Organisational dysfunction: Wildlife in the NHS

Rachael Pope

The early findings of a doctorate research study were shared. To initiate discussion the delegates were asked the following research questions regarding their own workplace.

**What are the organisational responses to negative behaviour between staff?**

What are the reasons and motivations for those responses?

Negative behaviour is defined as: 'Any behaviour that is disrespectful and undermines/violates the value/dignity of an individual. It is behaviour that harms individuals and organisations' (Burnes and Pope 2007; Pope and Burnes 2009). It includes incivility, aggression, bullying, harassment or abuse.

From the evidence in the literature review the NHS appears to have a persistent, engrained problem with negative behaviour between its staff, in its different forms. It is behaviour that has become tolerated and normalised and is exceedingly damaging to staff, with serious implications for the quality of patient care.

The literature also indicates that the concepts of organisational silence (resistance to/ suppression of voice), normalised organisational corruption (normalised negative behaviour) and protection of image provide some answers to the problem of negative behaviour between staff in the NHS and the often inadequate organisational responses. A model of organisational dysfunction in the NHS is proposed (Pope and Burnes 2013).

A model of organisational dysfunction in the NHS (Pope and Burnes 2013)
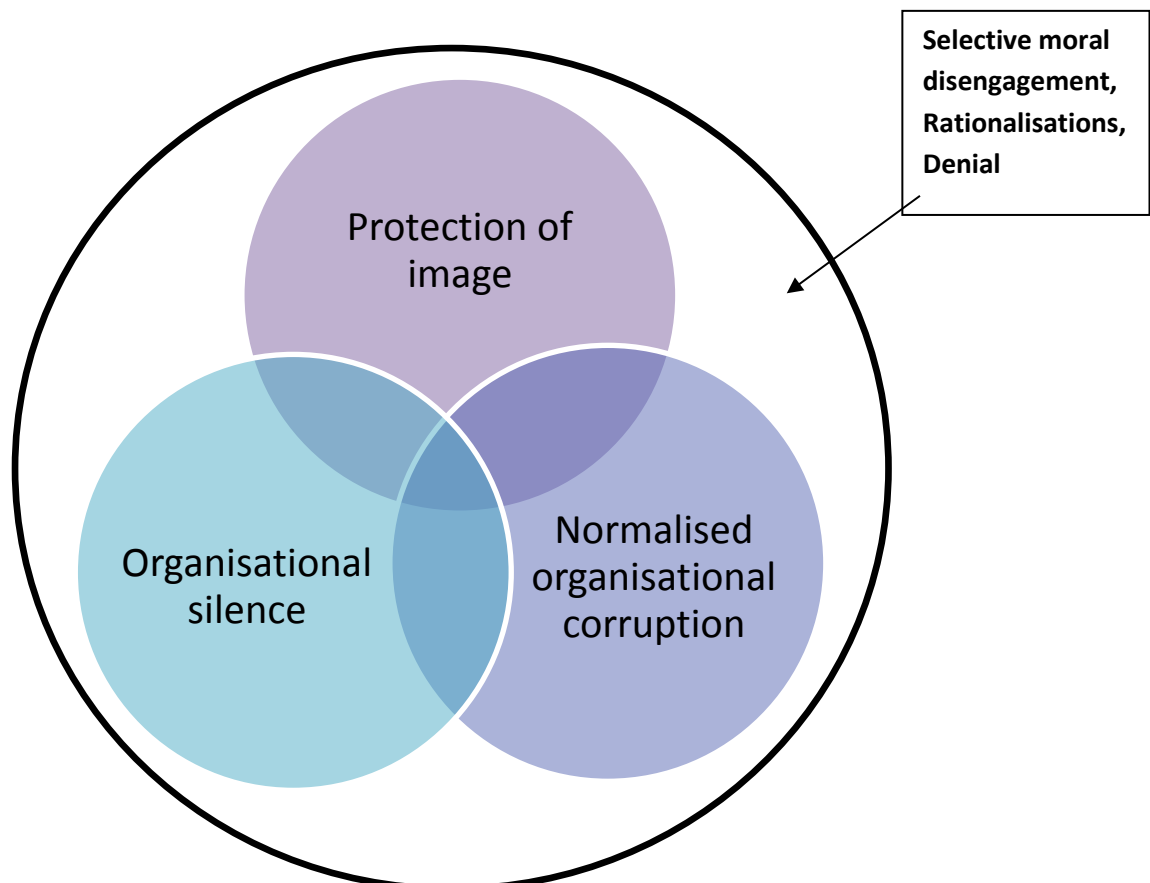
'...organisational behaviour in the NHS can be dysfunctional, not always rational, and perverse. The mechanisms of selective moral disengagement enable the persistence of this dysfunctional culture... the NHS exhibits too high a level of collective ego defences and protection of its image and self-esteem, which distorts its ability to address problems and to learn. Organisations and the individuals within them can hide and retreat from reality and exhibit denial; there is a strong resistance to voice and to 'knowing'. The persistence and tolerance of negative behaviour is a corruption and is not healthy or desirable. Negative behaviour is one of the 'elephants in the room' for the NHS (Pope and Burnes 2013 p. 691).

