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Culture & System Change

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Abstract

Patient-centred care (PCC) is not a new concept; however, in recent years it has garnered increasing attention in the research literature and clinical practice. PCC in clinical practice has been found to improve clinical outcomes, resource allocation, and the patient experience. In response to the need for PCC and quality in healthcare, the Ontario, Canada government developed the Excellent Care for All Act (ECFAA) in 2010. The ECFAA imposes six obligations to Ontario hospitals, one of which is developing and publishing a Patient Declaration of Values (PDoV). The purpose of this study was to explore how a leading patient-centred Ontario hospital operationalized their patient value statement in policy and practice. The objectives of this research were to: a) understand what role the patient value statement played in policy and practice within a leading Ontario hospital and b) to examine how a leading Ontario hospital incorporated these values into their overarching organizational structures. This was a qualitative case study, which took place in a leading patient-centred Ontario hospital. The study included 18 interviews with employees and patient/family advisors. The analysis found a five-step process including: 1) setting the stage, 2) inspiring change, 3) organizational capacity, 4) barriers, and 5) reflection and improvement. This study has highlighted the role of a patient value statement within a leading Ontario hospital. The findings provide a five-step process with 12 core strategies for creating change in a healthcare organization; to embed a culture of patient-centred care.

Keywords

Introduction

Patient-centred care (PCC), also known as patient-based, person-centred, client-centred, or relationship-centred care is not a new concept; however, in recent years it has garnered increasing attention in the research literature and clinical practice. The extensive focus on PCC in the literature and in clinical practice over the past 15 years has helped to foster healthcare environments where there is a focus on individualized care and tailoring of services to meet patient needs and engage them as partners in their care, by providing them with relevant information to make their own decisions.[1, 2] PCC has been argued as a basic human right,[3] and centers on the concept of "no decision about me, without me".[4] PCC in clinical practice has been found to improve clinical outcomes,[5-7] provider satisfaction,[8] resource utilization,[8, 9] and health service delivery.[8-11]

In Canada, healthcare services are publicly funded,[12] where a single-payer system exists and the government pays for healthcare costs as opposed to private insurers. The delivery of healthcare in Canada has changed dramatically over the past 10 years, and can now be described as one of abundance, due to increases in healthcare spending and demand for services.[13] Yet this spending has not always translated into high quality health services or improved patient experience. In order to pursue high quality healthcare for Canadians, Canadian healthcare policies and research strategies have identified PCC as priority.[14-18]

In response to the need for PCC and quality in healthcare, the Ontario, Canada, government developed the Excellent Care for All Act (ECFAA) in 2010.[18] The ECFAA was developed with the patient at the forefront of the delivery system, with the intent that improving quality and value in Ontario's healthcare system would lend to better health outcomes.[18, 19] This would in turn lead to improvements and sustainability in the healthcare system. The ECFAA imposes six obligations to Ontario hospitals, one of which is developing and publishing a Patient Declaration of Values (PDoV). The PDoV is a published list of patient and family values that was developed in consultation with the public (i.e., patients, caregivers and stakeholders), and distinguished from other organizational statements, such as the mission, vision, and values.[20]

In the research literature, value statements have been defined as a set of beliefs that represent an organization's thoughts and opinions about themselves.[21-23] Value statements are used in a way to set up best practices in the organization and guide behaviour.[22-25] In the hospital setting, value statements help to provide a common purpose, define the scope of the hospital's activities, and promote shared values.[26] Hospitals often use general value statements to encourage PCC behaviours among staff. For example, Abdelhadi and Drach-Zahavy[27] conducted a study on nursing ward climate and associated PCC behaviours. The nurses identified that the creation of a value statement for their ward helped to facilitate a PCC service climate, and thus improved nurse engagement and PCC behaviours. Similarly, St George Hospital in Sydney, Australia, developed a nursing philosophy for their unit.[28] Through this activity, the nurses identified a gap between the philosophy that they had developed and the behaviours that they exhibited in practice. Although the philosophy expressed their core values, their behaviours did not reflect their philosophy. This discovery allowed the nurses to reflect on their behaviours and move towards practice changes that were more focused on PCC.[28]

In recent years, patient value statements have been increasingly adopted in healthcare organizations, as it is said to offer a number of PCC benefits to patients. As demonstrated by the Marshall, Kitson, and Zeitz's[29] study, patients are not familiar with the term PCC; however, they are clearly able to articulate what PCC means to them in terms of aspects that they value in their care. Patients expressed that they wanted to be involved, feel connected, and have the staff be attentive to their needs. This study demonstrates that while patients are not aware of the concept of PCC, they can attribute values that they attach to their care.[29] This displays the importance of patient value statements as an emerging tool used in a number of health care organizations, to promote PCC behaviours among staff. Unfortunately, there is very little evidence found in the literature to support the use of patient value statements in practice. This then provides very little guidance on how hospital administrators should formulate and disseminate these value statements in the practice environment.

