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Creating Respectful Care Teams

Disrespectful clinician behavior negatively impacts patient care and the bottom line.

By J. Trout Lowen

We live in uncivil times. Bad behavior is on display everywhere—in the news, on our daily commutes, in line at the grocery store. The medical environment is no different. Rudeness, intimidation and bullying have long been identified as problems in the health care workplace. More than just an irritation, however, recent studies have shown that health care providers' bad behavior can negatively affect patient outcomes and increase liability risk. Further, it may increase staff turnover and reduce patient satisfaction.

Although incivility and bullying behaviors are not exclusively an issue for physicians, physicians—particularly surgeons—represent the greatest risk to patient safety. A study published in the *American Journal of Medical Quality* in 2015[1] found correlations between patient complaints, surgical occurrences and malpractice claims. The study examined 10,536 surgical cases involving 66 general and vascular surgeons and found that among surgeons who perform higher risk procedures, those who had a greater number of spontaneous patient complaints related to communication, respect or teamwork also had a greater likelihood of surgical complications and a higher risk of malpractice claims.

The study's authors suggest that when a surgeon's behavior is bad enough to prompt a patient to make a formal complaint, the surgeon's behavior also has a negative effect on the surgical team and on performance, especially as the complexity, risk and stress related to the procedure increase. The study's findings echo several earlier studies documenting a correlation between spontaneous patient complaints and an increased risk for malpractice claims.

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Those findings do not come as a surprise to Laurie Drill-Mellum, MD, Constellation's chief medical officer. An analysis of Constellation medical professional liability claim data between 2012 and 2016 found that communication issues played a role in 35 percent of all liability claims and accounted for $131.4 million in costs. "Communication turns out to be an important contributing factor in our claims," said Dr. Drill-Mellum. "Physicians who have trouble with communication have an increased malpractice risk and poorer outcomes, and they themselves are isolated, from their peers and other health care team members." Communication problems affect both the physician-to-patient/family relationship and communication between providers. Of the 35 percent of claims identified in the Constellation analysis, 65 percent involved communication between the provider and the patient/family; 42 percent involved communication between providers.

Other studies have raised additional concerns. The Institute for Safe Medication Practices (ISMP) conducted a national survey in 2013 of 4,884 physicians, nurses, pharmacists and risk/quality management staff,[2] addressing the issue of disrespectful behavior in health care. The survey, a follow-up to a similar survey a decade earlier, found that despite awareness of the issue, little had changed: behaviors such as making negative comments about colleagues, condescension and insults, refusing to answer questions or return calls, and reluctance to follow safety procedures remain commonplace in the health care work environment.

These behaviors have broad impacts for patient safety. The ISMP survey found that 43 percent of respondents said their past experiences with intimidation affected the way they handle order clarifications or questions about medication orders, and one third of the respondents said they had overlooked

concerns about a medication order rather than interact with an intimidating prescriber. "If you're going to get your head chewed off, you're not going to want to speak up," said Dr. Drill-Mellum, a career emergency room physician.

Communication breakdown

Orthopedic surgeon Paul Damrow, MD, knows firsthand what can happen when hospital culture creates an environment where individuals are afraid to speak up. Dr. Damrow was chief of surgery for Park Nicollet Health Services in 2014 when a procedural error was committed during a surgery that could have resulted in the patient's death. Fortunately, the error resulted in only a minor problem and the patient fully recovered.

But the incident was so concerning that Dr. Damrow and the hospital's vice president of surgical services gathered the surgical team to conduct a root cause analysis to determine what led to the incident. During that process, it came to light that the circulating nurse had been aware of the error at the time but did not speak up because she was afraid to question the surgeon. "This was a communication problem," Dr. Damrow says.

In the wake of that incident, Damrow and Park Nicollet leadership decided they needed to strengthen the culture of safety within the institution. They organized a Safety Day and took the unusual step of shutting down the OR to all but emergency surgeries so all members of the surgical department could attend. Dr. Damrow brought in two pilots to talk about the aviation industry's leading efforts to create a culture of safety, then participants met with trained moderators in small groups for frank and open discussions of communication-related problems.

If there was one central message of the day, Dr. Damrow says, it was that "silence is not an option. Everybody has the moral obligation to speak up if it looks like something is wrong."

Creating a culture of safety

Safety Day was one of several initiatives Park Nicollet implemented to create a stronger culture of safety. Following the conference, Dr. Damrow let it be known that there would be zero tolerance for any surgeon who retaliated against a staff member for speaking up. Consequences could include suspension or firing.

