

# LEADERS' BEHAVIOUR: the key to reducing SAFETY RISKS



PhD research (work in progress)

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## OBJECTIVE

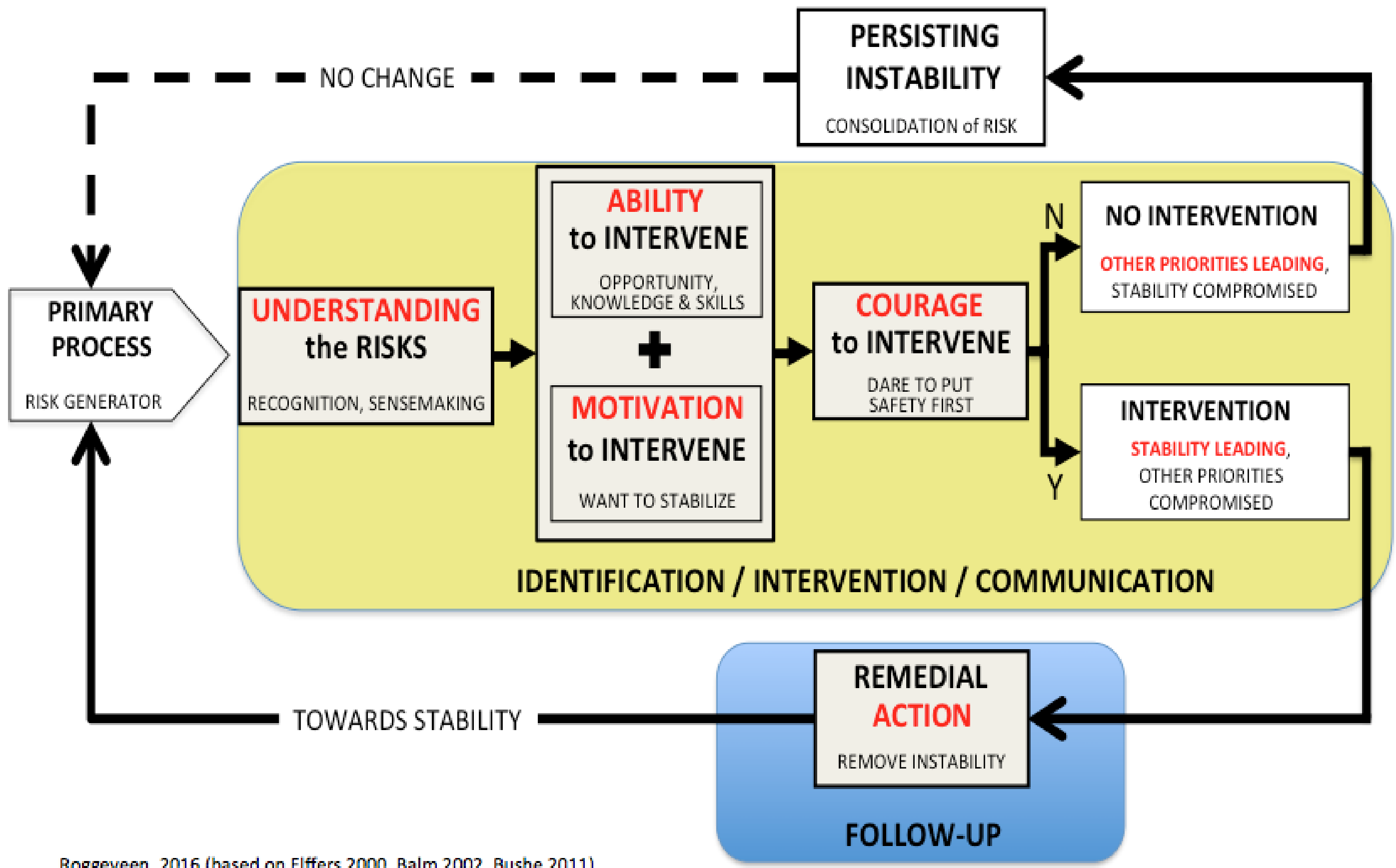
To establish how behaviour of leaders can influence safety risks.