To date no research has examined whether having patient value statements is in fact linked to hospital policies and practices, which in turn would conceptually improve the quality of health services and patient health outcomes. Although the ECFAA has been seen as an important step in creating high-quality care in Ontario hospitals focused on PCC, it is not clear how the PDoV (patient value statement) is operationalized in hospital policies and practices to truly influence PCC. We are left to question how Ontario, hospitals have referred to and utilized the PDoV to inform policies and practices to improve their PCC approaches. Therefore, the purpose of this study was to explore how a leading patient-centred Ontario hospital operationalized their Patient Declaration of Values statement in policy and practice.

Methods

Qualitative research allows investigators to study a problem or an issue in-depth, in order to gain a complex and detailed understanding of the phenomenon.[30] The qualitative single-case study methodology investigates a phenomenon in-depth and within its real-life context, in order to understand the relationship between the phenomenon and the context.[31] Qualitative case studies are widely used in organizational studies.[32] Therefore, the qualitative single-case study was used in the current study, as the aim was to understand the operationalization of patient value statements in a leading Ontario hospital. This study received ethical clearance from the Brock University Research Ethics Board [File #14-033].

Setting
Aligned to the qualitative single-case study approach, purposeful sampling was used to identify a leading hospital.[31, 33, 34] This method of sampling provides a clear criterion or rationale for the selection of participants and/or places that relate to the research question.[31, 33, 34] The leading Ontario hospital was selected through a rigorous selection process, using an expert consultation process.

Five PCC experts (i.e., they had been involved in the development or administration of the ECFAA and/or had engaged in the development of PCC approaches at the hospital level either through research, program coordination and implementation, or management and leadership), identified by the research team were sent a letter and a form asking them to provide a list of three Ontario hospitals they viewed as leaders in PCC and in the administration of the PDoV. Once they determined the three organizations that fit the six criteria as set out in Table 1, they were requested to rank the hospitals from one to three, with one being the most successful hospital at the operationalization of PCC and the PDoV in policy and practice.

From the returned forms, a master list of the rank order of hospitals was created, and the number of times that each hospital appeared on the forms was tabulated. A simple tally of the number of times the hospitals appeared on the list was conducted, and the final nomination list of the top ranked hospital by way of the most nominations was created. The hospital appearing the greatest number of times was selected for the study. The nominated hospital was contacted with a letter of invitation. The top ranked hospital agreed to take part in the study.

Table 1. Leading Patient Centred Hospital Criteria

1. Hospital must be located in Ontario, Canada
2. Hospital is viewed by peers as a leader in PCC
3. Hospital has a Patient Declaration of Values
4. Hospital has staff dedicated/accountable to the development of PCC approaches in the organization
5. Hospital has PCC embedded as a strategic priority
6. Hospital is engaged in many PCC activities such as research, workshops and conferences

Participants
Eighteen participants who were employees or patient/family advisors within the hospital were interviewed in January 2015 at the hospital site. Participants included: the Chief Executive Officer (n=1), the PCC lead (n=1), directors and clinical managers of various programs (n=4), a physician and nurse practitioner (n=2), nurses (n=2), allied health professionals (n=2), a maintenance worker and porter (n=2), and patient/family advisors (n=2). Participants in leadership positions (i.e., CEO, directors, managers, physicians) were randomly recruited using staff emails found on the hospital's online organizational chart. Frontline staff were recruited through the PCC lead, who agreed to provide the researchers with a large contact list of employees from which the researchers chose specific individuals to contact. The participants were selected from multiple departments within the hospital to allow for maximum variation sampling. This led to results from multiple perspectives (i.e., management, front-line healthcare professionals, patient/family advisors, maintenance staff) providing an in-depth description of the PDoV in the hospital. No other job roles within the hospital were required as case saturation was reached.[31]

