



Work Psychology Group

Thinking differently



**British Blood
Transfusion Society**

Why do we go to work? *(and why do we keep going?)*

Victoria Roe



Overview

- Why do we go to work?
- Motivation and its links to job role

Job Analysis Case Study: GP

- The effect of engagement at work

Engagement Case Study: Private Healthcare

- The importance of personal resilience

Resilience Case Study: Palliative Care Workers



Why do we go to work?

Motivation: *“A reason for acting or behaving in a particular way, or a desire or willingness to do something”*

Maslow's Hierarchy of Needs
(1943)



Motivation theory

Which single factor motivates you the most at work?

Challenging work

Possibility of growth

A high level of responsibility

Opportunity to do something meaningful

Recognition for my achievements

Sense of importance to the organisation

Effective supervision

Good working conditions

Paid holidays

Job security

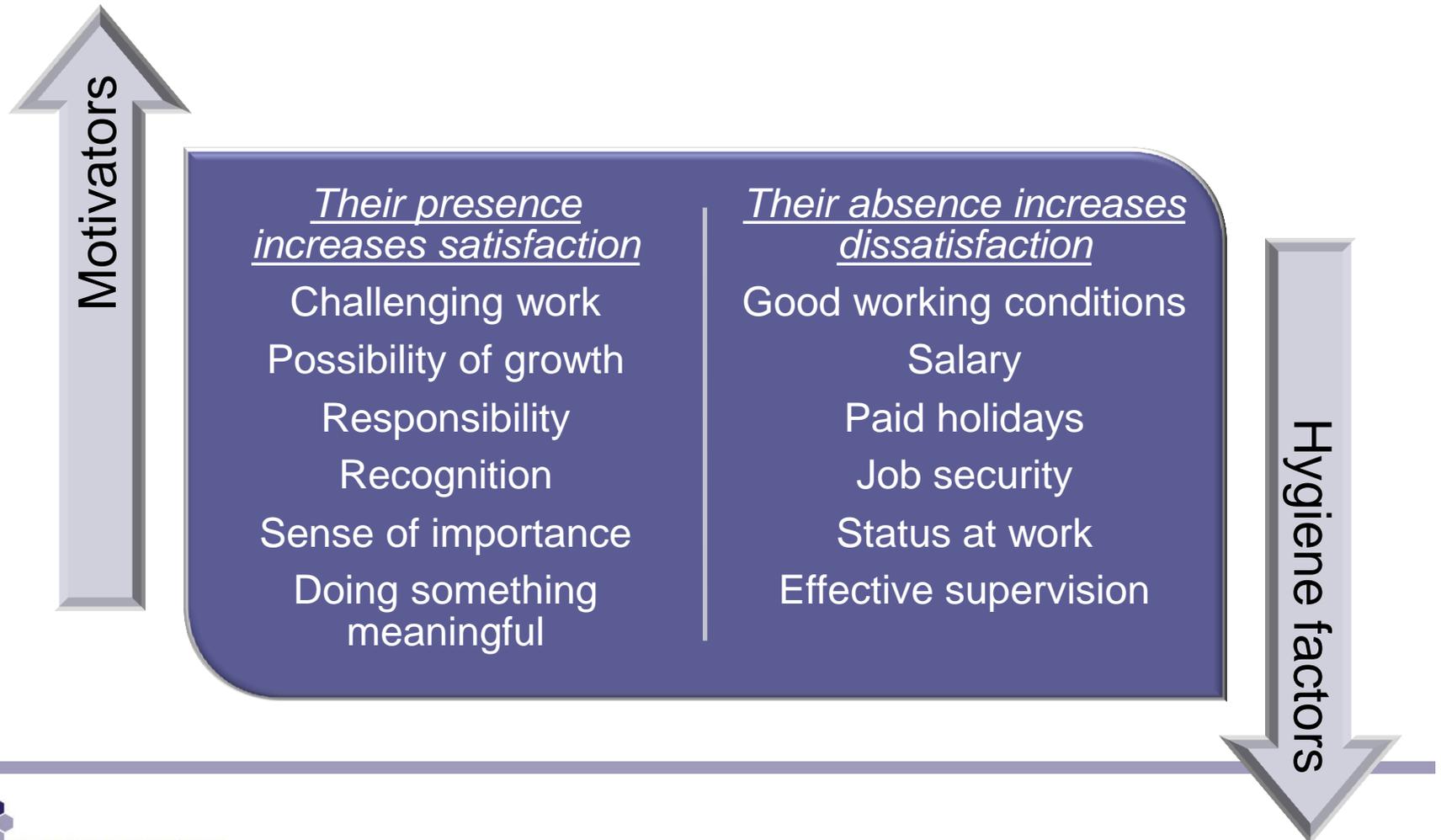
Salary

Status at work



Motivation theory

Herzberg's Two-Factor Theory (1959)



Motivation and its links to job role

What motivates us at work can also be the reason we choose a particular career in the first place

Job Analysis: “A process to identify the content of a job in terms of activities involved, and attributes needed to perform the activities”

What qualities or attributes does a good transfusion scientist need?



Job Analysis

Job analysis is conducted to define a competency model

- Applications include;
 - Recruitment & selection
 - Performance management
 - Career development, counselling
 - Organisational change, diagnosis

It is particularly important when the profession is high stakes (e.g. healthcare)

- There are some commonalities in the attributes required across professions in healthcare (*Kerrin, Mossop and Rowett, in press*)
 - ***Empathy, Team Working, Managing Resources, Professional Integrity, Coping with Pressure, Perspective Taking***



Using job analysis to identify core and specific competencies: implications for selection and recruitment

Fiona Patterson,¹ Eamonn Ferguson² & Sarah Thomas³

A competency model for general practice: implications for selection, training, and development

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OBJECTIVE Modern postgraduate requires both accurate and reliable analysis studies. This paper reports analysis of job analyses to develop a core of three secondary care specialties: obstetrics and gynaecology, a