## 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.

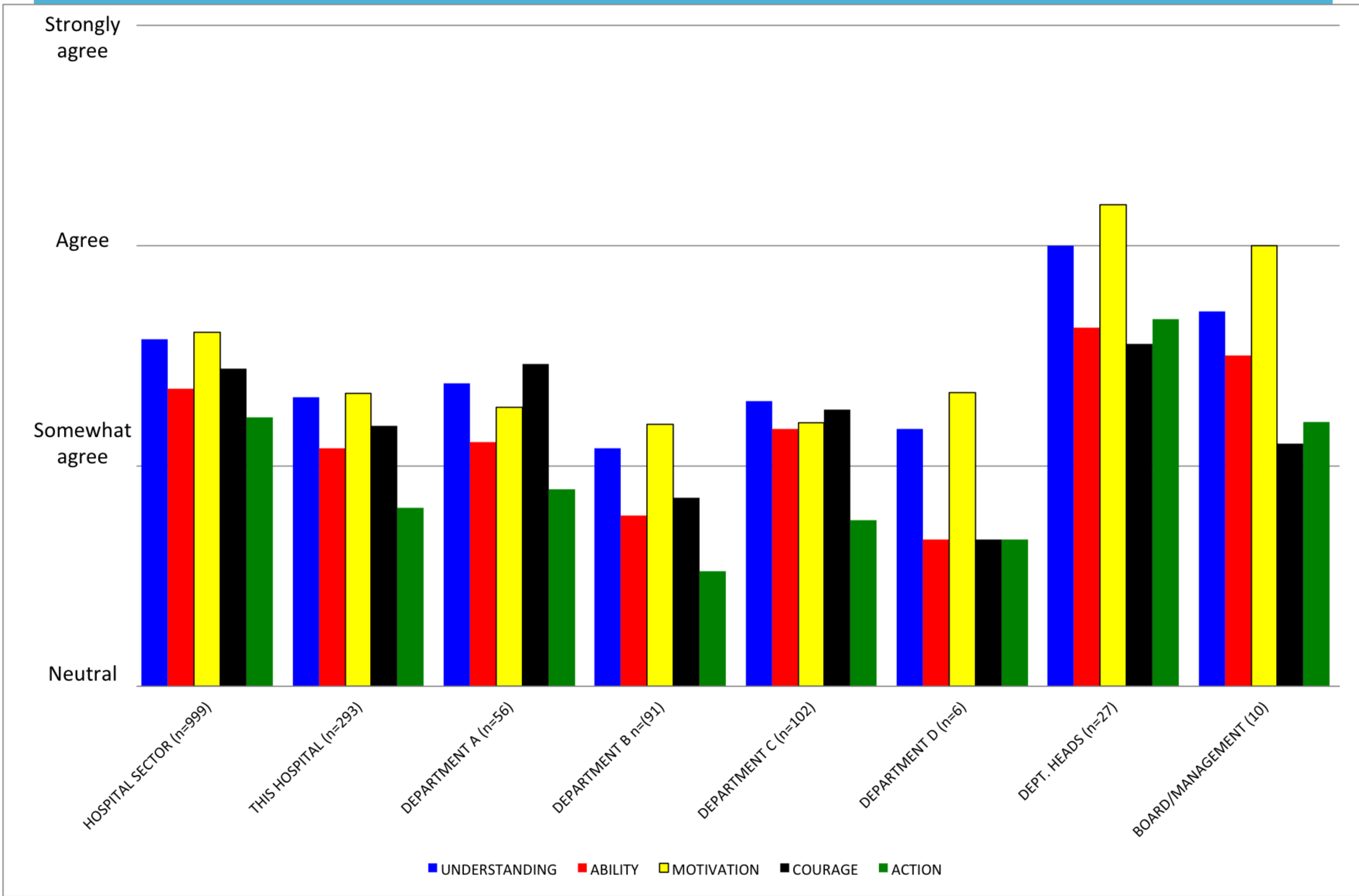
## FRAMEWORK

### 1. Risk Reduction



Roggeveen, 2016 (based on Elffers 2000, Balm 2002, Bushe 2011)

