



Building a Better Healthcare Culture

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Disclosures

No disclosures, financial or otherwise



Learning Objectives

- Define toxic workplace behavior
- Describe the prevalence of toxic behavior in healthcare settings
- Explain steps to improve the culture of healthcare teams and workplaces

Let's go into the hospital...

- You're rounding with your new ICU team at your first job....
- The physician leading the ICU team is a well-known, prestigious intensivist with a reputation for being "tough"
- As you are about to present your plan, the patient goes into an irregular rhythm with a ventricular rate in the 150s.
- "Quick, tell me all of the causes of new atrial fibrillation with RVR..."



Back in the hospital...

- The physician turns to you and says, “It’s OK, not everyone is smart enough to practice critical care medicine. You can always find a job in a dermatology clinic...”
- Your patient remains in afib with RVR in the 150s. A repeat blood pressure cuff reads 85/45 mmHg.
- “OK prove me wrong, how do you want to manage this patient?”



EDUCATION

Women warned top

Baltimore officials about 'hostile work environment' months before lawsuit

By LIZ BOWIE and TALIA RICHMAN
THE BALTIMORE SUN
NOV 16, 2018 AT 9:50 PM



Lawsuit claims [redacted] [redacted] medical school ignored sexual harassment complaints

By TALIA RICHMAN and LIZ BOWIE
THE BALTIMORE SUN
NOV 13, 2018 AT 5:00 AM



CLEVELAND

Cleveland Clinic kept surgeon accused of raping patients: USA Today investigation

AJC

The Atlanta Journal-Constitution

DOCTORS & SEX ABUSE



EXPLORE THE SERIES | STATE REPORT CARDS | ABOUT THIS INVESTIGATION | RESOURCES FOR PATIENTS



Some high-profile doctors who sexually abused their patients



Broken system forgives sexually abusive doctors in every state



Undercover agent poses as patient to bust sexually abusive doctor



Why sexual misconduct is difficult to uncover

The AJC's investigation



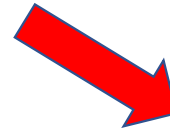
What is Toxic Behavior?

Do we need a definition?

