LEADERS’ BEHAVIOUR: the key to reducing SAFETY RISKS

PhD research (work in progress)
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OBJECTIVE
To establish how behaviour of leaders can influence safety risks.

CONCLUSIONS
- Leaders’ Behaviour and Risk Reduction are associated.
- Hospital workers (especially Leaders) are overconfident that safety risks are understood on operational level.
- Self oriented leaders reside more on intermediate level, less at the top.
- Follow-up Remedial Action is the weakest link in the Risk Reduction Process.

FRAMEWORK

1. Risk Reduction

- No Change
- Persisting Instability
- Understanding the Risks
- Courage to Intervene
- Motivation to Intervene
- Remedial Action

2. Leaders’ Behaviour

- Task oriented: Focus on production
- Relation oriented: Focus on people
- Self oriented: Focus on self / ego

35 indicators: Task (α = .87), Relation (α = .88), and Self (α = .70).
(Atkinson 1957, McClelland 1977, Slocum & Hellriegel, 2009)

DISCUSSION
- Hospital leaders live in a safety dream; so why would they change their behaviour?
- How can hospital leaders create a sense of urgency regarding invisible disasters-waiting-to-happen?
- Understanding all safety risks is Utopia; how to encourage health care workers to expect the unexpected?