Data Collection
Interviews yield direct quotations from people about their experiences, opinions, feelings, and knowledge.[34] Eighteen in-depth interviews were conducted with employees and patient/family advisors, using a semi-structured interview guide.[31] The questions in the semi-structured interview guide were shaped in a way to allow the participants to share deep opinions and insights on their experience in the hospital.[31, 35, 36] The interviews were conducted in a private meeting room, and at a time and date that was convenient for the participant. [31, 35, 36] The interviews lasted between 20 to 50 minutes.[37] The interviews were audio recorded, and transcribed during data analysis. [31, 35, 36] Case saturation was deemed reached once three or four literal replications of the data for the entire case were apparent during the interview process.[31]

Data Analysis
The interview data was uploaded into the NVivo10 software, which is a computer-assisted qualitative data analysis software.[31] The interview data was analyzed inductively by two independent researchers, using thematic analysis.[33, 34] Open, axial and selective coding were the analysis techniques used to allow patterns, themes, and categories to emerge during the analysis. The two researchers coded the data by key meaning units which contributed to the development of key themes.[32,38] The differences that emerge in the comparison of key themes were discussed and resolved between the two researchers.[34] The key themes were then compared to relationships that existed among the themes. A constant comparative method was used to allow for comparison of key themes for similarities and differences.[37-41]

Results

Development of the PDoV
The ECFAA includes a mandatory requirement that each hospital use a community consultation process to develop the PDoV. This hospital undertook an extensive stakeholder engagement process to help design a new long-term strategy for the organization through the development and adoption of the PDoV. Through numerous facilitated group sessions, online surveys and telephone interviews, the hospital consulted with patients and families, members of the local and regional communities, partner organizations and staff. They asked the individuals what was important to them and how they could "bring this to life" (i.e., associated behaviours) in the organization. The process and feedback was posted on the hospital's website to showcase how stakeholder input contributed to the development of the PDoV. They have named their PDoV the *Guiding Principles* of the organization. These *Guiding Principles* include: respect, engagement, accountability, transparency, and value for money, and are embraced by the organization and guide the behaviours and actions of the healthcare professionals within the hospital. When the participants of this study were asked to define the *Guiding Principles*, they used the term PCC interchangeably. For this reason, the term PCC will be used interchangeably with the *Guiding Principles* in the following results section to remain consistent with the language used by the participants.

Table 2. Summary of Major Findings

Main Theme	Sub-Themes	Summary of the Theme
Setting the Stage	1) Community Engagement 2) Setting a Strategic Direction with Guiding Principles 3) Associate Guiding Principles with Expected Behaviours	This theme highlights the importance of engaging the community to develop a strategic direction within a hospital organization. Employees demonstrate unity as they have a strong identification with the *Guiding Principles*, leading to positive behaviours being exhibited within the hospital environment.
Inspiring Change	1) Patient/Family Advisors 2) Defining Patient and Family Centred Care 3) Motivating People	This theme demonstrates the importance of inspiration and motivation among employees. It explains how the strategic directions set through the consultation process were successful factors in motivating PCC among the employees. The participants' motivation was fostered through patient/family advisor narratives, which helped develop PCC behaviours among employees.
Organizational Capacity	1) Empower Patient/Family Advisors 2) Foster a Supportive Environment 3) Continuous Improvement	This theme illustrates the characteristics of the hospital that fostered a supportive environment. The hospital empowered patient/family advisors by involving them not only on committees, but also at the bedside. The leadership team ensured that employees felt supported in their PCC initiatives and encouraged PCC behaviours by incorporating them into employee performance reviews. Finally continuous improvement through on-going auditing and education was implemented.
Barriers	1) Lack of Time and Resources 2) A System Perspective 3) Recognizing Staff Expertise 4) Environmental Challenges	This theme describes the barriers to PCC within the hospital environment. Employees often lack time and resources, leading to compassion fatigue and burnout, thus hindering PCC. The physicians/directors in this study explained PCC from a system perspective, indicating that PCC was not about individual care. Employees of the hospital often times felt as though they were not being heard, as patients and families were the main priority. Finally, policies and benchmarks created by decision-makers present difficulties in truly attaining PCC.
Reflection and Improvement	1) Culture Shift 2) Moving Forward	This theme describes elements of the culture shift within the organization. Employees and patient/family advisors now recognize when policies and practices within the hospital are not patient and family centred. These individuals have committed to PCC within the organization, leading to more positivity in the care environment and creating a better community profile.