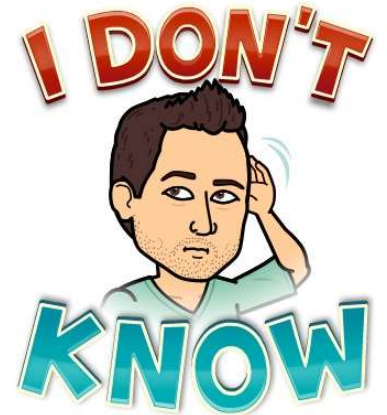
Interpersonal Behavior



Behavior as a Toxic Exposure

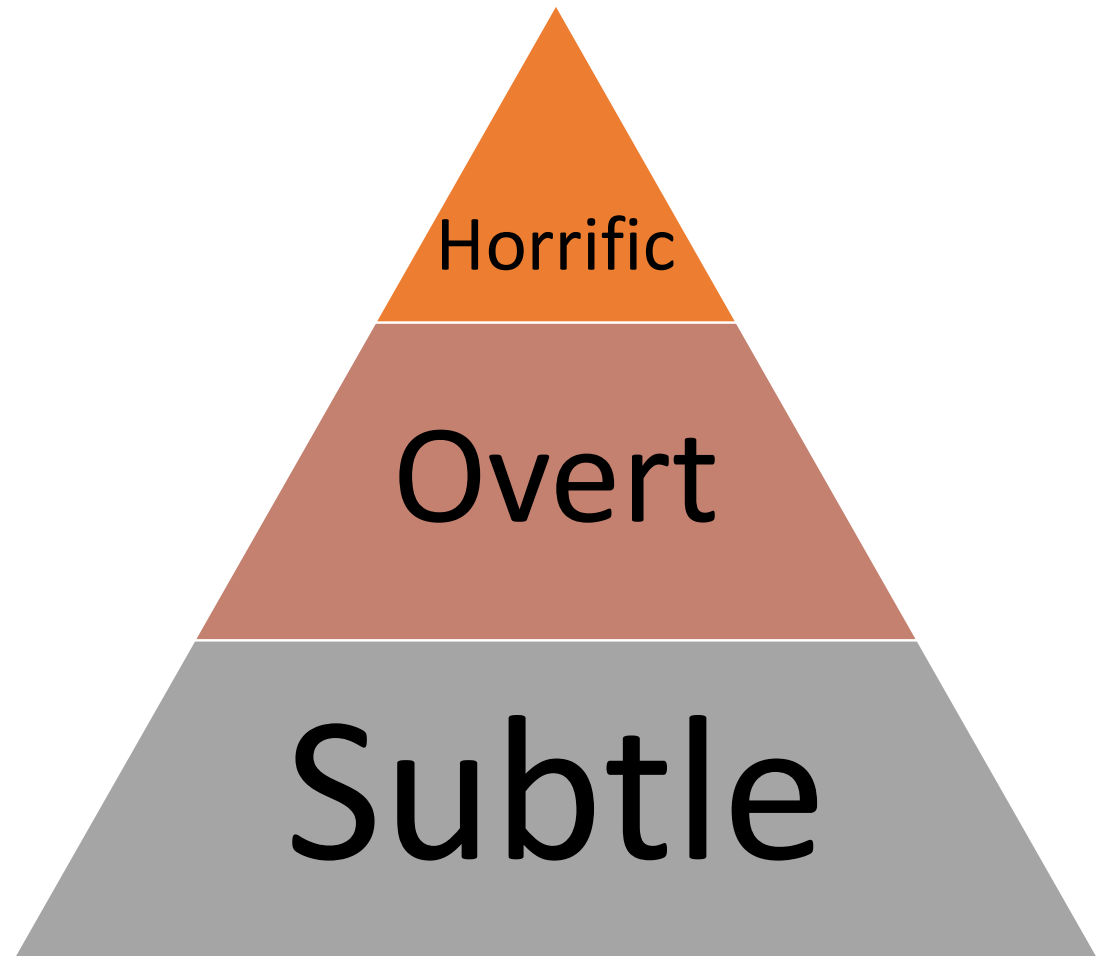


Toxic Behavior in the Workplace



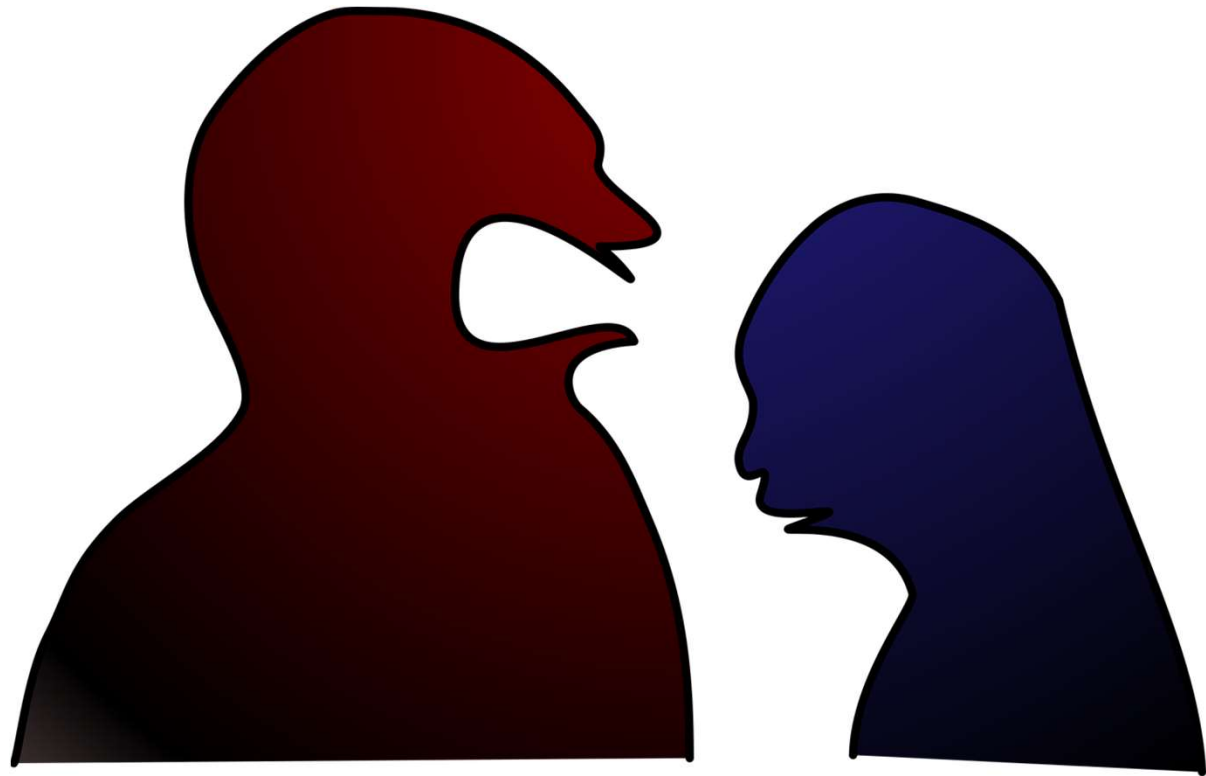
Avoid a definition that allows perpetrators to navigate around certain behaviors while remaining toxic

