



RESEARCH BRIEF



CRUCIAL MOMENTS IN HEALTHCARE

**Patient Safety and Quality of Care Impacted by
Silence around Five Common Workplace Issues**



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Crucial Moments in Healthcare

PATIENT SAFETY AND QUALITY OF CARE IMPACTED BY SILENCE AROUND FIVE COMMON WORKPLACE ISSUES

by David Maxfield and Joseph Grenny



Wouldn't it be nice if the "drama" on TV shows like General Hospital, Grey's Anatomy, and House was entirely fictional? Unfortunately, it's not. Many studies have shown that interpersonal drama within caregiver teams is not only real, but it also has a real impact on healthcare outcomes, including patient safety. Our latest study reconfirms what previous studies have uncovered and also points the way to solving the drama.

Drama occurs when small problems are blown out of proportion, last for extended periods of time, and put relationships at risk. Drama often includes gossiping, backstabbing, blackmailing, and betrayals. It's the stock and trade of late-night TV programming.

Some level of drama is inevitable in every workplace and there are solid reasons why drama develops within healthcare teams. Below are a number of factors that contribute to drama in healthcare:

1. LONG HOURS

Healthcare professionals work extended shifts together (typically twelve-hour shifts); there is a fair amount of downtime during which they are together talking to pass the time; and they share emergencies, deaths, and other significant emotional events. These conditions create a community of people who know each other fairly well and have personal as well as professional relationships.

2. TAXES ON TRUST

In most personal relationships, reciprocity is the coin of the realm. Simple social trades grow into trusting friendships. Each person comes through for the other. They learn to count on each other and trust each other. If a person makes unreasonable requests that draw down too far on this trust, then they are seen as imposing or bossy.

3. POWER TRUMPS RELATIONSHIP

Hierarchies create exceptions to this reciprocity rule. It is understood that we obey our boss, but that our boss does not obey us. In healthcare, these hierarchies can be confusing because they include specialties and roles, as well as reporting relationships.

4. URGENCY TRUMPS BOUNDARIES

The urgent and varied nature of medical tasks mean people often work well outside of their normal job descriptions. Job expectations can be ambiguous, overlapping, and confusing.

5. STAKES ARE ALWAYS HIGH

The life-and-death nature of healthcare work means the stakes are often high, and people respond with a lot of emotion. These outbursts often result in hurt feelings and damaged relationships.



Here are how these factors combine to create toxic drama: Suppose an RN asks a tech to clean vomit off the floor. The RN probably views this as an appropriate use of the tech's rank and of her time. The tech may wonder, however. He has certainly seen the RN clean vomit off the floor (nurses do everything), so he may decide the nurse is asking a favor. Or he may decide the nurse is trying to boss him around. If he thinks she is asking too much, what recourse does he have? Maybe he pushes back and she snaps at him in anger. Now he feels insulted and hurt. But what can he do? He can complain about her, avoid her, and be as mean to her as he can get away with—in other words, he can resort to drama.

Not all disputes turn into drama. Drama occurs when concerns are acted out rather than talked out. The void of silence from a lack of honest conversation is filled with negative stories about the other person. Since these dramatic stories about others' character, motives, or competence aren't tested through open dialogue, they quickly harden into facts in the storyteller's mind. These "facts" are often passed to sympathetic colleagues—widening conflict and drawing others into it. As people act as if their negative stories are true, these stories become self-fulfilling prophecies—provoking others to act in ways that confirm their truth.

For example, the tech who felt insulted by the nurse tells himself a story that the nurse doesn't respect him. But he doesn't think he can discuss his concerns with her. Instead, he becomes gruff and uncommunicative whenever she's around. The nurse notices his behavior and tells herself a story that the tech is rude and doesn't like her. But, instead of discussing her concern with him, she acts it out. She becomes rude in turn and the relationship spirals into drama.

Our experience suggests that dialogue is drama's kryptonite. When people share their full concerns in ways that are frank, honest, and respectful, disputes are often solved before they become drama. And, even more importantly, the current study suggests that if disputes are resolved before they become drama, patient safety, quality of care, patient experience, and staff engagement all improve.

