Subject: **Psychosocial Stress Diagnostic: Theatres**

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1. Introduction & Background

The Alder Centre provides a range of psychosocial services including the Trust's on-site staff counselling service and as head of service I am involved in a number of leadership, change management, stress, conflict resolution and health and wellbeing activities. In this capacity, I am lead trainer for the mandatory sessions on the Trust's Introduction to Leadership programme and it was against this background that I was approached by the Senior Operating Department Practitioner and Audit Facilitator in Theatres, who as a graduate of this programme, invited me to provide a shortened version of the module on stress, culture and leadership as an awareness raising session for Theatre staff, which I delivered on the 22nd July 2010. Although the session was designed to be a one-off, awareness-raising event, following the event the Alder Centre was inundated with requests from individual Theatre staff for help with their stress and a variety of associated concerns, which I processed personally in the form of initial assessments. As well as the volume of referrals, from the seriousness of complaints and allegations that were being made, it became apparent that something more than individual, stress counselling was needed. Following a meeting with the Director or Human Resources and Organisational Development and in agreement with the Divisional Director of Surgery, it was agreed that I would undertake an in-depth, team diagnostic to ascertain the prevalence and causes of stress.

2. Scope & Participants

The people who initially accessed me came from all professional disciplines including consultants and other clinicians. However, it was agreed that the diagnostic would be limited to staff up to and including ODPs and Band 6 practitioners. Given that many of the narratives of distress, complaints and allegations were focused on the [**information redacted**] Managers, it was agreed that the latter would be involved at a later stage, after the findings of the diagnostic had been collated and they could be prepared for the feedback. In order to maximise accessibility, three main routes of participation were arrived at:

- Face-to- face Consultations
- Group Discussion
- Psychosocial Questionnaires

The [**information redacted**] took responsibility for the logistics of informing and releasing staff who wished to participate. To date the number of people seeking confidential face to face consultations has been 25; a further 9 opted for anonymous telephone conversations; 20 people have attended group sessions and a total of 59 questionnaires have been returned. At the time of

writing, individual members of staff are still seeking confidential, face-to-face consultations with me and a number of group sessions have been arranged. There are over twenty members of staff on sick leave who it is deemed inappropriate to contact.

3. Psychosocial Methodology

Numerous theoretical models and diagnostic tools are available to undertake stress-risk assessments. The psychosocial approach adopted here, considers the intrinsic features of the individual (personality, resilience, etc); the social context in which they operate (structure, culture etc) and the dynamics at work between the two in terms of the causes or exacerbators of stress. The method adopted for this team diagnostic combined criteria from the Health and Safety Executive Standards; principles of Organisational Justice; and Demand, Control, Support, Effort and Reward models.

4. Findings

The findings are presented in the form of:

- A qualitative summary of the recurring themes which emerged in the face to face sessions, telephone conversations and focus group discussions.
- Diagrammatic and quantitative data from the self-report questionnaires (Appendices 1-9).

5. Face-to- face consultations, confidential telephone calls and focus groups:

The following is a summary of the main, recurring themes which emerged in the face-to-face sessions, telephone conversations and focus group discussions:

- **Psychological distress**

Many of the staff were in a high state of distress. Their narratives of distress were accompanied by high levels of observable, emotional and physical symptoms, which in several cases required referral to Occupational Health, their GP or Alder Centre counsellors.

- **Patient safety**

Concern for the safety of patients was a powerful theme. Several staff recounted personal or observed incidents where they or colleagues had been required to attend operations when they were severely under par, exhausted from long hours, or physically and mentally unable to perform their duties confidently or competently. Several incidences were recounted where staff had fainted or had been otherwise incapacitated whilst in Theatres.

- **Self-harm and suicide**

Every person who attended confidential consultations with me expressed concern for their own or other colleagues' health and wellbeing with a high

proportion disclosing concerns on a continuum of minor self harm to risk of suicide.

- **Harm to others**

The distress exhibited in the confidential sessions was accompanied by various degrees of anger and variations on the theme of, 'if something isn't done soon someone will snap and attack someone'. A number of examples of aggressive exchanges between [**information redacted**] Managers and staff from within Theatres and other departments were cited as evidence.