Describing
Toxic
Behavior



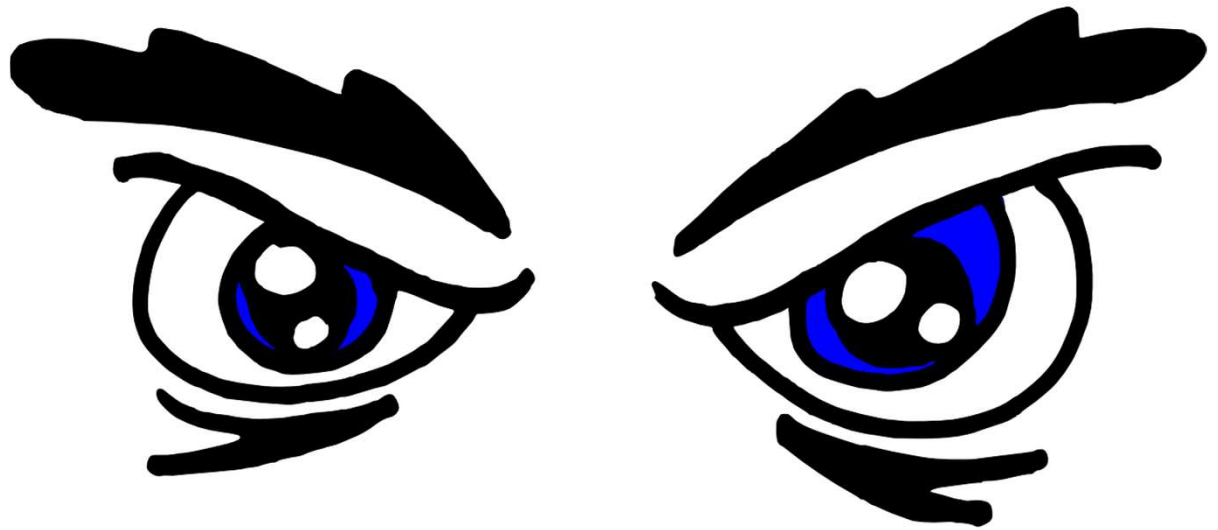
Overt Toxic Behavior

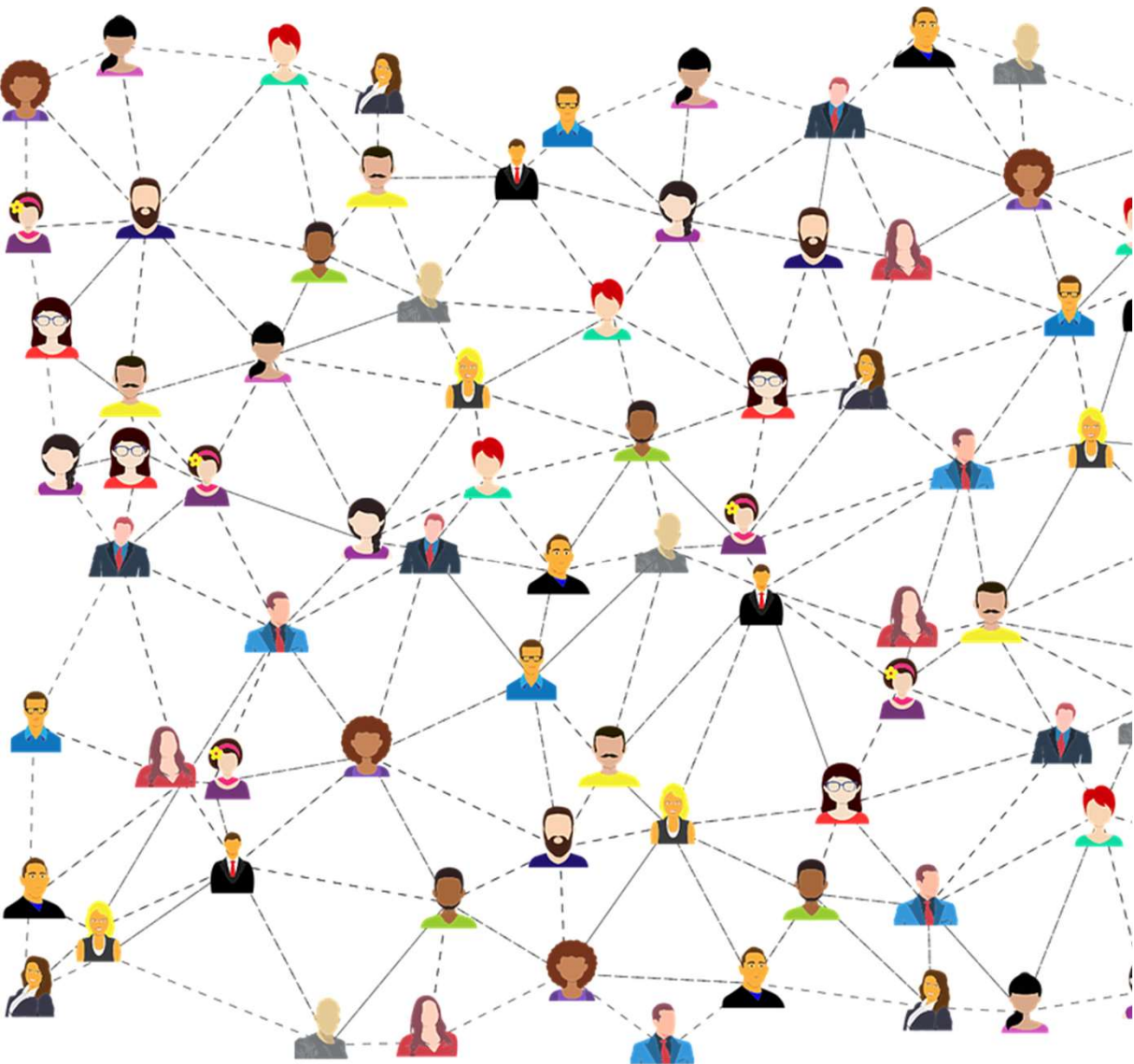
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- **Insults/Degrading Comments**
 - **Yelling**
 - **Malicious Rumors**
 - **Refusing to work/speak w/
colleagues**
 - **Unjustified discipline**



Subtle Toxic Behavior

- **Passive aggression**
- **Professional Slander**
- **Degrading the care/work of others**
- **Degrading patients' appearance, weight, health**
- **Coded sexism/racism**





Prevalence of Toxic Behavior

Prevalence

- **Healthcare Executives (ACHE):**
 - **98% annually**
 - **30% weekly**
 - **10% daily**



International survey of operating room clinicians (Villafranca 2016):

- **98% experienced behaviors in past year**
- **Average of 63 days/year**

Sexual Harassment of PAs, NPs, Nurses

Medscape 2018:

- **11% Experienced**
- **14% witnessed**

PA Students Experiences

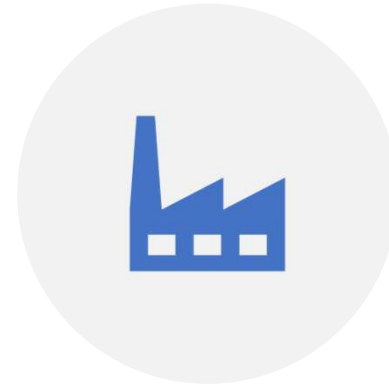
- **(2020 PAEA):**
 - **Publicly embarrassed: 29%**
 - **Publicly humiliated: 15%**
 - **Unwanted sexual advances: 6%**



What about other industries?



NURSING BULLYING:
26-77%



**NON-HEALTHCARE
INDUSTRIES: 15%**



Mechanics of Toxic Behavior

Response to danger:


- Fight
- Flight
- Freeze
- Fawn
- Flop



The Power of Bad

- Bad experiences are *intentionally* more powerful triggers of emotion and memory
- They are more likely to influence our perception of events
- They spread faster and stay longer than positive experiences



A photograph of several light-colored wooden chess pawns on a dark, textured surface. Most pawns are clustered together on the left side, while one pawn stands alone on the right side. A black rectangular box with red text is overlaid on the right side of the image.

**Most healthcare
workers are not
regularly
perpetrating
toxic behavior**



Power Gradients

Power Gradients

- Can be formal (Supervisor and employee)
- Traditional/Hierarchical (Physician and Nurse)
- Social (popular or numerous vs unpopular or isolated)
- Financial (wealth and class)
- Based on gender, race, etc.



