



CHANGE MANAGEMENT RESEARCH PROGRAMME

RESEARCH ON ORGANIZATIONAL CULTURE IN THE NHS

The SDO Programme is taking forward the research agenda on organisational culture in the NHS. It is now inviting research proposals under its Change Management research programme to conduct empirical studies. This call relates to two projects, as follows:

OC1: Measuring and assessing organizational culture in the NHS

OC2: Understanding the dynamics of organizational culture change in the NHS

Introduction

Since 1997 quality of care and performance improvement have been the central reform issues in the NHS. Underpinning many of these reforms has been the notion of cultural transformation as a primary driver for improvement. Only a transformation of culture, it is supposed, will enable the instillation of new values, beliefs and assumptions to underpin new ways of working.

Many of the suppositions underlying the emphasis on culture change are as yet poorly articulated and largely untested, although a significant step forwards has been made with publication of findings from the study ***Culture for performance in health care: evidence on the relationships between organisational culture and organisational performance in the NHS*** funded by the Department of Health's Policy Research Programme (PRP).¹

Because of the apparent importance of organisational culture to health care delivery, and in awareness of the relatively under-developed nature of the evidence base, the SDO Programme is concerned to support further developments that will assist in underpinning new and innovative empirical work on the organization and management of the NHS, as well as providing practical tools for use within the service. It is expected that any new work will build on and extend the insights apparent from the above PRP study (<http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/PolicyResearchProgramme/fs/en>).

Two areas of particular interest are:

- (i) the need to *understand, assess and measure* organizational culture in various service and managerial settings in the NHS, and
- (ii) a desire to explore further the *impacts of culture* on organizational performance, quality of care, and patient and carer experience.

As a result the SDO Programme is now inviting separate proposals relating to each of these areas. This commissioning brief outlines two studies: one on ***measuring and assessing organizational culture in the NHS***, and the other on ***understanding the dynamics of organizational culture change in the NHS***.

This new research agenda relates closely to other themes that the SDO Programme is developing, in particular, in its *change management* and *studying health care organizations themes* (see www.sdo.lshtm.ac.uk). Interested applicants are urged to familiarise themselves with these programmes to ensure coherence and synergy, and avoid unnecessary duplication of effort.

OC1: MEASURING AND ASSESSING ORGANIZATIONAL CULTURE IN THE NHS

We need to know much more about both the conceptual and practical issues arising in the quantitative measurement and the broader, and sometimes qualitative, assessment of organisational culture in a variety of specific NHS settings and contexts. The settings include primary, secondary and tertiary care: the contexts include senior and middle management, clinical teams and clinical networks, amongst others.

Such increases in understanding will need to feed directly into the work of the many agencies interested in understanding, assessing and changing the culture within the NHS. These include the Modernisation Agency (and particularly its Clinical Governance Support Team); the Commission for Health Audit and Inspection; and the National Patient Safety Agency.

The SDO Programme is inviting research proposals that address the following questions, building on extant work, especially that previously funded by PRP:

1. What tools suitable for measuring and assessing organisational culture in health care already exist?
2. To what extent have these culture assessment and measurement tools been tried and tested in health care contexts? What is the evidence base that supports their claims to be valid, reliable and practicable?
3. How have these tools been used, and what practical application have they had beyond their use in research projects?
4. What kinds of culture assessment and measurement tools would be of value and use to the diverse agencies and stakeholders within the NHS who have substantive interests in understanding and influencing organisational culture? To what extent do the available tools 'fit' with the needs and interests of these interested parties?
5. What aspects of culture do these various tools assess? To what extent are these tools duplicative, overlapping or distinctive in the aspects of organizational culture that they address?
6. What potential is there for further development and use of existing tools (a) in future empirical research projects, and (b) integrated with practical approaches to organizational diagnosis and change in the NHS?
7. How can the most relevant, useful and tested tools be further improved, developed and validated in the context of practical change programmes running in the NHS?

Likely Methods and Approach

It is anticipated that this piece of work will have three interlocking strands of activity:

1. **Literature review:** A comprehensive literature search employing systematic approaches to uncovering the current availability of potentially useful assessment tools, including synthesis of the evidence and experience underpinning these tools.

It is expected that this review will draw upon and update previous significant efforts in this area² and will focus in particular on the potential for practical use of these tools in NHS service settings.