- **Whistle-blowing**

The anger and frustration expressed by staff who felt no one was interested or listening to them included speculation about, and threats of, whistle blowing to a range of external bodies including MPs and the media.

- **Unsustainable cover for sickness/absence**

Stress from the above were exacerbated by extremely high level of sickness/ absence which resulted in pressure on remaining staff of all grades to work unplanned overtime and excessively long hours. The terms 'coercion', 'bullying', 'harassment' and 'emotional blackmail' were recurrent terms and many complained of 'intimidation' by [**information redacted**] Managers to comply. Several participants complained that on a regular basis, the number of staff on sick leave was higher than those available for work.

- **Sickness/absence management and risk Assessment**

Many of those presenting, who had experienced periods of sickness/absence complained that the Trust's sickness/absence policy was being administered according to a 'tick-box' approach, with little or no concern or sensitivity for the individual or their circumstances. Return to work interviews either didn't happen or were conducted in a cursory or threatening manner and examples of inappropriate communication with staff on sick leave were reported. Examples were cited where agreed phased returns were overridden or disregarded by [**information redacted**] Managers in order to staff rosters. A hiatus appears to exist whereby individual stress risk assessments are not being carried out because the Risk Management Department deem this to be the responsibility of the managers and the majority of staff wanting or waiting for risk assessments do not want them to be conducted by the very [**information redacted**] Managers who they consider to be responsible for their stress. When asked if they had contacted their [**information redacted**] manager, the majority claimed that they had no confidence in this route as the experience of some and perception of others was that the [**information redacted**] manager was 'too close' to some of the [**information redacted**] to be objective and impartial.

- **Management culture and leadership**

There were many complaints against, and overwhelming criticism of, the [**information redacted**] Managers' management and leadership styles, which was variously described as 'bullying', 'intimidating', 'coercive', 'aggressive', 'hostile' and 'vindictive'. A very high proportion considered this to be deliberate and consciously motivated by the personalities involved as

opposed to behavioural reactions to the pressures of management. I could elicit little evidence of trust or respect for any of the [**information redacted**] Managers or their management or leadership styles from the staff who participated in the face-to-face, telephone or group consultations.

- **Management Infighting**

  Many complaints were made about in fighting and destructive competition between the [**information redacted**] Managers themselves and an overwhelming atmosphere of suspicion and mistrust emanated from aspects of some [**information redacted**] Managers' personal relationships and lack of appropriate personal/professional boundary management. Overall, this has the effect of preventing staff from confiding in, or seeking support from, individual managers due to the risk of reprisal, betrayal of confidential disclosures, or gossip amongst them.

- **Lists, Off Duty Rosters and Skills Mix**

  Many complaints were made about the lack of fairness and equity regarding the allocation of off-duty, scheduling of operations and the skills mix of available practitioners. This was considered to be potentially injurious to patients and staff alike. It was stated on many occasions that rosters, lists and skills mix were influenced by the [**information redacted**] Managers' personal relationships with some subordinates and consultants, which led to preferential treatment which in turn, was detrimental to the pay, conditions and life-work balance of others (this was also a complaint made by the consultants who met with me or who rang to report that there confidence and competence to practice was being compromised).

- **In-groups and Out-groups**

  I got a strong impression of team schisms and divisions based on the operation of in-groups and out-groups which was determined in large part on the basis of [**information redacted**] Manager favouritism, patronage, personal relationships and degrees of compliance.

- **Management Culture and Leadership Styles**

  The majority of people attending the confidential sessions reported a management culture defined by fear and blame and heightened by an aggressive atmosphere in which swearing and shouting appears to be an accepted way of giving and receiving feedback both formally and informally and in which public criticism and reprimands are the norm. I got the impression of a top-down command and control culture in which the prevailing style of management was highly authoritarian and dictatorial and much resentment was expressed at the lack of consultation and collaboration.

*It should be noted that the majority of staff who chose to have anonymous telephone consultations, when asked to attend either face-to-face or group sessions, gave fear of reprisals as the main reason for telephoning.

