
CONFERENCE ABSTRACT

Health service change and multi-disciplinary working: Concerns of hospital staff ICIC20 Virtual Conference – September 2020

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Introduction:

Health care services change constantly in order to improve how they function and accommodate the growing demands of populations. One example of frequent and necessary health service change is the building of new hospitals. When a new “state of the art” hospital is built there are associated physical and organisational changes made in line with evidence-based design. However, hospital designers have been criticised for not considering adequately how changes to the physical environment can influence the behaviours and socio-professional interactions of staff. This study aimed to explore how staff experienced the building of a new hospital, including its influence on their patterns of multi-disciplinary working.

Methods:

We present the first stage of results of an ongoing longitudinal case study. The study has been designed in consultation with the staff of the hospital under investigation. Hospital staff (clinical and non-clinical) participated in semi-structured interviews about their experiences and concerns of working at a hospital where a new building was being built. Social network surveys were used to capture data on formal (professional) and informal (social) multi-disciplinary working patterns before the new building opened. Interview data were analysed using thematic analysis and network data using visualisation and network statistics.

Results:

Interview data revealed that before the new building opened hospital staff were concerned that their multi-disciplinary team working might be compromised. Particularly, staff were apprehensive that as the hospital grew in size, socio-professional multi-disciplinary working patterns would be affected. These fears were experienced by both clinical and non-clinical staff. Concerns were compounded by feelings of uncertainty and staff felt uninformed about when the new building would open and which units would move into it. Analysis of the network survey identified problem areas (bottlenecks, gaps and silo-working) that could be further compounded once the new hospital opened.

Discussions:

Multi-disciplinary working is essential for the delivery of high-quality and safe health care. Leading up to a major health service change, such as building a new hospital, hospital staff were anxious about how they would work together in the new environment. We provide recommendations as to how collaboration breakdown can

be avoided in times of health service change. For example, it is important that during such times staff are adequately informed and prepared for adapting their patterns of multi-disciplinary working to the new environment.

Conclusion:

The complex changes that come with building and moving staff to a new hospital may affect multi-disciplinary working. Our findings highlight that hospital staff are concerned that their work patterns and collaboration with colleagues will be disrupted in such circumstances. It is essential that staff concerns are addressed to facilitate a smooth transition during this organisational change. These findings can be used to inform policy on how to implement major hospital building projects while ensuring multi-disciplinary working is not compromised.