METHODS Three independent were conducted. The contenting competency domains via questionnaire-based study with (specialist registrars [SpR] from the three specialties) out in the Yorkshire and UK. The validation study additional participants from Trent regions in the

Research

Fiona Patterson, Abdol Tavabie, MeiLing Denney, Máire Kerrin, Vicki Ashworth, Anna Koczwara and Sheona MacLeod

A new competency model for general practice: implications for selection, training, and careers

INTRODUCTION

Under the UK government's plans for NHS reform, expectations of policymakers regarding the future role of the GP are a topic of significant debate.^{1,2,3} With major structural changes in the UK NHS,⁴ there is now more emphasis on exploring the skills and capabilities of GPs outside of the consulting room, relating to leadership, professionalism^{5,6} and engagement in commissioning activities.^{4,7} These skills are in addition to designing services for their registered patients, with an increasing shift of patient care from hospitals into the community. This suggests that there is a broadening of the UK GP job role from that centred on a 'helping model' in doctor-patient consultations to a role that also emphasises a 'business model', where GPs are increasingly required to consider how their work impacts at a community level and how this fits within the health system as a whole.⁴ Furthermore, a recent policy report on the career path of GPs advocates the future importance of generalism as opposed to speciality development.⁸ However, there is limited research available to inform the

The primary purpose of this study is to evaluate the current selection criteria for those entering general practice training. However, the results also offer important information regarding content of training, career development and aspects of workforce planning. Previous research has largely focused on doctor-patient consultations (such as measuring determinants of patient satisfaction),^{9,10} Relatively little research has explored aspects of GP performance outside of the consulting room, relating to planning services, financial management, and running a practice.¹¹ Similarly, previous research in GP selection has tended to focus on indicators of clinical judgement, reasoning and patient communication^{9,12,13} rather than skills associated with working in multiprofessional teams and practice management.