For the doctorate research forty three interviews and six focus groups, from across the UK, were conducted. The findings of the research support and develop the proposed model above.

Regarding the wildlife in the NHS there are the 'elephants in the room' that are obviously ignored. The 'three monkeys' are also there, hearing nothing, seeing nothing, and speaking nothing. The 'blind eye is turned'. The forth monkey has his fingers stuck in his ears while humming loudly.

"If I stick my fingers in my ears and hum loudly, then it's not happening"   (NHS Risk Manager)

The ostriches are hiding from reality. Though, we do have to remember that ostriches do not put their heads in the sand, its only humans who do that. Ostriches are much smarter than we are. People can be wilfully blind. There are also dogs in the NHS. One research participant who raised concerns about patient care described their experience of being bullied and intimidated by the most senior managers. They felt '...savaged by a mob of wild dogs who are still baying for blood around me'. That they couldn't be '...vindictive enough'. They reported seeing another person being 'torn apart'.

Then finally, there are the ducks. Suggestions for improvements just 'roll off the back like water' as the organisations do not have any problems, so don't need to improve! There is a lot of denial and therefore nothing changes.

When problems are avoided, acknowledgement is resisted, people are silenced and behaviours start getting irrational; worry! The organisation is clearly dysfunctional, probably incapable of learning,

and could be very dangerous. There is an urgent need to choose to see (Heffernan 2011). She writes at the end of her book:

'We make ourselves powerless **when we choose not to know.** But we give ourselves hope when we insist on looking. The very act that wilful blindness is willed...is what gives us the capacity to change it' (p.331).

The NHS has got to deliberately take its fingers out of its ears and become a listening and learning organisation. Only then will it change, for the benefit of both patients and staff.

References

Ballatt, J., & Campling, P. (2011). *Intelligent kindness: Reforming the culture of healthcare.* London: RCPsych Publications.

Bandura, A. (2002). Selective moral disengagement in the exercise of moral agency, *Journal of Moral Education,* 31(2), pp. 101-119.

Burnes, B. Pope, R. (2007). 'Negative Behaviours in the Workplace: A Study of two Primary Care Trusts in the NHS'. *The International Journal of Public Sector Management,* 20(4), pp. 285-303.

Heffernan, M (2011). *Wilful blindness: Why we ignore the obvious at our peril*. London: Simon & Schuster UK Ltd.

Pope, R. Burnes. B. (2009). 'Looking beyond bullying to assess the impact of negative behaviours on healthcare staff'. *Nursing Times*, 105(39), pp. 20-24 (6 October).

Pope, R. (2012). Organisational dysfunction in the NHS. *Organisational Behaviour in Healthcare Conference.* Dublin.

Pope, R. Burnes, B. (2013). A model of organisational dysfunction in the NHS. *Journal of Health Organization and Management,* 27(6), pp. 676-697.

Zerubavel, E. (2006). *The elephant in the room: Silence and denial in everyday life.* Oxford: Oxford University Press.