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New perspectives on psychosocial safety climate in healthcare: A mixed methods approach

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ABSTRACT

The psychological safety of frontline healthcare workers receives less attention in policy and from management than either physical safety or productivity goals. In other industries, Psychosocial Safety Climate (PSC) has been used to better understand how management values shape job design and the health and wellbeing of workers. Our study looks at how PSC theory manifests in healthcare on a day-to-day basis, aiming to explore the factors shaping that climate from the perspective of the frontline worker. A grounded theory approach was used in content analysis of semi-structured interviews with staff from three government hospitals ($N = 27$), including nursing, medical, allied health, and administrative employees. Findings suggest that PSC theory might at a broad level be applicable to a wide range of industries, such as through key themes like 'Communication' and 'Group Expectations'. However it is important to acknowledge industry-specific factors in how PSC is manifested, such as the major role that PSC plays in the management of systemic risks in healthcare like balancing the 'Conflicting Pressures' of staff personal safety versus delivering quality patient care. In addition, practical implications of our study include three methods by which management and Australian policy makers can mitigate psychosocial risks, enacting a positive change in safety climates that better value frontline worker psychological health.

1. Introduction

1.1. Background

In Australia, only half of the workers believe that their workplace is conducive to mental health (52%), as opposed to the 76% who believe it is physically safe (Beyondblue, 2015). A recent study demonstrated the value of harmonisation at a policy level, and found that organisations which aim to address both physical and psychological risks together have better climate outcomes over time, as opposed to organisations failing to place importance on psychosocial factors in policy (Potter et al., 2017). Workers' perceptions of whether mental health is valued at work form a core component of Psychosocial Safety Climate (PSC; Dollard and Bakker, 2010), the organisational climate for psychological health and safety. PSC is related to health outcomes for workers such as depression (McTernan et al., 2013), emotional exhaustion (Dollard et al., 2012; Zadow and Dollard, 2016), as well as organisational criteria such as company productivity loss (Becher and Dollard, 2016) and work engagement (Law et al., 2011).

The means by which PSC affects these outcomes can be conceptualised via the Extended Job Demands-Resources Model (see Dollard and Bakker, 2010). Longitudinal studies indicate a causal relationship between PSC and psychological health outcomes via its effect on psychosocial risk factors (Bond et al., 2010; Dollard and Bakker, 2010). The model used in PSC theory is depicted in Fig. 1. Following the extended Health Erosion Process, workplaces with a poor climate for psychological safety place demands on workers without consideration for how these excessive demands erode their psychological health. In addition, the extended Motivational Process sees workplaces with poor climate fail to make adequate resources available to employees which in turn affects their desire to engage with their work in a positive manner. In a healthcare context, the flow-on effects from workers who are burnt out, working injured, and disengaged can extend beyond individual worker health and affect their role in the provision of quality care for patients (e.g. see Hall et al., 2016). Thus, PSC acts as a leading indicator of adverse health and motivational outcomes at work and further flow-on effects to patients, and plays a primary prevention role in safeguarding mental health at work.

PSC offers a focal point for understanding and intervening in order to change the conditions that lead to poor psychological health. Given the lower visibility of and attention to psychological safety compared to physical safety (Idris et al., 2012), it is timely to focus attention on how

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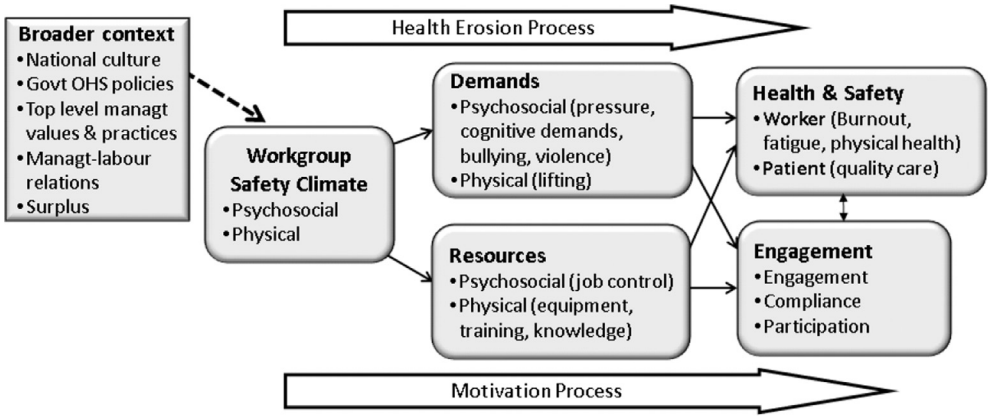

Fig. 1. The Psychosocial Safety Climate theoretical model.

to improve PSC within organisations. Our research seeks to (a) understand the main factors that shape PSC from the employee perspective, from the ground up using a qualitative approach; and (b) identify potential strategies to improve PSC for teams and organisations at high risk of adverse outcomes. The context for the research is the delivery of secondary and tertiary healthcare services in metropolitan hospitals, answering the various initiatives that request more attention to '*Who cares for the carers?*' (e.g. see Gallagher, 2013). Healthcare personnel deal with shift work, long hours, short recovery times, a strongly hierarchical social structure, and are on frontline of abuse from patients and family who may be stressed, scared, or under the influence of substances. A better understanding of how PSC works in healthcare offers the opportunity to better support workers in their provision of quality care.