6. Psychosocial Questionnaires

Appendices 1-9 Provide quantified feedback from 59 anonymous, self-report questionnaires and should be read in conjunction with the qualitative themes above.

Appendix 1a/b: Interpersonal Relationships
Appendix 2a/b: Communication
Appendix 3a/b: Support
Appendix 4a/b: Organisation of Work
Appendix 5a/b: Security
Appendix 6a/b: Environment Health and Safety
Appendix 7a/b: Quality
Appendix 8: Culture/Climate/Support/Motivation Matrix
Appendix 9: Dubrin's Burnout Scale

Appendix 1a/b: Questions 1 to 5 provide feedback on the quality of **Interpersonal relationships** with managers and colleagues.

- The most obvious concern relates to 27% of participants who have personally experienced bullying and harassment and 80% of participants who have observed the bullying and harassment of others.
- These reports include bullying, harassment and/or discrimination across all areas of gender, religion, ethnicity, sexual orientation and disability.
- 59% of respondents reported concerns about the quality of their working relationships with [**information redacted**] Managers.

Appendix 2a/b: Questions 6 to 15 provide feedback on **Communication.**

- Overall communication could be improved and in particular the content, process and interaction relating to performance management and feedback is an obvious cause for concern with 61% reporting a lack of balance in the feedback they receive from [**information redacted**] Managers.
- 66% of respondents are concerned about the lack of consultation regarding changes that affect them;
- 58% aren't clear about the department's purpose in the organisation.
- 53% believe they don't receive clear information in the organisation or in their department.

Appendix 3a/b: Questions 16 to 18 provide feedback on levels of **Support.**

- 58% of respondents consider they aren't adequately trained to do their job/s and
- 47% receive insufficient support from their managers.

Appendix 4a/b: Questions 19 to 23 provide feedback on the **Organisation of Work.**

- The most obvious concern relates to the 76% of respondents who are concerned about the volume of work and deadlines which are a significant source of stress.
- 75% of respondents report concerns about the organisation of their shift patterns;
- 64% report pressure to do excessive overtime and 75% have experienced guilt and/or anxiety about taking time off and holidays.

Appendix 5a/b: Questions 24 to 25 provided feedback on **Security and Career Prospects.**

- The greatest area of concern relates to 78% of respondents who were concerned about limited opportunities for promotion and/or career development and the negative impact on motivation, morale and staff retention.

Appendix 6a/b: Questions 26 to 30 provide feedback on the working **Environment and Health and Safety.**

- Overall 53% of respondents had concerns about their environment and Health and Safety.

Appendix 7a/b: Question 31 provides feedback on **Quality and Standards.**

- 54% of respondents reported concerns about the quality and standard of work and 46% consider there is insufficient equipment.

7. Culture, Climate, Support and Change

Appendix 8: This reveals the employee's experiences and/or perceptions of their working culture within the definition of *'the way things are done around here…..'*. High challenge is not an intrinsically unhealthy source of stress provided there is sufficient organisational support and people feel a] that they have some control over their lives and b] they are optimistic about their future.

The green quadrant represents the optimum balance between high challenge and high support. It is to be expected that any workplace culture will have a mixture of positive and negative returns. However, the higher the ratio of negative responses in the other quadrants, the greater likelihood of stress and suboptimal performance 'shadow side' working

The feedback in Appendix 8 indicates a serious imbalance between positive and negative cultural attributes, with some very high percentages of potential dysfunction. Of particular note:

- Overall, 91% of respondents reported negative cultural attributes compared to 9% positive ones;
- 0% reported feeling encouraged by management;
- only 2 respondents felt valued and
- only 1 person felt they were part of a collaborative culture.

