

Civility in the Workplace and its Impact on Patient Care

PART THREE: Calling it Out With Compassion

Video Summary

Introduction to Negative Behaviors and the Case Made Against a Surgeon

00:00:00 - 00:03:04

Chris Turner discusses their work with the Royal College of Physicians and Surgeons in Ireland on how to address negative behaviors. This led to a call from a renowned surgeon who had been asked to contact the lecturer. The surgeon, after a brief initial conversation, agreed to meet the lecturer in Birmingham. During the meeting, the surgeon revealed he had been sacked and was instructed to speak with the lecturer. This was unusual for the lecturer. The surgeon explained he received an email on Friday requesting a meeting with the managing director and HR on Monday, with the option to bring a representative. He was oblivious of any issues. He managed to have a decent weekend.

Discussion of a Colleague's Unprofessionalism and Dismissal

00:03:04 - 00:05:46

Chris continues the story and the surgeon's experience of being unexpectedly dismissed from his job after an internal investigation. The colleague, who had believed he had a good relationship with his coworkers, was accused of unprofessional behavior, including intransigence and inflexibility in his work practices. Specifically, he was criticized for insisting on seeing patients in a particular order. However, the colleague explained that this order was deliberate and part of his process of "rehumanizing" the patients before surgery, by visualizing them and linking them back to their chart in the order he would operate. This practice, developed over years, was misunderstood and misinterpreted by his surgical coworkers, who perceived it as rigid and unprofessional.

Discussing a Colleague's Negative Behavior and Reputation

00:05:46 - 00:08:30

The surgeon's insistence on doing things his own way, without explanation, created an awkward and difficult work environment. This colleague, despite not being overtly aggressive, did intimidate others and did develop a negative reputation. The lecturer, concerned for his colleague's well-being after he was sacked, contacted him twice to offer support.

The lecturer then shifts to discuss the general workplace dynamic when someone exhibits negative behavior. Colleagues often engage in sense-making conversations,

discussing the behavior with trusted individuals. The lecturer explains how pre-existing reputations influence these conversations. A positive reputation might lead someone to dismiss the negative behavior or check on the perpetrator's well-being. However, a consistently negative reputation, like the colleague in the story, can solidify the negative perception, the person's "legend" or "theme tune".

Handling Workplace Grievances

00:08:30 - 00:11:09

The lecturer discusses the process of addressing workplace grievances, noting the reluctance of employees to escalate issues due to the potential for formal processes involving HR. Putting something down in writing means starting a chain of reactions to the formal grievance process that is protracted and leads to disastrous outcomes for all parties involved. He cites that 85% of people who take out of formal grievances are unhappy with the outcome of the formal grievance process, and it doesn't matter which side of it they're on. The lecturer explains that individuals often avoid initiating formal complaints, choosing instead to discuss their concerns informally with colleagues. However, even when a group brings the issue to HR, the suggested solutions are often limited. Despite the appeal of such training, employees are hesitant to confront their aggressors directly. This reluctance stems from the belief that negative treatment is intentional, making direct confrontation feel like it will only empower the aggressor. The lecturer concludes by pointing out the counterproductive nature of this approach.

Addressing Negative Workplace Behaviors

00:11:09 - 00:13:58

The lecturer discusses the common workplace issue of recurring negative behaviors, noting how often these behaviors escalate due to a lack of direct communication with the individual. They highlight the tendency to assume the person is aware of their actions and the impact, while in reality, they may have never been explicitly told.

The lecturer then shifts to discussing the motivations behind complaints about such behaviors, drawing parallels between patient/ relative complaints and staff complaints about colleagues. Initially, complainants often seek punishment for the offender, wanting them to experience similar hurt. However, through active listening and allowing individuals to fully share their experiences, the lecturer observes a shift in their desired outcome. After expressing their story, complainants consistently express a desire to avoid others from experiencing the same negative outcome, a goal the lecturer finds much more actionable than the initial desire for retribution.

Restorative Just Culture in Healthcare Governance

00:14:08 - 00:14:19

Chris Turner discusses the shift in healthcare governance from a retributive to a restorative just culture, emphasizing respect for all individuals involved and better outcomes seen as a result. The lecturer shares a technique of recording meetings with patients and families using their smartphones. This serves two purposes: providing a record of the discussion for those who may be distressed and reminding the lecturer to listen actively. The lecturer highlights the importance of hearing people's perspectives and avoiding arguments about "truth."

