

# The role of managers in safety culture development in healthcare facilities: results from a multicentric exploratory mixed-method study

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## Context

- ➕ Safety culture is an important lever for patient safety improvement  
Managers have a key role in the development of safety culture
- ➖ Patient safety climate surveys regularly show that "management support for patient safety" remains one of the least developed dimensions of safety culture (Alingh, *et al.*, 2018)
- ❓ In healthcare, managers' perceptions and representations of their role in the development of safety culture remain little explored, as well as managerial activities related to safety culture development

## Objectives

- 🎯 To provide scientific knowledge on safety management in healthcare facilities by **examining the role of managers in the development of safety culture**

## Results

**Participants (qualitative study): 65 professionals**

**21 caregivers** (8 doctors, 6 nurses, 7 nursing assistants),

**44 managers** (27 top, 4 intermediate, 13 frontline managers)

37♀, 28♂; age: 70%≥40 y/o; job tenure: 83%≥5 years

### Themes regularly cited by participants to define safety in healthcare facility



### Caregivers' expectations of their managers and expectations perceived by managers

CAREGIVERS' EXPECTATIONS	EXPECTATIONS PERCEIVED BY MANAGERS
Organize times to exchange and talk about things	Provide <b>satisfactory working conditions*</b>
Encourage the implementation of preventive risk management approaches rather than reactive approaches	<b>Monitor practices and deviances, enforce rules*</b>
	Acknowledge and value the work done by teams
	Transmit information and promote training
	Understand and spend time in the field
	Listen and take into account the opinions of caregivers
	Provide support in case of difficulty
	Promote adverse event reporting
	Implement effective corrective actions
	Involve caregivers in projects
	Clearly define jobs
	Communicate with senior management
	Implement changes

## Methods

Study conducted from **May 2014 to March 2015**  
in **7 voluntary healthcare facilities in Southwestern France**

5 acute care facilities (2 public, 3 private) / 2 mental health facilities (1 public, 1 private)

### 1 Qualitative approach

**Data collection.** In each facility, **semi-structured interviews** with (4 top, 2 middle, 2 frontline) managers, and 3 caregivers (1 physician, 1 nurse, 1 nurse assistant), and **7 on-site observation** of two managers in each facility (1 day)

**Data analysis.** **Thematic content analysis** of interviews and **categorization of managerial activities** using *NVivo 10* (QSR International Pty Ltd.). Managerial activities categorized according to **Luthans' typology of successful managerial activities**

### 2 Quantitative approach

**Evaluation of patient safety climate** with the French version of the Hospital Survey on Patient Safety Culture (Occelli, *et al.*, 2013)

**Participants.** All physicians and immediate supervisors of the healthcare professional of each facility, and a 20% sample of all professionals selected by randomisation

### 3 Managers' influence on patient safety climate

**Descriptive analysis** of the association between the commitment and support of managers, and patient safety climate within each facility

### Main managerial activities attributed to managers and activities regularly observed



### Patient safety climate survey

**Response rate:** from 25% (55/218, facility D) to 94% (67/71, facility B)

**Perceived level of safety:** 33% (facility D) to 57% (facility B) of professionals rated it as "very good" to "excellent"

**Adverse event reporting:** Between 27% (facility C) and 47% (facility E) respondents had not reported any adverse events in the past 12 months

**Facility B**  
A relatively **shared vision of safety** between caregivers and managers  
Caregivers perceived a high level of support from managers  
Commitment to an institutional approach of continuous improvement

**Facility G**  
Inconsistent vision of safety not shared by caregivers and managers,  
Many caregivers' expectations not perceived by managers  
Control considered as an important managerial responsibility

Dimension of safety climate (composite score*)	HEALTHCARE FACILITY						
	A	B	C	D <sup>1</sup>	E <sup>1</sup>	F <sup>1</sup>	G
1. Overall perceptions of safety	64	68	52	49	51	54	43
2. Frequency of event reported	66	60	54	44	57	54	69
3. Supervisor expectations & actions promoting safety	74	69	49	48	58	68	40
4. Organizational learning and continuous improvement	77	66	58	60	55	65	44
5. Teamwork within hospital units	81	73	82	70	60	74	83
6. Communication openness	62	56	60	62	61	69	47
7. Non-punitive response to errors	39	46	43	36	25	42	33
8. Staffing	43	54	43	42	39	32	30
9. Hospital management support for patient safety	61	74	40	46	35	31	40
10. Teamwork across hospital units	46	54	55	41	35	36	44

\* The score for each dimension is the mean of the percentage of positive answers for its items  
Note. A, E and F were public hospitals with over 300 beds. B, C and D are private hospitals with over 100 beds. D, E, F and G were acute care facilities. F and G were psychiatric facilities

<sup>1</sup> Facility with a low participation rate (< 60%)

## Discussion

Our exploratory study has highlighted that:

- ✓ Categories of actions fostering safety in which managers could engage
- ✓ Support from frontline managers was particularly appreciated whereas **more support from top managers requested**
- ✓ Managers mainly implement **transformational leadership** whereas caregivers expected more **transactional leadership**

## Lessons learnt

- **New knowledge on managers' role in safety culture development**
- **Feedbacks provided to each facility** in a report that synthesises the main results for the facility and suggests **specific recommendations**
- Results used to help define a national strategy to improve the management support to safety (i.e. development of **safety walkarounds**)

### References

Alingh CW, Strating MMH, van Wijngaarden JDH, et al. The ConCom Safety Management Scale: developing and testing a measurement instrument for control-based and commitment-based safety management approaches in hospitals *BMJ Qual Saf* 2018;27:807-817  
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