THE RESEARCH

We reviewed more than 2,500 stories collected from healthcare professionals. These stories were responses to two surveys that asked respondents to "tell the story" of an incident that put patient safety at risk. These stories averaged 250 words each, and proved to be laced with interpersonal drama.

Our goal in this phase was to identify themes that were common across the stories. Our review revealed five problems that seemed to be flashpoints for drama.

In the next phase of the research, we validated these problems by surveying a different sample of more than 1,200 healthcare professionals. Our goals in this phase were to: a) Describe each problem along several dimensions, b) Determine the impact the problems have on healthcare outcomes, and c) Test whether dialogue inoculates against these negative outcomes.

Description of These Problems

We asked the professionals to describe each problem along four dimensions:

Common: How common is this problem within your workplace?

Costly: When this problem happens, how severe are its impacts—i.e., what impacts does it have on patient safety, quality of care, patient experience, and employee engagement?

Discussable: When this problem happens, do those affected approach those involved directly and address their concerns fully and respectfully?

Solvable: When this problem happens, is it quickly solved in a way that satisfies everyone involved?



Below are the problems we explored, together with the results for each:

1. UNMOTIVATED PEER

A peer is not fully engaged, not fully motivated, or fails to take full initiative. For example, he or she may take shortcuts, take excessive breaks, be off the unit, fail to notice problems, fail to take initiative to fix problems, fail to clean up, fail to offer to help out, does things the easy way, doesn't pull his or her weight, or doesn't do his or her fair share.

Common: 61 percent of respondents said the problem of an unmotivated peer was moderately or extremely common.

Costly: 72 percent said this problem was moderately or extremely costly.

Undiscussable: 75 percent said it was barely or not at all discussable.

Unsolvable: 76 percent said it was barely or not at all solvable.

2. DIFFICULT PEER

A peer is gossiping, talking negatively about others, starting hurtful rumors, is rude, gives others the cold shoulder, is sarcastic, or is mean.

Common: 56 percent of respondents said the problem of a difficult peer was moderately or extremely common.

Costly: 66 percent said difficult peers were moderately or extremely costly.

Undiscussable: 78 percent said this problem was barely or not at all discussable.

Unsolvable: 79 percent said it was barely or not at all solvable.

3. POOR LEADERSHIP

A manager is failing to take charge or fix problems. A manager ignores problems and lets them continue.

Common: 56 percent said the problem of poor leadership was moderately or extremely common.

Costly: 74 percent said poor leadership was moderately or extremely costly.

Undiscussable: 66 percent said it was barely or not at all discussable.

Unsolvable: 72 percent said it was barely or not at all solvable.

4. FAVORITISM

A manager gives their favorites better hours, better job assignments, and better opportunities. He or she may punish people he or she doesn't like with worse hours, job assignments, and opportunities. May be nice to some, but harsh to others.

Common: 32 percent said the problem of favoritism was moderately or extremely common.

Costly: 57 percent said favoritism was moderately or extremely costly.

Undiscussable: 74 percent said it was barely or not at all discussable.

Unsolvable: 69 percent said it was barely or not at all solvable.

5. UNRESPONSIVE PHYSICIAN

A physician is slow to respond to phone calls, pagers, or emails; is late in ways that inconvenience patients, other physicians, and staff; and also may put safety at risk. He or she doesn't show up when expected to.

Common: 38 percent said the problem of unresponsive physicians is moderately or extremely common.

Costly: 66 percent said the problem is moderately or extremely costly.

Undiscussable: 68 percent said it is barely or not at all discussable.

Unsolvable: 70 percent said it is barely or not at all solvable.



Impact of These Problems

We asked respondents to grade their work area or unit along four dimensions: patient safety, quality of care, patient and family experience, and employee engagement and morale. We then used a multiple regression analysis to determine the impact these problems have on each dimension.