The Impact of Call-Outs on Performance – Dan Katz's Study

00:15:29 - 00:15:57

The discussion shifts to the impact of call-outs on individuals' ability to perform, emphasizing the importance of addressing this issue. The lecturer mentions further evidence on this topic and introduces the work of Dan Katz, an anesthesiologist in New York State, and his work on the relationship between surgeons and anesthesiologists during simulated major hemorrhage scenarios. The lecturer clarifies that this research is not exclusive to these professions and expresses sympathy for surgeons due to their measurability compared to other healthcare professionals. In the study, newly qualified anesthesiologists were observed while working with either a polite or slightly rude surgeon. The rude surgeons exhibited behavior such as impatient prompting and urging, but no extreme aggression. The study found that 91% of anesthesiologists performed at the expected level when paired with a polite surgeon, compared to just under 64% with a slightly rude surgeon. This difference was statistically significant ($p=0.007$). The lecturer concludes by mentioning his background in teaching diagnostics and statistics.

Impact of Rudeness on Performance

00:19:36 - 00:22:06

While the anesthetists believed the surgeons' behavior didn't affect their performance, the study showed that it did. The lecturer emphasizes that people don't compensate for rude behavior as well as they think, highlighting the need to address rudeness proactively rather than reactively. He explains that individuals often don't call out rudeness in the moment because they are diminished and trying to make sense of the situation with reduced cognitive capacity. The lecturer then transitions to the topic of bystander interventions, noting that while they've been shown to be effective in situations like sexual assault on college campuses, their application to more subtle forms of rudeness is more complex because the behavior is often ambiguous.

Difficulty of Intervening and the Issue of Triangulation

00:22:06 - 00:23:47

The lecturer discusses the difficulty of intervening in challenging situations, noting that bystander intervention, while possible, is often limited to diverting attention or removing someone from the situation. Direct challenges are exceptionally difficult. The lecturer then addresses the concept of triangulation, where individuals seek multiple perspectives on a negative event to determine its validity. This, however, often stems from a desire to be right and to prove that that was the situation, despite the subjective interpretation of the event. Triangulation can lead to conflicting perspectives and doesn't necessarily aid resolution, as illustrated by the surgeon example provided earlier. While triangulation might provide a sense of comfort, especially when confronting someone about their behavior, it ultimately doesn't facilitate productive outcomes.

A Proven Approach – Jerry Hickson from Nashville

00:23:47 - 00:28:13

The lecturer discusses alternative approaches to addressing negative behavior, emphasizing a more positive and less confrontational method. He recounts a conversation with Jerry Hickson, highlighting his "second messenger system" where someone explains to an individual how their behavior has negatively impacted others, without direct involvement from the "victim." The lecturer expresses admiration for Hickson's approach and shares a personal anecdote about a wedding in Nashville. He then details Hickson's system, implemented in 150-200 hospitals, with 37,000 "cup of coffee" conversations resulting in only 2,000 individuals repeating negative behaviors. Of those 2,000, a second cup of coffee conversation reduced the number to 267. Those 267 had a 360-degree feedback review marking the first level of authority or formal HR intervention. The lecturer emphasizes the peer-to-peer nature of the interventions as a very effective initial starting point.

Second Messenger System in the UK's NHS

00:28:14 - 00:30:54

The lecturer discusses adapting a second messenger system, originally from the US, for use within the UK's National Health Service (NHS). The adapted system involves a "second messenger"—an individual other than the victim—who addresses unprofessional behavior.

Reframing Difficult Conversations

00:30:54 - 00:31:51

Three meta-principles guide these conversations: compassion for the person being (recognizing they may be distressed), a non-judgmental approach (avoiding accusations

of "bad" or "unprofessional" behavior), and a focus on perception to facilitate productive conversation.

The lecturer discusses reframing difficult conversations as opportunities to offer a "professional gift" of knowledge about how one is perceived by others. This approach emphasizes compassion and avoids judgment. The goal is to help individuals understand how their interactions impact others' performance, making them more receptive to feedback.

A Framework for Delivering Feedback

00:31:53 - 00:36:28

A framework for delivering feedback is introduced, consisting of "check in," "raise a flag," and "land the information." The "check in" phase involves self-assessment to ensure a neutral emotional state before engaging with the other person. It also includes checking in with the recipient by asking how they are doing, and genuinely listening to their response. An anecdote is shared about a colleague who was significantly distressed, highlighting the importance of genuine concern and the potential need to redirect individuals to appropriate support resources like a GP or occupational health if their issues extend beyond the scope of a workplace conversation. The lecturer discusses the importance of allowing individuals to reflect on their actions. They use an example of a conversation between two individuals where one may have made a misogynistic joke. The lecturer emphasizes the concept of "service restoration mode," where individuals attempt to rectify a situation once they realize its impact. They explain a technique for delivering sensitive information, that involves presenting the information concisely, without judgment or accusations, allowing the individual to process and respond appropriately.