2. **Exploration with key stakeholders:** gaining a comprehensive mapping of the needs and interests of key stakeholders and agencies within the NHS with regards to understanding and assessing organizational culture.

This mapping exercise should be closely linked with the emerging view from strand 1 on the availability and coverage of well-developed tools.

3. **Empirical assessment of the application of selected key tools:** exploring in various NHS settings and contexts, the feasibility, acceptability and utility of the leading candidates for practical use.

In describing this strand, applicants should lay out clear criteria against which the culture tools can be assessed, drawing on the large literature underpinning measurement tool development.

In outlining their proposed methods, applicants should take into account the following points:

- It is expected that applicants will use a variety of methods to access the current state of knowledge, including: the research team's prior knowledge; searches of electronic databases; and advice from key researchers and practitioners in the field.
- Methods for synthesising and mapping the findings should be outlined. Systematic methods for assembling, collating, analysing and presenting relevant bodies of literature will need to be described.
- The topic is complex. A wide range of academic disciplines will be required, as researchers from different paradigms will approach the challenges differently.
- The SDO Programme is interested in assessments from both quantitative *and* qualitative perspectives. Applicants should demonstrate that they have the capabilities to develop both of these aspects and, where appropriate, integrate between them.
- A core issue is practical application. Applicants will be expected to explain how they will engage with the broad range of stakeholders within the NHS, and show that such engagement will be sustained into the final phase of tool refinement and testing.

Outputs

The SDO Programme is interested in ensuring that all projects produce a variety of outputs of practical use to diverse stakeholders. Outputs from this project should include:

- A **mapping of potential users** of culture assessment tools in the NHS, together with a summary of their interests, scopes, core domains, and likely mode of application. Particular attention should be paid to the purposes of culture measurement for each category of potential user.
- A **compilation and explication of available tools** for assessing/measuring organisational culture of potential application in health care, together with an accompanying narrative for each tool that outlines the evidence base underpinning their development and their scope for use in the NHS. This compilation should go beyond simple listings to draw explicit linkages between tools, potential user groups and specific purposes.
- A **conceptual map** of the field of organisational culture, together with an account of the availability of assessment and measurement tools and the inter-relationships between these. Again, this conceptual map should build on existing work³ and be clearly linked to the interests, scopes, core domains, and purposes laid out in the mapping of potential NHS users.
- A **project report** outlining the findings from the additional testing and refinements of the leading tools.
- A **future research agenda** clarifying how these tools might be exploited in significant future empirical research of direct relevance to the NHS.

Additionally, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build-in an active programme for disseminating their research findings in policy, service and research contexts.

Funding

Funding of up to **£200,000** is available to fund **one project** in this topic area, with the expectation that the project should take a **maximum of two years**. Proposed costs and duration of the project should not exceed these limits. **Applicants should note that value for money is an important consideration in respect of this research.**

Applicants should familiarise themselves with relevant research already commissioned by the SDO Programme and by other NHS R&D programmes (such as the Policy Research Programme and the Health Technology Assessment Programme) to ensure that they can demonstrate that their proposals do not duplicate other research.

OC2: UNDERSTANDING THE DYNAMICS OF ORGANIZATIONAL CULTURE CHANGE IN THE NHS

We need to know much more about the dynamics of organisational culture in a variety of specific NHS *settings* (primary care, secondary care) and *contexts* (senior management, middle management, clinical team, networks). In particular, we are concerned to understand how extant cultures are reflected in performance (broadly defined to include effectiveness, efficiency, quality, safety and patient and user experience). Further, we need to learn more about the dynamics of culture change (purposive or otherwise) and the consequences of any culture change on capacity, capability and delivered performance.

Such increases in understanding should feed directly into the work of the many agencies interested in understanding, assessing and changing the culture within the NHS (including the Modernisation Agency, the Commission for Health Audit and Inspection; and the National Patient Safety Agency).

The SDO Programme is now inviting innovative research proposals that address **one or more** key issues and concerns around culture, cultural change and performance. These include, but are not restricted to, the following:

Sustaining high performance: What roles do culture maintenance and enhancement have as part of strategies for maintaining or accelerating high levels of performance in already well-performing health care organisations? What are the risks that organisations face in terms of performance decline, and what cultural aspects are there to such decline?

