

Accepted Manuscript

Qualitative study of views and experiences of performance management for healthcare-associated infections

L. Brewster, C. Tarrant, M. Dixon-Woods

PII: S0195-6701(16)00088-8

DOI: [10.1016/j.jhin.2016.01.021](https://doi.org/10.1016/j.jhin.2016.01.021)

Reference: YJHIN 4743

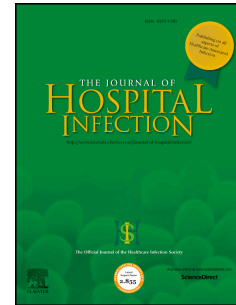
To appear in: *Journal of Hospital Infection*

Received Date: 8 January 2016

Accepted Date: 25 January 2016

Please cite this article as: Brewster L, Tarrant C, Dixon-Woods M, Qualitative study of views and experiences of performance management for healthcare-associated infections, *Journal of Hospital Infection* (2016), doi: 10.1016/j.jhin.2016.01.021.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



L. Brewster *et al.*

Qualitative study of views and experiences of performance management for healthcare-associated infections

L. Brewster, C. Tarrant, M. Dixon-Woods*

Department of Health Sciences, University of Leicester, Leicester, UK

*Corresponding author. Address: Department of Health Sciences, University of Leicester, 22–28 Princess Road West, Leicester LE1 6TP, UK. Tel.: +44 (0)116 229 7262.

E-mail address: md11@le.ac.uk (M. Dixon-Woods).

SUMMARY

Background: Centrally led performance management regimes using standard setting, monitoring, and incentives have become a prominent feature of infection prevention and control (IPC) in health systems.

Aim: To characterize views and experiences of regulation and performance management relating to IPC in English hospitals.

Methods: Two qualitative datasets containing 139 interviews with healthcare workers and managers were analysed. Data directly relevant to performance management and IPC were extracted. Data analysis was based on the constant comparative method.

Findings: Participants reported that performance management regimes had mobilized action around specific infections. The benefits of establishing organizational structures of accountability were seen in empirical evidence of decreasing infection rates. Performance management was not, however, experienced as wholly benign, and setting targets in one area was seen to involve risks of ‘tunnel vision’ and the marginalization of other potentially important issues. Financial sanctions were viewed especially negatively; performance management was associated with risks of creating a culture of fearfulness, suppressing learning and disrupting inter-professional relationships.

Conclusion: Centrally led performance management may have some important roles in IPC, but identifying where it is appropriate and determining its limits is critical. Persisting with harsh regimes may affect relationships and increase resistance to continued improvement efforts, but leaving all improvement to local teams may also be a flawed strategy.

Keywords:

Performance management

Infection prevention and control

Hospital management

Qualitative

Download English Version:

<https://daneshyari.com/en/article/6121862>

Download Persian Version:

<https://daneshyari.com/article/6121862>

[Daneshyari.com](https://daneshyari.com)