand on tasks to staff on a later shift:

  Staff were becoming too hooked up on tasks “got to get all this done by 12 o’clock, got to get all the beds done, got to get this done”. And we sat them down and said “no, it’s 24 hour care, what’s not done by the time you go off shift somebody else can do when they come on”, you know, “think of the person, not that you’ve got to wash them...”. (Tansy View, interview with Manager)
Lack of detailed vision

• In ‘Lovage View’ – there was a very general ‘purpose’ – to deliver ‘the best’ care

• It was left to individual staff to interpret what ‘the best’ was.

• Manager saw training as a way for staff to develop – but no time or funding provided

...on a minimum wage of six pounds eighty I can’t afford to take any, any courses what so ever, I am only just getting by...

... I was working 48 hours a week, I’ve not got time to go and sit and do that when I go home.

(Lovage View, interviews with care assistants).
Managers mediating outside factors

- training members of a management committee in dementia awareness and manual handling (Thyme View)
- use of an external advocate in relation to relatives’ concerns (Sage Court),
- obtaining financial support from the parent organisation (e.g. Thyme View, Marjoram Place)
- involving senior staff in budget planning (Tansy View).
...or simply passing on the pressures

Making sure the Ts are crossed and the Is dotted...constantly nagging about ‘have you completed this form, please makes sure this is done, is this new care plan in place, have you reviewed this.’ That’s what the job is mainly about now.  (Interview with manager, Hyssop Place).

This manager is perhaps voicing an assumption about the main purpose of value of the care work – which is inconsistent with what the care home says its purpose and values are.  (But our observations showed staff frequently operating from such assumptions:

A member of staff is finishing off care plans and food charts (before they’ve finished eating)  (Hyssop Place, Qualitative Observation)
Staff empowered to take responsibility for resident well-being

- For positive care experiences – staff able to use their own ideas and experience, take personal responsibility

- Facilitated by management and leadership
  - Showing shared values by leading by example
  - Being connected – responsive to staff input, present in the home
  - Mediating impact of external pressures
Openness to change for the benefit of the residents

• Change pursued for the benefit of residents was the norm
• Change was recognised as an ongoing and gradual process, rather than an end point
• When the benefit to residents was clear it helped others to accept and support the change
• Physical presence of leaders to ensure change
Using the care home environment for the benefit of residents

- Not only about the design, but about the use of space and the environment – even if constrained
- Staff and others in the home constantly reflect on the impact of environment on residents
- Organisational decisions (e.g. staff levels, equipment storage) needed to take into account the environment and its impact on resident experiences
Person-centred activity and engagement is integral to care work

• Activity and engagement with residents were integral to care work, not added extras
• Worthwhile activity and engagement as what is meaningful to the resident, rather than pre-determined
• Activity and engagement enabled to be part of care work through practices, resources and arrangements in the home
Cultural elements interacting

• Schein’s hierarchy of cultural elements
• ‘Assumptions’ determine how we perceive, think, feel and so how we behave
• Shared assumptions develop as we solve problems together in groups
• Local relationship between ‘problems’ and ‘solutions’ crucial in the development of the care culture
The ‘problem’ – short of staff on shift:

Values of person-centredness held onto as group comes to a solution;

Difficulty on the ‘floor’

Manager hears and quickly comes to help

The value of the ‘worth of individuals’ becoming embedded

Solutions give residents less time or staff having to give own time;

Solution seen as successful (e.g. uncomfortable or demanding emotional labour avoided)

Behaviour not challenged, no alternative implemented (e.g. through leadership, reflection, supervision)

Implicit values (e.g. this is just a workplace) become embedded

Attitudes become unconscious assumptions (e.g. I can’t do anything about it.)
Potential ‘bind’ of culture

• Assumption that good care is reliant on individual staff and their personal, pre-existing values

But as shown, these individual’s values shift and change, and individuals may well develop...

• Assumption that individual staff cannot effect change or overcome barriers to good care.
Implications

Care homes achieve the elements of organisational culture in different and individual ways.

Relationship between the elements facilitates a positive care culture. A particular organisational culture in a care home cannot be achieved simply by importing a set of organisational values or a strong leader or the ‘right’ staff.

It is necessary to find ways of resolving the everyday demands of practice in ways that are consistent with espoused values. Through this every day practice assumptions continuously evolve, either consistent with or divergent from, espoused values.
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References