### SAFETY RISKS CONTROLLED? Y/N

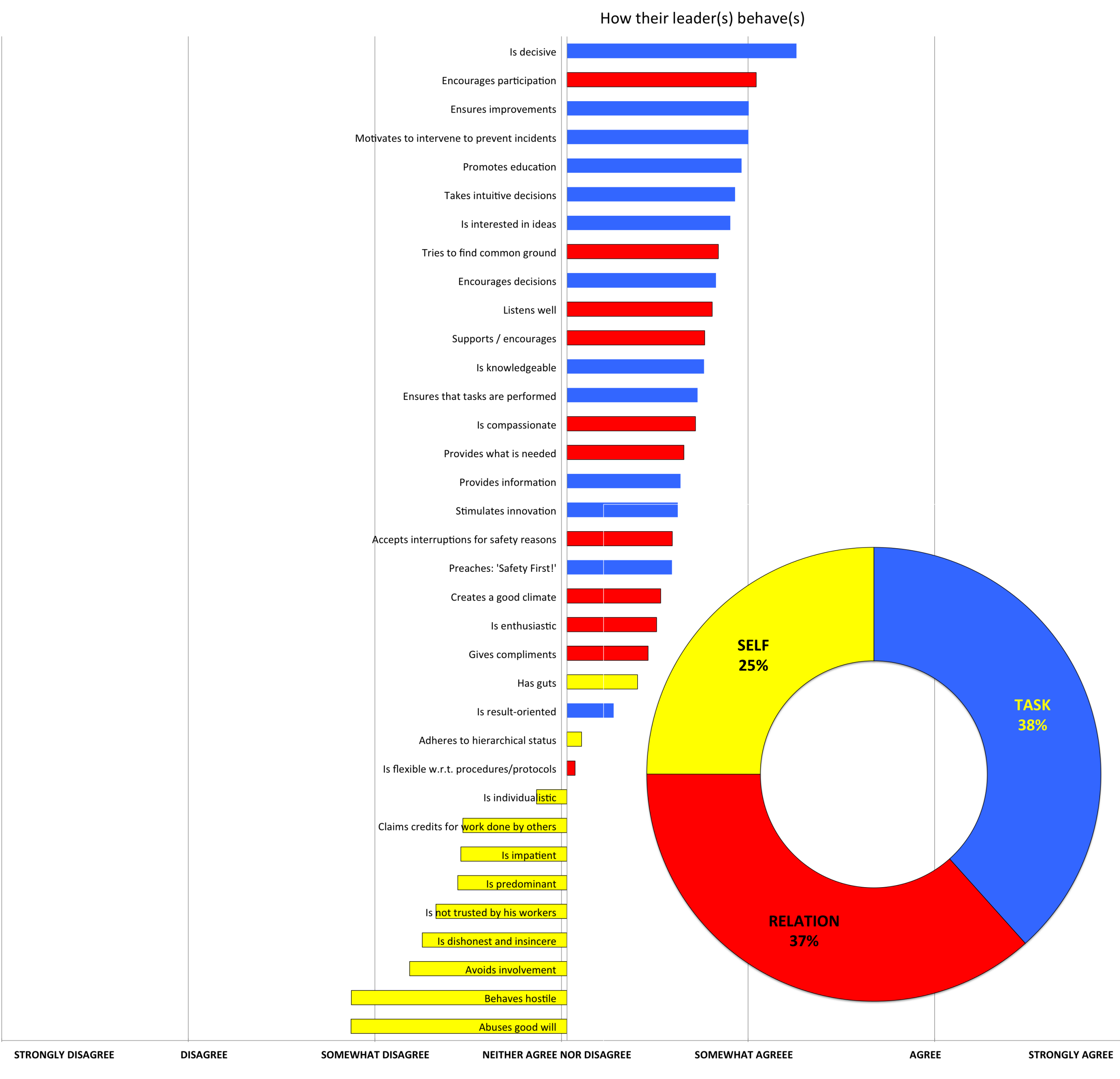


### 2. Leaders' Behaviour

**TASK** oriented: Focus on **production**  
**RELATION** oriented: Focus on **people**  
**SELF** oriented: Focus on **self / ego**

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

### LEADERS' PREFERRED BEHAVIOUR



## 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?