The current UK GP selection system is reliable, valid, and generates positive candidate reactions,^{14,15,16,17} and uses selection criteria derived from a job analysis study published over 12 years ago in this journal.⁹ Although the selection criteria were reviewed using a nationwide survey

with (i) difficulty in recruitment to general practice in many areas,¹ (ii) a falling popularity of general practice as a career (among undergraduates),² (iii) significant problems recruiting to GP vocational training schemes,³ and (iv) a 9% reduction of the certificates (satisfactory completion of prescribed or equivalent experience) issued by the Joint Committee on Postgraduate Training for General Practice.⁴ This problem is compounded by a growing concern over postgraduate attrition rates from medicine, with current estimates as high as 19%.⁵ One of the possible contributing factors to such a high attrition rate may be that applicants have an unrealistic perception of the role of the GP. Furthermore, given recent changes in the role of the GP, there is a need to more clearly define the skills required for the role, to guide career choice and to more accurately specify appropriate selection techniques. In response to this need, this reports research conducted over the past two years to develop a model of the competencies required for the occupation of GP.

Building on the previous literature on GP competencies, it is this study that attempts to examine such competencies have been identified with regard to the range of behaviours examined and a variety of methodological approaches adopted.⁶⁻⁹ However, few researchers have employed a multi-method approach to analyse the behaviours associated with successful GPs, and to triangulate findings. For this reason alone, the results drawn into question.¹⁰ It is also surprising to note that few studies have attempted to incorporate the perspective

Abstract
Background Recent structural and policy changes in the UK health service have significantly changed the job responsibilities for the GP role.
Aim To replicate a previous job analysis study to examine the relevance of current competency domains and selection criteria for doctors entering training.
Design and method A multisource, multimethod approach comprising three phases: (1) stakeholder consultation (n = 205) using interviews, focus groups and behavioural observation of practising GPs; (2) a validation questionnaire based on results from phase 1 (n = 1082); followed by (3) an expert panel (n = 6) to review and confirm the final competency domains.
Results Eleven competency domains were identified, which extends previous research findings. A new domain was identified called Leading for Continuing Improvement. Results show that, Empathy and Perspective Taking,

Job Analysis Case Study

Literature Review	A systematic review of international literature on primary care doctors from 1990-2011
Stakeholder Consultation	Consultation using <u>interviews</u> (n=68), <u>focus groups</u> (n=67) & <u>observation studies</u> (n=110+ hours)
Validation e-survey	Importance for <u>current</u> & <u>future</u> role of the GP Importance for assessment at <u>selection</u> vs. addressed during <u>training</u> (N=1082)
Analysis & Review	Data analysis both quantitatively (numerical ratings) & qualitatively (open ended responses) in order to triangulate the findings