8. Distress and Burnout

Not all stress is harmful and is in fact necessary for optimal performance. A combination of factors including the individual's personality and resilience; work-life balance in relation to the demands placed on them; their perceived degree of control and optimism regarding the future, are some of the factors which have to be taken into consideration. Along a continuum of negative, positive and harmful stress, the phenomenon of burnout describes the point at which the individual's coping mechanisms break down in the face of perceived or actual pressure. **Appendix 9** provides a disturbing snapshot of distress along this continuum which corresponds to the distress that was reported and manifested in the face-to-face, group and telephone interviews:

- 86% of respondents reported some-to-extreme concerns regarding their degree of burnout and fitness to practice;
- 22% reported some concerns about their potential for burnout;
- 24% had borderline symptoms;
- 22% were solidly experiencing symptoms of burnout;
- 19% met the criteria for extreme burnout.

9. Summary and Conclusion

The evidence as reported and manifested by the people who participated in this diagnostic revealed a significant number of highly de-motivated and demoralised members of the Theatre team across all professional disciplines, and with some very serious health and safety concerns. Whilst the results are only representative of the team members who participated, it should be borne in mind that critical mass is essential in determining the attitudes and behaviours of a particular culture and it is not always the numerical majority that has most significance. The impact of negative and positive tipping points will be determined by such things as the strength of feeling and the degree of influence and power invested in the disaffected population. Using Argyris' (2007) definition of *psychological contract* as, 'the perception of both parties to the employment relationship, organisation and individual, or the reciprocal promises and obligations implied in that relationship', it was apparent that the psychological contract which underlies such things as goodwill, trust and an implicit understanding that no harm will come to the individual in the course of their working relationships, was severely compromised.

In considering a range of intrinsic and extrinsic factors associated with stress and the psychosocial interplay between the individual and their environment, the information provided above is essentially experiential and there may be some value in cross-referencing this evidence against hard data in order to conform or confound the qualitative data. I have provided minimum analysis to allow for further discussion and contextual analysis with managers and others who are more intimately involved in the work of Theatres and by necessity, this includes [**information redacted**] Managers whose own perspectives and responses will need to be added to the diagnostic. Meanwhile, the data indicates that the Trust is sustaining significant failure costs in the form of sickness, absenteeism and productivity lost through ongoing conflict, grievances and other suboptimal performance factors. As well as concerns

expressed for patient safety, the human cost, as observed in the participants' levels of distress, the quality of their work/life balance; the impact on their families and the quality of work is incalculable, as is the potential reputational cost to the Trust, if changes to the existing status quo are not seriously considered. By any standards of analysis or interpretation, it is difficult to see how any advances in productivity, patient safety, staff moral or the health and wellbeing of the employees responsible for staffing Theatres will be achievable should the existing status quo prevail.

10. Recommendations

The nature of the work performed in Theatres is inherently stressful and this means that there are certain, intrinsic, pressures which will have to be accepted and adjusted to by any staff employed in this environment. However, this is all the more indicative of the need for managers and leaders in such a climate to have the necessary knowledge, skills, experience and attitudes to performance manage and lead change within a complex culture and high intensity workforce, in such a way as to eliminate or mitigate as many stressors as possible. Whilst the [**information redacted**] managers have been the focus of most criticism, it should be recognised that middle mangers are in an inherently stressful position regarding the expectations of the senior managers above them and the workforce below them. It may be that consideration needs to be given to the contribution of clinicians and senior managers to the existing culture.

Copious research exists to demonstrate the direct link between the health and wellbeing of staff and patient outcome, including mortality rates. Allied to this, research undertaken by the HSE shows how team working can have a positive or detrimental effect on the health and wellbeing of employees, and by extension service users, depending upon the structural and cultural context and the way in which team-working is conceptualised, communicated and implemented. Given the importance of multidisciplinary team working to safe, ethical practice in Theatres, this diagnostic has produced a wealth of information with which to inform a strategy for the improvement of the health and wellbeing of staff, quality of service and the productivity gains required in the current economic climate. Having witnessed and explored the high emotion, serious levels of distress and demoralisation in the existing team, It is suggested that attention to any one of these components, at the expense of the others will not result in the significant changes needed to improve the quality of service and working lives of Theatre staff. What is recommended is a holistic approach allied to a comprehensive, sustainable and measurable strategy of change. Significant changes will be required to make the transition from the current top-down, command and control style of management to a more collaborative and effective, culture of team-working which respects, values and utilises the knowledge and experience of all members of staff.