Thematic Analysis

Five key themes and 15 sub-themes emerged highlighting one hospital's success at incorporating PCC in policies and practices (Table 2). Below, each of the themes is described in detail and supported with quotes in order to provide an in-depth understanding of the theme.

Theme 1: Setting the Stage

This theme showcases the importance of setting the stage, and providing a patient-centred direction, with which

employees and patient/family advisors can relate. The leadership team in this case study, with the help of over 2,000 stakeholders, developed a strategy that included five *Guiding Principles* (PDoV): respect, engagement, accountability, transparency, and value for money. The PCC Lead explains:

> *"It just brings the focus back onto the patient and the family, so that we're moving away from being organizational-centric into being more patient and family-centric, so that we understand that this isn't*

about us. This is about the patients and the families."

Behavioural standards for the *Guiding Principles* were developed by the Patient and Family Advisory Council (PFAC) for employees, which include: 1) whiteboards, which serve as a communication tool for patients and families, 2) name tags, which are reassuring for patients and families and contribute to a safe environment, 3) communication, which expects that every person who enters a patient's room will introduce themselves, describe their role, and what they are there to do, 4) hourly rounding, which increases safety and reduces patient anxiety and the use of call bells, and 5) patient feedback forums, which provide an opportunity for staff and physicians to hear directly from the patient and family what factors influenced their hospital experience. A program manager describes the employee identification badge:

> *"One of them is around making sure that staff are wearing their ID badges, and they need to be in the upper portion of the chest, and nothing covered over with tape or other little stickers, or things of that nature, so they can very clearly see what my name is and what my position is. All employees in the hospital are expected to do that."*

The development of the *Guiding Principles* was the first step that solidified PCC in the hospital environment. When employees and patient/family advisors were asked to define and provide examples of the *Guiding Principles*, all participants were able to relate to the *Guiding Principles*, and provide relevant examples of each within their own discipline. Although some *Guiding Principles* were identified as needing improvement, there was strong identification for all participants with the *Guiding Principles*, which translated in to a firm PCC direction.

Theme 2: Inspiring Change

In order to carry out the strategic direction, employees within the organization needed to be motivated to provide PCC. Motivation was fostered through the creation of patient/family advisors and PFAC, who became a core group within the hospital, which helped support PCC. This ultimately allowed employees and patient/family advisors to understand what it meant to be patient-centred. It defined the roles of healthcare providers and patient/family advisors within the care environment and uncovered their desire to help others and make a change. The involvement of patient/family advisors allowed employees to hear patient narratives, cultivating a sense of identity among staff and encouraging PCC behaviours. A Patient/Family Advisor describes:

> *"It means that we work together. We're a team, the advisors, the patient, the doctor, the caregivers, the*

nurses, that we work as a team, and we work together, and we corroborate together, and we produce things together, and together we are going to make this the best hospital that we can."

An example of working together is the implementation of resting stations throughout the hospital. Accessibility benches were added to the hospital in various hallway locations, in order to make the hospital more accessible to elderly individuals or those with disabilities. This was a request made by patients and families, and they worked together with hospital employees to resource and place these benches in appropriate locations.

Participants also indicated that the involvement of patient/family advisors within the organization is improving every day. Patient/family advisors participate in decision-making, which has in turn improved transparency and accountability within the hospital. For instance, a director further explains:

> *"We heard that sort of talk when we first started doing this as well, the concern about "Can we have an open conversation when patients and families are present?" I think we can, but it goes back to that respect piece. Having somebody there who might be listening with a critical ear actually makes people talk in a more respectful way. As seen above, including patients and families in decision-making has improved transparency within the organization and has also fostered respect."*

As seen above, including patients and families in decision-making has improved transparency within the organization and has also fostered respect.