Who gets fired for unprofessional behavior?

Nurses: 61%

Physicians: 22%

- Why might this be?



Who bullies trainees in the UK?

- #1: Attending Physicians
- #2: Nurses
- Why might that be?

Mullan CP, Shapiro J, McMahon GT. Interns' experiences of disruptive behavior in an academic medical center. J Grad Med Educ 2013; 5: 25-30



Power Gradients and the “Other”

- Risk factor for resident bullying:

(JAMA, 2019)

- Non-English native language
- Foreign medical graduate
- Foreign residency



Who gets bullied in the UK Health system?

TIDES Study:

Most like to experience discrimination and harassment: women, Black ethnic minority, migrants, nurses, nursing assistants



Research

JAMA Surgery | **Original Investigation**

Prevalence and Nature of Sexist and Racial/Ethnic Microaggressions Against Surgeons and Anesthesiologists

Neha T. Sudol, MD; Noelani M. Guaderrama, MD; Pamela Honsberger, MD; Jennifer Weiss, MD; Qiaowu Li, PhD; Emily L. Whitcomb, MD, MAS

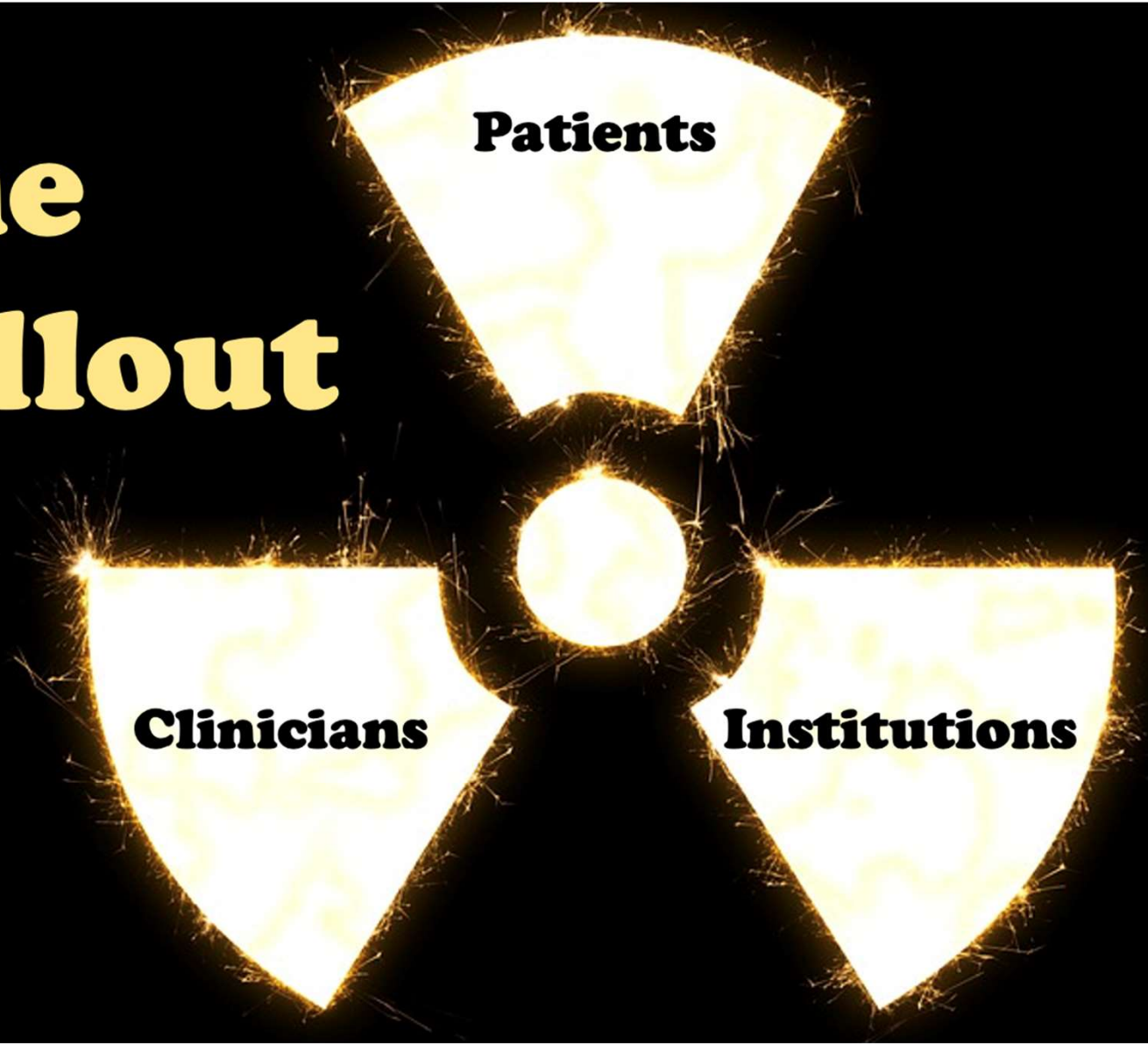
- Female Physicians: 94%
- Racial/Ethnic Minority Physicians: 81%
- Both groups more likely to report burnout

