

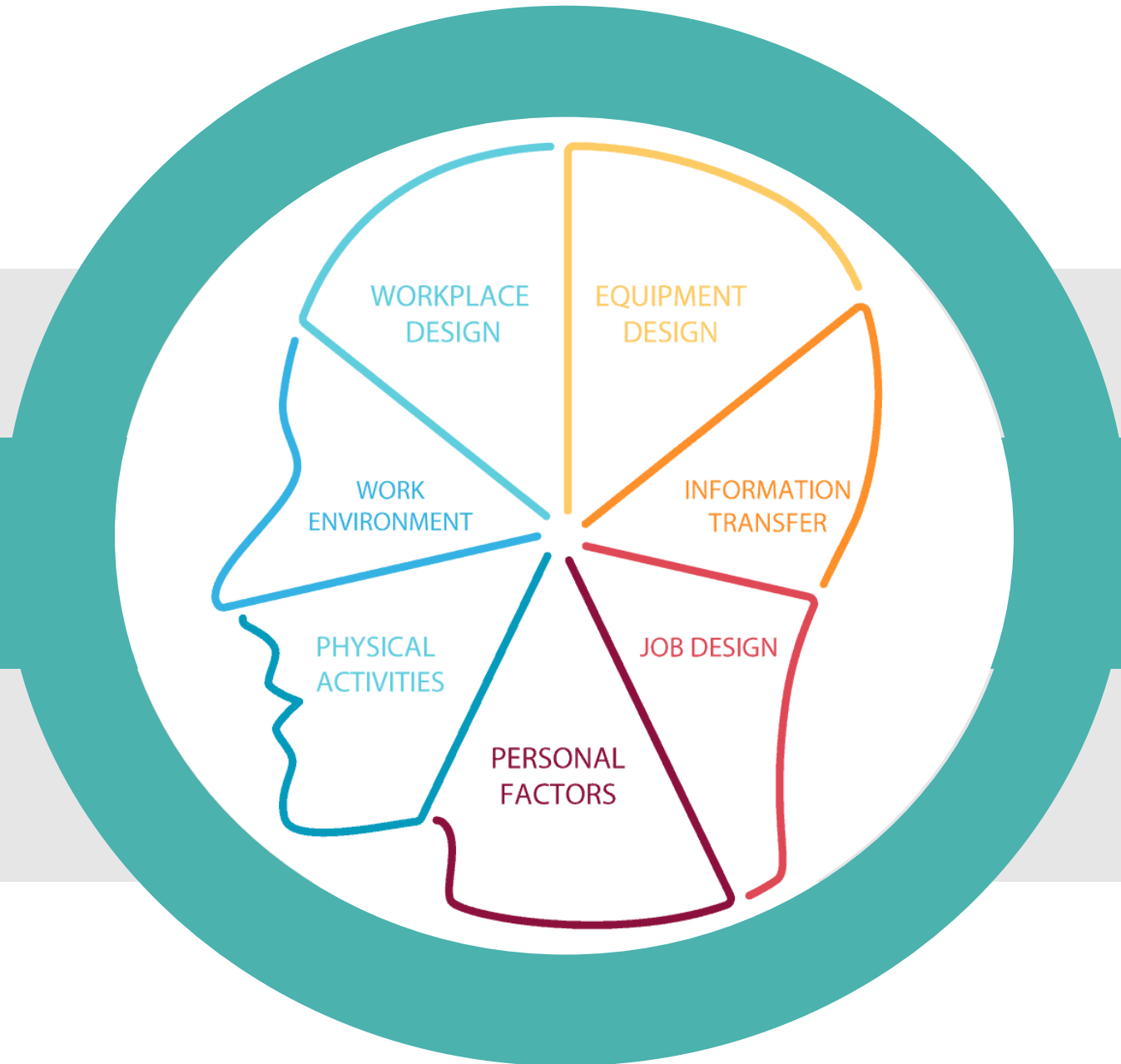


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# GTEC

## Phase 1 - interviews





**Aim was to understand GTEC working context and team culture  
with a focus on **team functioning** and **employee wellbeing****

## Phase 1

- 1-2-1 interviews
- Qualitative thematic analysis

## Output

- Production of a report
- Presentation of findings
- Recommendations for ways forward



