

Creating a Culture of Safety

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LLI Vision of Safe Health Care

We envision a culture that is open, transparent, supportive, and committed to learning; where doctors, nurses, and all health workers treat each other and their patients competently and with respect; where the patient's interest is always paramount, and where patients and families are fully engaged in their care.

LLI Vision of Safe Health Care

We envision a culture centered on teamwork, grounded in mission and purpose, in which organizational managers and Boards hold themselves accountable for safety and learning to improve. In a learning organization, every voice is heard; every worker is empowered to prevent system breakdowns and to correct them when they occur.

The culture we envision aspires to, strives for, and achieves unprecedented levels of safety, effectiveness, and satisfaction in health care.

NURSES: Results of surveys of nurses about disruptive behavior

- Witnessed or received abuse 95%
- Verbal abuse every 2-3 months 64%
- Believe it is a cause of nurses leaving 37%
- Percent of doctors exhibiting it 5.7%

PHARMACISTS: Results of survey of 4800 by ISMP 2013

	<u>Ever</u> %	<u>10+</u> %
Doctors who won't answer questions	84	14
Impatient, hang up	74	11
Condescending, demeaning, insulting	71	15
Won't follow safe practices, collab.	69	13
Yelling, cursing, threats	57	6

STUDENTS: Burnout, Depression, Suicide

Survey of all medical students at 7 medical schools:
2682 responders (61%)

Burnout: 53%

Dyrbe, Massie, et al, 2010, JAMA 304:1173

- Moderate-severe **depression:** 14.3%
- Seriously considered **suicide:** 4.4%
- Considered **dropping out**, past mo.: 15.2%

Schwenk, Davis, Wimsatt, 2010 JAMA 304:1181

PATIENTS: MPH Students: Patient Care Experiences

Of 41 interviews, 30 patients had serious problems with:

- Care coordination
- Knowing what was happening, to be expected
- Physicians who:
 - Did not listen
 - Would not explain
 - Had no interest in the patient's problems or concerns
 - Were rude, demeaning, or disrespectful
 - Would not take responsibility or apologize

Perspective: **A Culture of Respect, Part 1: The Nature and Causes of Disrespectful Behavior by Physicians**

Lucian L. Leape, MD, Miles F. Shore, MD, Jules L. Dienstag, MD, Robert J. Mayer, MD, Susan Edgman-Levitan, PA, Gregg S. Meyer, MD, MSc, and Gerald B. Healy, MD

Perspective: **A Culture of Respect, Part 2: Creating a Culture of Respect**

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The Spectrum of Disrespectful Behavior

- A. Overt** - Disruptive/demeaning Behavior
- B. Covert** - Passive Resistance
- C. Institutionalized** (Normalized)

The Spectrum of Disrespectful Behavior

A. Overt - Disruptive/demeaning Behavior

- Disruptive physician
- Humiliation

QUESTION: Do you agree?

In the past three months, I have been the victim of or witnessed disruptive or humiliating behavior

Avg: 55

Nurses: 85

The Spectrum of Disrespectful Behavior

A. Overt - Disruptive/demeaning Behavior

- Disruptive physician
- Humiliation
- Dismissive and degrading put-downs

NOT the vast majority of doctors

The Spectrum of Disrespectful Behavior

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B. Covert - Passive Resistance

B. Covert - Passive Resistance

- “Autonomy nuts” – don’t value others’ opinions, expert recommendations, etc.
- Chronically late, bored
- Won’t follow safe practices, checklists, protocols
- Poor team player
- Doesn’t participate in QI / safety improvements

The major cause of failure of QI and safety projects is lack of physician participation

QUESTION: Do you agree?

Some doctors feel the rules don't apply to them

Avg: 93

Nurses: 98

QUESTION: Do you agree?

In my hospital, people are held accountable for safety. If they deliberately violate a safe practice, they are punished.

Avg: 40

Nurses: 46

QUESTION: Do you agree?

In my hospital, many doctors do not participate in quality improvement or safety initiatives

Avg: 55

Nurses: 68

QUESTION: Do you agree?

