When two worlds collide—The successful merger of two UK Paediatric Audiology Departments

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Background
Derby Teaching Hospitals (DHT) and Burton Hospitals NHS Trusts merged in 2018 to become UHDB. DHT paediatric audiology had significant staff retention issues at this time. Early on the two paediatric audiology departments saw an opportunity to merge. Giving the freedom to establish cross site working, combining budgets, sharing best practices and sharing complex skills. A business case for restructuring and merger based on clinical need was accepted in 2020.

The staffing restructure and merger of Paediatric Audiology and Newborn Hearing Screening departments concluded in 2021. The development and merger of clinical systems and processes is ongoing.

Introduction
The merger of Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trusts presented the challenge of merging two Paediatric Audiology departments to form a new team. There is evidence that merging of two institutions can lead to ‘widespread post-merger dissatisfaction, lowered morale, frustration and disillusionment’ (Evans 2017). By examining interview and survey results, this study explores the impact on team members and resulting effects on clinical outcomes following the merger.

Methods
A questionnaire was sent to the Audiolists, Admin Team and Newborn Hearing Screeners employed at both sites to gain their views on the merger process. Fifteen responses were received. Semi-structured interviews were conducted with service leads at Derby and Burton to gain an insight into the leadership and management of the merger process. Key themes were extracted from the interviews.

Results
The results of the survey suggest that on the whole staff found the merger to be a positive process. Full integration of the two teams is an ongoing process and has had a positive impact on clinical skills. Team members felt involved in the process.

Service Leads Interviews key themes:

How did you prepare for the merger?
- Had open communication, useful meetings, clear information and involvement.
- reusable, repeatable, personal, positive language, clear communication.
- Open and honest communication.

What do you see as the major advantages and disadvantages to the merger?
- Flexibility, resource sharing, skill sharing, having a bigger influence at the trust, quality improvement.
- Bigger access to advice, increased flexibility, increased competition.

How did you address the concerns of staff at both sites?
- Acknowledged anxiety, reiterated promises, used positive language, repeat meetings.
- Reassured staff, held regular team meetings, communicated and maintained honesty.

Did you feel supported by the trust as you went through the merger process?
- Trust was open and supportive of the process, we felt well informed.
- Had one on one meetings with the trust to prepare.

Were there any unforeseen barriers to the merger and how did you overcome them?
- It was difficult at times to bring people round, there were differences in the way the departments worked. This was a question - very merge, adult audiology first.
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Leaders highlighted the need for good communication, reassurance and honesty for the merger to succeed. It is felt that it is important not to rush and give people time to adjust.

Team thoughts and feelings

What is the single best thing about the merger?

What is the single worst thing about the merger?

If you could give one bit of advice to someone going through a merge of departments what would it be?

Conclusions
Merger and change can be unsettling and challenging for staff members. Leaders need to be aware of the process of transition and the stages staff members may go through following a change.

The Fisher transition curve can be a useful tool to guide a team through a phase of transition. The merger process if handled with sensitivity can be a positive process for staff and lead to quality improvement within the service.

References