

Unprofessional behaviours in health care. What is the problem and what interventions are effective in bringing change?


Professor Johanna Westbrook

**Director, Centre for Health Systems Safety Research
Australian Institute of Health Innovation, Macquarie University**

*ANZICS Conference
Auckland, New Zealand
4th April 2019*

"What I tell my trainees is that, if you are approached for sex, probably the safest thing to do in terms of your career is to comply with the request,"

Australian surgeon Gabrielle McMullin (2015)



"There are cases in which women have been targeted for sex and their refusal has led to the ruining of their careers."

Dr Gabrielle McMullin on sexual harassment in the medical profession

#abc730

7.30

Bullying, discrimination, harassment is endemic in clinical settings



MACQUARIE
University

71% of hospitals reported bullying, discrimination or sexual harassment of surgeons in past 5 years -*RACS 2015*

49% of surgical fellows/trainees victims of bullying, harassment or sexual harassment -*RACS 2015*



34% Emergency Medicine physicians bullied, 22% discriminated against, 16% harassed, 6% sexually harassed - *Australian College of Emergency Medicine 2017*

25% of individuals working in health agencies have been bullied -*Victorian Public Sector Commission 2016*

40% of nurses bullied or harassed in last 12 months -*Aus. Nursing & Midwifery Foundation (Vic branch) 2015*

Prevalence of bullying, discrimination and sexual harassment among trainees and Fellows of the College of Intensive Care Medicine of Australia and New Zealand

The Board of the College of Intensive Care Medicine
of Australia and New Zealand

Critical Care and Resuscitation • Volume 18 Number 4 • December 2016

Venkatesh et al

- ❖ Survey of trainees and Fellows – 951 respondents
- ❖ 32% reported bullying, 12% discrimination, 3% sexual harassment in previous 12 months.
- ❖ 70% of perpetrators were consultants and the highest proportion were ICU consultants.

Sydney's Westmead Hospital stripped of ICU training accreditation following bullying claims

27 Oct 2018

A fifth of NHS doctors were bullied or abused last year, study finds

The Guardian 1 November 2018



The extent of Bullying experienced by junior doctors in Malaysia *July 22 2018*



79.6% (n=426)
experienced bullying

Bullying severe
enough to cause
symptoms -71%

Of those bullied,
16.9% felt suicidal at
some point

USA

1 in 10 female physicians harassed by their colleagues, report finds

Written by Alyssa Rege | June 13, 2018 |

31% of RNs reported workplace bullying in past year
(Schroeder & Hollis 2013)



What is unprofessional behaviour?



Unprofessional Behaviour



Bullying
Harassment
Discrimination
Sexual harassment

Unreasonable Criticism
Rudeness
Incivility
Disrespect
Poor communication
Withholding information
Passive aggression

What do you think?

Kahoot.it

Does rudeness & incivility really matter?

Experimental, simulation and observational studies demonstrate rudeness and incivility significantly impact performance



Experimental Studies

“What is it with you undergrads here at university XX? You always arrive late; you’re not professional. I conducted this type of study at other universities and I can tell you that students here leave a lot to be desired as participants”.

Porath C, Erez A (2007) Academy of Management Journal 50: 1181-1197



University students exposed to mild generic rudeness versus non-exposure.

Outcomes

- Intervention group – performed significantly worse on four measures of task performance. They also tended to be less helpful.
- People who experience rude acts ‘strike back’ not allocating their resources towards tasks and may withhold effort and decrease commitment

Increases cognitive load

- ❖ Thoughts about a rude act



“..steal cognitive resources from a task, decrease attention, and potentially overload working memory with distracting thoughts, but may also disrupt tasks that require coordination of ideas” p1183



“When someone is uncivil to you, it forces you to spend a lot of mental energy trying to figure out what’s going on, what caused the rudeness, what it means.”

Organisational study

Rosen et al 2016 Who strikes back? A daily investigation of when and why incivility begets incivility. J App Psychology. 101: 1620-1634.

- 2016 Study followed 70 staff who had experienced insult earlier in the day

- Individuals more likely to strike back at co-workers later - *in part due to mental fatigue*

- Certain organisational contexts make “incivility contagion” more likely

Even mild incivility & 'rudeness' negatively affects team performance

Pediatrics
August 2015

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

Arieh Riskin, Amir Erez, Trevor A. Foulk, Amir Kugelman, Ayala Gover, Irit Shoris, Kinneret S. Riskin, Peter A. Bamberger

- ❖ NICU teams simulating management of a clinical deterioration of an infant **performed worse when they were spoken to rudely** by their 'expert advisor'.
- ❖ A decrease in diagnostic performance due to **reduced information-sharing** in the team subjected to rudeness.
- ❖ Also had poorer procedural performance due to a **reduction in help-seeking behaviour**.





Simulation study

Riskin et al (2017) Rudeness and medical team performance. Pediatrics 139:

- Teams participated in 5 emergency scenarios in neonatal medicine.

- Randomly exposed to rudeness by patient's mother

"I knew we should have gone to a better hospital where they don't practice Third World medicine"

- *Intervention teams had significantly poorer performance with respect to diagnosis and intervention.*

Cultural change is needed

A 2016 Australian Senate inquiry recommended that governments, hospitals, speciality colleges and universities

“...commit to ongoing sustained action and resources to eliminate [bullying and harassment]”

But how?

Evidence of effective interventions

Very Limited



Gillen et al (2017) *Interventions for prevention of bullying in the workplace (Cochrane Review)*.

