Chapter 14
Publicness, Goal Ambiguity and Patient Safety:
Exploring Organizational Factors in Hospital Practice

Stuart Anderson
London School of Hygiene & Tropical Medicine, UK

ABSTRACT

This article explores possible links between organizational publicness, goal ambiguity and patient safety. Despite organizational and management initiatives designed to improve matters, patient safety in hospitals remains a major challenge. Much research has focused on leadership and culture, which have been shown to be crucial factors in assuring patient safety. However, improvements have been slow in coming. There may be merit therefore in examining other factors that play a part in assuring safety, especially those that address the ambiguities inherent in health care organizations. Two such factors that have received increasing attention from organization theorists are publicness and goal ambiguity. Publicness addresses the complexity now inherent in defining the public or private nature of health care organizations; goal ambiguity addresses the diversity of goals that organizations, especially public ones, are expected to fulfil. Both hinder improvements in patient safety; greater effort needs to be made to minimise the ambiguities involved.

INTRODUCTION: PATIENT SAFETY AND HEALTH CARE ORGANIZATIONS

Despite the wide range of initiatives being taken levels of patient safety failures in organizations delivering health care remain worryingly high. In Britain's National Health Service (NHS), for example, it is estimated that one in ten hospital patients are harmed during their care, and one in 300 patients die as a result of adverse events such as acquired infection (Berwick 2013). As awareness grows about the systematic nature, scope, and costs of these problems, patient safety has been driven ever nearer to the top of the NHS agenda, and improvement programmes have been introduced by the National Patient Safety Agency, amongst others (Donaldson 2000). Along with these human costs, safety incidents are a

drain on NHS resources, costing an estimated £3.5 billion a year in additional bed days and negligence claims (Kitchener 2015).

Evidence that the outcomes of NHS patient safety programmes vary across hospitals demonstrates that the organizational context of their implementation matters. However, relationships between features of organizational context (e.g., structure, culture, and leadership) and the health outcomes of safety programmes (e.g., morbidity rates) are not known. As a result, recent studies report that safety interventions, such as incident reporting, fail to deliver the expected improvements because of unanticipated organizational features such as competing managerial priorities.

Such findings suggest that the problem is more complex and more deep-seated than currently perceived, and that new ways of looking at it are urgently needed. This requires a range of strategies that will include a greater pulling together of findings and observations both within and across disciplines, to look for links, trends and common findings. Given the paucity of evidence concerning the relationship between organizational factors and the health outcomes of safety programmes one field that offers fertile ground for such detailed enquiry is organizational studies.

One of the challenges for ground-breaking research on patient safety is defining precisely what is meant by it. Patient safety can be seen variously as a paradigm, a practice, a discipline or a movement which brings together different communities for a common goal (Lamont and Waring 2015). It has been absorbed into mainstream health care practice and activity and is now taught as part of the standard core curriculum for most health care professionals. It has also generated a distinct body of knowledge, with dedicated academic journals, conferences and networks. The number of publications dedicated to the subject rose two to three-fold between 2000 and 2005 (Lilford, Stirling and Maillard 2006) and has continued to increase ever since.

Patient safety can be both a core organizational goal and a measure of organizational performance, one which is frequently defined in terms of performance indicators such as rates of infection, levels of patient complaint and rates of dispensing error (Emanuel et al 2008). But for health care organizations patient safety is usually one goal amongst many; others include budgetary constraint, demonstrating a public service ethos, and being open and transparent. Thus there is a very real risk of conflict between patient safety and other goals. This conflict is rarely acknowledged publicly; rather the relative priority of different goals is left deliberately vague, so that each can be claimed as the main priority as necessary.

This multiplicity of goals invariably leads to varying degrees of goal ambiguity, and this topic has recently been the subject of extensive research by organization theorists. Goal ambiguity is now in need of much greater attention in the context of patient safety. Since goal ambiguity is considered to be a much greater issue in public rather than private organizations (where the primary goal is profit) it may be instructive to explore possible relationships between patient safety and goal ambiguity in a range of health care organizations with a range of ownership profiles.

Although health care organizations have now been shown to be largely alike in most important ways (Anderson 2013b) there is nevertheless some evidence of differences between quality issues, including patient safety, between health care organizations operating in the public and private sectors respectively. However, the increasing diversity of organizational types engaged in the delivery of health services means that a simple distinction between public and private health care organizations is no longer either possible or appropriate. Organization theorists have explored the concept of publicness as a means of addressing these issues (Bozeman 1987).

Empirical studies have tended to focus on specific functions within the hospital. One major area of concern with regard to patient safety is the prescribing, supply and administration of medicines which

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