

**Assessing 'readiness for change' in organisational culture:
a descriptive study using a sequential explanatory
mixed method design.**

Thesis submitted in fulfilment of requirements for the degree of
Professional Doctorate in Midwifery

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Certificate of Original Authorship

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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List of Abbreviations

CMC	Clinical Midwifery Consultant
CONSORT	Consolidated Standards of Reporting Trials
CS	Caesarean Section
EOC	Essentials of Care
IPC	Interprofessional Collaboration
MET	Medical Emergency Team
MGP	Midwifery Group Practice
MW	Midwife
NVB	Normal Vaginal Birth
NSW	New South Wales
OB	Obstetrician
PARIHS	Promoting Action on Research Implementation in Health Services
PEI	Photo Elicitation Interview
RCT	Randomised Control Trial
SCARF	Status Certainty Autonomy Relatedness Fairness
TNB	Towards Normal Birth
TOLAC	Trial of Labour After Caesarean
UGR	Unwritten Ground Rules
UK	United Kingdom
USA	United States of America
VBAC	Vaginal Birth After Caesarean Section
VMO	Visiting Medical Officer

Abstract

Concerns for increasing interventions in childbirth and associated adverse maternal and neonatal consequences influenced the introduction of a mandated government policy to reduce overall intervention in birth in New South Wales, Australia in 2010.

Literature suggests there are contextual factors that influence intervention in childbirth including the care location and its culture. However little evidence is available concerning the assessment of an organisation's culture to provide insight into changes required to reduce interventions. Therefore, this study aimed to examine the culture of one maternity service to assess its readiness for making changes to reduce birth interventions, specifically vaginal birth after caesarean (VBAC).

The research site was a tertiary maternity service in New South Wales, where clinical outcome data had demonstrated a higher rate of interventions than peer hospitals, and the highest rate in the state.

This study used three phases in a sequential explanatory, mixed method design; each phase informing the next. Phases 1 and 2 used quantitative methods; in phase 1 surveys administered to all clinicians measured attitudes towards VBAC and described the predominant culture; the phase 2 survey asked clinicians to nominate peers whom they regarded as having the qualities of an effective collaborator. Ten nominees were invited to participate in the phase 3 in-depth interview, with six sequential interview techniques, to elicit conscious and unconscious perceptions of the culture of the organisation. Data from the three phases were triangulated and themes analysed using the Status, Certainty, Autonomy, Relatedness and Fairness (SCARF) model developed by neuroscientists as the theoretical lens.

Each phase of this study revealed a maternity service without the characteristics of an organisation that is ready to embrace change. A hierarchical culture was identified with lack of teamwork, cohesion and collaboration. Characteristics of interprofessional collaboration that could improve safety and quality of care were not evident in this organisation. Participants revealed they had developed adaptive behaviour patterns as a mechanism for survival that ultimately threatened professional relationships and further inhibited their ability to collaborate. Negative professional experiences in the past coloured present behaviour, which limited trust, respect and confidence to interact in collaborative relationships. Avoidance behaviour resulted in working on the margins rather than actively participating in collaborative teamwork. Interpretation of the study findings using social cognitive neuroscience provided an

understanding of why avoidance behaviour and non-engagement occurs when a person's social domain needs are not met.

Maximising opportunities for social domains to be orientated to an approach (reward) response rather than an avoid (threat) response using the SCARF model appears to be a useful way forward. A clinical example of successful implementation of a practice change using the SCARF model in a different maternity service supported the findings of this study and its recommendations, providing evidence of the applicability of the model where there has previously been evidence of system inertia.

Assessment of an organisation's readiness to change is crucial prior to implementing a change process. Characteristics of organisational culture that may influence reshaping capabilities of organisations should be known and considered to maximise effectiveness of any change process. The SCARF model has potential to assist maternity services to identify strategies that are conducive to changing organisational culture to reduce interventions in childbirth thereby ensuring quality maternity care and health outcomes.

Publications Arising from This Thesis

This thesis contains two publications incorporated into chapters 7 and 8, that have been accepted for publication during my candidature and available on-line. Publication details for each article are outlined below as well as a statement of contribution and percentage contribution by each author.

Incorporated as Chapter 7

Adams, C., Dawson, A. & Foureur, M. 2016a, 'Competing Values Framework: A useful tool to define the predominant culture in a maternity setting in Australia', *Women and Birth*. <http://dx.doi.org/10.1016/j.wombi.2016.09.005>

Statement of Contribution	Percentage of Contribution
Concept and design of study	CA 80%; AD 10%; MF 10%
Supervision and conduct of field research	CA 80%; AD 10%; MF 10%
Data analysis and interpretation	CA 80%; AD 10%; MF 10%
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Incorporated as Chapter 8

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Supervision and conduct of field research	CA 80%; AD 10%; MF 10%
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Oral presentation.

Adams, C, Dawson, A, Foureur, M. Benefits of Peer Nominations to Recruit Research Participants. *Northern Sydney Local Health District Research and Innovation Conference.* Sydney, Australia, 2014:

Adams, C. Impact of engaging the brain for Practice Improvement. *Rural Critical Care Conference.* Tweed Heads, Australia, 2014

Adams, C. Unconscious processes at work to embrace change *Northern NSW Local Health District Nursing & Midwifery Conference.* Ballina, Australia, 2014

Adams, C. Policy into Practice: a journey to implementation. *Department of Health New South Wales, Towards Normal Birth Symposium* Sydney, 2012

Adams,C. "Development of an enabling environment for change through an organisational cultural assessment". *International Confederation of Midwives 29th Triennial Conference* Durban, South Africa, 2011.

Adams,C. Teamwork and SCARF: it's all in the mind. *Royal Hospital for Women, Towards Normal Birth Symposium.* Sydney,2010