Staff participation and involvement in managing change: grassroots service development in multidisciplinary health-care teams

ARISS, S, NANCARROW, S, SMITH, Tony <http://orcid.org/0000-0001-8743-4677> and ENDERBY, P

Staff Participation and Involvement in Managing Change:

grassroots service development in multidisciplinary health-care teams

Steven Ariss[(1)], **Susan Nancarrow**[(2)], **Tony Smith**[(3)], **Pamela Enderby**[(1)]

[(1)] University of Sheffield, [(2)] Southern Cross University (Australia), [(3)] Sheffield Hallam University

NIHR CLAHRC South Yorkshire

Background:

The government has declared a commitment to the devolution of the NHS in England, making it "easier for professionals…to innovate and improve outcomes"[(1,p.9)]. Plans for "liberating the NHS"[(ibid)] rely on replacing top-down service development with the involvement of health-care staff who work closely with service-users. However, this 'grassroots' approach to service development represents a significant change in ways of working and organisational culture in health care.

Introduction:

This poster describes findings from the implementation of an 'Interdisciplinary Management Tool' (IMT) to facilitate self-evaluation and service improvement by members of staff in interdisciplinary community health care teams.

Intervention:

Service evaluation events with 12 community teams involved staff members from diverse professions and with different roles. Facilitated exercises (based on systematic reviews of current literature) explored aspects of team working to highlight what members thought was right and wrong with their service. They used this information to construct action plans for team development.

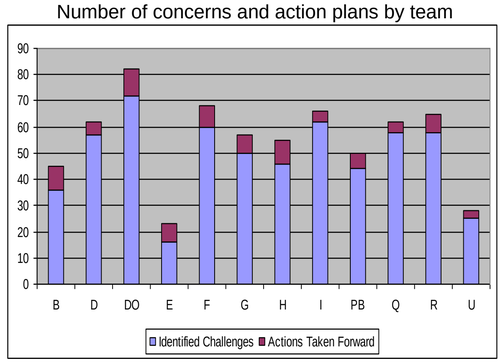
Methods:

Reports for each team were written from records of these events and analysed using NVIVO qualitative data analysis software. An iterative process of category development[(2)], coding definition[(3)] and coder reliability tests[(4)] led to all of the issues recognised by the teams being exclusively sorted into 11 broad themes[(5)]. Within these themes, details of issues identified by the teams were described [(2)] and similarities and differences between teams explored.

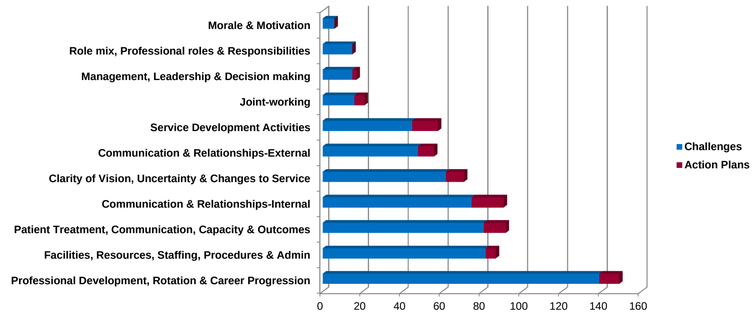
Results:

Teams identified an average (mean) of 49 concerns each (range 16-72, n=584). A total of 79 actions were carried forward to the teams' action plans (mean=6.6, range=3-10). Whilst each team had a unique profile, similar concerns were raised across teams: despite wide variations in service types and configurations.

Number of concerns and action plans by team



The graph below shows the numbers of concerns identified within the 11 broad themes and how many of these were then taken forward and developed into action plans for service development.



Within these themes similar challenges were reported by most teams:

- **Uncertainty, lack of clarity and understanding**: Unclear aims of the service; uncertain roles and responsibilities; organisational change; lack of shared vision.
- **Professional development:** Range of clinical & non-clinical training required (specifically mental health & neurology); protected time for personal development needed.
- **Expectations of service:** High expectations and complex dynamics make relationships difficult with patients, relatives and other professionals.
- **Admission and discharge:** Lack of coordination and communication with other services; little control over admission criteria; delays arranging post-discharge care.
- **Resources and practical issues:** Travel (weather, facilities, parking, learning new area); lack of office space (no confidentiality); poor access to I.T.; duplicated administration.
- **Team communication and relationships:** Need to develop trust, respect, appreciation and openness; resolve conflicts effectively; increase integration.

Implications:

The intervention has potential benefits for a wide range of health-care settings to promote successful staff involvement in service development and change-management. Particularly in multidisciplinary teams and complex settings.

The similarity of problems encountered by a wide variety of interdisciplinary intermediate care teams presents opportunities to support improvement in areas of difficulty which are consistently recognised by members of staff.

Further work will explore the implementation of action plans by the teams to further identify barriers and redesign the IMT to more effectively target problem areas in multidisciplinary intermediate care services.

(1) DoH, 2010; (2) Ritchie, Spencer and O'Connor, 2003; (3) Luborsky, 1994; (4) Hruschka et al, 2004; (5) Patton, 2002

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Contact Details: Dr Steven Ariss, School of Health and Related Research, University of Sheffield
Email: s.ariss@sheffield.ac.uk, Tel: 0114-2225426

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