# Notes on qualitative data collection



16 interviews with GTEC team members and managers

- **Engagement with interviews**

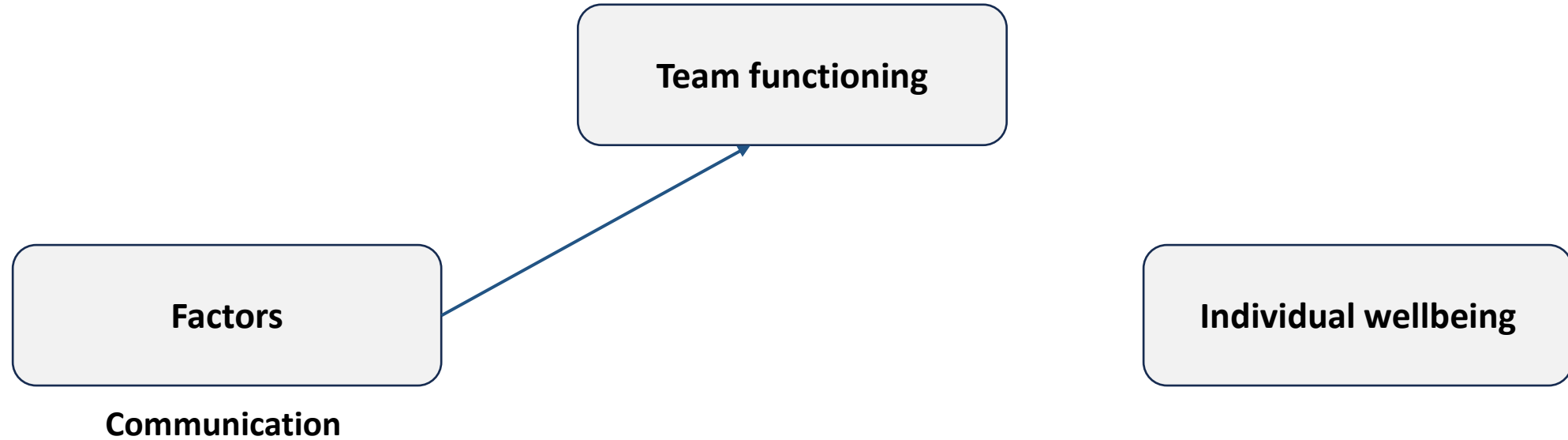
- Strong concerns about anonymity and confidentiality
  - Deletion of recordings at the end of this phase
  - Careful attention given to reporting for ensuring participants cannot be identified
- Sensitive topics shared that raise serious concerns