Theme 3: Organizational Capacity

Modifying the situation ensures that employees and patient/family advisors always make the right choice. Creating a supportive environment is critical to the successful implementation of any initiative. In this case, the organization: a) empowered patient/family advisors, b) developed an environment where leadership encouraged the initiative, and ensured that staff were supported in the implementation of the initiative in practice, and c) engaged in continuous improvement and participated in education and training practices to further develop knowledge and enhance skills. An allied health professional describes the impact this has had:

> *"A lot of it comes from our leadership. They're an amazing group of people as leaders, who have supported us in doing it, and remind us about it, and show that they're doing it constantly. It becomes part of everything, having the patient advisors as part of our teams."*

Various PCC support structures are key in the healthcare environment, as they ensure that positive behaviours are being reinforced. In this hospital, patient relations process, employee development programs and quality improvement initiatives are all informed by the *Guiding Principles*. Examples of quality improvement projects and policy changes include: a) the elimination of visiting hours, where families can stay in the room overnight if needed, and b) access to the recovery room for family members after surgery when the patient is stable. Additionally, the patient/family advisors helped to institute a new hiring process, where multiple employees and patient/family advisors interview candidates for employee positions within the organization. One advisor outlined their perception of this hiring process as being able to *"stop people at the front gate who don't get it."* With this new process, the leadership team found that the values of newly hired employees now better align with the *Guiding Principles* of the organization. Further, the *Guiding Principles* are incorporated into employee performance reviews, to ensure that the desired behaviours are being achieved.

Theme 4: Barriers

This theme describes the barriers to PCC within the hospital environment. Employees often lack time and resources, leading to compassion fatigue and burnout, thus hindering PCC. The physicians/directors in this study explained PCC from a system perspective, indicating that PCC was not about individual care:

> *"Patient-centred care is not just the patient in front of you. It's the patient that's in your waiting room; it's the patient that's downstairs in emergency that you see upstairs; it's the patient that can't get transferred in. Your patients are not just the ones in front of you. It's the ones you can't see. It's the next one to come in. That's what patient-centred care should be all about."*

Employees of the hospital often times felt as though they were not being heard, as patients and families were the main priority. Finally, policies and benchmarks created by decision-makers present difficulties in truly attaining PCC. An Occupational Therapist describes:

> *"You have the pressures of an acute environment, where the goal of care might be length of stay is three days for this patient, but the patient is saying, 'I'm not ready to go. I can't do this.' You're feeling conflicted that the patient is saying they're not ready, but maybe in actual fact you've assessed them, they are ready, and you know organizationally and targets are saying this patient should be gone in three days."*

This theme explains PCC challenges that exist in the hospital. Although employees and patient/family advisors

described a number of challenges, they also described the PCC process as a journey, where they strive to continuously improve.

Theme 5: Reflection and Improvement

This theme describes elements of the culture shift within the organization. Employees and patient/family advisors now recognize when policies and practices within the hospital are not patient-centred. These individuals have committed to PCC within the organization, leading to more positivity in the care environment and creating a better community profile. A Patient/Family Advisor says:

> *"I think one of the things that really strikes me now, is that, we really notice when things aren't patient centred, whereas before, things were what they were. Now, what happens is people recognize when it's not patient centred. Our levels, our targets, I think gradually get higher, so your expectations get higher, of the environment."*

Further, a patient/family advisor describes the culture change:

> *"Watching the evolution of this has been really interesting. What I've seen is that the groups that have had experience working with patient/family advisors, and who have leadership that have been trained to work with patient/family advisors, there's more of them, and they're open and very solicitous. Very much include you in the conversation. Very much would not consider doing a project without you being there, as opposed to when we first got started, and it was kind of like, okay we need a patient/family advisor, but we're not sure why."*

As showcased above, the patient/family advisors describe how employees throughout the hospital include them in the conversation and consult them on various projects, leading to a sustained partnership.

Discussion

The purpose of this study was to explore how a leading Ontario hospital in PCC operationalized their patient value statement in policy and practice. Prior to this study, no research had examined whether having statements about patient values was aligned with hospital policies and practices. Although value statements appeared to be beneficial in the healthcare setting, [26, 42, 43] there was little practical guidance on how healthcare administrators should formulate and deploy those patient value statements. The results from this study describe how the PDoV (i.e., *Guiding Principles)* were used in policies and practices to foster a culture of PCC. The strategies used by

this hospital to implement the PDoV *(i.e., Guiding Principles)* in the organization lends itself to providing a change management framework of five core steps and 12 strategies that should be considered by other hospitals, in terms of where efforts should be directed to translate value statements to achieve PCC (Figure 1).