Many doctors are not good team players

Avg: 64

Nurses: 77

The Spectrum of Disrespectful Behavior

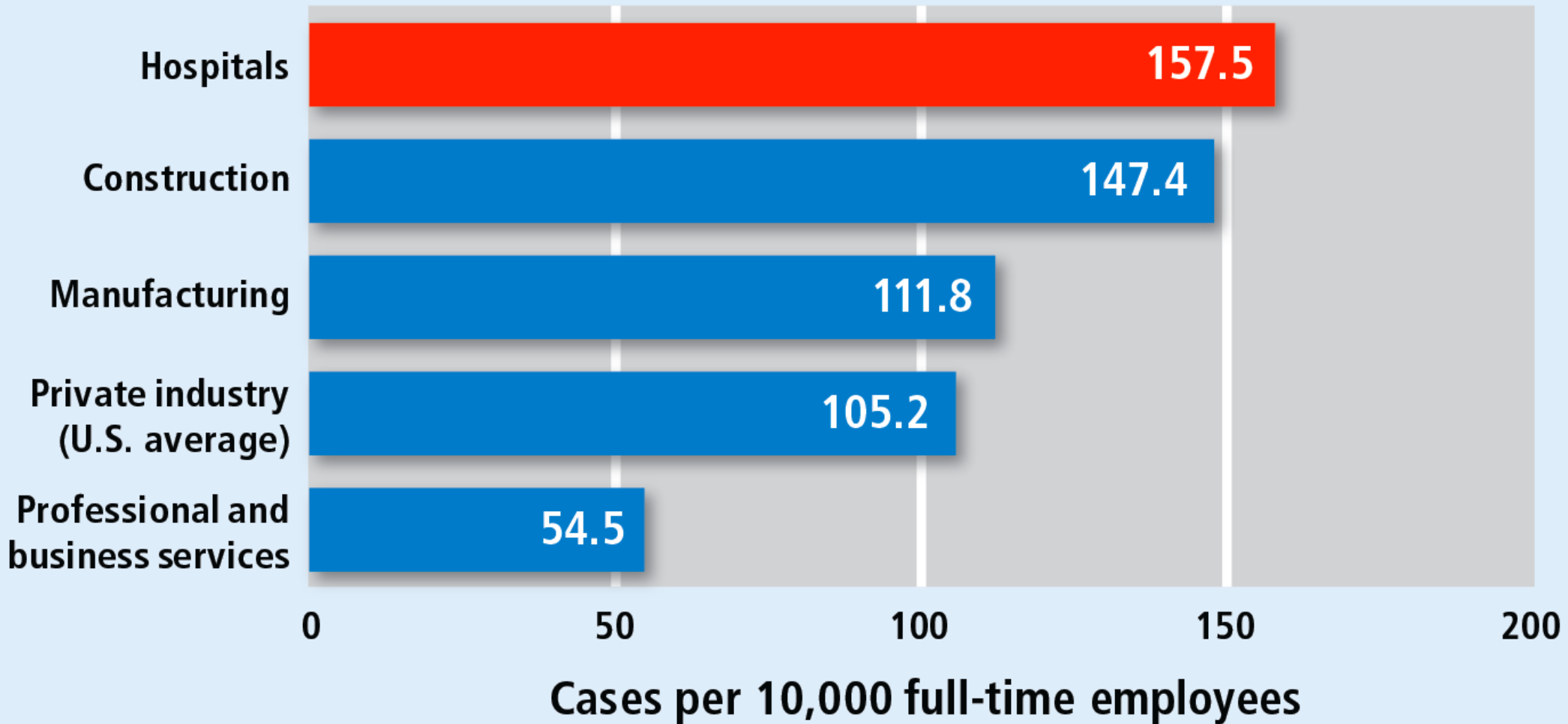
C. Institutionalized Disrespect

1) *Of workers - The Workplace Environment*

a) Physical disrespect

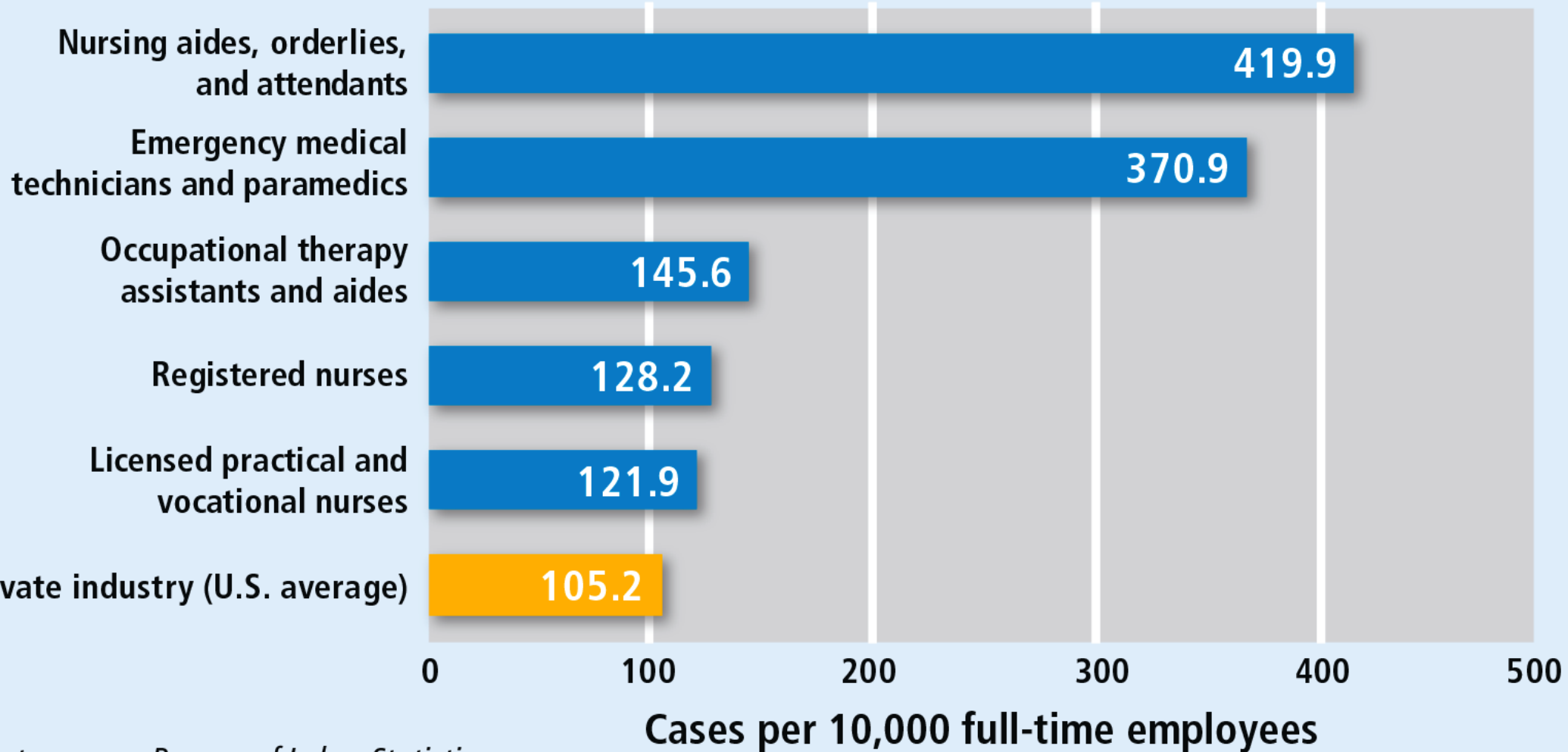
- Worker safety

Injuries resulting in lost days of work



Data source: Bureau of Labor Statistics

Rates of injuries resulting in days away from work



Data source: Bureau of Labor Statistics

The Spectrum of Disrespectful Behavior

C. Institutionalized Disrespect

1) *Of workers - The Workplace Environment*

a) Physical disrespect

- Worker safety
- Work hours
- Work loads

The Spectrum of Disrespectful Behavior

C. Institutionalized Disrespect

1) *Of workers - The Workplace Environment*

a) Physical disrespect

- Worker safety
- Work hours
- Work loads

b) Psychological disrespect

The Spectrum of Disrespectful Behavior

C. Institutionalized Disrespect

2) *Of patients*

- Non-shared decision-making
- Failure to inform and involve patients in daily care
- Lack of full disclosure, apology, compensation

The Spectrum of Disrespectful Behavior

C. Institutionalized Disrespect

2) *Of patients*

- Non-shared decision-making
- Failure to inform and involve patients in daily care
- Lack of full disclosure, apology
- Lack of common courtesy
 - Greeting, please, thank you...
 - First names, “Honey”
- Waiting

The Spectrum of Disrespectful Behavior

- A. Overt/Active - rare
- B. Covert/Passive - common
- C. Institutionalized - pervasive

We have a culture of disrespect

A culture that teaches, tolerates, and rewards disrespectful treatment of **all** of its people – doctors, nurses, pharmacists, students, patients

Disrespect is the root cause of our poor quality and safety, and of the dissatisfaction and unhappiness of our patients and our nurses and doctors

Why are we disrespectful?

Why are so many doctors and nurses so unhappy?