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# Rationale of the analysis

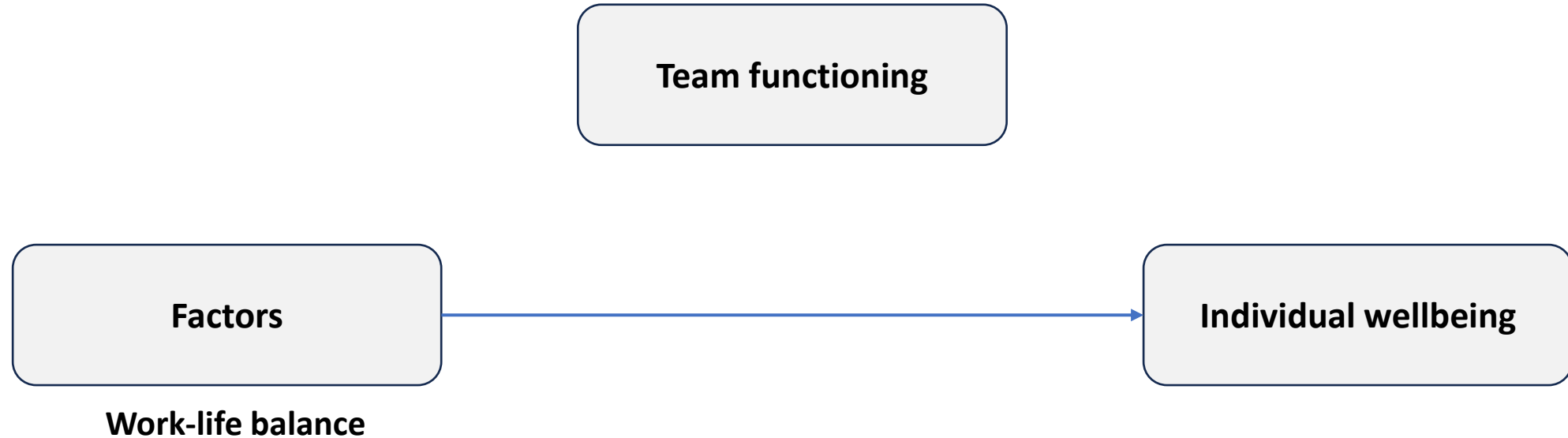




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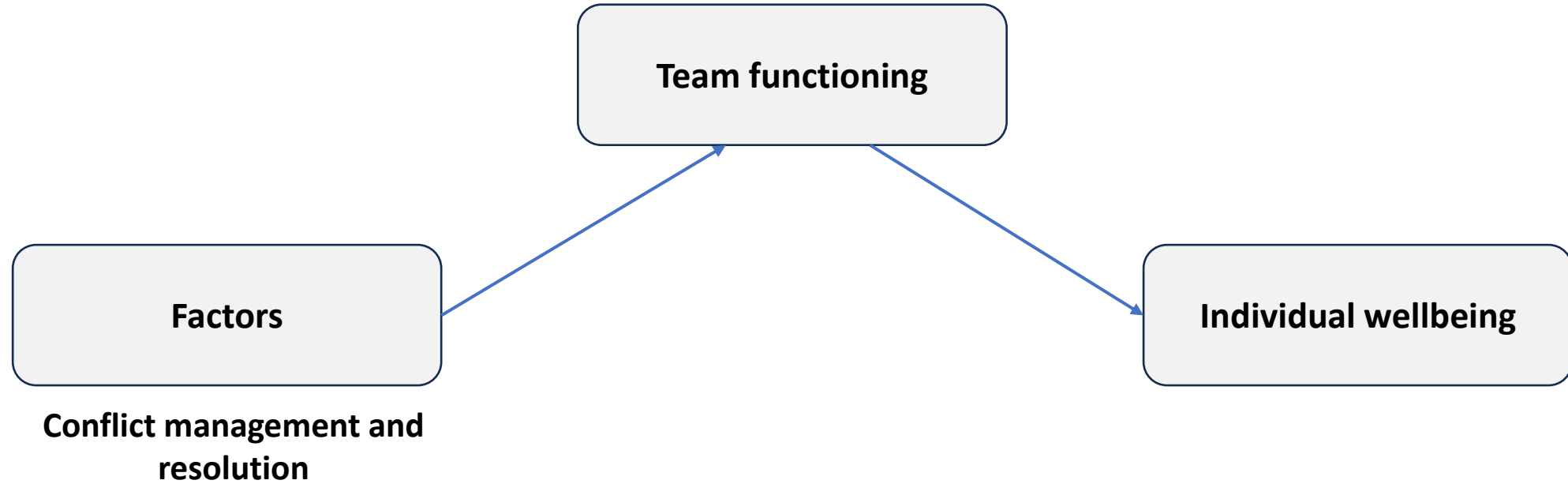




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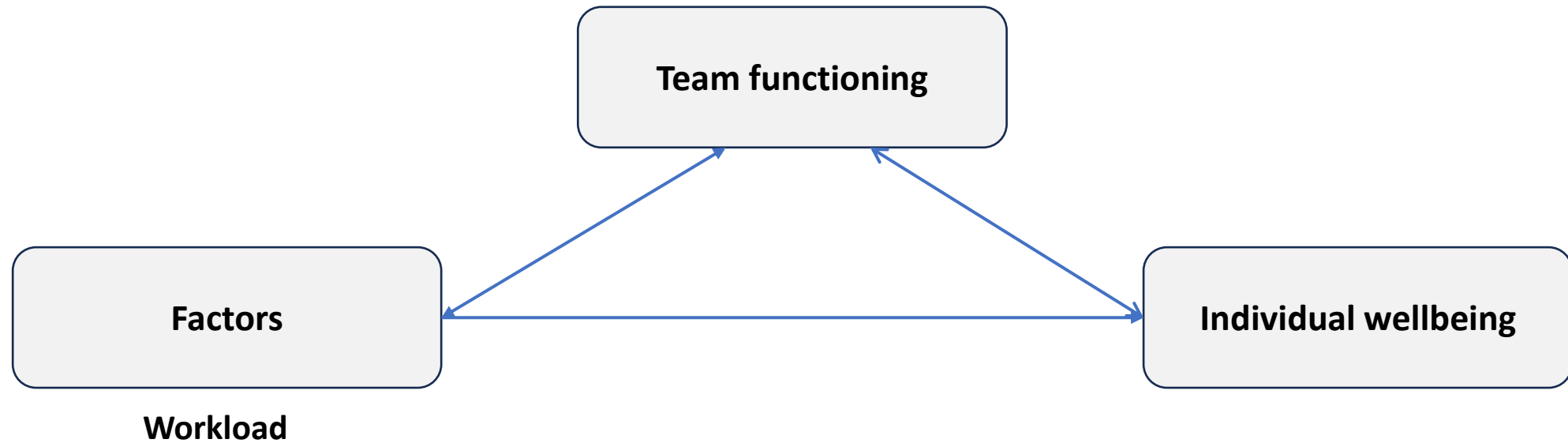
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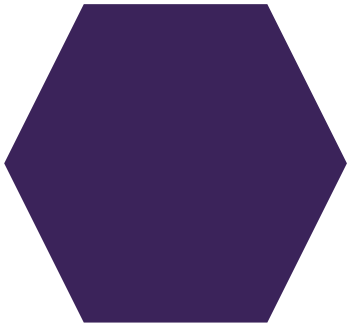