2012 GP Competency Framework



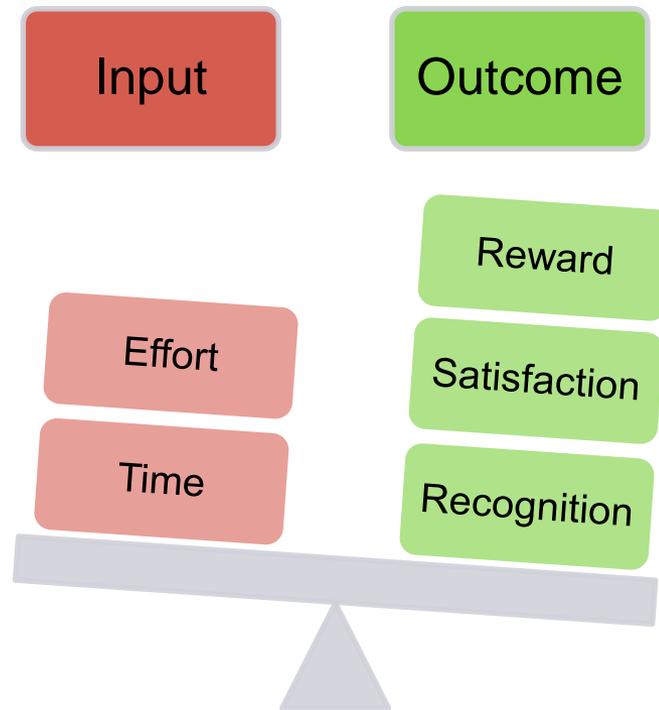
Job Analysis Case Study

- **Role of GP has significantly broadened**
 - multiple tasks to balance, GPs are not ‘superhuman’
- Greater emphasis on **management & business skills** in future
- GPs as **social entrepreneurs** leading change in their community
- GP as a ‘**vocation**’
- For the **future, can GPs be equally strong in all areas?**
 - i.e. should some develop specialist interests?
- **Selection** should continue to focus on **identifying potential**
- Broadened competency domains need to be addressed & developed further through **targeted training & development interventions**

Maintaining motivation

Adam's Equity Theory (1965)

Distributive justice: The outcome-input ratio



Maintaining motivation



The effect of engagement at work

Engagement: *“A psychological state where employees feel a vested interest in the company’s success and perform to a high standard that may exceed the stated requirements of the job”* (www.mercerhr.com)

Engagement means individuals:

- Believe in the organisation
- Have a desire to work to make things better
- Have an understanding of the business context and the ‘bigger picture’
- Are respectful of, and helpful to, colleagues
- Are willing to ‘go the extra mile’
- Keep up to date with developments in the field

Engagement enablers and barriers

What drives engagement?

- Leadership
- Integrity
- Line management
- Involvement in decision making
- Training and development

What builds engagement?

- Two-way communication
- Focus on development
- Commitment to employee wellbeing
- Internal co-operation

What lowers engagement?

- Job insecurity
- Unfairness (particularly with pay or reward)
- Lack of autonomy
- Poor line management or bullying
- Working hours

Engagement Case Study

Investigating high turnover across a private healthcare organisation

- Aimed to explore factors which may impact on this:
 - Review of policies, processes and documentation
 - Insights from staff working across the organisation through interviews and focus groups



Engagement Case Study

Engagement with senior management

“Senior management don’t realise what’s involved ...”

Care Assistant

“My staff would love the opportunity to show senior management what is required here on a daily basis. There is a

complete lack of

awareness of how many tasks there are to do.” **Home Manager**

“I would like to see a way of the staff working in the homes being able to get their issues heard and have them dealt with. Some of our ideas would save money

*in the long run but **there’s***

no way for them to be heard”. **Care Assistant**



Engagement Case Study

Employee relations

"The support you get from other members of staff is really important and the main reason people are committed to the home." **Nurse**

"I stay because the home is a happy environment; it feels like my second home. I know everyone and we're a close team, we're like a family really." **Care Assistant**

"It's the relationships between the staff and the residents that makes a home good it's not about the building or anything like that. Some homes have lovely first impressions but often this is just a front..." **Nurse**



Engagement Case Study

Commitment to the role

"The main satisfaction comes from that feeling when you...get a thank you from a resident.... It makes it all worthwhile and makes up for the times you feel knocked down by the company telling you off for not doing your e-Learning." **Nurse**

"The best parts of the job are when you get time to spend with the residents.... we would love to spend more time sitting and chatting and making them feel good but the workload is just too heavy." **Nurse**

"...You get that immediate satisfaction from your work. It feels like you're caring for your own Grandma or Granddad really." **Care Assistant**

"I know other providers pay more but the atmosphere here is more important. The work is enjoyable and you feel as if you are making a contribution..." **Care Assistant**

"We stay because of the enjoyment from the work...you are like the residents' family, it's nice to make things special for them." **Care Assistant**



The importance of personal resilience

Resilience: *“a concept associated with the idea that some people seem to readily bounce back from adverse experiences”*

- Healthcare environment is fast paced and challenging; healthcare workers are often asked to make important decisions, under pressure.
- Over time, a pressurised working environment can lead to high levels of stress and burnout in staff.
 - NHS Employers estimates that over 30 per cent of all sick leave is now caused by work-related stress in the NHS, costing up to £400 million each year.
- Unless measures are taken to build vital resilience resources, healthcare organisations run the risk of losing their greatest assets; their people.