The Fallout

Patients

Clinicians

Institutions



The Clinician



Clinicians Suffer:



- Anxiety/depression
- Emotional distress and burnout
- Increased use of sedatives/sleep aids

Vartiainen M. Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. Scand J Work Environ Health 2001; 27: 63-9.

Consequences of Racial and Gender Discrimination

- Racial discrimination predicted symptoms of depression, anxiety, and PTSD
- Gender discrimination predicted symptoms of PTSD and burnout

Open Access Article

Racial and Gender Discrimination Predict Mental Health Outcomes among Healthcare Workers Beyond Pandemic-Related Stressors: Findings from a Cross-Sectional Survey

by  Rachel Hennein^{1,2,*} ,  Jessica Bonumwezi³ ,  Max Jordan Nguemini Tiako⁴ ,  Petty Tineo³  and  Sarah R. Lowe⁵ 



The Institution

Employees say:

- 60-80% lost time
- 70% reduced performance
- 50% avoided work
- 12% quit



The Cost:

- \$11,600/nurse/year
- Quit: 1.5 to 2.5 x salary
- \$1,000,000/hospital/year



Why do PAs Leave Their Jobs?

ORIGINAL RESEARCH

Reasons PAs leave their jobs

Harrison Reed, MMSc, PA-C; Kari Bernard, PhD, PA-C; Noël Smith, MA



Top Reasons PA Quit Jobs- 2019


(n = 1,261)

- 1. Better Work/Life Balance- 16.8%**
- 2. Moved- 16.7%**
- 3. Toxic/Abusive environment- 13.6%**



The Patient



- 
- - Poor clinical communication
 - - Increased medication errors
 - - Reluctance to report/fix errors
 - - Decreased procedural skills



Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes

Linda H. Aiken, PhD, RN, FAAN, Sean P. Clarke, PhD, RN, FAAN, Douglas M. Sloane, PhD, Eileen T. Lake, PhD, RN, and Timothy Cheney
Director (Dr Aiken), Associate Director (Dr Clarke), Research Professor (Dr Sloane), Assistant Professor (Dr Lake), Senior Analyst (Mr Cheney), Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Philadelphia, Pennsylvania

14%



The Impact of Rudeness on Medical Team Performance: A Randomized Trial

Arieh Riskin, MD, MHA^{a,b}, Amir Erez, PhD^c, Trevor A. Foulk, BBA^c, Amir Kugelman, MD^d, Ayala Gover, MD^d, Irit Shoris, RN, BA^e, Kinneret S. Riskin^e, Peter A. Bamberger, PhD^g

ORIGINAL RESEARCH

Exposure to incivility hinders clinical performance in a simulated operative crisis

Daniel Katz,¹ Kimberly Blasius,² Robert Isaak,² Jonathan Lipps,³
Michael Kushelev,³ Andrew Goldberg,¹ Jarrett Fastman,¹
Benjamin Marsh,¹ Samuel DeMaria¹

