Institutional Dynamics and Safety Equity: How Competing Logics Shape the Translation of National Patient Safety Recommendations from Investigators to Recipients

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Background: National patient safety recommendations aim to drive systemic improvements across healthcare, yet their translation into practice remains inconsistent. The Health Services Safety Investigations Body (HSSIB) conducts independent investigations and produces recommendations for NHS and independent healthcare settings in England. Understanding how institutional forces shape recommendation production and implementation is crucial for addressing potential disparities in safety improvement across different healthcare contexts and patient populations.

Objectives: This study examines the institutional processes through which HSSIB recommendations are produced and subsequently interpreted and implemented by recipient organisations. Our research questions explored: How are patient safety recommendations produced within HSSIB's institutional framework? How do recipient organisations make sense of recommendations within competing institutional pressures? What institutional factors facilitate or impede the translation of recommendations into organisational change?

Methods: The project was co-developed with our expert advisory group which included a national investigator, patient safety specialist, clinician, policy maker and an academic. We undertook two online focus groups with twelve HSSIB investigators and eleven online semi-structured interviews with recipients of HSSIB recommendations. Participants were identified through documentary analysis of twenty-two investigation reports and HSSIB investigator contacts. Documents, interview and focus group transcripts were analysed in Nvivo using reflexive thematic analysis through an institutional theory lens.

Results: Analysis revealed distinct institutional logics creating tensions in how recommendation were received by organisations. HSSIB operates within a "safety science logic" emphasising systematic investigation and evidence-based solutions, while recipients function within "operational-managerial logics" constrained by resources, competing priorities, and organisational complexity. This divergence produces recommendations using cautious language reflecting negotiated compromises rather than optimal safety solutions. Recipients described variable organisational capacity to absorb and implement recommendations, with some safety issues receiving greater institutional legitimacy through political prominence and regulatory attention, while others struggle for resources, creating a potential inequity in future implementation of recommendations. The "crowded landscape" of multiple recommendation sources creates differential abilities to prioritise and respond effectively across organisations.

Conclusion: These findings demonstrate how competing institutional logics create systematic barriers to patient safety improvement, with differential implementation capacity across organisations potentially contributing to uneven safety outcomes. The study indicates the need for developing "hybrid logics" capable of bridging safety science ideals with organisational realities through enhanced relational approaches to recommendation development and implementation.

From Safety Science to Operational Reality: Exploring Competing Institutional Logics in the Translation of National Patient Safety Recommendations

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Introduction

- Translating national patient safety recommendations into organisational practice remains challenging.
- Healthcare organisations are drowning in recommendations (Dash, 2025)

Aim

Working with HSSIB and an advisory group we aimed:

- To explore how Health Services Safety Investigations Body (HSSIB) recommendations are produced, understood and implemented by recipient organisations.

Methods

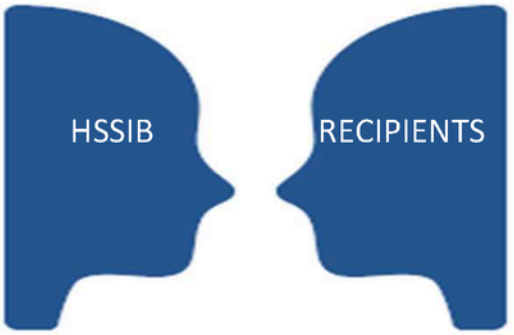
Qualitative approach

- Documentary analysis of 22 HSSIB reports
- Two focus groups with 12 HSSIB investigators
- 11 semi-structured interviews with recipients of recommendations.

Findings

'Soft language' of recommendations
'Review,'
'Consider'
'Develop'
'Work with'

Competing logics



Systems-thinking

Evidence-based logic

Operational-Managerial logic

HSSIB logic is rooted in safety science such as systems thinking and evidence-based logic.

Recipients consider feasibility, alignment with existing priorities and resource constraints.

There is a lack of alignment between formal recommendations and practical implementation and strategic responses to institutional pressures, by recipients of recommendations.

Conclusion

Successful implementation of recommendations relies less on the formal authority of recommendations and more on relationship quality and early engagement.

Recipients' selective implementation patterns demonstrate that uptake depends on organizational capacity rather than patient safety need, potentially exacerbating safety outcome disparities.

Next steps will involve a larger qualitative study with case studies to explore life span of recommendations, alongside facilitators and barriers to implementation.

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