King's Research Portal

'Culture of Care' Barometer

Barometer

A guide to using the Barometer

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Acknowledgements

We would like to thank all those who contributed to this work, particularly the staff who took part in the survey at the pilot sites and those who engaged in the focus groups. Thanks also go to the senior staff in the Trusts for liaising with researchers over the use of the Culture of Care Barometer amongst staff: assisting with the setting up of discussion groups, distribution of the survey and providing background data on the structure and staffing numbers within the Trust.

We also acknowledge the role of the Passionate About Care Today 'PACT' group (Baroness Audrey Emerton, Professor Dame Elizabeth Fradd, Professor Tricia Hart, Sir Stephen Moss, Flo Panel Coates, Professor Anne Marie Rafferty) in creating the prototype Barometer upon which this work is based and for their time and insights throughout the subsequent development and piloting process.

We are grateful to NHS England for funding the project and to the support and insights provided by the Steering Group for the project: Caroline Alexander, Bronagh Scott, Flo Panel Coates, Yvonne Coghill, Sylvia Tang, Virginia Minogue, Paul Taylor and Nigel Charlesworth.

Employment Research undertook all the survey administration and data processing. Thanks to Geoff Pike for all his help with managing the survey and assisting with analyses.

King's College London received funding from NHS London and NHS England to support the development and validation of the Barometer and reporting.

This is an independent report prepared by the Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

Foreword

In recent years, a number of reports have been published that have cast the spotlight on the quality of care patients have experienced. More often than not these reports have been negative and highlighted failings in our systems, many of which can be attributed to the culture of care in organisations. These reports do not make comfortable reading and, in the majority of cases, the failings and the negative impact on patients and staff could have been prevented. The lack of a consistent culture of care and compassion can impede the spread of good practice across organisations and result in devastating experiences for patients, their loved ones and the staff caring for them.

The Culture of Care Barometer is a reflective tool that can help you assess and understand your workplace's culture of care. If used as part of a planned process, it can help to engage everyone in your organisation in the culture of care, identify areas of strength and weakness in your culture of care and inform action planning to make improvements.

I hope you will take the time to use the Barometer in your organisation and hope that this accompanying booklet to the main report provides adequate guidance on how to establish and use the tool, and crucially, follow-through with action based on the results.

Jane Cummings
Chief Nursing Officer England
www.england.nhs.uk/nursingvision/ccb

Compassion in Practice, the national strategy for nurses, midwives and care staff, was launched in December 2012. Since that time a significant programme of work, through six action areas, has created a momentum across the country which has recognised the crucial role that organisational culture plays in determining the experience of patients, users of our services, and staff.

The national Compassion in Practice strategy has at its core the values of the 6Cs: care, compassion, competence, communication, courage and commitment. All are interlinked and all are underpinned by the culture in organisations.

What is the Culture of Care Barometer?

The Culture of Care Barometer is designed to help organisations measure the culture of care they provide and explore certain areas of culture in greater depth.

The Barometer is a self-assessment diagnostic tool that can be used to stimulate reflection and understanding of the culture of care at different levels in your organisation and teams.

The purpose of the barometer is to create the opportunity for staff to engage in conversations about the culture of the organisation, area or team in which they are providing care. It is through these conversations that real cultural change for the benefit of staff and patients will evolve.

It is important to recognise that tools alone do not fix workplace problems - people do. What the Barometer can do is identify areas of strength and weakness.

The Barometer is a short, easy-to-complete questionnaire that should take very little time for staff to complete. It is one of a number of tools[1] and processes that can be used to measure and assess culture.

Who is it for?

The tool is intended for health and care organisations that are driven to understand and improve their culture of care. It can help you:

- Understand the importance of culture in providing quality care and positive experiences for both staff and the people they provide care for.
- Value the impact a positive culture can have on quality care.
- Appreciate that culture is something that needs to be invested in, nurtured and cultivated.
- Acknowledge that people are your most important asset.
- Talk about the culture of the care environment.
- Work together to change the way in which teams and organisations work and communicate to improve the experience of care for patients and staff.

How to use the Barometer

There are four stages to using the Barometer.

1. **Getting ready**
2. **Implementation**
3. **Analysis**
4. **Feedback and actions**

KING'S College LONDON

NHS

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Report to NHS England on the development and validation of an instrument to measure 'Culture of Care' in NHS Trusts

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March 2015

National Nursing RESEARCH UNIT

[1] Building and Strengthening Leadership report and Field Guide (November 2014)
http://www.england.nhs.uk/6cs/resources/publications/

1. Getting ready

It is important to think about how ready and willing your organisation is to start this process of examining and talking about culture.