How well or poorly a team mastered these five problems predicted the following results:

- Grade on patient safety (R = .47)
- Quality of patient care (R = .47)
- Patient and family experience (R = .42)
- Staff and physician engagement (R = .57)

In summary, mastering how people respond to these invitations to workplace drama is vital to healthcare success.

Dialogue Heals These Problems

We used three methods to test whether dialogue can prevent these problems from becoming the kind of drama that persists, undercuts relationships, and damages patient care.

First, we did a step-wise regression to test how frequency, severity, and discussability predict solvability. This regression showed discussability strongly predicts solvability: R = .75.

Second, we tested whether respondents who worked in teams with a skilled manager (a manager who had completed either of the Crucial Conversations courses achieve better outcomes. They do.

When the manager had been trained in one of these programs, the five problems were significantly less common, more discussable, and more solvable. And they achieved significantly higher scores on patient safety, quality of care, patient experience, and staff engagement. (All probability levels less than .001).

Having a skilled leader is one of the best ways to prevent these problems from becoming drama.

Finally, we looked at the personal, social, and structural influences within the team that either encourage or discourage and either enable or impede dialogue. We used the questions below to measure each of the six sources of influence:

1. Motivation: In general, to what extent do the people on your work team have the will and desire to speak up when they have a concern or see a problem?

2. Skill: To what extent do the people on your work team have the skill to speak up in a frank, honest, and respectful way when they have a concern or see a problem?

3. Encouragement: To what extent do your managers and peers encourage and make it safe for people to speak up when they have a concern or see a problem?

4. Assistance: To what extent do your managers and peers offer help and assistance so that people can speak up when they have a concern or see a problem?

5. Incentives: To what extent does your organization reward, rather than punish, people who speak up when they have a concern or see a problem?

6. Environment: To what extent does the organization provide times, places, and circumstances when people can speak up about their concern or see a problem?

We tested whether teams that encourage and enable dialogue are more successful at eliminating drama and achieving positive outcomes. They are.



When a team had four or more of the six sources supporting dialogue, the five problems were significantly less common, more discussable, and more solvable (all probability levels less than .001).

Leaders can use these six sources of influence to craft strategies that motivate and enable team members to speak up. However, the key is to combine multiple sources of influence into a multifaceted influence plan. In this data set, only 16 percent of responding work places employed four or more sources of influence in combination. This explains why typical cultures in healthcare are laced with the drama this study discovered. The natural order of things in the healthcare world is for caregivers to act out rather than talk out their concerns. But it doesn't have to be that way.

A hopeful minority of hospitals are staffed with leaders who have created cultures of open dialogue, where honest conversation is the norm when problems arise. And they have done so in a clear and predictable way—by engaging a critical mass of the six sources of influence described above. And the result is not just markedly different behavior, it is substantially improved results. These teams and departments score:

- 16 percent higher on patient safety
- 18 percent higher on quality of care
- 19 percent higher on patient experience
- 37 percent higher on staff engagement

All of these improvements are statistically significant (probability levels less than .001).

CONCLUSIONS

Healthcare is not immune to workplace drama. If anything, the stress and complexities introduced by long and difficult hours, power differentials among colleagues, and mounting stresses from regulatory bodies ensures healthcare professionals will face interpersonal strain and frustration at every turn. What this research confirms is that if you can talk about these high-stakes staff issues, you can prevent them from turning into drama before they hinder your ability to deliver great healthcare.

The five problems we've identified in this study aren't the problem. The problem is that, within most healthcare teams, few people feel able to speak up and address them. But there is hope.

The finding that skilled leaders influence this dynamic suggests a great place for healthcare executives to invest attention. And the impact of the six sources of influence on these challenges shows that an integrated strategy aimed at speaking up can work.

NEXT STEPS

If you are looking to change your culture of silence, contact us today to learn how Crucial Conversations for Mastering Dialogue, Crucial Conversations for Mastering Accountability, or Crucial Influence can help you succeed. Call **1.800.449.5989** or visit us at **CrucialLearning.com/healthcare**.





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