Resource model of resilience

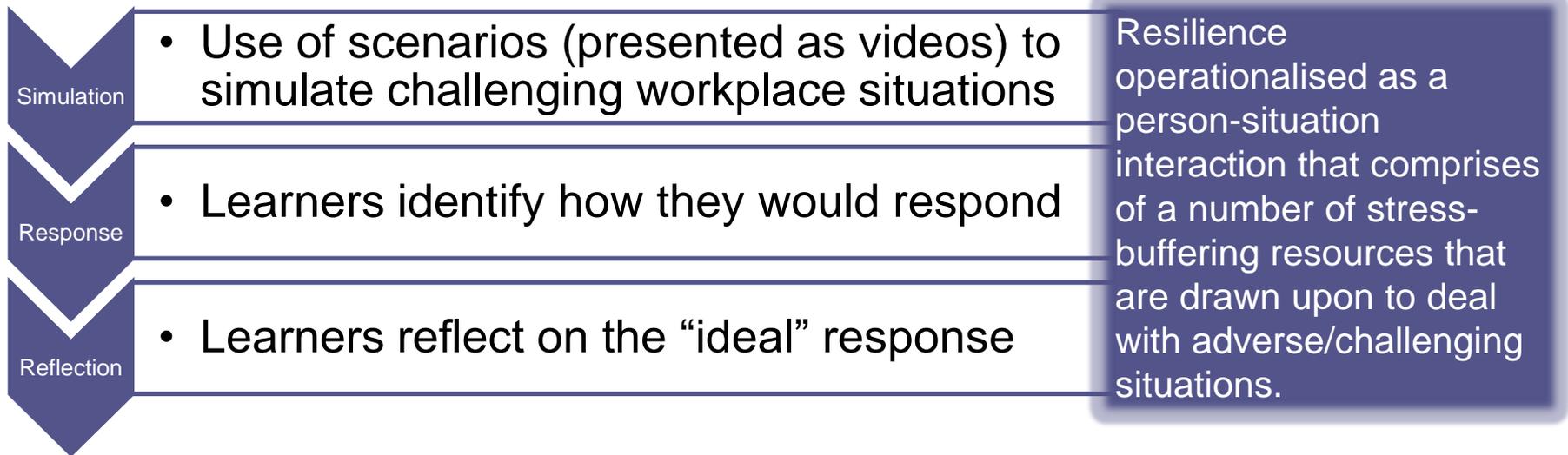
Resilience can best be thought of as comprising any number of stress-buffering resources that are drawn upon in response to dealing with adverse/challenging situations.



Resilience interventions

Some resources to support resilience are provided by organisations (e.g. a supportive manager), but other rely on individual skills

A **resilience intervention** developed with palliative care workers



Resilience interventions

Extended to a **two-phase** approach

Mixed method approach benefits:

- Promotes creativity, innovation and problem-solving within the group
- Makes *implicit* information about resilience enhancing behaviours *explicit*

Phase 1

- > Online learning using scenarios
- > Use of multi-media channels (video and text)

Phase 2

- > Face to face session to cover scenarios
- > Debriefing of critical points
- > Interaction, sharing, critical thinking, reflection and feedback



The importance of personal resilience

Acceptance Commitment Training

What?

