Changing Culture and Behavior in the Medical Workplace

STUART HANSON, MD DEBORAH ANDERSON How does workplace culture affect willingness and ability to address needs of abused patients?

Questions

- Why is the way we treat each other important?
- Are healthcare workers aware of abusive behaviors in their workplace?
- Are healthcare workers abusive to one another?
- Are healthcare workers prepared to intervene with patients experiencing abuse when their work culture does not support it?
- Are we good role models for a healthy productive workplace?

Disrespect is a threat to patient safety because it inhibits collegiality and cooperation essential to teamwork, cuts off communication, undermines morale, and inhibits compliance with and implementation of new practices. Nurses and students are particularly at risk, but disrespectful treatment is also devastating for patients.

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 Perspective: A Culture of Respect, Part 1: The Nature and Causes of Disrespectful Behavior by Physicians
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Disrespect underlies the tensions and dissatisfactions that diminish joy and fulfillment in work for all health care workers and contributes to turnover of highly qualified staff. Disrespectful behavior is rooted, in part, in characteristics of the individual, such as insecurity or aggressiveness, but it is also learned, tolerated, and reinforced in the hierarchical hospital culture. A major contributor to disrespectful behavior is the stressful health care environment, particularly the presence of "production pressure," such as the requirement to see a high volume of patients.

Healthcare Workplace

- 81,000 responses in over 400 healthcare workplaces
- 75 to 90% say they experience or witness harmful, abusive behavior
- The more harmful behavior reported the more staff report having their own medical problems
- Physicians and nurses are perceived as using the most harmful behavior
- Nurses are perceived as subjected to the most harmful behavior
- 98 to 100% say they want their workplace involved in promoting a healthy work environment and stopping harmful behavior

Changing culture/behavior. What is this about?

- 1. It is how we treat each other in the workplace.
- 2. It is an endeavor to promote highly functioning teams producing outstanding care for patients.
- 3. It is about becoming a part of the fabric of our organization.

Why do this?

We all want to work in an environment that models compassion, dignity, integrity, and service. We recognize the negative impact that disrespectful, harmful or abusive behavior has on:

- Delivery and continuity of quality care
- Communication among staff, and between patients and staff /providers
- Patient safety
- Job satisfaction and morale
- Risk management
- Productivity

This is a sound strategy that facilitates continuous improvement.

How to make this work

- Executive and Board directive
- Leadership engagement
- Inter-professional co-chair's MDs & managers
- Neutral facilitator coach mentor
- Monthly commitments structure 5 steps
- Hand over to "sustainability"

Methods 18-Months

Stage 1: TEAM BUILDING

Stage 2: ASSESSMENT / SURVEY

Stage 3: IMPLEMENTATION

Stage 4: EVALUATION, METRICS

Stage 5: SUSTAINING

Consistent with everyone How can I help you with this problem? what can we do to figure this out? Friendly Respect Encouragement Listen actively Be clear with explaining B confidential Greet staff by name On very busy days assist as able Greetings Asking about how the day is going **Friendly** Influence Encourage Friendly greeting Q u i c l responses Smiling Happy Positive attitude Praising Greet by name Give and get feedback Respect staffs time Follow up quickly Listen carefully How is our day Complements Praise_ Open communicationSupportive Encouragement_Acknowledge Ask please and thanl you **Encouragement Acknowledge** Use respectful language but be direct Helpful Priendly I know you are busy. I can see you are busy, but could you help me with the patient Supporting Honest feedback Willing to help Offer busy nurse or aide Be nonjudgmental Asking and helping each other Positive towards coworkers confronted peer about not helping Help others when they were caugh eamwork Helpful Positive 1 s party conversation Offer help Help others Teamwork Helpful Listening Friendly Positive attitude Helpful Teamwork Helpful to those who need help Always start your job On time Supportive Happy Being positive Praising Ask if uncertain about Support directives Speal up Asking for ideas and input from staff Honesty Consistent with everyone How can I help you with this problem? what can we do to figure this out? Friendly Respect Encouragement towards coworkers confronted peer about not helping Help others when they were caugh Offer help Help others Teamwork Helpful Listening Respect Friendly Positivo attitude Helpful Teamwork Helpful to those who need help Always start your job with a smile on your face!! Be confidential Help me understand, could you explain this further... Positive Trusting Respect Have a positive attitude Share with manager strategies up Asking for ideas and input from staff Honesty Consistent with everyone Howcan I helpyou with this problem? what can we do to figure this out? Friendly Respect Encouragement Lister actively Ask for and offer help Be clear with explaining Be confidential Greet staff by name On very busy days assist as able Greetings Asking about how the Tean see you are busy, but could you help

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You need to figure this out on your own, you should be able to handle this Condescending Bad body language Indiscretion Criticism Don't listen Too busy to acknowledge staff S e Gossip Talk behind back Ignoring Showing authority Don't have time Don't keep confidences Cutting down Treating everyone equal Negative feedback in front of others Discuss with other staff Ignore Bossy Dictating T a 1 1 down Intimidation Accusing **Negative attitude** Listening to spiteful talk Your call light is on, you need to answer it. Not my patient, not my job Gossiping Gossiping Say that you are too busy Gossip Gossip Poor attitudeWalk away and be mad Sit in pod and read magazine Bad gossip Not being a team player Not helpful C u t t i n g people down Complain Gossip Talk down to Unhelpful Too busy Snapping Ignoring call light, etc. Spending time on personal phone calls, etc. Holding grudges B e i n s frustrated all the time Lack of understanding _Not trusting Not listening to other point o view Disrespectful **Negativity Ignoring Not seeing Walking away** Underminng Negative attitude Talk bad to peers Mark e

wrong assumptions about what all do Bad mouthing manager Talk about manager to other staff Tell staff if remanded Talk behind back Bad mouth Fear Dictating changes I g n o r i n s requests of staff Saying what the leaders want to hear You need to figure this out on your own you should be able to handle this Condescending Bad body language Indiscretion Criticism Don't listen Too busy to acknowledge staff See aloof Ignoring Showing authority Don't have time Don't keep confidences Cutting down Treating everyone equal Negative feedback in front of others Discuss with other staff Ignore Bossy Dictating Talk down Intimidation Accusing Listening to spiteful talk Your call light i on, you need to answer it. Not my patient, not my job Gossiping Gossiping Say that you down vity Bein assumptions about what all do Bad mouthing manager Talk about manager to other staff Tel staff if remanded Talk behind back Bad mouth Fear Dictating changes Ignoring requests of staffSaying what the leaders want to hear You need to figure this out on your own, you should be able to handle this Condescending Bad body language Indiscretion Criticism D on ' Too busy to acknowledge staff See aloof IgnoringShowing authority Don't have time Body language Eye-rolling. Don't keep confidences
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Vou need to figure this out on your own

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Healthy Environment Initiative

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Communication – one to one

- Survey 90% say I want to be approached if I am perceived as using harmful behavior
- 30-40% say I would approach a person I perceive as using harmful behavior toward me.
- How, when, where, ending, follow-up

Metrics – finally!

- Employee engagement up
- Patient experience/satisfaction up
- Risk down AHRQ measures improved
- Injuries down
- Absenteeism, tardiness that result in staffing issues down = better staffing



Thank you

QUESTIONS? COMMENTS? OTHER?