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Hospital Survey on Culture of Transitions in Patient Care at a Community Hospital

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Background / Purpose

The efficiency and effectiveness of patient progression through an episode of hospital care remains a concern after almost three decades of focus.

Complex adaptive systems theory suggests that a hospital's culture is a preeminent factor in the success and sustainability of large scale change and one that is often not well understood by change agents.

The purpose of this study was to develop a better understanding of attitudes, beliefs, values, and practices related to transitions in patient care and to determine if any demographic variables were predictors of these key components of culture.

Research Questions

- What are the attitudes, values, beliefs, and practices related to patient care transitions at Doctors Hospital?
- What are the attitudes, values, beliefs, and practices related to patient care transitions by demographic group?
- How do the attitudes, values, beliefs, and practices related to patient care transitions vary between and within demographic groups?
- How do the attitudes, values, beliefs, and practices related to patient transitions correlate with the overall grade given the hospital by participants?

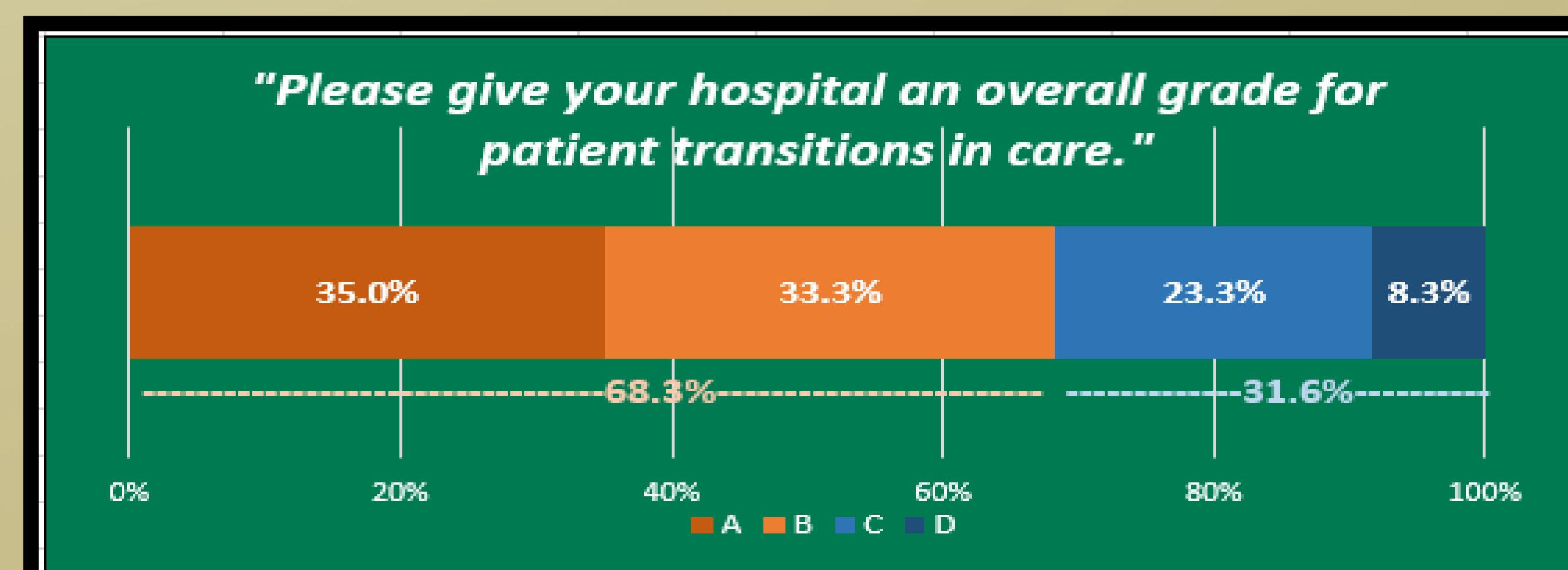
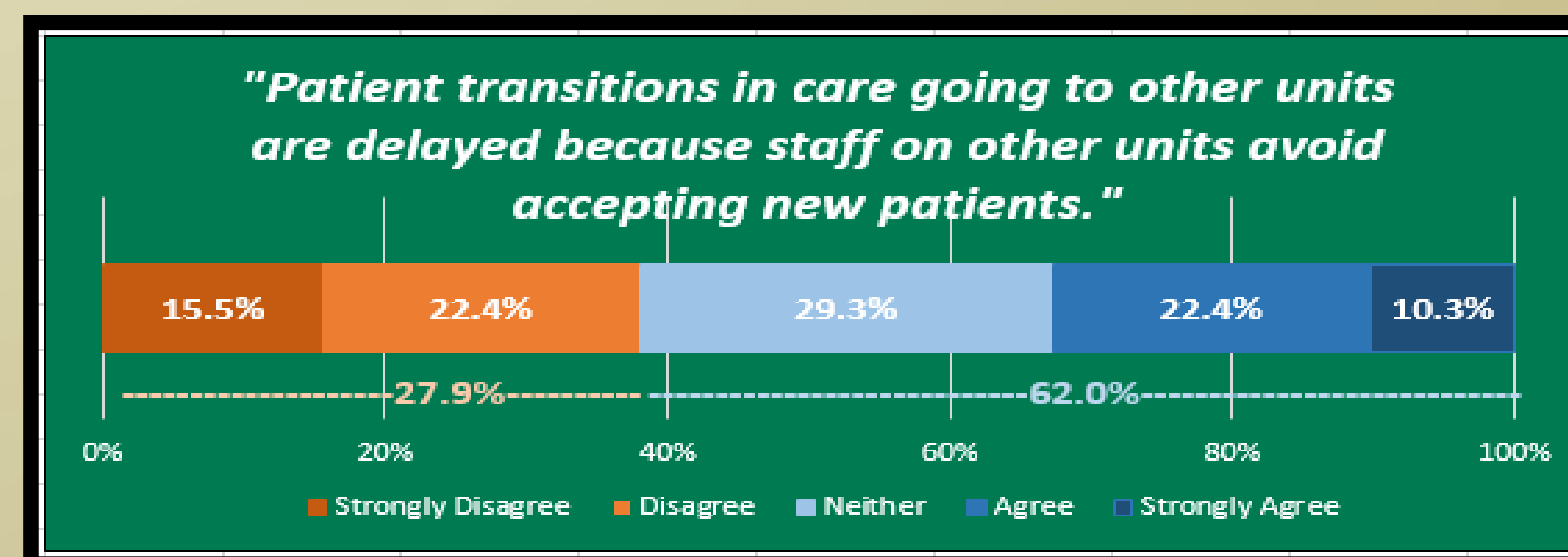
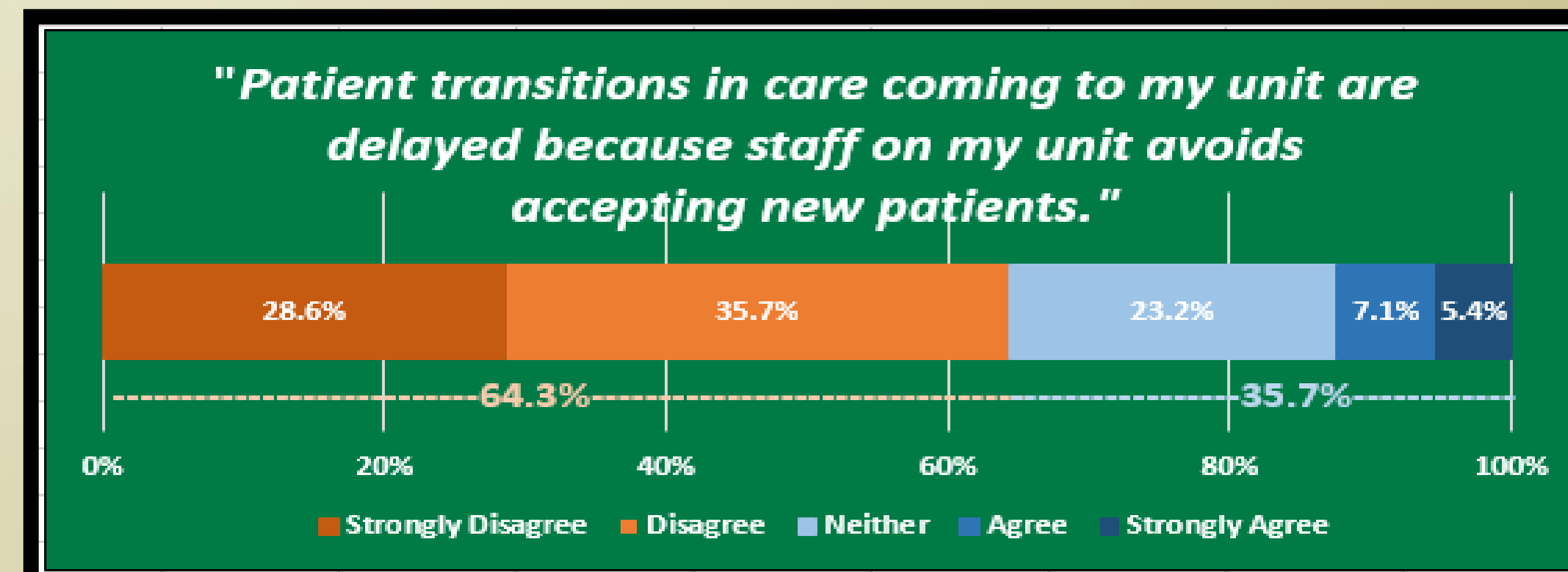
Sample

