Almost anyone working in health care has experienced being the recipient of intimidating behavior from a peer, a person in authority, or someone from another department. However, some organizations are more tolerant of this type of behavior than others. When employees are demeaned or shamed for speaking up or asking questions, they soon stop sharing their perspectives, even when failure to do so can potentially harm a patient. There are multiple stories of surgeons who shout or throw things in the operating room. There are some organizations where operating room staff have “color-coded” the surgeons so they know which ones are approachable and easy to work with and those who are demeaning and difficult. Similarly, staff know which managers will take the time to listen to their concerns and those who are quick to blame. These are only a few examples of behaviors that contribute to a culture that places patients and staff at increased risk for safety issues.

What is your facility’s culture in tolerating “bad” or unprofessional behaviors by employees? In 2008, The Joint Commission (TJC) released Sentinel Event Alert, Issue 40: Behaviors that Undermine a Culture of Safety. Although this Alert was published ten years ago, the topic remains relevant to facility culture and patient safety. Disruptive and intimidating behaviors are broad and varied. They can include passive aggressive behaviors (quietly being uncooperative with performing a task or failure to communicate), communicating in a condescending manner, impatience with questions, verbal outbursts and even physical threats. While physicians are usually the group associated with displaying intimidating behavior, it occurs in other areas as well. Horizontal violence, bullying, and “eating their young” are some of the negative behaviors identified in nursing. All disciplines are susceptible, and it occurs across disciplines as well. (https://www.jointcommission.org/assets/1/18/SEA_40.PDF).

Why does this behavior occur? Both systemic and individual factors are contributors. Unprofessional behavior is more prevalent in providers who exhibit characteristics such as self-centeredness, defensiveness, and immaturity; they may lack interpersonal, coping, or conflict management skills. Systemic factors can be more complex and include stressors from continuous changes in shift work and support staff, hierarchical structures, increased demands in productivity, and cost containment requirements (https://journals.lww.com/academicmedicine/Fulltext/2007/11000/A_Complementary_Approach_to_Promoting.7.aspx).

Unprofessional behaviors ultimately undermine a team; contribute to patient safety events and poor patient outcomes; negatively impact staff well-being, and prevent staff retention. Intimidating and disruptive behaviors can foster medical errors, poor patient satisfaction, preventable adverse outcomes, and can cause qualified clinicians, administrators, and managers to seek new positions in more professional environments. (http://www.physiciananddisruptivebehavior.com/admin/articles/5.pdf).

The majority of employees conduct themselves in a professional manner. Organizations are encouraged to focus on response to, and management of difficult
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or unprofessional behaviors.

An article by Hickson et. al. reviews the Vanderbilt University School of Medicine’s (VUSM) approach to professionalism by identifying, measuring, and addressing unprofessional behaviors. The key to this alternative approach is VUSM leadership’s commitment to addressing unprofessional/disruptive behaviors. VUSM also has developed a model to guide intervention; as well as supportive institutional policies; surveillance tools for capturing patients’ and staff members’ allegations, review processes, multilevel training, and resources for addressing disruptive behavior. While this article focuses on strategies used by a medical school, the information is relevant and may be utilized in any health care setting. The full article may be found at: https://journals.lww.com/academicmedicine/pages/articleviewer.aspx?year=2007&issue=11000&article=00007&type=fulltext

Mitigating and eliminating unprofessional behavior has tangible benefits that include:

- Improved patient safety when staff speak up when they observe problems in patient care;
- Improved staff satisfaction and retention;
- Enhanced organizational reputation;
- Reduced liability exposure; and
- More productive, civil, and desirable work environments.

The TJC SE Alert noted above asserts “safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.”

What is your facility’s approach to creating a safe environment for patients and staff by proactively identifying and managing unprofessional behaviors?