Failure and ‘turnarounds’: What are the dominant cultural characteristics in organisations deemed ‘failing’? How might have such cultural patterns contributed to organisational failure? What cultural issues are addressed in ‘turnaround’ strategies? What is the evidence that culture and performance change together as health care organisations recover from failing status?

Impacts of structural change: Changing structural arrangements for health care delivery might be thought to have potential impacts on local organisational culture. Some of the cultural impacts that might be explored include those related to, for example (at macro level) the move to Foundation Trust status or organisation mergers, (at meso level) service redesign or the moves to network delivered care, and (at micro level) new team structures, shared care or job redesign.

Linking culture to care delivery: Crucial questions exist about the linkages between various subcultures in health care organisations (whether defined by professional subgroup or by clinical team), and about the ways in which culture is transmitted vertically and horizontally through the organisation. Here it will be important to ask, for example, how cultural orientations of management link to accepted ways of doing things in terms of actual health care delivery, or how cultural divides between different professional groups can be overcome for the betterment of patient care.

Tracking impacts of purposive cultural change: Policy makers and senior managers use the language of cultural transformation in addressing quality and performance issues in health care. The logic of this language begs important questions such as: What strategies of purposive culture change can be observed in the NHS? How are these articulated and evaluated? What evidence can be found that (a) purposive cultural change can be achieved and (b) that such change provides beneficial impacts that outweigh any dysfunctional unintended consequences?

Leadership and culture: A core role ascribed to leadership is defining and shaping a cultural vision for an organisation. We can ask therefore about how the relationships between leadership and culture are articulated, expressed and enacted.

Impacts of policy and environmental contexts: Organisations do not exist in a vacuum: the organisational and institutional context within which they have to operate impacts on how their cultures can develop and evolve. Such impacts may be both constraining or enabling. For health care organisations these contexts encompass such

influences as: the local health care economy; oversight agencies; policy requirements and frameworks; professional organisations; media and lobbying agents. There is much to unravel about how such external influences impact on health care organisations' efforts to shape local managerial and clinical cultures.

Patient and user impacts on organisational culture: Health care organisations are not closed systems. The characteristics of patient/client groups, and the set of expectations and assumptions held by these, are likely to impact on the micro-dynamics of care delivery. Such interactions between users and professionals are likely to influence or constrain the ongoing development of cultures of care. Research could usefully explore these dynamics and the ways in which they interact with organisational attempts to improve local performance.

The issues outlined above are intended to indicate the range and diversity of SDO Programme interests in these issues of culture, cultural change and performance. They are not intended to be exhaustive, nor should they be interpreted overly prescriptively. Potential applicants are encouraged to think creatively about how pressing NHS issues of culture, change and performance may be explored empirically in ways that are likely to secure robust insights of wider applicability.

Likely Methods and Approach

In outlining their proposed methods, applicants should take into account the following points:

- Projects should explore the dynamics of change using cultural perspectives, making explicit the potential and actual (i.e. empirically supported) linkages between aspects of culture and specific aspects of performance (however defined).
- It is not expected that applicants will attempt to address more than a very partial subset of the issues and concerns laid out above. The SDO Programme is looking for coherent empirical projects with substantive implications of wider generalisability, but recognise that these are more likely to emerge from deeper study of selected issues in specific settings than broader but more superficial work.
- In addressing issues of the wider applicability of findings, firm theoretical underpinnings as well as substantial empirical work are likely to be important features.
- Any projects proposed should take appropriate cognisance of previous work in this area, in particular the substantial NHS work already completed and previously funded by PRP, and other parallel projects on culture, change and leadership funded by the SDO Programme.
- The topic is complex. A wide range of academic disciplines will be required, as researchers from different paradigms will approach the challenges differently. Applicants should show how additional insights might be generated from multi- and/or inter- disciplinary working.
- The SDO Programme is interested in developing insights from both quantitative *and* qualitative perspectives. Applicants should demonstrate that they have the capabilities to develop both of these aspects and, where appropriate, integrate between them.

- A core issue is practical application. Applicants will be expected to explain how they will engage with the broad range of stakeholders within the NHS, and show that such engagement will be sustained throughout the lifetime of the project.

Outputs

The SDO Programme is interested in ensuring that all projects produce a variety of outputs of practical use to diverse stakeholders. Outputs from this project should include:

- A plain language executive summary (maximum 2000 words) suitable for wide dissemination across the NHS.
- A main project report with supporting technical appendices suitable for academic peer review.
- Academic peer-reviewed outputs.

