

PIOTR KSIAŻEK

Postrzeganie zmian w strukturze Krajowej Służby Zdrowia Wielkiej Brytanii przez pracowników podstawowej opieki zdrowotnej

The level of knowledge of contraindications for physical movement stimulation during pregnancy among prenatal course participants

Streszczenie

Wstęp. Zmiany organizacyjne są codziennością NHS, od kiedy w 1948 głosami posłów Partii Pracy wprowadzony w Wielkiej Brytanii Narodowy System Opieki Zdrowotnej (NHS). Nikt wtedy nie spodziewał się, że na skutek rosnących oczekiwań obywateli system przejdzie tak wiele zmian organizacyjnych. Jednak podstawowa zasada działania systemu – rozdzielenie funkcji ubezpieczyciela i świadczeniodawcy pozostała niezmienna. Kiedy w 2002 r. premier Tony Blair zaprezentował 10-letni plan zmian głównym jego celem była poprawa stanu zdrowia lokalnych społeczności poprzez zwiększenie roli podstawowej opieki zdrowotnej w systemie.

Cel. Celem pracy była ocena wpływu zmian strukturalnych na organizację pracy personelu terenowego.

Material i metody. Badanie przeprowadzono na terenie środkowej Brytanii w 2004 roku. Grupę docelową stanowili pracownicy terenowi (pielęgniarki środowiskowe i opiekunowie). W badaniu uczestniczyli pracownicy 5 PCT (Primary Care Trust: Fundusz Podstawowej Opieki Zdrowotnej) reprezentatywnych dla regionu Trentu. Badanie przeprowadzono przy użyciu kwestionariusza zawierającego 16 pytań. Każde pytanie oceniano w 7 stopniowej skali gdzie 1 oznaczało słabe nasilenie zjawiska a 7 wysokie.

Wnioski. Pracownicy terenowi nie odczuwają wpływu zmian systemu na ich codzienne obowiązki. Natomiast są gotowi do przekształcenia nowych pomysłów i oczekiwań na konkretne działania z pacjentami.

Summary

Introduction. Significant structural changes are part of everyday life in the NHS. In 1948, when the Labour Party government created the National Health Service (NHS) in the United Kingdom, no one could foresee that due to a growing level of social expectations, the NHS will need so many changes. After sixty years of deep structural changes, the basic rule of the NHS remains the same: to separate insurance companies from contractors. In 2002 British Prime Minister Tony Blair presented a 10-year-long plan for curing and changing the NHS called Shifting the Balance of Power. The main feature of the change has given locally based primary care trusts the role of running the NHS and improving health in their areas.

Aim. The aim of this study was to assess the impact of significant structural changes in the organization of the front line staff.

Material and methods. The study was performed in 2004 in East Midlands Great Britain. The target group was 'front line staff' (nurses and health visitors). Five most representative PCTs were chosen with the help of the Director of Public Health at the Trent Strategic Health Authority. Eight questionnaires were sent to each of the PCT front line staff. Each questionnaire consisted of 16 questions related to PCT effectiveness. Each question was evaluated in a 7-grade-scale where 1 meant very rare [occurrence of a phenomenon], whereas 7 - very frequent.

Conclusions. The frontline staff seem not to observe any particular changes in their everyday performance, after the structure of the NHS has changed. At the same time, they are willing to take on new ideas and demands, and translate them into action.

Słowa kluczowe: zdrowie publiczne, polityka zdrowotna, restrukturyzacja

Key words: pregnancy, kinetic stimulation, contraindications

INTRODUCTION

Significant structural changes are part of everyday life in the NHS. In 1948, when the Labour Party government created the National Health Service (NHS) in the United Kingdom, no one could foresee that due to a growing level of social expectations, the NHS will need so many changes. After sixty years of deep structural changes, the basic rule of the NHS remains the same: to separate insurance companies from contractors [1,2].