Improving the culture of care is not an overnight process, nor a 'quick fix' to all your culture-related issues. It requires sustained commitment and action across a number of parts of your organisation.

Getting support and 'buy-in' from board level down is important. It ensures that the process is endorsed at the highest level and that any actions that arise have senior leadership support. The first step is starting a conversation at senior leadership level to define what they want the culture journey to be like. This conversation should be open and transparent and shared with staff in the organisation.

You will need to consider how your organisation is structured and which department or directorate is best placed to lead this work and who will ultimately take responsibility for acting on the outcomes.

For example, in larger organisations, this might be human resources (HR) or the organisational development (OD) or transformation team. In a smaller organisation, or in a defined area, it may be a ward manager or team leader.

Readiness depends on:

- How open you are to making changes.
- Your capacity to resource actions (i.e. time, people and money).
- Your willingness to have difficult/courageous conversations.
- Your commitment to taking responsibility for what is happening.

Communicating with your team(s) is essential in order to manage expectations and gain the confidence of staff in reflecting upon your culture of care. It is critical that your team(s) know what is happening and why, what they need to do, and how the process will unfold over time.

Make sure you consider the following:

- Timing, and whether any other planned activities will impact on the success or co-operation with the Barometer (such as a planned staff opinion survey).

- How you will keep people informed and involved (e.g. through newsletters, the organisation's social media, intranet, team meetings and messages from the board).

- Who the messages will come from (e.g. team leader, immediate manager and executive board members). Senior leadership commitment is important to establish and to communicate about the Barometer and its purpose.

- When things need to happen (e.g. timings, expectations and processes, what's happening and when).

- How you will implement the Barometer, analyse the questionnaires and then use the results.

2. Implementation

Tool distribution and collection

Once people know the Barometer is being used, you will need to distribute it. This is simple, but still needs to be planned.

Things to think about

- Who will complete the Barometer?
- What explanatory information will you provide to accompany the questionnaire?
- Will the Barometer conflict with any other research activities?
- Who will ensure the Barometers are distributed and collected?
- How will you give people time to complete the Barometer (e.g. a protected extra 20 minutes at work)?
- Are any permissions needed in your organisation?
- How you will you ensure confidentiality?
- How will you ensure the completed Barometers are stored so that they are secure?
- Can any immediate concerns identified by the Barometer be resolved or do they need to be escalated and if so, who to?
- How will you collect paper versions of the Barometer (from collection boxes placed around the organisation/or internal mail)?

Reminders and follow-up

People will need regular reminders. You will need to follow-up with your team(s) to ensure a reasonable response rate.

Practical ideas for improving response rates include:

- Ensuring your team(s) know the Barometer is coming and why they are being asked to complete it and what the next steps are.
- Having a clear timeframe for completion.
- Making someone responsible for following up.
- Sending a reminder by e-mail, at meetings and through newsletters and other communication channels used by your organisation.
- Making sure that people know that senior leadership are committed to its success and to taking action.

> Remember: talk to staff about the Barometer and the advantages of participating – encourage a conversation.

> "Use professional networks and emphasise the robust credentials of the group that developed the project."
>
> (Pilot Trust)

> "We launched the survey through the CEO's blog on our intranet, explaining the reason to use the tool and encouraging colleagues to take part."
>
> (Pilot Trust)

3. Analysis

Once the questionnaires have been completed and collected, the critical next step is to analyse the results. The analysis does not need to be sophisticated. The aim is to help highlight some areas to look at in more detail. It is important to clarify up front your reason(s) for using the tool, highlighting any particular areas of interest that you'd like to explore further.

It is useful to identify:

• The strongest rated culture of care themes i.e. those that have been most consistently rated 'agree' and 'strongly agree'

• The weakest rated culture of care themes i.e. those that have most consistently rated 'disagree' and 'strongly disagree'

• The themes with a wide range of responses where there is no clear agreement or disagreement.

The high scoring themes highlight where your organisation is probably getting things right. Think about what you are doing in that category that is making a positive difference and make sure you build and consolidate that strength.

The low scoring themes are 'red flag' areas to explore and improve. If there is agreement that a particular theme is not strong, then you need to drill into this area more. Equally, it is worth exploring the themes where the scores across your team(s) are wide ranging. Think about what's happening in your workplace that could be impacting on these scores e.g. are there differences in the perceptions of those in leadership positions and those providing frontline care?

You might find that using a spreadsheet such as Excel would help in collating, analysing and sharing the results.