CLINICIAN BURNOUT

The National Academy of Medicine (NAM) recently released an Action Collaborative on Clinician Well-Being and Resilience after having identified that clinicians of all kinds, across all specialties and care settings, are experiencing alarming rates of burnout. Among the most telling of statistics is that more than 50 percent of U.S. physicians report significant symptoms of burnout. (https://nam.edu/initiatives/clinician-resilience-and-well-being/)

Burnout is a term that is used with increasing frequency in health care as more clinicians are identified as having symptoms of emotional exhaustion; depersonalization (which includes negativity, cynicism, and the inability to express empathy or grief); a feeling of reduced personal accomplishment; loss of work fulfillment; and reduced effectiveness. (https://medschool.ucsd.edu/som/hear/resources/Documents/Burnout-Among-Health-Care-Professionals-A-Call-to-Explore-and-Address-This-Underrecognized-Threat.pdf)

Burnout contributes to personal problems, including increased rates of depression and suicide. Some studies have identified links between clinician burnout and increased rates of medical errors, malpractice suits, and health care–associated infections. In addition, clinician burnout places a substantial strain on the health care system, leading to losses in productivity and increased costs. http://www.nejm.org/doi/full/10.1056/NEJMp1716845

According the Agency for Healthcare Research and Quality (AHRQ), burnout is a threat to patient safety because depersonalization is presumed to result in poorer interactions with patients. Clinicians with burnout are more likely to subjectively rate patient safety lower in their organizations and to admit to having made mistakes or delivered substandard care at work (https://psnet.ahrq.gov/perspectives/perspective/190/burnout-among-health-professionals-and-its-effect-on-
Physicians are asked to evaluate the leadership skills of their immediate supervisor. A 2013 study demonstrated that every 1-point increase in a 60-point measure of leadership was associated with a 3.3% decrease in physician burnout. “There was a linear relationship between how empathic, engaged, and involved leaders were with their staff and burnout rates,” the clinic CEO said. “So now I have leadership-effectiveness scores for every division head and department chair, and we review them and coach faculty on leadership skills when they need it.” The Mayo Clinic has invested in exploring and reducing provider burnout and recommends the following interventions:

- Acknowledge and Assess the Problem
- Harness the Power of Leadership
- Develop and Implement Targeted Interventions
- Cultivate Community at Work
- Use Rewards and Incentives Wisely
- Align Values and Strengthen Culture
- Promote Flexibility and Work-Life Integration
- Provide Resources to Promote Resilience and Self-care
- Facilitate and Fund Organizational Science

Supporting clinician well-being requires sustained attention and action at national, state, and organizational levels. It also requires investing in research and information-sharing to advance evidence-based solutions. The National Academy of Medicine’s Action Collaborative created a network of more than 50 organizations committed to reversing clinician burnout trends.

The Collaborative includes four working groups that will identify evidence-based strategies to improve clinician well-being at both the individual and systems levels. [https://nam.edu/action-collaborative-on-clinician-well-being-and-resilience-network-organizations/](https://nam.edu/action-collaborative-on-clinician-well-being-and-resilience-network-organizations/)
UPDATES FROM THE SENTINEL EVENT TEAM

National Patient Safety Awareness Week is 3/11/18 – 3/17/18. There are a number of ways to get involved in National Patient Safety Awareness Week: HTTP://WWW.UNITEDFORPATIENTSAFETY.ORG/PATIENT_SAFETY_AWARENESS_WEEK

On-Site Reviews. The SET continues to identify best practices during on-site reviews. Below are some that we identified in the past quarter:

- Inviting the patient to attend and participate in clinical case reviews;
- Facility ligature risk assessment and related environmental modifications;
- Use of the AHRQ Culture of Safety survey with identified areas of improvement and action steps, as well as a plan to re-administer the survey to assess progress;
- A comprehensive risk management annual report that included numerous areas of review, such as a synopsis of sentinel events and improvement activities identified in the root cause analysis process, as well as types and severity of incidents and contraband items;
- Investment in new nurses by a new nurse educator position that serves to review educational needs at various intervals upon hiring.