In 2002 British Prime Minister Tony Blair presented a 10-year-long plan for curing and changing the NHS called *Shifting the Balance of Power* [2]. *Shifting the Balance of Power* is the program of change brought about to empower frontline staff and patients in the NHS. It is part of the implementation of the NHS Plan and has already led to the establishment of new structures. That is only one step and the main objective will be to foster a new culture in the NHS on all levels which puts the patient first [3].

The main feature of the change has given locally based primary care trusts the role of running the NHS and improving health in their areas. This means abolishing the previous health authorities and creating new ones that serve larger areas and have a more strategic role. The Department of Health is also refocusing to reflect these changes, including the abolition of its regional offices.

The *Shifting the Balance of Power* programme is based on two main documents 'Securing Delivery' (April 2001) and 'Next Steps' (January 2002) [3].

Shifting the Balance of Power: The Next Steps sets out the way forward on implementing the policy of shifting the balance of power in the NHS. It builds on comments and advice received during the discussion period in the autumn on *Shifting the Balance of Power: Securing Delivery* [3].

AIM

The aim of this study was to assess the impact of significant structural changes on the organization of the front line staff.

The study was based on the following statements:

1. The assessment of the influence of changes can be obtained by collecting and analyzing the opinions of front line staff [4-8].
2. Well-educated and aware of their role front line staff are the key to success in the process of changes in the health sector [6-10].

MATERIAL AND METHODS

There are several tools available for assessing the organizational culture. The tendency is that those which compare the situation now to the desired situation are used most commonly. The Organizational Culture Assessment Instrument which Cameron and Quinn (1999) developed consists of six questions. Each question has four alternatives. 100 points are divided among these four alternatives depending on the extent to which each alternative is similar to the current organization. The higher the point score given to a specific statement, the more it reflects the current organization. This way of assessing the culture in an organization is probably more precise and/

or more developed than the questionnaire we chose for our assessment. However, there are several reasons for making a different choice [9,11].

The criteria for choosing this instrument were:

- The tool had to be valid and widely acknowledged.
- It had to have references to private as well as public organizations.
- The questionnaire should be easy and quick to fill in.

In *Beyond Rational Management: Mastering the Paradoxes and Competing Demands of High Performance* (Quinn, 1988) there are instruments for both self-assessment, the view of others, and organizational knowledge. The last instrument measures the perception of organizational performance and this is the one chosen for our survey [11].

The analysis of the data suggests that there is discriminant validity and the reliability scores are high. Standardized scores are based on the responses of 206 managers who described their work units. The scales are, however, based on only two items each. Compared with Cameron and Quinn's instrument from 1999 that consists of six items in each quadrant, this only consists of four statements in each quadrant [9,11].

The study was performed in 2004 in East Midlands Great Britain. The target group was front line staff (nurses and health visitors). Five most representative PCTs were chosen with the help of the Director of Public Health at the Trent Strategic Health Authority. Eight questionnaires were sent to each of the PCT front line staff.

Each questionnaire consisted of 16 questions related to PCT effectiveness. Each question was evaluated in a 7-grade-scale where 1 meant very rare [occurrence of a phenomenon], whereas 7 - very frequent.

Target group	# of quest. sent	# of quest. returned	Reply %
Erewash PCT	8	8	100%
Nottingham City PCT	8	5	73%
Chesterfield PCT	0	0	0%
Lincolnshire PCT	0	0	0%
Bassetlow PCT	0	0	0%

RESULTS

Erewash PCT front line staff.

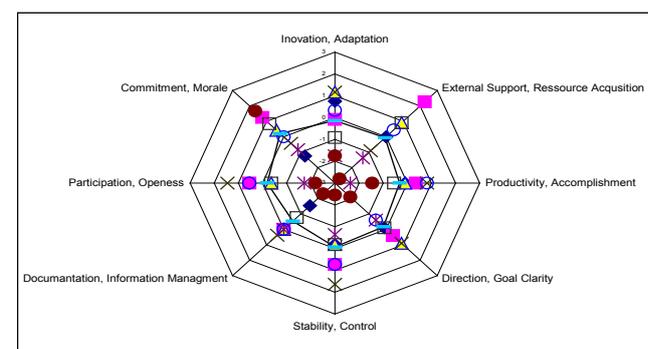


FIGURE 1. Front line staffs perception of Erewash PCT.