Remember, rich feedback may be contained in free text comments that people might have made. These can give you a vivid and insightful sense of where there might be room for improvement and consolidation. Also, think about other sources of organisational information that can help you better understand the results (e.g. staff survey responses, Staff Friends and Family Test, patient feedback, complaints, adverse events and errors). This will help you to understand the results and use them more effectively.

An online Culture of Care Barometer web based tool is being developed. The tool will analyse your data and give instant results.

Remember: talk to staff about the analysis and the themes that are emerging – encourage a conversation and assure people that the survey is completely anonymous.

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"It is important to recognise and explore differences between groups when interpreting the results and engaging staff to consider underlying factors that may lead to variables between groups/ parts of the organisation."

(Pilot Trust)

99

4. Feedback and actions

Your team(s) will have heard about the survey, probably talked about it with their colleagues and spent time completing it. That's why it is really important to maintain integrity in the process and respect the contribution of your team(s) by providing timely feedback and sharing the results, ideally in a group environment. If this does not happen, your team(s) could quickly lose any confidence in the process.

As soon as you can let your team(s) see the results and any themes or ideas that emerged from the findings. Invite their ideas for making improvements and share best practice with them. Newsletters, team meetings and workplace visits from senior leaders in the organisation, that can influence change, are all effective means of getting your team(s) involved in identifying some solutions.

Consider stakeholders, other than from within the organisation, which have an influence or interest in how the culture affects quality of care.

> Remember: talk to staff about the results and the learning about what is good and what could be better – encourage a conversation.

Taking action for change

The Barometer is a self-help diagnostic and reflective tool that can act as a catalyst for taking action and improving factors that contribute to a culture of care in your organisation. Taking action is the most important stage of the tool's process.

The way to sustain positive culture change is to deliver a sustained action plan. A good action plan maps out those steps in a logical and clear way. There are five key steps to think about when you are developing an action plan:

1. Understand the problem
2. Identify the goals
3. Clarify who should be involved, who is the responsible lead and what the timeline is for change
4. Make the plan
5. Implement the plan and monitor its progress.

> Remember: talk to staff about what needs to happen and what they can do to make that happen. Agree the action points and encourage dialogue.

Further information

The Culture of Care Barometer, report and guide can be downloaded from the following section of the NHS England website.

www.england.nhs.uk/6cs/ resources/publications/

Appendix 1

Culture of Care Barometer v2 (revised, as tested in phase 2) Side 1

Culture of Care Barometer	KING'S College LONDON	NHS

Please indicate the extent you agree with each of the following statements by ticking one box on each row. This tool is intended to encourage self reflection, so take your time to consider each statement. When you have finished thinking about the statements, please consider if you need to take any action or talk to anyone.

	Strongly disagree	Disagree	Neither	Agree	Strongly agree
1) I have the resources I need to do a good job	□1	□2	□3	□4	□5
2) I feel respected by my co-workers	□1	□2	□3	□4	□5
3) I have sufficient time to do my job well	□1	□2	□3	□4	□5
4) I am proud to work in this Trust	□1	□2	□3	□4	□5
5) My line manager treats me with respect	□1	□2	□3	□4	□5
6) The Trust values the service we provide	□1	□2	□3	□4	□5
7) I would recommend this Trust as a good place to work	□1	□2	□3	□4	□5
8) I feel well supported by my line manager	□1	□2	□3	□4	□5
9) I am able to influence the way things are done in my team	□1	□2	□3	□4	□5
10) I feel part of a well managed team	□1	□2	□3	□4	□5
11) I know who my line manager is	□1	□2	□3	□4	□5
12) Unacceptable behaviour is consistently tackled	□1	□2	□3	□4	□5
13) There is strong leadership at the highest level in the Trust	□1	□2	□3	□4	□5
14) When things get difficult, I can rely on my colleagues	□1	□2	□3	□4	□5
15) Trust managers know how things really are	□1	□2	□3	□4	□5
16) I feel able to ask for help when I need it	□1	□2	□3	□4	□5
17) I know exactly what is expected of me in my job	□1	□2	□3	□4	□5
18) I feel supported to develop my potential	□1	□2	□3	□4	□5
19) A positive culture is visible where I work	□1	□2	□3	□4	□5
20) The people I work with are friendly	□1	□2	□3	□4	□5
21) My line manager gives me constructive feedback	□1	□2	□3	□4	□5
22) Staff successes are celebrated by the Trust	□1	□2	□3	□4	□5
23) The Trust listens to staff views	□1	□2	□3	□4	□5
24) I get the training and development I need	□1	□2	□3	□4	□5
25) I am able to influence how things are done in the Trust	□1	□2	□3	□4	□5
26) The Trust has a positive culture	□1	□2	□3	□4	□5
27) I am kept well informed about what is going on in our team	□1	□2	□3	□4	□5
28) I have positive role models where I work	□1	□2	□3	□4	□5
29) I feel well informed about what is happening in the Trust	□1	□2	□3	□4	□5
30) My concerns are taken seriously by my line manager	□1	□2	□3	□4	□5

What, if any, action needs taking to improve the culture of the care environment where you work?