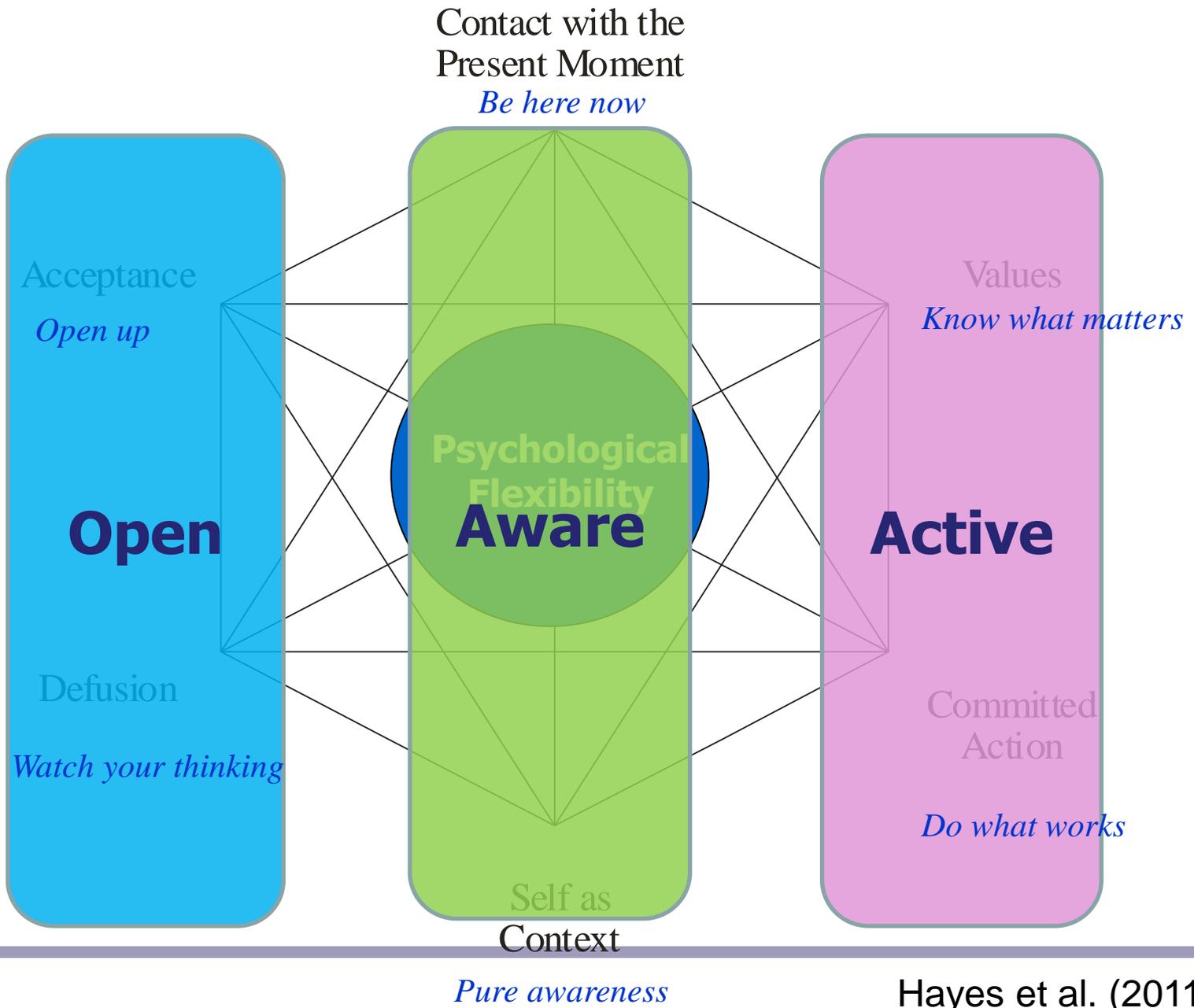
Help people improve their performance at work and meet their valued goals (e.g. having a fulfilling work life)

How?