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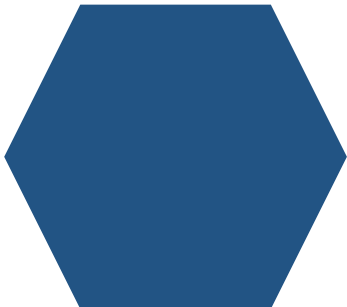


# Factors identified in the analysis



## **Commonly encountered in our experience (current NHS context)**

- Culture
- Workload
- Work structure
- Management style and support
- Relationships
- Communication



## **Less commonly encountered in our experience**

More specific to GTEC context

- Mental health awareness and attitudes
- Flexible working
- Professional conflicts





## Stress and wellbeing

### **Levels of current difficulties are very concerning**

- Multiple participant reporting distress; “someone crying everyday”
- Burnout & feelings of "dread" on going to work reported across the team
- Also evident in the way that participants engaged with current work
  - Clear active distress
  - Unusually high levels of concern for confidentiality



## Culture

**Unusually dichotomous experiences in the workplace** (positive & negative )

Some “toxic”, “very low morale” – particularly reporting an atmosphere of fear

- Lack of psychological safety and fearing being a “target” if raising issues

Some “brilliant”, “proud of the team”, fruitful management efforts to improve culture - Weekly brainstorming sessions with co-development of solutions

**Temporal effect** – general agreement about a shift in the culture

- It used to feel “a nice place to work”
- Extremely high workloads as a catalyst for the change



## Work-load

### **Main topic throughout the interviews**

Excessive workload exacerbated by lack of resources (staff shortage)

Mismatch between workload and resources despite raised concerns

- "Doing three people's work" partly due to absent colleagues, working without breaks, working extra hours daily, not all felt able to claim back extra hours in line with policy

**Knock-on effect on workplace relationships** – tensions arise due to reduced capacity to help each other, which feeds back to workload

**Knock-on effect on individual wellbeing** – overload and perceived decreased quality of work delivered



## Work structure

**Quick growth** not supported by clear processes and procedures

- Lack of coverage for staff going off sick or on leave; no task handover; need to refer to the off-sick team member for information
- Lack of automated tasks; inconsistencies in regular supervision

### **Generic roles**

- Requirements of picking up any tasks
- Too much responsibilities for Band level
- But aim of this was to address some of the challenges of previously hierarchical 'banded working'

**Lack of clarity regarding priorities** – continuously shifting, leading to frustration and vulnerability to failing

***Role clarity** is a protective factor against work-related stress*



## Management style and support

### Significant topic throughout the interviews

#### Dichotomous views

- “Them and us” situation, characterized by micro-management, lack of two-way conversations
- Perceived lack of trust from leadership and perceptions that mid-level managers not empowered to make decisions
- Concerning behaviours described (“bullying”, “gaslighting”)
- Lack of recognition, praise and positive feedback leading to demotivated staff

#### On the other hand

- Positive attempts to build a cohesive team (social activities, etc)
- Recommendations for staff to balance home and work, but difficulties in implementing them due to workload demands