Control Group

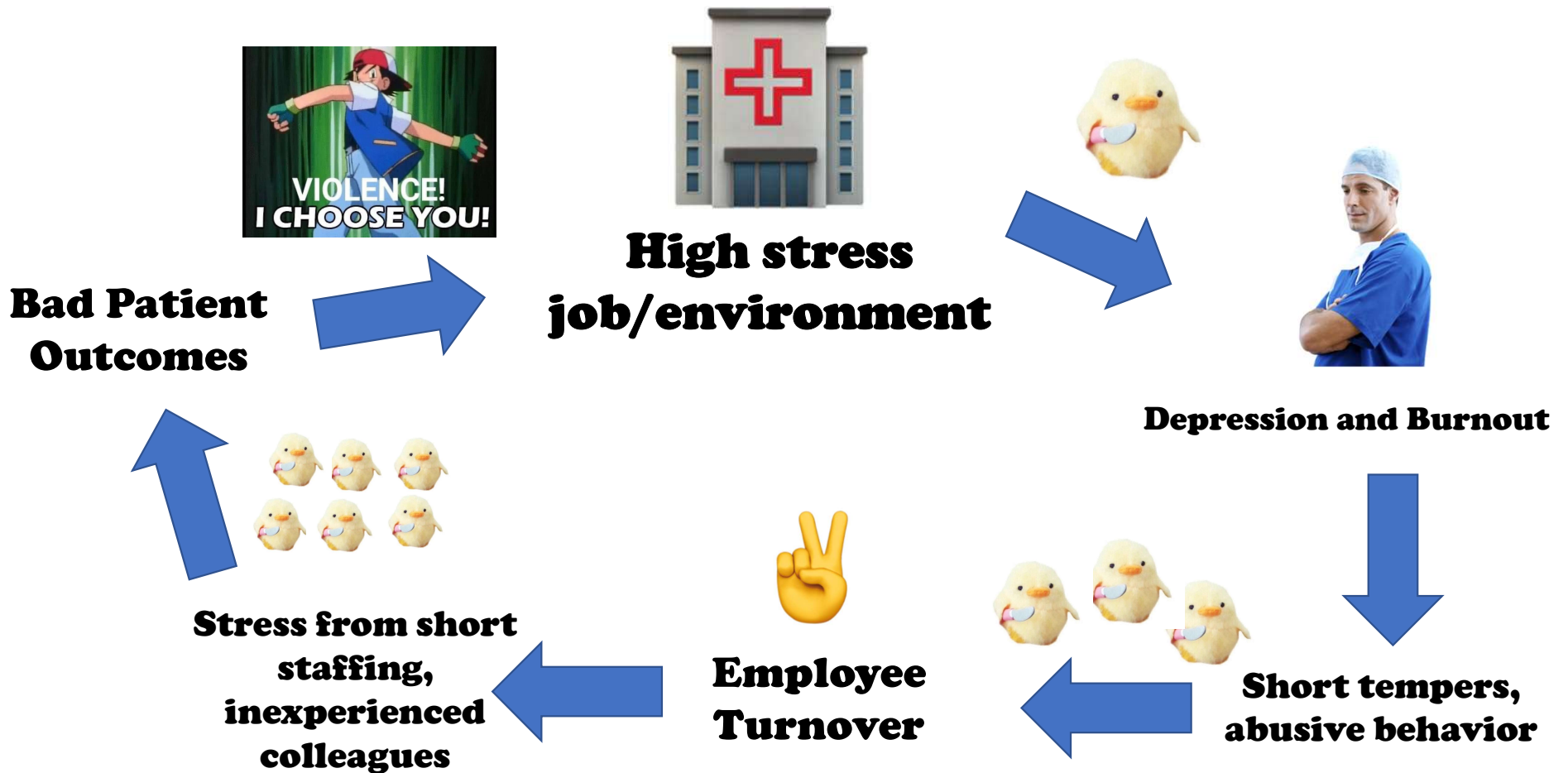
91%

Treatment Group

64%

***Rude actors were not permitted to use inappropriate language, be physically intimidating, or scream**

The Toxic Culture Death Spiral



So, what's the solution?

