This fact sheet provides information about one of the seven key attributes of high-performing person-centred healthcare organisations – People, capability and a person-centred culture.

All attributes are interrelated and should be considered together as a framework for achieving great person-centred care.

This attribute focuses on fostering organisational culture and people’s commitment to the delivery of person-centred care, and supporting the needs and choices of the individual. The wellbeing of consumers, family and the workforce is prioritised and supported as a key enabler of great care.

Key elements:

- An organisational culture for person-centred care is built and maintained through a long-term, systematic approach
- The capabilities of all workforce members are continually developed through formal and informal learning
- The organisation regularly monitors and is dedicated to supporting workforce satisfaction and wellbeing

Organisational culture is a set of values, expectations, formal and informal practices and behaviours that define the unique [service] environment. Culture is deeply ingrained in the fabric of organisational life; it determines how the organisation conducts its business, treats its employees, evaluates its leaders, services its customers, and handles productivity and performance.

- Veterans Health Administration.
  Blueprint for Excellence. Washington DC 2014

“Staff who are well and resilient can provide better patient-centred care”

Executive staff, Sydney Local Health District
### Is my organisation achieving this attribute?

<table>
<thead>
<tr>
<th>Element</th>
<th>What can this look like?</th>
<th>Reflective questions</th>
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| **An organisational culture for person-centred care is built and maintained through a long-term, systematic approach** | • Understanding and respect of patient needs and preferences among the workforce and leaders  
• Strong workforce capabilities to deliver person-centred care  
• Systematic and informal accountabilities, rewards and incentives for person-centred care  
• Support and openness to change, learning and continual improvement  
• Commitment to professional values and ethics  
• Open and respectful interaction, teamwork and collaboration between the workforce and leaders  
• Sensitivity to the non-clinical and spiritual dimensions of care  
• Respect for equity and diversity among the workforce, patients and the community | • What is your organisational culture currently like?  
• Does the workforce value and respect person-centred care principles? Ask members of your clinical and non-clinical workforce, patients and families what they think the culture is like in your organisation  
• How do teams work together in your organisation? |
| **The capabilities of all the workforce are continually developed through formal and informal learning** | • Training in person-centred skills is available and encouraged. This includes communication, shared decision making, teamwork and cultural competence  
• There are formal and informal learning opportunities. This may include external training programs, coaching, mentoring, grand rounds, patient feedback and involving patients in workforce training and education | • What formal and informal learning opportunities are available to members of the workforce to enable them to develop person-centred skills?  
• Are there ways that the organisation can incorporate informal learning opportunities into day to day practice?  
• Is there support for the workforce to undertake training – is this a one-off, or are there opportunities for continuous development? |
| **The organisation regularly monitors and is dedicated to supporting workforce satisfaction and wellbeing** | • Senior leaders are known to the workforce and engage with them  
• The workforce are involved in the design of organisational processes and decision making  
• Teamwork is valued and nurtured  
• There are well-structured systems for appraisal and performance review  
• Line managers are trained in people management  
• The workforce are given opportunities to reflect, this could include providing a safe place and time to discuss their work or issues that they have encountered in their work day  
• There is regular monitoring of workforce satisfaction and overall wellbeing | • How does your organisation monitor workforce satisfaction and overall wellbeing?  
• What processes are in place to address any concerns that the workforce may raise  
• What strategies are in place to improve workforce wellbeing? |
Excelling in this attribute will help you meet some of the requirements in the National Safety and Quality Health Service (NSQHS) Standards (second edition)

Some of the main NSQHS Standard actions that relate to this attribute include:

- **Clinical Governance Standard**
  - Governance, leadership and culture (1.1, 1.2)
  - Safety and quality training (1.19, 1.20, 1.21)
  - Performance management (1.22)
  - Safety and quality roles and responsibilities (1.25, 1.26)

- **Partnering with Consumers Standard**
  - Clinical governance and quality improvement systems to support partnering with consumers (2.1, 2.2)

### Helpful resources

- **Hospital Survey on Patient Safety Culture - Agency for Healthcare Research and Quality (US):** This tool is focused on patient safety, but can be adapted to ask questions about how the organisation is doing in relation to person-centred care.  

- **Manchester Patient Safety Framework (UK):** is a tool to help healthcare organisations and healthcare teams assess their progress in developing a patient safety culture  
  [www.nrls.npsa.nhs.uk/resources/?entryid45=59796](http://www.nrls.npsa.nhs.uk/resources/?entryid45=59796)

- **Clinicnic well-being knowledge hub - National Academy of Medicine (US):** A resource shares knowledge to combat clinician burnout  
  [http://nam.edu/clinicianwellbeing](http://nam.edu/clinicianwellbeing)

- **Bite-sized exercises to reinforce culture with staff – Planetree**  

- **Heads Up: Promoting the mental health of health services staff**  

### Resources on improving teamwork

- **NSW Clinical Excellence Commission In Safe Hands program**  

- **SA Health TeamSTEPPS program**  

- **How-to guide: multidisciplinary rounds (Institute for Healthcare Improvement)**  
  [www.ihi.org/resources/pages/tools/howtогuidemultidisciplinaryrounds.aspx](http://www.ihi.org/resources/pages/tools/howtогuidemultidisciplinaryrounds.aspx)

- **Agency for Healthcare Research and Quality CUSP toolkit ‘Implement teamwork and communication’ module**  
References