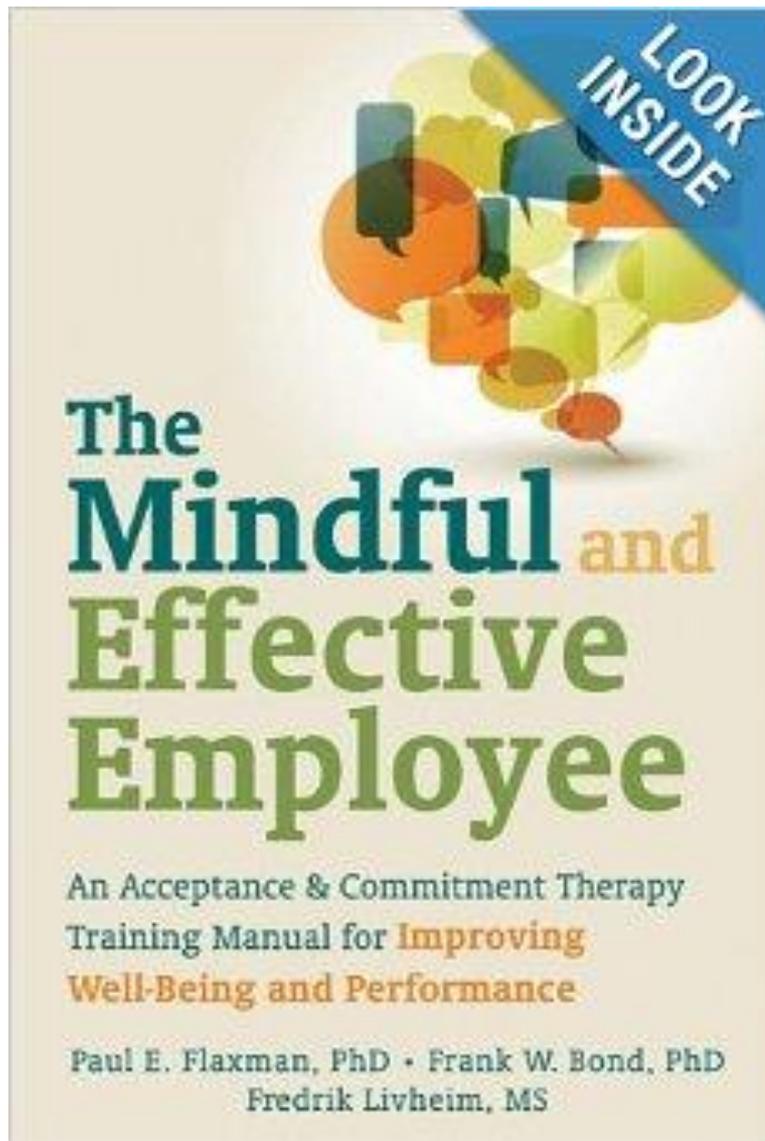
- Teaching you skills to deal with negative thoughts and feelings
- Accepting what is out of your control whilst committing to do whatever you can to improve your quality of life or performance at work

ACT helps achieve **psychological flexibility**: “*The ability to contact the present moment and pursue one’s goals without being deterred by unwanted thoughts, feelings and/or psychological sensations*”





Hayes et al. (2011)



ACT in the workplace

- Several trials showing brief ACT training improves employees' mental health (*Bond & Bunce, 2000; Flaxman & Bunce, 2010; Dahl et al., 2004; Hayes et al., 2004; Brinkborg et al, 2011; Lloyd, Bond & Flaxman, 2013*)
- 69% of initially distressed employees experienced clinically significant improvements (*Flaxman & Bond, 2010*)
- Repeated demonstration that improved psychological flexibility (or its facets) is the key mechanism of change



Mindfulness

Mindfulness: “Paying attention in a particular way: on purpose, in the present moment, and non-judgementally”

- Meditation techniques can be used to enhance mindfulness levels, giving focused attention to one thing only