Institutional leadership and policies



Frontline culture and buy-in

Think “culture” when hiring

Institutional leadership and policies

**Hiring personality
over productivity**

Healthy workplace and workers

**Welcoming new
hires;
No culture of
“hazing”**

Frontline culture and buy-in

Action toward bad behavior

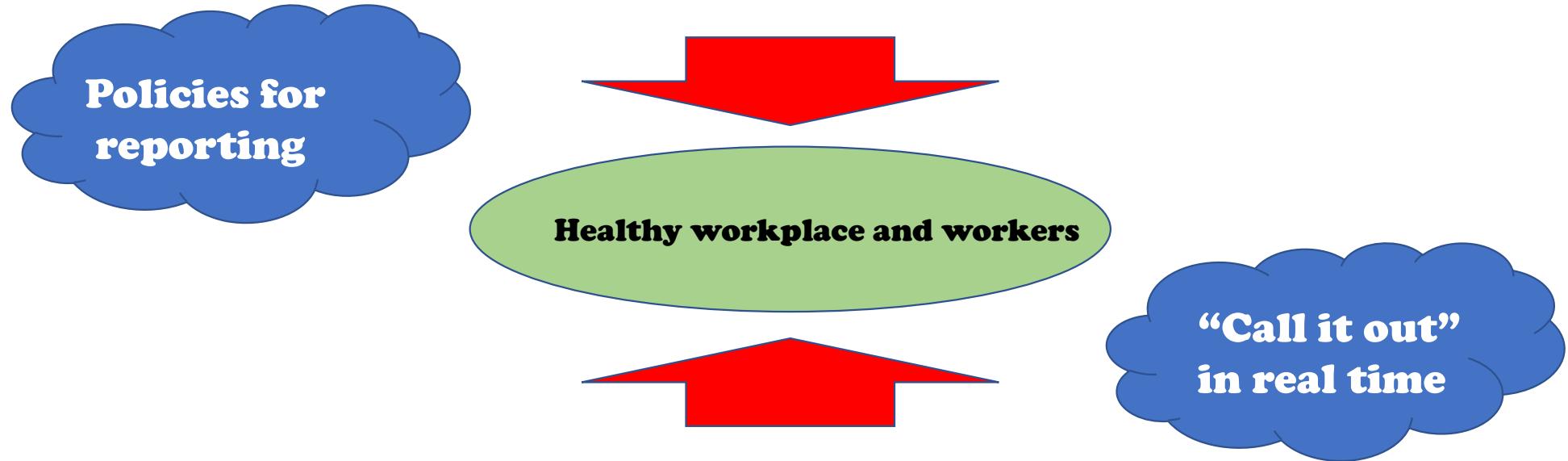
Institutional leadership and policies

Policies for reporting

Healthy workplace and workers

**“Call it out”
in real time**

Frontline culture and buy-in



Action towards bullies

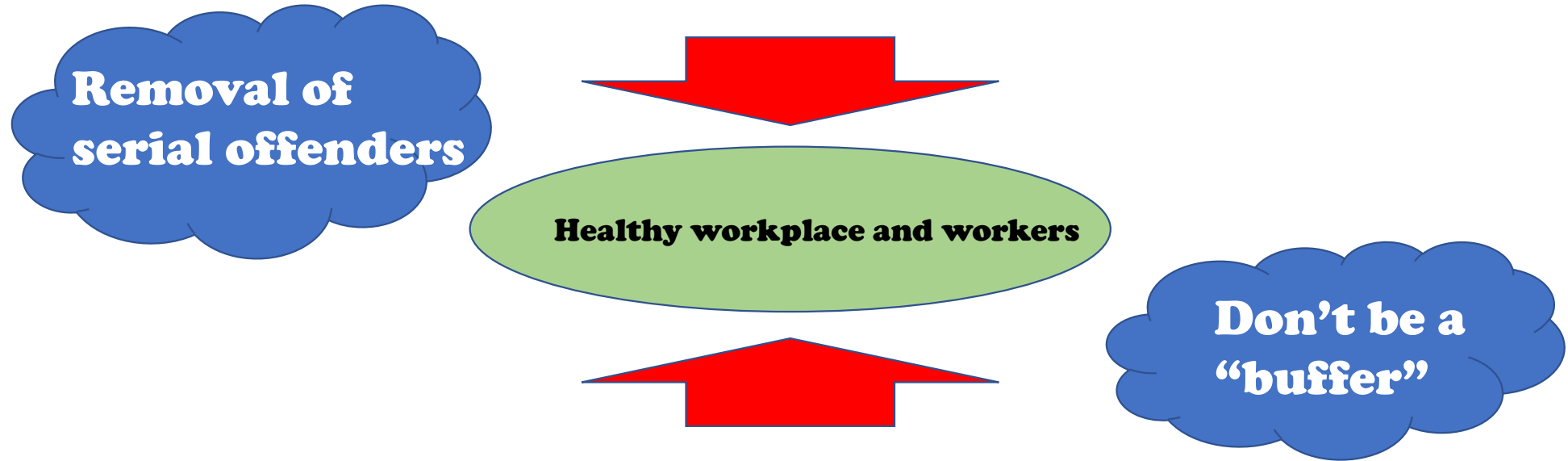
Institutional leadership and policies

**Removal of
serial offenders**

Healthy workplace and workers

**Don't be a
"buffer"**

Frontline culture and buy-in



Parting Thoughts..

- Change often takes pressure
- We have control over hyper-local culture
- Prevalence has been established.
Solutions need work

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