The front line staff (nurses + health visitors) that have replied to this questionnaire are not close to agreement

on any of the eight issues. The replies disperse from 2½ standard deviations (productivity and accomplishment) to 4½ standard deviations (stability and control). According to *Beyond Rational Management* from which this framework is adopted, the master performers are close to the 84th percentile in all eight roles (zero represents the 50th percentile).

The mean of the replies is below the 50th percentile for all the roles but commitment and morale, which is only a little above this line. Bearing in mind that all the graphs presented in this report are based on very few replies and the fact that the implications remain hypothetical, we will continue this assessment.

The mean of the replies from the front line staff is close to reflecting a perceived ineffective organization. The ineffective profiles are those who do poorly in nearly all the roles and those who exceed the 50th percentile in three or four roles. However, one might argue that the results are as close to Open Adaptives, which is a profile of perceived effectiveness as to the Chaotic Adaptives, which is a profile of perceived ineffectiveness.

The Open Adaptives have the highest scores for the top four roles. In the other roles they tend to fall near the mean, with exception for the monitor role, where they fall below the mean. In the qualitative statements the managers of these organizations are portrayed as being very open, reasonable, and easy going, while also having a tendency to be too permissive with their subordinates.

The Chaotic Adaptives are above the overall sample mean (zero) for the top four roles, and below the mean for the bottom four roles. In the qualitative statements the managers are described as individuals who short-cut administrative processes, who are not involved in details, who are uninterested in planning, and who look for quick fixes.

Nottingham front line staff

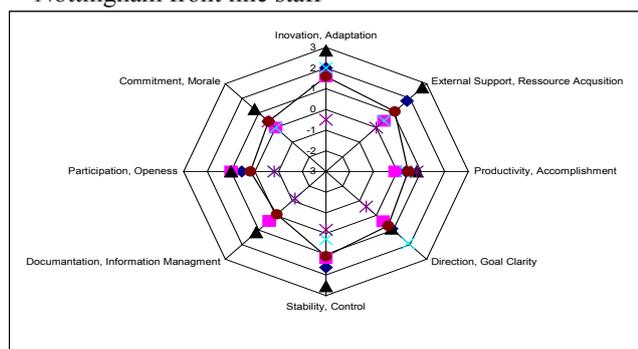


FIGURE 2. Front line staffs perception of Nottingham City PCT.

It is important to notice that those who replied as ‘front line staff’ are school, health and support service coordinators. There is only one district nurse. The figure will therefore mainly reflect the perception of administrative staff members.

The ‘front line staff’ **agree** on the level of:

- Productivity and accomplishment (within 1 standard deviation).
 - Commitment and morale (within 1 standard deviation).
- And **disagree** upon the perception of:
- Innovation and adaptation (above 3 standard deviations).
 - External support and resource acquisition (within 3 standard deviations).

- Stability and control (within 3 standard deviations).

However, the ‘front line staff’ perception of their PCT is above average (the 50th percentile) for all indicators. Only the documentation and information management, and participation and openness are close to average. They show significant strength in the innovator role (innovation and adaptation).

The ‘front line staff’ have an external focus (weight the values in the upper (adhocracy) and lower (market) right cluster) which reflects an orientation toward competition, engagement and urgency. They perceive their organization as ready for expansion, transformation, competitive position of the overall system and maximization of the output. As they also score high on stability and control, they should at the same time be ready for integration. Basically, they seem to have the skills to bring about the changes that the NHS desires (Shifting the Balance of Power).

CONCLUSIONS

The frontline staff seem not to observe any particular changes in their everyday performance, after the structure of the NHS has changed. They might perform as they used to because of a strong culture which overrules openness to change.

If the profile for the ‘front line staff’ could be generalized, then the Nottingham City PCT is, and will most likely be, performing a good deal better than perceived by both the management team and the SHA, - again, the profile is based on very few and selective (e.g. no GPs) replies. At the same time, they are willing to take on new ideas and demands, and translate them into action.

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