- * Overworked
- * Drowned in record-keeping
- * Everyone is telling them what to do
- * No slack to enjoy and improve

Intrinsic motivation

- * Autonomy
- * Mastery
- * Purpose

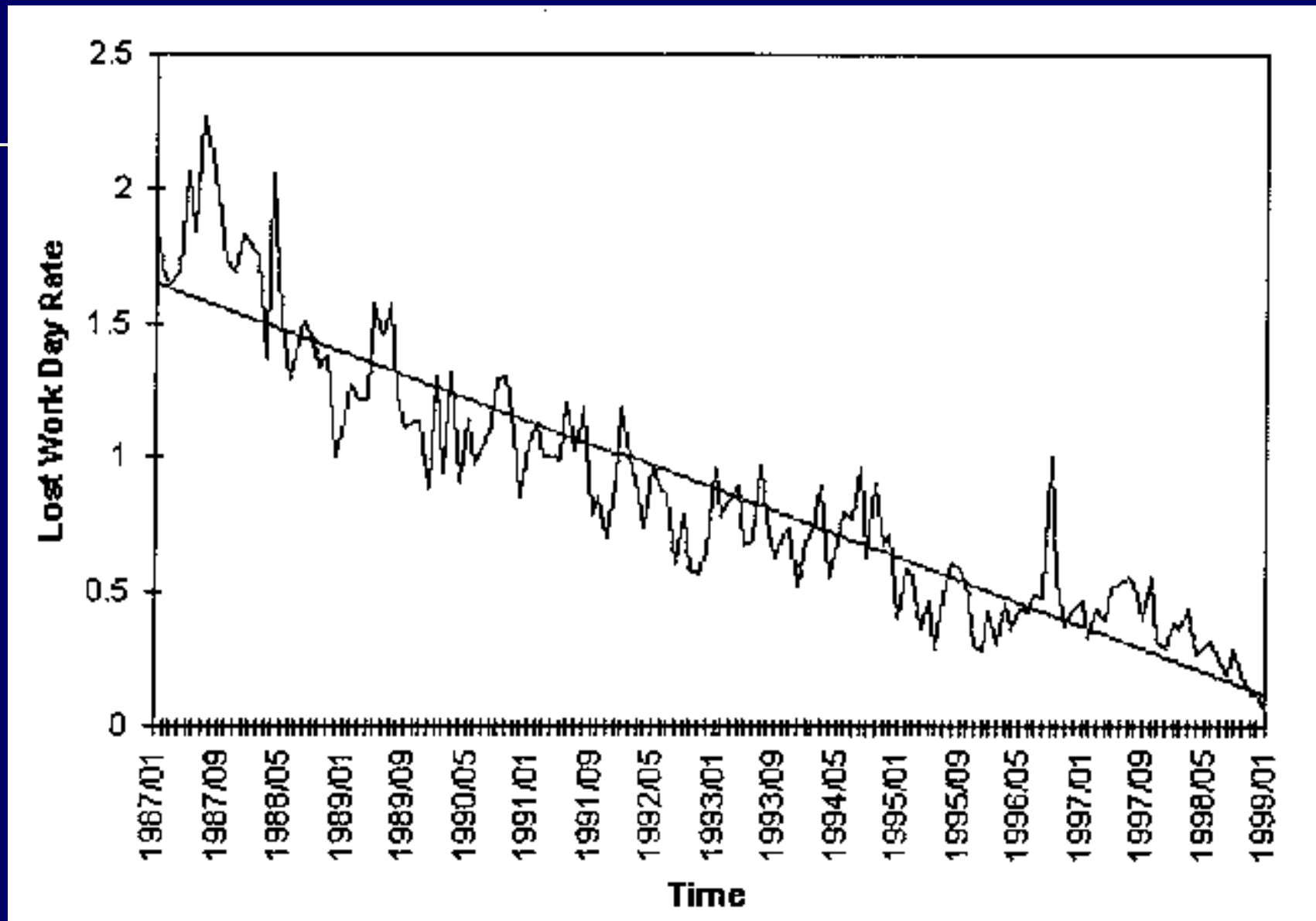
Daniel H. Pink, DRIVE 2009

What to do?

1. Solve the disruptive doctor problem
2. Enforce the rules
3. Change the environment

Paul O'Neill's story

Safety at Alcoa



Paul O' Neill on Safety

Every worker's experience, every day:

- I am treated with dignity and respect by everyone, regardless of position, education or pay.
- I have the support I need to make a contribution that gives meaning to my life.
- I am recognized and thanked for what I do.

Paul O' Neill on Safety

Every worker's experience, every day:

- I am treated with dignity and **respect** by everyone, regardless of position, education or pay.
- I have the **support** I need to make a contribution that gives meaning to my life.
- I am recognized and **thanked** for what I do.

The secret of the care of the patient
is caring for the patient

Francis Weld Peabody

The secret of the care of the patient
is caring for the caregiver