From the many definitions of team-work, the definition offered by Markiewwicz, Borrill and West (2003) would be an appropriate one for Theatre managers to adopt and build on:

> ‘Team-based working is a philosophy or an attitude about the way in which people work together – where decisions are made by teams of people rather than by individuals and at the closest point to the client or customer’

The following recommendations do not represent an exhaustive list of correctives. Rather they provide a starting point for further consideration of the emergent issues relating to:

- Structure
- Culture
- Communication
- Skills mix
- On-call rosters and Lists
- Management and leadership
- Bullying and harassment, discriminatory attitudes and behaviour

1. A review of the structure: would pay attention to the make-up of the [**information redacted**] Management team in relation to other [**information redacted**] and their respective roles, duties and responsibilities. This would address some of the criticisms that qualified and experienced staff below the level of [**information redacted**] managers are excluded from input into rostering and operating lists which has implications for ensuring the appropriate skills mix of available staff; equality of opportunity and pay, and fairness in relation to work-life balance regardless of gender, marital status; sexual orientation or ethnicity.

2. Culture change: is likely to be the most difficult to achieve as this requires attention to the attitudes and behaviours of the whole Theatre workforce. Attempts have been made in the past to address similar issues by drafting in external consultants/facilitators who have made interventions of an ad-hoc or time-limited nature. Awareness-raising and the facilitation of discussion groups are likely to have limited effect or value with such deeply entrenched structural, cultural, attitudinal and behavioural problems. It is strongly recommended that a systematic programme of culture change and support is formulated as an ongoing strategy with short, medium and long term benchmarks and associated support mechanisms.

3. Competency-based assessment of the [**information redacted**] managers**:** is recommended in the form of a gap-analysis which would inform a bespoke programme of management and leadership development, including the Health and Wellbeing competency based criteria for effective leadership. Any programme should include a combination of transactional and transformational performance management skills, change management and leadership skills training. There was little evidence to suggest that the [**information redacted**] Managers work as an effective team and this would need attention, if they are to model the professional, team-working ethos, attitudes and behaviours required of their workforce.

4. A communication strategy: which is more responsive to and inclusive of all staff and includes two-way, balanced feedback is recommended to replace the existing top-down, information giving model and encourage a

more open, participative, and collegiate structure which recognises and encourages the knowledge, experience, skills, qualifications, views and ideas of all members of staff.

5. Bullying and harassment: and associated discriminatory attitudes and practices should be addressed to ensure that managers and other members of Theatre staff have the knowledge, skills and confidence to distinguish between appropriate criticism and assertive, performance management and inappropriate use of coercion, intimidation and aggression.

6. The new Equality Bill: renders employers liable for any vicarious harm or offense caused as a consequence of witnessing the discrimination of a third party by another employee, through words or deeds. The fact that the discrimination was not directed at the offended individual, or was merely an aspect of acceptable banter within a particular workplace community will not be accepted in defence. Given the prevalence of observed, as well as personally experienced bullying, harassment and intimidation which emerged in the diagnostic, it is recommended that this be addressed as a matter of priority by the Trust's Equality and Diversity lead.

7. Outstanding grievances: should be identified and steps taken to resolve them either informally or where necessary formally prior to the introduction of any programme of change. It is further recommended that these are managed by an independent HR manager who has no previous dealings with Theatre staff.

8. Conflict Resolution and mediation: should be encouraged, to replace the existing default to formal grievance which is a hallmark of the existing blame-culture and will be significantly enhanced by the training of identified facilitators, independent of HR and the internal Theatre management structure to nip interpersonal conflict in the bud and prevent escalation to formal procedures.

9. Systematic support mechanisms: for all staff including managers to access should be agreed to operate in parallel with the formal change programme. These will provide appropriately facilitated forums with which to replace the existing 'shadow-side' culture which is a forcing bed for the current climate of paranoia and fomentation or disaffection and scape-goating.

10. Regular review: should be built in to any programme of change and in order to evaluate progress, it is suggested that the same methods used in this diagnostic are used in order to compare like-with-like criteria of evidence of improvement.