Additionally, applicants should indicate how they will work with the SDO Programme and relevant stakeholders to build-in an active programme for disseminating their research findings in policy, practice and research contexts.

Funding

Total funding of **£300,000** is available to support research in this area. This may be for a **single project** costing up to this maximum for projects completed over **no more than three years**. Alternatively, consideration will also be given to smaller focused projects over shorter time-scales (e.g. **£100,000** over **18 months**, or **£200,000** over a maximum of **two years**).

Applicants should make clear the scale and scope of their proposed research, providing clear justification for the amounts and time-scales requested. **Applicants should note that value for money is an important consideration in respect of this research.**

Applicants should familiarise themselves with relevant research already commissioned by the SDO Programme and by other NHS R&D programmes (such as the Policy Research Programme and the Health Technology Assessment Programme) to ensure that they can demonstrate that their proposals do not duplicate other research.

Application process

The process of commissioning for both calls will be in **two stages** and applicants should, in the first instance, submit **outline proposals**.

Applicants must submit proposals using the **A4 Outline Proposal application form**, which is available as a Word 97 file or Rich text format from:

- the SDO Programme website: <http://www.sdo.LSHTM.ac.uk/calls.htm>, or
- by Email from: Michael.Yates@LSHTM.ac.uk

Please do not use any previously obtained version of an SDO Programme application form.

Applicants are asked to submit proposals by 22nd September at 1pm to:

Michael Yates
Commissioning Manager
NCCSDO
London School of Hygiene and Tropical Medicine
99 Gower Street
London
WC1E 6AZ

TWENTY-FIVE HARD COPIES of the completed **A4 Outline Proposal application form** should be submitted together with a copy on disk or CD. Please note we will not accept electronic submissions or hand written proposals. **No late applications will be considered.**

Guidance notes for the completion of the **Outline Proposal application form** can be found at the front of the application form.

Following submission of outline proposals successful applicants will be notified no later than **October 2004**. They will then be invited to submit full proposals by **mid-December 2004**. The outcome of the review of full proposals will be available in **mid-February 2005**. **OC1** should take no longer than **two years** to complete. **OC2** should take no longer than **three years** although consideration will be given to projects over shorter time-scales. Both projects should start no later than **March 2005**. Please note that these dates are approximate and may be subject to change.

Please clearly label the outside of the envelope in which you submit your proposal with the following: '**Tender Documents**' along with the appropriate **reference number**. This will enable us to identify proposals and keep them aside so that they may all be opened together after the closing date and time.

Teams should ensure that their proposal complies with the Research Governance Framework, which can be found on the Department of Health website, or via a link on the SDO Programme's website under the 'Call for Proposals' page. In addition, successful teams will be required to provide proof of research ethics committee approval for their project, if this is required (information regarding this can be found on the SDO Programme's website under the 'Calls for Proposals' page).

We anticipate that there will be informal discussions with NCCSDO throughout the duration of the project regarding the final report.

Applicants should visit the SDO website: <http://www.sdo.LSHTM.ac.uk> to familiarise themselves with the work of the SDO Programme in general and with previous scoping exercises in other topic areas.

References:

¹ Mannion R, Davies HTO, Marshall MN, *Cultures for performance in health care: evidence on the relationships between organisational culture and organisational performance in the NHS*. Report submitted to Policy Research Programme. January 2003.

² Scott JT, Mannion R, Davies HTO, Marshall MN. The quantitative measurement of organisational culture in health care: what instruments are available? *Health Services Research* 2003;38:923-45.

³ Scott T, Mannion R, Davies H, Marshall M. *Healthcare Performance and Organisational Culture*. Radcliffe Medical Press, Oxford, 2003.

Addendum

This document was published by the National Coordinating Centre for the Service Delivery and Organisation (NCCSDO) research programme, managed by the London School of Hygiene & Tropical Medicine.

The management of the Service Delivery and Organisation (SDO) programme has now transferred to the National Institute for Health Research Evaluations, Trials and Studies Coordinating Centre (NETSCC) based at the University of Southampton. Prior to April 2009, NETSCC had no involvement in the commissioning or production of this document and therefore we may not be able to comment on the background or technical detail of this document. Should you have any queries please contact sdo@southampton.ac.uk.