Step 1: Setting the Stage

In this case study, the first step in the process was setting the stage. This step in the process demonstrates how a leading hospital first operationalized the PDoV in policy and in practice, through the development and implementation of *Guiding Principles* that employees and patient/family advisors understood. Key to this step was community engagement, which provided an understanding the values of the community served.[44-46] Community

engagement helped set the direction for the hospital's strategic plan and *Guiding Principles*, as it ensured the community buy-in and a joint effort in achieving organizational objectives,[47] increased communications with stakeholders,[48] and this in turn helped increase the adoption of the strategic plan and *Guiding Principles*.[42, 49]

Once the *Guiding Principles* were in place, this provided a clear direction for the hospital. This is consistent with findings from previous healthcare studies, which identified planning and the development of a strategy and *Guiding Principles* as a key success factor in organizational change.[50-52] The strategic plan was operationalized, as tangible behaviours were developed and linked to the *Guiding Principles* outlined through the strategic planning process This allowed the organization to develop a vision with future directions,[50] which encouraged goal alignment

Figure 1. Five-step process for implementing PCC in the hospital setting

among employees and patient/family advisors,[53] and developed a more homogeneous culture within the hospital,[52] leading to shared values and beliefs about PCC.[43]

Step 2: Inspiring Change

In the second step, inspiring change occurs when patient/family advisors are involved in the decision-making processes within the hospital. In this case, PFAC and patient/family advisors were created in 2010. The involvement of patients and families on the PFAC is one of the main strategies used by health care organizations to instill a culture of PCC within the care environment.[54] Patient/family advisors were able to provide a better understanding of patient and family needs from a patient and family perspective, which can be integrated into systems and processes to improve services.[54-57]

The patient and family perspective in planning and decision-making allowed both employees and patient/family advisors to develop a common understanding of PCC in the hospital. A number of employees and patient/family advisors in this study described PCC as a partnership, working together with patients and families, which is consistent with a number of PCC definitions found in the literature.[58-62] Finally, in order to increase motivation for delivering PCC in the hospital, patient narratives were used as a technique to encourage behaviour change. This technique has been used in healthcare for some time as it is a powerful incentive for change, which increases motivation and compassion, offers insight that resonates with listeners and the audience gains meaning from it.[63-67] Through patient narratives, employees are able to relate to the story (either as an employee, patient or family member) and in turn wanted to make the hospital a better place. The patient/family advisors were able to demonstrate to employees through narrative why PCC was worth caring about.

Step 3: Organizational Capacity

The third step in the process is the development of organizational structures that enable PCC within practice. In the current study, not only do patients participate on committees and initiatives, but families do as well, which is relatively new in practice.[55, 68, 69] Involving the family in the care planning process allows health care professionals the opportunity to provide better care to the patient and at the same time educate the family.[70] A new finding from this study is the engagement of patients and families in the human resource process through interviews with potential candidates for positions within the hospital. This new and innovative strategy has been successful for the hospital, as they are now hiring qualified patient-centred candidates, which ensures that the vision of PCC is achieved.

The second strategy used is leadership. Strong, committed leadership support has been reported as a key factor in the implementation of PCC within the hospital environment.[56,71] The leadership team in this leading Ontario hospital has encouraged the involvement of patients and families on improvement initiatives, and has modeled the expected behaviours for employees and patient/family advisors. The leaders in this organization provide their employees with the opportunity to use their knowledge, skills, and talents, as they are the individuals that are on the frontlines.[72] Additionally, the leaders incorporated the *Guiding Principles* and PCC in employee performance reviews. This management technique allows for open communication among leaders and employees, where they discuss successes and challenges of PCC.[72] The increase in support by the leaders within the hospital motivated employees, as the support and encouragement made them feel valued and proud that they were including patients and families to make a difference.

The last strategy used to foster a supportive environment conducive to PCC is an environment where continuous improvement occurs through improvement initiatives and education. PCC is also fostered through a culture that is strongly supportive of change and learning.[56, 72] The hospital implemented a mechanism for continuous auditing and feedback, where the results are presented to employees and patient/family advisors on an on-going basis. This helps to reveal problems in the early stages, and communicate those back to the employees, leading to action for change.[71]

Step 4: Barriers

Despite the growing recognition of PCC as the gold standard of care, the implementation of these day-to-day practices pose challenges for even the most committed healthcare providers and organizations. For this reason, it is important to consider the barriers of PCC within each individual healthcare organization to ensure that the proper solutions are utilized to minimize these barriers. The results of this study describes time and resources as a challenge, which is consistent with previous literature.[73-78]

Unique findings from this study highlight challenges such as PCC at the system level, recognition of staff expertise and public policies. PCC definitions in the literature are varied, yet they all describe care that is centred on the individual patient and family, which is inconsistent with the director and physician perspectives presented in this study. Physicians and directors indicated that PCC does not necessarily mean individual patient care, but describe PCC from an organizational perspective, as a need to be cognizant of other people in the environment, and providing the right care at the right time. There was a need for balance between all patients in the acute care environment. This unique finding adds to the literature on

defining PCC and indicates the importance of considering all patient and family wants and needs within the hospital.

