



Leader communication approaches and patient safety: An integrated model[☆]

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ABSTRACT

Introduction: Leader communication is known to influence a number of employee behaviors. When it comes to the relationship between leader communication and safety, the evidence is more scarce and ambiguous. The aim of the present study is to investigate whether and in what way leader communication relates to safety outcomes. The study examines two leader communication approaches: leader safety priority communication and feedback to subordinates. These approaches were assumed to affect safety outcomes via different employee behaviors. **Method:** Questionnaire data, collected from 221 employees at two hospital wards, were analyzed using structural equation modeling. **Results:** The two examined communication approaches were both positively related to safety outcomes, although leader safety priority communication was mediated by employee compliance and feedback communication by organizational citizenship behaviors. **Conclusion:** The findings suggest that leader communication plays a vital role in improving organizational and patient safety and that different communication approaches seem to positively affect different but equally essential employee safety behaviors. **Practical applications:** The results highlight the necessity for leaders to engage in one-way communication of safety values as well as in more relational feedback communication with their subordinates in order to enhance patient safety.

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1. Introduction

Patient safety and risks in health care have been of increasing interest for research in recent decades. A recent study by [de Vries, Smorenburg, Gouma, and Boemaster \(2008\)](#) showed that approximately 10% of all admitted hospital patients experienced adverse events, defined as accidental injuries caused by medical management. The results from a study of Swedish hospitals ([Soop, Fryksmark, Köster, & Haglund, 2009](#)) showed the same pattern, revealing that 12.3% of the patients admitted in Sweden had experienced adverse events, of which 70% were preventable. Among these, approximately 50% led to impairment and 3% contributed to. These findings are of major concern,

considering the potential physical and psychological effects not only for the patients but also for their close relatives and for the health care staff involved. There are also huge economical costs involved; a report from the U.S. Institute of Medicine (IOM) estimated that adverse events represent approximately 4% of the national health costs in the United States ([Kohn, Corrigan, & Donaldson, 1999](#)).

These results demonstrate the urgency of making efforts towards improving patient safety. One of the most important factors affecting the functioning and effectiveness of an organization is communication. Deficiencies in communication have been shown to be directly related to patient safety in hospitals ([Donahue, Miller, Smith, Dykes, & Fitzpatrick, 2011](#)). This is supported by a review carried out by the U.S. Joint Commission, which recognized poor communication as the root cause of approximately 70% of all serious incidents and accidents in health care ([Joint Commission on Accreditation of Healthcare Organizations, 2009](#)). The commission concluded that leaders bear a special responsibility in fostering effective communication throughout an organization. This is due to their role in communicating the organization's mission, vision, and goals, and in conveying organizational culture by communicating the priorities and values held by management.

Regarding a more general safety context, leaders could thus help improve safety by communicating safety values and priorities to their

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subordinates, leading to a stronger safety climate within the organization (Zohar, 1980). By collaborating on initiatives to improve leadership communication, unnecessary errors could be prevented and patient safety promoted (Joint Commission on Accreditation of Healthcare Organizations, 2009). However, despite an increasing emphasis on the importance of leader–subordinate safety-related communication in the practitioner-targeted literature, especially for behavior-based safety programs (e.g., DePasquale & Geller, 1999; Hidley, 1998), empirical studies focusing on the effects of the communication between leaders and subordinates on safety are still rare (Michael, Guo, Wiedenbeck, & Ray, 2006). Furthermore, existing research investigating the link between leader communication and safety is somewhat ambiguous and shows mixed results. Even though several studies have found evidence in support of a positive relationship between leader communication and safety (e.g., Hofmann & Morgeson, 1999; Hofmann, Morgeson, & Gerras, 2003; Parker, Axtell, & Turner, 2001), others have failed to demonstrate such a connection. For example, in a study by Vredenburg (2002), no support was found for communication and feedback having an effect on reducing injury rates. The results of a similar study (Michael et al., 2006) also showed that safety-related communication between supervisors and subordinates had little direct effect on the subordinates' safety-related events.