“organisational and individual interventions may prevent bullying in the workplace. However, the evidence is of very low quality. We need studies that use better ways to measure the effect of all kinds of interventions to prevent bullying”

A Complementary Approach to Promoting Professionalism: Identifying, Measuring, and Addressing Unprofessional Behaviors

Gerald B. Hickson, MD, James W. Pichert, PhD, Lynn E. Webb, PhD,
and Steven G. Gabbe, MD

Acad Med. 2007; 82:1040–1048.

Professional Accountability Programs

“Focus on four graduated interventions: informal conversations for single incidents, nonpunitive ‘awareness’ interventions when data reveal patterns, leader-developed action plans if patterns persist, and imposition of disciplinary processes if the plans fail.”

Safety Culture

An Intervention Model That Promotes Accountability: Peer Messengers and Patient/Family Complaints

James W. Pichert, PhD; Ilene N. Moore, MD, JD; Jan Karrass, MBA, PhD; Jeffrey S. Jay, JD; Margaret W. Westlake, MLS; Thomas F. Catron, PhD; Gerald B. Hickson, MD

- 7 community hospitals and 9 academic medical centers in the US
- 178 peer messengers delivered messages to 373 physicians identified as at 'high risk' due to the number of patient complaints
- Physicians received data regarding their patterns of complaints relative to peers and we informed their would be a followup
- 3% of physicians reacted with anger; 76% receptive and interested and ~ 20% were judged to be neutral/moderate or frustrated/defensive.
- Reduced complaints for 36% (n=135) over 5 years

Professor Gerald Hickson



Vanderbilt Center for Patient
and Professional Advocacy



Interview with Dr Norman
Swan
Health Report

‘Addressing unprofessional behaviour by doctors’

Association between patient complaints & surgical outcomes



Audio: ABC Radio National, 9 September 2013

The intervention: SVHA *Ethos* program



Professional Accountability Program

- Encourage staff to call-out unprofessional behaviours by removing the barrier of having to report to superior
- Anonymous reporting system for staff
- Trained Peers to convey messages
- Not an investigation but focus on impact of behaviours on others
- Encourage reflection and correction of behaviours before they escalate
- Repeated reports prompt formal disciplinary actions

***Ethos* program evaluation objectives**



MACQUARIE
University

\$1.2M NHMRC Research Grant 2017-2021

Assess the effectiveness of Ethos:

Aim 1 - Reduce unprofessional behaviours

Aim 2 - Improve the experience of staff

Aim 3 - Improve the safety, experience and outcomes of patients

Aim 4 - Identify **enablers and barriers** to *Ethos* program effectiveness and **enhance spread and sustainability**

SVHA (12 hospitals: 2 large public and 10 private hospitals across Australia)

Controlled before-and-after, multimethod evaluation study: Surveys, direct observations, interviews, analysis of clinical indicator and staff retention data

Being given unreasonable workload/deadlines
Opinions being ignored
Being spoken to rudely
Someone withholding information which affects work performance
Excessive monitoring of work
Being ignored or excluded
Repeated reminders of errors or mistakes
Being shouted at or being the target of anger
Physically intimidating behaviours
Having key areas of responsibility removed or replaced...**
Being told sexually explicit or offensive jokes/comments at work
Hints or signals from others to quit your job
Being humiliated or ridiculed
Having unjustified allegations made
Treated unfairly based on gender, ethnicity...***
Negative comments or offensive jokes about gender, ethnicity...*
Being the subject of excessive teasing/sarcasm
Graphic comments about appearance, sexual or private life
Unwelcome practical jokes
Inappropriate or unwanted touching
Threats of violence/physical abuse
Being shown sexually suggestive photos, videos, emails or texts
Unwelcome sexual flirtations/persistent requests for dates
Physical assault (e.g. hitting, shoving, punching)
Sexual assault
Demands for sexual favours



The
Longitudinal
Investigation
Of
Negative behaviour
Survey

**26 Unprofessional
Behaviours -
Frequency of
experienced &
witnessed in the
last 12 months**

Top Ten Most Frequently Reported Unprofessional Behaviours

| | Percentage of Staff Reporting | |
|--|--|--|
| | Weekly or more frequent Aust [‡] | Weekly or more frequent NZ [#] |
| Being spoken to rudely | 18.2 | Not included |
| Opinions being ignored | 18.0 | 10.1 |
| Given unreasonable workload/deadlines | 11.3 | 21.2 |
| Someone withholding information which affects work performance | 10.5 | 9.0 |
| Excessive work monitoring | 9.1 | 4.7 |
| Being ignored or excluded | 8.1 | 4.5 |
| Being shouted at or being the target of anger | 5.8 | 1.4 |
| Repeated reminders of errors or mistakes | 4.5 | 1.7 |
| Being told sexually explicit or offensive jokes at work | 3.9 | Not included |
| Physically intimidating behaviours | 3.5 | 1.2 |

Chambers et al 2018 "It feels like being trapped in an abusive relationship: bullying prevalence and consequences in the NZ senior medical workforce. BMJ Open

‡ Preliminary results

* Compiles the responses 'weekly', 'daily' and 'multiple times daily'

Cultures are important for safety

“Positive organisational and workplace cultures were consistently associated with a wide range of patient outcomes such as reduced mortality rates, falls, hospital acquired infections and increased patient satisfaction”



Open Access

Research

BMJ Open Association between organisational and workplace cultures, and patient outcomes: systematic review

Jeffrey Braithwaite, Jessica Herkes, Kristiana Ludlow, Luke Testa, Gina Lamprell

Braithwaite J, *et al. BMJ Open* 2017;

What do we need to do?

Need to move from describing the problem to implementing interventions.

Require multi-pronged approach – from education, organizational and professional association responses

Build rigorous evidence of effectiveness of interventions & their mechanisms

NZ – leading the way in showing the world things can be done differently



Thank You

Johanna.westbrook@mq.edu.au