Mind-Body Medicine Program

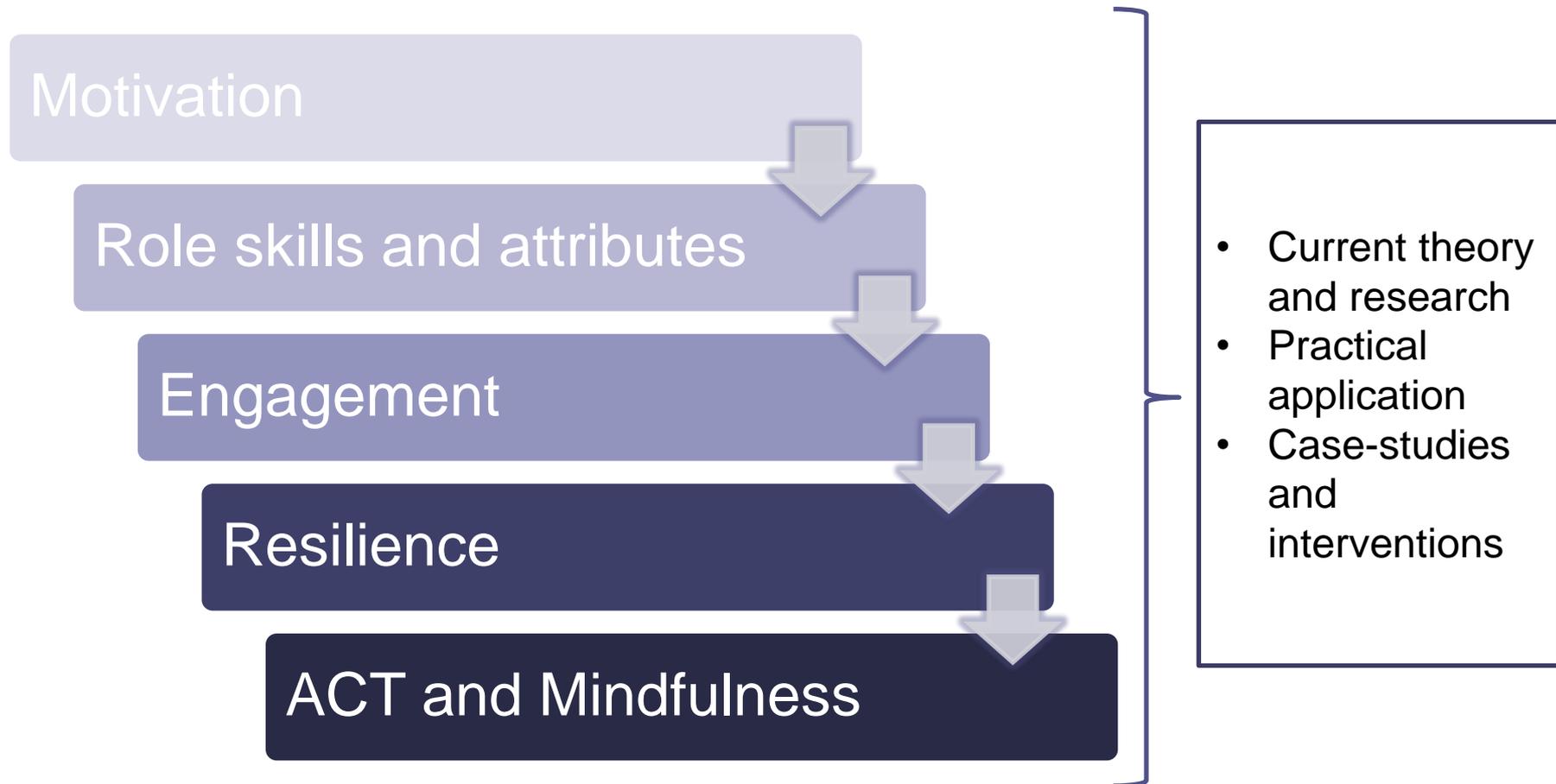
- Georgetown University School of Medicine, Haramati and colleagues:
- Course for medical students focused on the power of self-awareness; exercises promote well-being, stress management, empathy and self-care
- Courses available for faculty

Mindfulness programs in the UK

- Boardman, KCL: Introducing mindfulness training into medical programmes
- Amiel, Practitioner Health Programme: “Time to Think” programme and mindfulness training for doctors
- Spatz, St Georges: 3 week course stress reduction course for medical students, using mindfulness



Summary: Why we go to work





Work Psychology Group

Thinking differently

Thank you!

Any questions?

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<http://www.workpsychologygroup.com/>