1.2. Development of the research questions

PSC is driven by how senior leaders value worker mental health; it is a reflection of efforts made by management to create an environment conducive for worker health, via policies, practices and procedures that demonstrate employee psychological health is a priority over productivity and profit (Hall et al., 2010; Idris and Dollard, 2014). In a work environment with good PSC, managers communicate their genuine concern for the psychological wellbeing of their employees, and strive to maintain an environment that is conducive of positive workplace behaviours like work engagement and safety incident reporting. Conversely, in work environments with poor PSC, managers value productivity and company profits over the psychological health of its employees, and permit an environment that is conducive of hazardous workplace behaviours like harassment and bullying.

PSC consists of four domains; (1) management commitment to act on issues that would threaten worker psychological health; (2) management priority for worker psychological health rather than simply productivity goals; (3) organisational communication about psychological safety, and; (4) participation and consultation about psychological health at all levels. The importance of investigating the nature of PSC and methods to improve it cannot be understated, given that empirical evidence suggests PSC is a leading indicator of psychological health across occupations (Law et al., 2011) and in healthcare specifically (Zadow et al., 2017). For example, PSC reported by healthcare teams is related to their provision of quality of care, in the form of adverse safety outcomes in patients (Halbeslben et al., 2008; Hall et al., 2016). Studies in remote area nurses also show similar links between PSC and to adverse outcomes but also indicates that PSC is a property of the work group, predicting outcomes even when the workers in the work unit change (Dollard et al., 2012). PSC has also been shown to predict healthcare workplace injuries and injury underreporting beyond other conventional climate measures that consider only physical safety (Zadow et al., 2017). Using large-scale population data, Bailey et al. (2015) established national Australian benchmarks for PSC which can be used as a gauge of psychosocial risk. These benchmarks indicate that scoring 41 and above on the PSC-12 scale represents an environment with a good climate for psychosocial health and therefore considered to be at low risk of adverse outcomes. Conversely, poor PSC workplaces scoring 37 and below represent high risk environments, and using the PSC-12 as a diagnostic tool we may identify 'high risk PSC' and 'low risk PSC' environments.

Healthcare work in hospital settings presents a unique environment in which to explore the concept of PSC. Pervasive safety issues exist for both staff and their patients, which may contribute to a trade-off between these two priorities; staff safety versus patient quality of care. Faced by this tension, nurses may opt to protect patient safety above their own (e.g., O'Keeffe et al., 2015). Further, they experience pressures from public opinion on their provision of quality patient care, confounded by the budgetary pressures from senior management to reduce time between admission and discharge. It is important to look at the experiences and views of staff because ward performance and wellbeing are often measured by management via 'indirect' indicators such as absenteeism, which overlooks the day-to-day challenges faced by staff in wards with poor climate.

In terms of practical implications, identifying how to best apply PSC research in healthcare is important to protect workers with some of the highest rates of adverse health outcomes (US Bureau of Labor Statistics, 2016; American Nurses Association, 2017). If staff health and safety is inextricably linked with patient quality of care (Halbeslben et al., 2008; Hall et al., 2016), then the benefits of better understanding the nature of PSC in healthcare is twofold. By identifying the factors involved in PSC for frontline healthcare workers we might better contextualise how we measure PSC in a hospital context and whether the four domains of the PSC-12 are a good fit for understanding this specific industry. Thus, the first research question of the present study is:

RQ1: What are the main factors that shape PSC in healthcare, as experienced by frontline workers?

Senior management at the executive level are likely to be in control of establishing policies and procedures that directly or indirectly affect the PSC of all workers. Like safety climate, middle management who are in direct contact with frontline staff are likely to affect PSC by the manner in which they enact such policies at the work unit level (Zohar and Luria, 2010). Since management set the tone for PSC, it is important to investigate how management can improve PSC for their workers. Interview data from staff in low risk PSC teams may hold key information that can be used to model strategies that protect and promote good psychosocial safety practices for workers. We aim to identify what frontline staff deem to be necessary steps for senior management