'Mixed Ethnographic and Quantitative Methods to Understand and Measure Organisational Culture in UK General Practice'

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Background

The impact of organisational culture on clinical performance and outcomes is of growing interest to both researchers and policy makers (Mannion et al. 2007), with UK health policy frequently invoking notions of 'cultural change' as a means of achieving new forms of professional working and performance improvement (Scott et al. 2003). Although there are important differences between the constituent countries, recent reforms across the UK have attempted to strengthen managerial control and accountability in the NHS, and have made quality and safety improvement a central aim of policy (DoH 1997). A key feature has been the creation of a detailed set of interlocking strategies and supporting activities which define appropriate quality standards, seek to make health care delivery congruent with these standards, and monitor practice to ensure that centrally defined quality is achieved (Gray et al. 2004). By design, various new financial and organisational arrangements have created significant incentives for NHS organisations to behave differently, and have the potential to drive major changes in NHS work cultures (Davies 2002). However, the extent to which NHS organisations will conform to expectations and respond in ways desired by policy makers is as yet unclear, since large scale policy and system change is always mediated by local context and culture (Huby et al. 2008).

The 2004 new General Medical Services (nGMS) contract for UK general practitioners (GPs) is a radical example of recent policy, promoting increased definition, measurement and regulation of professional work and aiming to change organisational and professional culture and work. nGMS significantly increases the contractual authority that primary care organisations (PCOs) can exert over general practice, with new combinations of 'hard' and 'soft' governance being enacted (Gray et al. 2004), including financial incentives, rights of inspection and public reporting of comparative quality data. Practices have responded to nGMS with significant organisational change, including increased internal monitoring and changes to professional boundaries (Grant et al. 2009). However, whilst there are similarities between practices, the detailed organisational responses to nGMS are highly varied as practices can determine for themselves how they meet there new externally imposed targets. Rather than resulting in a wholesale transformation of professional values and behaviour, increasingly fragmented and differentiated organisational forms and professional and managerial subcultures have emerged, which may coincide with or diverge from any overall organisational culture (Broadbent 1992; Lok et al. 2005). Organisational culture, and how it mediates national and local policy, is therefore central to an understanding of how quality and safety of healthcare can be changed.

A wide range of qualitative and quantitative instruments for the exploration of organisational culture have been developed (DoH 1997). However, a recent comprehensive review of available instruments identified that there is no single, ideal instrument for measuring culture, as appropriateness will depend on the particular reason for its use and the context within which it is to be applied (Mannion et al. 2007). A quantitative measure of culture is defined by Mannion et al. as 'an explicit and systematic method which can be applied to an entity in order to define a score, rating or code which describes the cultural quality or qualities of an entity' (2007:34), with key strengths of the approach being precision, repeatability, comparability, convenience, unobtrusiveness and cost-effectiveness (Tucker et al. 1990). Additionally, a survey is potentially easier to conduct as part of a long-term change plan than complex ethnographic research and the ease with which a large sample can be covered by quantitative surveys is a key strength (Swaffin-Smith 2002). However, key shortcomings of existing culture survey instruments are that they are not always based in a deep understanding of particular organisational cultures such as UK primary medical care, and that they are inappropriate for exploring deeper levels of culture or unexpected findings beyond the capabilities of the instrument.

Aims and objectives of the study

The overall aim of this project is to investigate and synthesise mixed ethnographic and quantitative survey methods in order to understand, measure and communicate variations in organisational culture in UK general practice to inform research and key NHS stakeholders. Specific objectives are:

1. To synthesise findings of previous ethnographic studies in UK health services research through a meta-ethnography of relevant studies.
2. To develop ethnographic methods in health services research through a multi-sited ethnography of organisational culture in UK general practice.
3. To develop, test and validate a formative and diagnostic quantitative survey instrument using mixed ethnographic and quantitative methods to manage and develop organisational culture in UK general practice.
4. To assess the strengths and potential limitations of combining traditional ethnographic methods with more complex quantitative methods to inform the development of future research, policy and practice.

Study Design

This study has a mixed-methods design in which qualitative and quantitative data is being collected and analysed sequentially and simultaneously at different stages of the project, with different methods having priority at different stages. The central aim of the proposed research is to understand where these methods overlap and how they can contribute to each other.

Methodology

A meta-ethnography of ethnographic studies conducted in general practice has been conducted on research adopting ethnographic methods of data collection and analysis within general practice. Drawing on the meta-ethnography, detailed ethnographic data collection and analysis is being conducted in a small number of practice and PCO settings, which will inform the design of a quantitative instrument to measure organisational culture in UK primary medical care that it is grounded in the views and experiences of the key stakeholders. This instrument will be piloted in four additional practices which will themselves participate in focused ethnographies to explore the

validity of the instrument, and the relationships between measured culture and deeper meanings. Finally, a revised version of the instrument will be used in a large sample of practices to examine its psychometric properties.

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For more information about this project, please contact Dr Suzanne Grant (smgrant@dundee.ac.uk)