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# Organizational culture: a guide for the foundation year doctor

## Introduction

On your travels as a foundation doctor, you will experience different organizations and the way they work. You will notice certain features – for instance, one place may have a particularly congenial atmosphere – but some of these traits are almost imperceptible. You will learn what is and is not the ‘done thing’, which may be the opposite of what you have encountered elsewhere.

There is a saying that when in Rome, you should do what Rome does. This is true to an extent, but it does not mean you cannot make suggestions. However, logic does not always follow, as you are dealing with human psychology and resistance to threats.

## What is culture?

What makes one NHS trust more pleasant to work in than another? Is it the size, teaching status, environment, systems, ‘management’, people or a mixture of everything?

Some would say that the chief executive sets the tone. He/she recruits directors who fit in with his/her way of thinking and influences them. This filters down through the organization, to middle managers and clinical staff.

Stronger personalities can override others. Everyone knows a member of staff to whom you dare not delegate anything. This person can end up apparently the most powerful person in the department and the culture is set around him/her. In fact, he/she is mis-using his/her power, and this can be destructive.

Culture can be a set of behaviours. Perhaps everyone in one department goes to the canteen for dinner together every day, or most consultants on one hospital site keep their office doors open. You may be able to ‘get away’ with some things in

one workplace but not another. Certain phrases and expressions may be in vogue. For instance, ‘link in’ was a commonly used phrase in one human resources department, which is a classic example of management jargon. It can be a more pervasive perception of a hospital as being ‘friendly’. Efficient doctors rotating from a large teaching trust with tight processes can quickly become lackadaisical in a more relaxed district general hospital.

Professions can also have their separate cultures, depending on the way they are educated and what they are led to believe about other groups. Junior doctors often have a common mentality among themselves, as do nurses.

## Effect on organizations and people

Culture can affect individual and corporate (organizational) performance. For instance, in one NHS trust, the executive team had been almost entirely replaced over the course of a year. Staff who had been in post through the change reported that risk-taking was encouraged under the new leadership, whereas previously it had been frowned upon. Employees felt freer to pursue innovative ideas without fear of reprimand, knowing that they would be backed up by their managers or their actions corrected in a constructive manner. As a result, people felt empowered, appraisals were mostly positive experiences and a better standard was achieved in the former star ratings scheme.

Individuals can be influenced by the culture and perpetuate it. For instance, if you find that colleagues are generally amiable towards you, you will probably be warmer towards other people and newcomers. It can also work the opposite way, and you may skulk, sulk and keep your head down. Think about your own actions and notice those of others. A specialist registrar on a rotation a long way from home who stays late to avoid traffic may, unwittingly, be giving the impression to more junior colleagues that it is acceptable to put in long hours.

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## Monkey business

Jim Steele, a performance coach, told a good fable at an NHS conference in April 2006. A monkey goes into a room and sees a bowl of fruit. He reaches for an apple, but a jet of water douses him. He retreats, dripping and shivering. Then another monkey comes along and does the same. Both monkeys get drenched. By the time a third monkey arrives, the other two pull him away before he can touch the fruit. This continues, and soon all the monkeys have dried off. New monkeys entering the room cannot understand why they are prevented from approaching the fruit. Eventually, the original monkeys retire or leave, and no-one really knows why the fruit is forbidden. This is how custom and practice can develop.

Some trusts may not practise what they preach. They may claim to have a 'no-blame' culture, but if a junior doctor fills in an incident form that shows him/her in an unfavourable light, he/she is then reprimanded by a consultant. A trust may state that they listen to junior doctors' views and take them into account, but the doctors report that they do not feel listened to. A consultant may say 'Call me whenever you want', but in reality is surly when you do. Human resources may insist that junior doctors should leave at 5.00pm in order not to breach the hours regulations. However, the doctors feel compelled to stay and finish outstanding tasks because of undefined fears of being labelled as shirkers

and gaining unsatisfactory references. Here, you have got overt *vs* covert, explicit *vs* implicit and said *vs* unsaid.

Employers that have achieved an Investors in People award can, paradoxically, be unsupportive environments to work in. The general public will hold a particular hospital in high esteem, but staff dislike working there. Some would say that teaching establishments are not as nice as district general hospitals. However, there are teaching hospitals where the staff are content, and they even wonder if the teaching status could be the reason.

## What to do

If you do not fit in with the culture, you can be ostracized – even if you are just being yourself and no different from how you were in your last job. If you can work out the secret, you have got a choice whether to put on the act or be true to yourself. If not, then the best tactic may be to stick it out as best you can before you

move on. You can try to establish dialogue, but this may get you nowhere.

If the culture is compromising patient safety, then you need to speak out, if necessary to someone higher in the trust.

## Conclusions

Organizational culture is a nebulous concept, difficult to put your finger on. You should try to fit in with it, unless it is compromising your essential principles and/or patient safety. Take the chance to observe the cultures in different departments, hospitals or trusts that you rotate to and see what you can learn. Do not be afraid to make constructive suggestions from your experiences elsewhere, but be prepared to have your ideas rejected by the establishment. **BJHM**

*Conflict of interest: Dr Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.*

## KEY POINTS

- Culture consists of standard, often unwritten, codes of conduct.
- It is best to fit in, unless practices are unacceptable.
- You can bring learning from one hospital to another, but adept psychology may be needed to persuade staff to listen to you.
- You can observe different cultures and draw your own conclusions.
- You can perpetuate culture by your own behaviour.
- Be prepared to speak out if patient safety is compromised.