Culture of Care Barometer v2 (revised, as tested in phase 2) Side 2

Background: about you and where you work...

B1   Which site do you work at?

Site 1 [   ]   Site 2 [   ]   Site 3 [   ]

B2   Which setting do you spend most time in?

Community .... ☐1   Ward/Inpatient units .... ☐3   Office .... ☐5

Clinics/outpatients services ... ☐2   Residential .... ☐4   Other (please specify) .... ☐6

Other setting: [   ]

B3   Which directorate or service line do you work in?

Service 1 [   ]1   Service 3 [   ]3   Service 5 [   ]5

Service 2 [   ]2   Service 4 [   ]4   Other (please specify) .... ☐6

Other service (please specify): [   ]

B4   Which of the following best describes your staff group?

Registered nursing and health visiting staff .... ☐1   Medical including dental .... ☐5

Healthcare assistant/Support worker .... ☐2   Administrative and clerical..................................... ☐6

Allied health professionals .... ☐3   Central functions and corporate services.............. ☐7

Estates and facilities .... ☐4   Other (please specify) .... ☐8

Other staff group: [   ]

B5   What is your pay band?

Band 1..................................... ☐1   Band 4..................................... ☐4   Band 7..................................... ☐7

Band 2..................................... ☐2   Band 5..................................... ☐5   Band 8..................................... ☐8

Band 3..................................... ☐3   Band 6..................................... ☐6   Band 9..................................... ☐9

B6   What are your working hours?   Full-time .... ☐1   Part-time .... ☐2

B7   How do you identify your gender?   [   ]1   Prefer not to disclose .... ☐2

B8   What is your age group?

16-20... ☐1   40-49... ☐4   65 plus .... ☐7

21-29... ☐2   50-59... ☐5

30-39... ☐3   60-64... ☐6

B9   Which of the following best describes your ethnic background?

White:

English/Welsh/Scottish/Northern Irish/British...... ☐1

Irish.. ☐2

Gypsy or Irish Traveller.. ☐3

Any other White background, please describe...... ☐4

Mixed/Multiple ethnic groups:

White and Black Caribbean.................................... ☐5

White and Black African... ☐6

White and Asian... ☐7

Any other Mixed/Multiple ethnic background...... ☐8

(please describe) [   ]

Asian/Asian British:

Indian.. ☐9

Pakistani.. ☐10

Bangladeshi... ☐11

Chinese.. ☐12

Any other Asian background.................................. ☐13

(please describe) [   ]

Black/African/Caribbean/Black British:

African... ☐14

Caribbean.. ☐15

Any other Black/African/Caribbean background.. ☐16

(please describe) [   ]

Other ethnic group:

Arab... ☐17

Any other ethnic group.. ☐18

(please describe) [   ]

B10   Would you consider English to be your first or main language?

Yes .... ☐1   No .... ☐2

Thank you for taking the time to share your experiences and views.

Appendix 2

Sample letter to colleagues

Dear Colleague,

I hope you have seen on the Trust intranet [add link] and via [the staff magazine] that we are seeking views from staff as to the culture of our organisation via an anonymous questionnaire.

The survey is for all staff within the organisation regardless of profession or role.

I understand some staff may find it difficult to access a computer, so I enclose paper versions of the questionnaires which I hope you will be able to distribute to your teams.

I would appreciate you encouraging staff to participate as we will only understand staff views if we hear what they have to say.

Thank you in anticipation of your engagement.

Kind regards,

[CEO]

Appendix 3

Sample notice to staff

Have you completed the Culture of Care Barometer?

We are seeking the views of all our staff in every department across the Trust.

Q. What is the Barometer for?

A. To help us understand the culture within our organisation and identify where we need to make changes.

Q. Will my views remain anonymous?

A. Yes. The research will not identify individuals and does not ask for personal information.

Q. How can I take part?

A. You can make your views heard by completing a paper questionnaire available from your line manager.

Further information available is available on the intranet:

[Add link to intranet or website].