Staff Position	Frequency	Percent
Unit Secretary	1	1.4%
Technician	1	1.4%
Registered Nurse	22	30.6%
Nurse Practitioner/Physician Assistant	10	13.9%
Attending/Staff Physician	6	8.3%
Administrative/Management	22	30.6%
Environmental Services/Transportation	1	1.4%
Pharmacist	2	2.8%
Other	7	9.7%
Total	72	100.0%

Methods

- We conducted a quantitative correlational, cross-sectional study utilizing a convenience sample.
- The instrument used in the study was the *Hospital Survey on Culture of Transitions in Patient Care* (H-CulT) developed by M. McClelland DNP, RN, CPHQ.
- The instrument included a series of 23 statements using a Likert scale.
- Questions were aggregated into seven domains suggested by the instrument developer with descriptive statistics to examine frequencies.
- All employees were invited to participate.

Examples of Descriptive Analyses



References available upon request

Results

- Sixty-one respondents answered the survey questions with a broad variability in demographics, including role, department, tenure at the hospital and years of experience.
- Spearman correlations between demographic variables and question responses showed no significance.
- Moderate to strong correlations were found in questions within each domain as expected.
- Correlations significant at $p < .001$ between the "Hospital Leadership" domain and 5 of the 6 other domains were notable.

Variables	1	2	3	4	5	6	7
1 Hospital Leadership	-						
2 Other Units' Culture	.634***	-					
3 My Unit's Culture	.520***	.710***	-				
4 Unit Leadership	.522***	.285*	.235*	-			
5 Use of Data	.559***	.339**	.382**	.339**	-		
6 Busy Workload	.523***	.484***	.617***	.321*	.330*	-	
7 Priority of Patient Care	.211	-.312*	-.290*	-.096	.004	-.278*	-

* $p < .05$. ** $p < .01$. *** $p < .001$.

Conclusions & Implications for Practice

The descriptive and correlational findings provide a baseline to better understand this hospital's culture related to transitions in patient care. These findings can be incorporated into designing change strategies. Large scale change in hospitals rely on all affected members of the organization to implement and sustain the change and achieve the desired outcome. This study found that the attitudes, beliefs, values, and practices related to transitions in patient care did not correlate with individual roles, departments, tenure, or years of experience. This suggests that these variables are determined by a particular organizational culture.

The H-CulT survey can provide further insight for other hospitals for developing strategies to improve patient transitions in care.