Employees in the hospital also described sometimes not being consulted in their area of expertise, and feeling forgotten during decision-making. In healthcare organizations, it is important that decisions are not solely developed using the top-down approach, nor the bottom-up approach, as it leads to resistance from staff or lack of support from leadership.[49, 76, 78] The hospital in the current study is very focused on patients and families, sometimes at the detriment of the employees not feeling prioritized, and as though they are heard by the hospital. In order for the relationship between patients, families and employees to be successful it is important to find the appropriate balance, where both parties are included equally at the appropriate time.

Finally, there appears to be a gap between benchmarks, policies and PCC. The specific example provided is Alternate Level of Care guidelines in regards to of length of stay, and being pressured to discharge the patient even though the patient may have expressed that they do not feel ready to go home. PCC challenges still exist within the care environment and can have detrimental effects on patient quality of care and experience. When implementing new policies or practices it is important to align these policies with PCC goals, in order to ensure the new initiatives do not detract from current PCC initiatives.

Step 5: Reflection and Improvement

The last step in the PCC process is reflection and improvement. Employees and patient/family advisors describe the *Guiding Principles* not only as artifacts of the organization as ingrained in the practices of the organization,[79, 80] which is consistent with organizational culture and change.[43] Each of the previous four steps facilitated the creation of a positive PCC culture. As the hospital continues on their PCC journey, an important finding from this study is that employees and patient/family advisors describe needing to ensure that the hospital is continuously evolving to meet the needs of patients and families.

Limitations

There were two main limitations to the current study including the participant sample and the method of data collection. The first limitation is the participant sample. Although interviewing participants in multiple job roles, and from multiple departments within the hospital allowed for maximum variation sampling, not all job roles or departments within the hospital are represented.

Further, although participants in leadership positions (i.e., CEO, directors, managers, physicians) were randomly recruited, front-line staff were not selected at random, as they were recruited through the PCC lead, who agreed to provide the researchers with a contact list from which the researchers chose specific individuals to contact. Therefore, the results may have included some social desirability bias due to participants who may have worked closely and thus share similar views with the PCC lead. Further, participants were recruited on a volunteer basis. It is possible that the individuals who agreed to participate may have been more positive in regards to PCC, and thus felt more inclined to participate. This may have resulted in limited negative examples of value statement use in the organization.

Conclusions and Implications for Healthcare Leaders

As demonstrated through this study, statements of patient values appear to be important for healthcare administrators, as it allows them to align important patient and family values with employee behaviours. When utilized correctly, patient value statements may have important implications for PCC behaviour in the hospital, as employees are able to practice these behaviours.

The steps and associated strategies presented in this study are in part consistent with other frameworks, such as Lewin's three-step model of change,[81] Kotter's eight-step model of change,[82] and Heath and Heath three-step model of change.[83] Although the findings of the current study are somewhat consistent with the above listed frameworks, the current steps and strategies are specific to PCC within a hospital organization, and offer insight on barriers specific to this setting. The results are beneficial to the hospital sector as they provide a five-step process; with 12 strategies that can be used by healthcare leaders to foster PCC within their organizations.

PCC is associated with numerous health benefits,[5-11] and has been identified as a priority in Canadian healthcare,[14-18] however approaches to implementing and advancing PCC at an organizational level have been a known challenge to healthcare leaders. Findings of this study suggest that in order to advance PCC within a hospital organization, healthcare leaders should focus on four key areas:

1. Developing a strong PCC strategy with *Guiding Principles* and patient values to ensuring employees understand the direction;
2. Ensuring patient/family advisors are continuously involved in hospital initiatives;
3. Investing in PCC training and skill development; and
4. Understanding barriers to PCC at the frontline and within the organization in order to identify plausible solutions.

Future research in PCC implementation should examine PCC barriers and their effects on patient quality of care and experience. When implementing new policies or practices at both the system- and organizational-level, it is important to align policies with PCC goals, to ensure the new initiatives do not detract from current PCC initiatives.

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