The hospital also instituted a surgical huddle at the beginning of each day to discuss that day's procedures, and a short debrief after each surgery to discuss any issues. Like many other hospitals, they have also instituted a mandatory uniform timeout before each surgical procedure during which four members of the surgical team have to state the patient's name, the procedure, the side of the body the procedure will be performed on, the type of anesthesia, and whether an antibiotic has been administered. Surgery cannot start until the timeout is completed, Dr. Damrow says.

Another component of the hospital's effort has been to empower patients to speak up. Poor hand hygiene is the most common cause of infection, and signs throughout the hospital and clinics now encourage patients to ask clinicians if they have washed their hands. "When it first came out, a lot of us were insulted by that," Dr. Damrow says. "And yet, the more you think about it, if that's the most effective way of decreasing the number of hospital- or clinic-based infections, why wouldn't we do that?"

Have all of these measures improved safety? Dr. Damrow, who stepped down from his position as chief of surgery in 2015, hopes so. It's hard to quantify culture change, he says, but one measure comes to mind: tracking the time between incidents of a retained foreign object. When he became chief, he says, it was not unusual to have three to four incidents a year. During his five-year tenure, the hospital went more than 900 days without an incident. "It was a source of pride for everyone," he says.

"Clinicians who have social skills in addition to technical skills are going to do better. And clinics that serve those needs are going to have a competitive edge."

A healthier work environment

In addition to increased patient safety and reducing liability risk, creating a more open and collaborative culture can have other benefits for health care organizations seeking to attract physicians, nurses and other staff in a tight employment market.

"There is a shortage of nurses, a shortage of physicians, and a bolus of aging baby boomers who are going to have greater and greater health care needs," Dr. Drill-Mellum notes. "At the same time, you have a completely distressed and burned out medical and nursing workforce. The ones who are able to retire or walk away will."

Patients, too, will vote with their feet. Aided by smartphone technology and websites that rate physician performance and rising health care costs, consumers are not going to stay with a physician who exhibits disrespectful behavior. "Clinicians who have social skills in addition to technical skills are going to do better," Dr. Drill-Mellum adds. "And clinics that serve those needs are going to have a competitive edge."

References

1. Catron TF, Guillamondequi OD, Karrass J, et al. Patient complaints and adverse surgical outcomes. *Am J Med Qual*. 2016;31(5):415-22.
2. Grissinger, M. Unresolved disrespectful behavior in health care: practitioners speak up (again)—part 1. *P&T*. 2017;42(1):4,5,23.

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Disrespect is Risky Behavior

In 2003, the Institute for Safe Medication Practices (ISMP) conducted a national survey regarding intimidation in the workplace that showed such behavior was relatively common, perpetrated by both genders, and involved both peer-to-peer and interdisciplinary staff as well as physicians.[1]

In 2013, the ISMP conducted a follow-up survey of 4,884 nurses, pharmacists, physicians and quality/risk management staff. In both surveys, respondents said physicians were the most common offender, but more than 40 percent said both physicians and other health care professionals engaged in such behaviors.[2]

Most common disrespectful behaviors

The ISMP 2013 survey found that respondents encountered:

Negative comments about colleagues or leaders	Reluctance or refusal to answer questions or return calls	Condescending language, demeaning comments, or insults	Impatience with questions or hanging up the phone	Reluctance to follow safety practices or work collaboratively
20% often	**13%** often	**15%** often	**10%** often	**13%** often
73% at least once	**77%** at least once	**68%** at least once	**69%** at least once	**66%** at least once

Ripple effects on patient safety

The ISMP 2013 survey found that respondents:

Had past experience with intimidating behaviors that altered the way they handle order clarifications or questions about medication orders	Asked another professional to talk to a disrespectful prescriber on their behalf about the safety of an order	Assumed a medication order was correct and safe rather than ask a particular provider to verify the order
44%	**38%**	**63%** of pharmacists **30%** of nurses

Behaviors that *reduce* liability risk

- Being open to suggestions
- Listening and paying attention to others
- Informing others
- Praising others
- Exhibiting social awareness

Behaviors that *increase* liability risk[3]

- Snapping at others
- Talking down to others
- Intimidating team members

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3. Lagoo J, et al., 2018. Multisource evaluation of surgeon behavior is associated with malpractice claims.

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