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Meditations
on Medicine



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Elephant in the Room

Courageous leaders need
to stand up to incivility
in the health care workplace.

**People won't
remember
what you said,
but they will
remember
how you made
them feel.**

— Maya Angelou

Last month, I was asked to deliver a talk on “bullying in health care” for a local hospital’s monthly grand rounds. I called my talk “What we do and say matters: The costs of incivility in health care.”

When I told medical friends and colleagues that I was delivering this talk—not once, but twice—in the course of four weeks to two groups largely comprised of physicians, many of whom are surgeons, I got the response that Lurch on the Addams family used to give when he thought one of the family’s ideas was crazy: a shaking of the head with lots of dubious and anxiety-provoking grunts. People seemed to think I was being either naive or courageous and optimistic to think I could broach such a topic, one addressing behaviors that are ingrained, perpetuated and tolerated in medical and nursing cultures. Based on my sample of two large groups, I saw both heightened interest in the topic of incivility as well as uncertainty about how to tackle it.

One place we don’t have uncertainty, for the most part, is identifying incivility. We know it when we see it, when we hear it, and by marking how we feel when we witness or experience it. As one of my colleagues who has worked with hundreds of leaders in health care addressing behavior in the workplace notes, “When you ask about harmful behavior, everyone gets it right—from children to adults.” The challenge is less about identifying it than about ensuring a culture and leadership committed to addressing it. (See Resources.)

During my presentation, I used an audience engagement tool to poll participants on their experience with harmful behaviors in the workplace during the past year. I asked about behaviors spanning the continuum from being given the silent treatment to being yelled at, threatened or demeaned. For almost all items, 64–92 percent of respondents had either witnessed or been the recipient of the negative behaviors “a few times” or “several times” in the past year. Disturbing results.

From my research, I can definitively state that there are real costs to incivility, from diminished employee and patient experiences to staff turnover to adverse clinical outcomes to, ultimately, reduced financial returns. I believe the time has come to address this problem. It will take strong leadership, courage, commitment and tools—as well as accountability—to succeed.

Parker Palmer, author, educator and founder of the Center for Courage and Renewal, challenges

leaders to stand in what he calls “the tragic gap” between reality and possibility. He elaborates: “On one side of that gap are the harsh and discouraging realities around us. On the other side is the better world we know to be possible—not merely because we wish it were so, but because we have seen it with our own eyes.”

It’s time we stand up and address the “elephant” in our house of medicine, the better to focus on the world we know is possible.

Resources

“A Hidden Wholeness: The Journey Toward an Undivided Life,” by Parker J. Palmer

Behavior at Work Collaborative: behavioratworkcollaborative.org

“Crucial Conversations: Tools for Talking When Stakes are High,” by Kerry Patterson, Joseph Grenny, Ron McMillan and Al Switzler

“Teaming: How Organizations Learn, Innovate, and Compete,” by Amy C. Edmondson

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