## Relationships

### **Worrying behaviours labelled as discrimination (racism, sexism)**

No further details shared as individuals would be identifiable; if these issues have been reported, it appears to the team the issues have not been addressed

- Explains feeling unsafe when reporting concerns
- **Important that the interviewees see some meaningful response to the sensitive issues they have shared with us**
- Reiteration of the employer's legal duty to protect employees (HSWA)  
*Employers must protect the 'health, safety and welfare' at work*

### **Negative views reported about staff going off sick (physical or mental)**

- Addressed later in **Mental health awareness and attitudes**



## Communi cation

### **Interviews reported experiences suggesting no room for open conversations**

- Reports of not feeling listened to
- To address this, moved away from previous “banded” approach– hierarchical, inhibiting the flow of information
- Fear of potential repercussions for speaking out (lack of psychological safety)

### **Previous communication issues**

- Results of previous surveys have not been shared with staff

### **Clear attempts from management to improve communication**

- Regular meetings / brainstorming reported to have positive effects by some
- **But will only be of benefit if trust and psychological safety are regained**



Mental  
health  
awareness  
and  
attitudes

## **Relates to the Culture theme**

- **Current wide spread difficulties in team**
- Reported attitudes indicating a lack of awareness / understanding of the impact of mental health issues (e.g., severity of work-related stress)
  - Expectation of absorbing excessive demands and being resilient without recognition of the impact of this
  - Perception of attitudes changing when a person returned from sick leave

## **Poor management of these issues**

- Some reports that Trust mental health / wellbeing provisions not well supported by managers
- “Management doesn’t believe in mental health” sentiment reported by some





## Professional conflicts

### **Conflicts about regulatory aspects of some roles**

- Reflects the conscientiousness and professionalism of GTEC team
- Implied lack of management understanding of the seriousness of some issues
- No guidance from management to mitigate the risks

→ Team members should be provided with clear directions to deal with any issues

→ Overlooking team members' concerns is likely to undermine their sense of competence



## Flexible working

### **Contentious issue between staff and management**

- WWL Trust has a flexible working policy, but GTEC has not adopted the changes brought by COVID in terms of new and flexible working practices
- Managerial views: technological barriers to home working
- Staff point of view: technological barriers can be overcome; not relevant to all aspects of work; impacting on trust
- Strong desire for alignment between whole Trust and GTEC



- Recognition of **considerable risks** to work-related stress and mental health difficulties
- Reduction of workload although beneficial is not sufficient in itself to address the challenges facing the team
- Situation **unlikely to improve without interventions**
- **Management commitment** to re-establish trust can be based on creating a psychologically safe environment – this is a condition of success

**Psychological safety is defined here as:**

“Perceptions of the **consequences of taking interpersonal risks** in the working context” – it plays a critical role in team functioning



## What is a psychologically safe environment?



Of these  
some are more  
important to  
future progress  
in GTEC



We need to find ways to

- Give and receive feedback openly and without fear of repercussions
- Raise issues and concerns and have issues "heard"
- Disagree without fear of judgement
- And also be clear about the sharing of information – who will be informed and how will confidence be kept

It will be key that feedback is acknowledged and either addressed or explained



## Monitoring Psychological Safety

Maybe consider a regular audit to assess the shifting culture

Design a process that fits GTEC



# Specific Recommendations (1)



- **Revisiting home and hybrid working to rebuild the feeling of being trusted by management**
- **Providing some processes and procedures that may be lacking, such as:**
  1. training for staff with management responsibilities to support team members
  2. clear and transparent processes for addressing (and feeding back any actions) to claims of unacceptable workplace behaviours
  3. review one-to-ones with managers to build positive relationships
  4. review roles to ensure responsibilities and priorities are clear
  5. feedback survey results (and any other important information) to facilitate openness and support continuous improvement



# Specific Recommendations (2)



## For management

- Mental health training for all is strongly recommended – the culture will only improve if management act as role models for inspiring positive work relationships and demonstrate supportive responses to mental health issues

## It is vital that the senior management team

- Recognises and accepts the role of management in establishing a health workplace culture and act as role models for positive work relationships
- Recognises and accepts the role of work design in mental health and wellbeing
- Meaningfully engages with management training to support positive interaction with all staff
- Meaningfully addresses the empowerment of others in the workplace