The inconsistent results regarding the effect of leaders' communication on safety suggest that the relationship could be more complex. Leader communication seems to be one of a multitude of relevant elements, alongside mediating variables that affect safety outcomes. A generally accepted view is that leader behaviors often have a direct impact on the behaviors of the subordinates. When it comes to employee behaviors in a safety context, the concepts of safety behavior or safety performance are frequently used. Neal, Griffin, and Hart (2000) proposed a model of employee safety performance which differentiates between two dimensions of safety behavior: compliance and participation. Safety compliance refers to work activities that the individual needs to perform in order to carry out the work in a safe manner. It involves adhering to safety rules and regulations at the workplace, such as wearing personal protective equipment. Safety participation, on the other hand, refers to activities that do not directly affect the individual's personal safety but contribute to strengthening general safety in the organization. It includes behaviors such as helping coworkers with safety-related issues, calling attention to risk situations, and demonstrating initiative to improve safety. Safety participation is closely associated with concepts such as contextual performance (Borman & Motowidlo, 1993) and organizational citizenship behavior (Organ, 1997). Based on previous research that found that employee behaviors mediate the relationships between leadership and various organizational outcomes (e.g., Boerner, Eisenbeiss, & Griesser, 2007), it would be reasonable to assume that employee safety behaviors such as compliance and participation would have a mediating role in the relationship between leader communication and safety outcomes.

The aim of the present study is therefore to investigate how different leader communication approaches can influence safety behaviors and safety outcomes at the workplace. More specifically, the question is whether leader communication in the form of the expression of safety values (safety priority communication) and feedback to their subordinates relates to employee behaviors and patient safety outcomes and, if so, in what ways are they related. We hypothesize that employee safety behaviors act as mediators between leader communication behaviors and safety outcomes. Building on the safety performance model of Neal et al. (2000) and other related theories, two of the employee behaviors investigated in the present study correspond to the two dimensions of compliance and safety participation. However, instead of safety participation, the concept of organizational citizenship behavior (OCB) has been used in the study. As has been mentioned above, safety participation and OCB are closely related concepts, with the exception that safety participation involves more safety-specific behaviors. In addition, the willingness to report incidents and errors is examined as a third mediating behavior between leader communication and safety. Despite the vital role of reporting as a tool in efforts to achieve workplace safety, underreporting has been shown to be a prevalent phenomenon (Barach & Small, 2000; Probst, Brubaker, & Barsotti, 2008).

Based on these and other theories regarding leadership, communication, safety behaviors, and safety outcomes, an integrated model of the relationship between leadership communication and patient safety is proposed (Fig. 1). In the following sections, the paths through which leader communication may affect safety behaviors and outcomes are considered and the corresponding hypotheses are described.

2. Leader communication

2.1. Safety priority communication

There is considerable evidence in the safety literature that leaders' commitment to safety and the degree to which employees perceive that leaders in the organization prioritize safety have strong links to the safety behaviors and injury rates of its employees (Bosak, Coetsee, & Cullinane, 2013; Cohen, 1977; Hofmann, Jacobs, & Landy, 1995; O'Toole, 2002; Zohar, 1980). Similarly, research regarding patient safety has shown that the presence of a leadership committed to safety is related to increased error reporting (Barnsteiner, 2011). These findings could also be related to and supported by safety climate research. Employees' perceptions of management's attitudes towards safety are considered a key component in the safety climate concept (Zohar, 1980). Considering that there is widespread agreement that safety climate is an effective predictor of injury-related criteria (Alper & Karsh, 2009; Barling, Loughlin, & Kelloway, 2002; Christian, Bradley, Wallace, & Burke, 2009; Clarke, 2006; Griffin & Neal, 2000; Hofmann et al., 2003; Zohar, 2000), this evidence would support a link between perceived management safety priority communication and safety outcomes. When leaders' communication on safety issues is given high

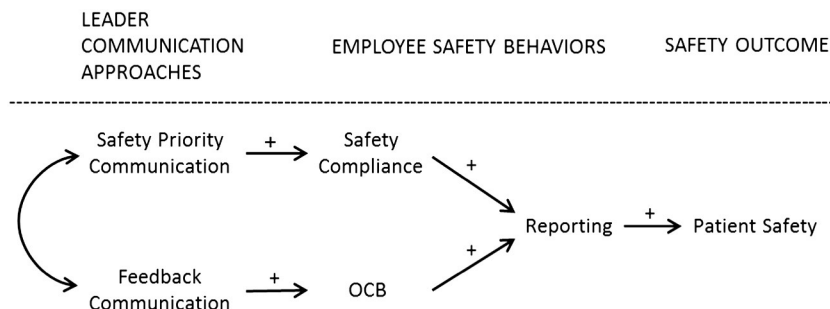


Fig. 1. Illustration of the concepts, the levels at which they operate, and their relationships in the hypothesized model.

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