

Background

Service, location, function/objectives

St John’s Community Hospital, HSE West, Sligo, is a long-term residential and day care hospital primarily geared towards care of the elderly. Services provided include Respite, Convalescence, Rehabilitation Assessment, Terminal Care, Physiotherapy, Occupational Therapy, Social Work, Speech and Language Therapy, Chiropody, Dressings, a Leg Ulcer Clinic, a Continence Clinic, as well as Day Hospital Services for Sligo town & county. There are 195 beds and 240 staff.

Work Positive provided an opportunity for management and staff to work together to resolve potential stressors within the hospital. This collaborative partnership approach, has continued and has now been strengthened within the hospital by a ‘*Partnership for all*’ Union / Management process.

Getting started

Raising awareness - Once the commitment of senior management was secured, information sessions were held for all staff within the 3 participating wards explaining the *Work Positive* framework, its aims, and stages in the process. A handout on *Work Positive* was also given, detailing similar information. Staff were given an opportunity to ask questions about the process.

Gaining commitment - A steering group was set up to facilitate the coordination of *Work Positive*, including the Director of Nursing, the Assistant Directors of Nursing and supervisors representing non-nursing staff groups. A Research Officer from the HSE’s Organisational Psychology Unit facilitated the process. At the initial stage, buy-in was sought from all staff groups to ensure commitment to the process.

Demonstrating commitment - Both senior management and unions committed to the process at its commencement and the Director of Nursing gave a commitment to address the issues highlighted during the process.

Step 1 - Identifying the Hazards

Benchmarking - The Benchmarking exercise was completed independently by the Director of Nursing and the Assistant Director of Nursing prior to the Questionnaire phase, to assess their perceptions of various aspects of the service’s functioning. There was general agreement in their responses. Overall, they gave a positive rating to the hospital’s functioning, across the full range of management standards, with a few notable exceptions. However, as usually happens, some of this was at variance with the perspective of staff, as assessed through the Questionnaire and Discussion Groups.

Step 2 – Deciding who might be harmed and how

Three wards within St. Johns were chosen to participate in the pilot study as it was felt that this represented a good cross section of staff. There are approximately 120 staff working within the three wards, consisting of the following staff categories: Nursing, Care Attendants, Catering, Household, Administration and Paramedic. Each ward is managed by a Clinical Nurse Manager 2 (CNM2).

Step 3 – Evaluating the risks

Risk assessment - Black and white photocopies of the full Questionnaire (68Qs) were distributed to staff. A front page was included to capture information relating to staff category and ward to facilitate analysis. Staff were reassured their anonymity would be maintained at all times. Staff were asked to return Questionnaires to secure boxes left in each of the wards. A total of 81 completed Questionnaires were returned, translating into an overall response rate of 68%. The Facilitator conducted the analysis using the scales provided.

Feedback to staff - The Facilitator discussed the results initially with the *Work Positive* Management Steering Group, followed by a series of Discussion Groups with each staff category. The Facilitator met each group separately to discuss and explore possible solutions to the issues identified. There was good attendance at these Discussion Groups, with staff being released by the Director of Nursing at off - peak ward times. The Facilitator then met with the management team to discuss feedback obtained and to identify a list of initial recommendations which formed the basis of a draft Action Plan. A second series of Discussion Groups was held with both management and staff. External support was given by the Health and Safety Authority.

Step 4- Taking action and developing solutions

While there was considerable diversity in the nature and extent of issues identified across the various staff groups (which were addressed in the Action Plan), the main priority issues that emerged were as follows:

- Rostering & Work Schedules
- Communication
- Health & Safety
- Physical work Environment
- Role Clarity
- Relationships – (strained on one ward)

Summary of Main Actions

Rostering & Work Schedules - Rostering of Care Attendants' work was identified as a major issue. A working group which includes Union representatives is tackling this issue by devising a number of possible rosters. Care Attendant staff will be consulted at all stages and will choose one roster to pilot. A Working group is being set up to discuss re-scheduling meal times to ease pressure on the morning schedule. Consultations with the local hospital around late admissions has resulted in agreement on earlier admission times, thus easing pressure on staff in the evening.

Role Clarity - An external facilitator and expert in the area of ward management is to run series of meetings to assist CNM2s in how best to fulfil their role as ward managers. Roles and responsibilities of Household / Catering staff have been clarified and communicated to other staff groups.

Health and Safety - New socket boards have been installed over beds to alleviate overloading of sockets and risk of tripping on trailing cables. *Manual Handling* training, specific to the needs of Household staff will be provided and front-loading bins acquired to reduce the risk of back strain. Information sessions for non-nursing staff will be held by the Infection Control Nurse to provide a better understanding of the risks and misconceptions of common ward infections, as well as providing good practice guidelines.

Communication - Management is committed to effectively communicate any organisational changes. A structured communication system will be rolled out throughout the hospital: (i) Communication Folder has been highlighted as a means for all staff to keep informed through Minutes of Heads of Service meeting, memos, etc. (ii) A schedule of ward and other meetings has been agreed and these will be chaired, minuted & will include follow-up actions which will be the responsibility of all staff. (iii) A communication system will be piloted in the wards, involving the placement of a colour code over the beds of patients, as a way of informing staff working on the ward about patient dietary needs/ infections etc. This will ensure that all staff are informed while also ensuring appropriate discretion for patients.

Physical Work Environment - Ward redesign is on the service plan and will be taking place in 2 of the 3 piloted wards. This will improve both patient and staff facilities. In the meantime, staff lockers will be installed on wards for personal belongings. A Palliative Care Room is being made available to reduce patient, family and staff distress.

Relationships - Outside facilitation, centred on teamwork and conflict resolution, will be sought to work with one ward which is currently experiencing interpersonal difficulties.

Workshops

“Inside Out” - An external consultant, resourced by the Health & Safety Authority, conducted a workshop called “Inside Out Programme” which focused on the individual and the role played in influencing and determining one’s own behaviour. Work Life Balance issues were also addressed.

Stress Workshops - A number of stress management workshops are planned within the hospital in the coming months. These will be provided by the Organisational Psychology Unit for all staff in the hospital.

Lessons learned

Many valuable lessons were learned in the course of the process and these will be the subject of further exploration both with the Health & Safety Authority and within the Organisational Psychology Unit. The main ones are noted below:

- Importance of Discussion Groups to tease out and clarify issues highlighted in the Questionnaire.
- Discussion Groups themselves became an important mechanism for improving communication and boosting morale, allowing staff to feel valued and listened to and to alleviate common misconceptions between staff groups.
- Solutions for one group of staff may affect another group of staff - inherent difficulties in gaining compromise.
- Often small benefits that do not cost much can mean a lot to staff.
- Process should be completed within a tight timeframe to maintain interest, commitment and momentum.

Finally, while by its nature, *Work Positive* focuses on identifying potential psycho-social risk factors in the setting in which it is implemented, it is clear that many aspects of the workplace in St John’s are positive for all staff categories. These should not be lost sight of in highlighting the potential risk factors.