Professional Responsibility and Compassionate Communication

00:36:28 - 00:37:59

The lecturer discusses the professional responsibility of individuals to address distressing situations. They emphasize compassionate communication without judgment, presenting information as a "professional gift" that holds the recipient accountable. The lecturer advocates for a concise delivery, avoiding parenting or blaming, and trusting colleagues to process the information and choose their course of action. They acknowledge the desire to offer advice but emphasize the importance of stopping after delivering the message. The lecturer describes a personal feeling of powering down after fulfilling their responsibility of informing someone.

Ensuring a Compassionate Approach and Seeking Permission

00:37:59 - 00:38:58

The lecturer highlights the importance of a "personal check" to ensure their intentions are not harmful before engaging in difficult conversations. They suggest deferring to someone else or taking time for self-reflection if feeling conflicted about the conversation. The lecturer also emphasizes the importance of seeking permission before initiating a conversation, as it gives the other person a sense of control and increases their receptiveness. If the person declines the conversation, the lecturer advises checking on their well-being, as their refusal might indicate underlying issues.

Discussing Checking In and Getting Permission

00:38:58 - 00:41:28

The lecturer discusses the importance of checking in with colleagues, especially after delivering potentially upsetting feedback. They emphasize the need for these conversations, stating that avoiding them isn't an option. Two examples are shared: one where permission was granted before a difficult conversation, and another where it wasn't possible due to time constraints. The first example involved a colleague who, despite initial apprehension, appreciated the directness. The second involved a situation where a staff member refused to work with a consultant colleague. The lecturer had to inform their colleague about this without prior permission to prevent a potential escalation. This colleague, though initially upset, was able to resolve the situation due to the forewarning.

Identifying Individuals for Crucial Conversations

00:41:28 - 00:44:02

The lecturer discusses the dynamics of initiating crucial conversations within a medical team, emphasizing the importance of trust and minimizing the fear associated with hierarchical authority. That these conversations are best held between individuals with less pronounced power differentials. The lecturer then outlines a method for identifying suitable individuals within a department to conduct these conversations. This involves a blind ballot where staff members nominate colleagues they feel comfortable discussing issues with. The individuals who receive the most nominations are then approached and commended for their communication skills. They are invited to a meeting where the role of having these "cup of coffee" conversations is explained, emphasizing that it's not about judgment or enforcement, but rather about providing valuable feedback on how their actions are perceived. This approach ensures that the individuals chosen are trusted and respected by their peers, increasing the likelihood of productive and positive outcomes.

Handling Difficult Conversations and Retribution

00:44:02 - 00:46:34

The lecturer discusses the complexities of addressing inappropriate workplace behavior, particularly focusing on the desire for retribution from those affected. Prioritizing conversation over punishment, emphasizing the importance of understanding and addressing the root cause of the behavior. Alternative pathways, such as HR processes or legal action, are presented for situations warranting further action. The lecturer highlights the difficulty in persuading others of this approach without a thorough explanation, that references data and personal experiences. The common fear of hostile interactions is acknowledged, citing that 4% of conversations are actually hostile, but that for many of these, there are identifiable and preventable reasons for why it escalated. Citing evidence from Vanderbilt researchers, even a hostile response doesn't negate the potential for behavioral change,

Challenges and Strategies in Difficult Conversations

00:46:34 - 00:49:23

The lecturer discusses the challenges of finding individuals willing to have these initial crucial conversations about inappropriate workplace behavior, noting the lack of immediate rewards and the difficulty of integrating the opportunities into work schedules. Timing is crucial, avoiding in-the-moment confrontations when emotions are high. Referencing Kathy McDonald's work, the lecturer highlights the incompatibility of logic and heightened emotions, advocating for conversations in a calmer, logic-driven environment.

Dr. Turner stresses the responsibility to protect those on the receiving end of inappropriate behavior, particularly in challenging settings like operating theaters where removing an essential, albeit disruptive, individual might be impossible.

Calling Out with Compassion: A Summary

00:49:25 - 00:50:57

The lecturer returns to the story about the surgeons whose behavior changed dramatically after being called out, not for being a bad person, but for unprofessional conduct. This highlights the impact of addressing specific behaviors rather than labeling individuals. The lecturer emphasizes the effectiveness of compassionate approaches in addressing difficult situations, contrasting them with the "hard way" which often proves less effective and more distressing for all parties involved. The talk concludes with a call for kinder, more respectful communication methods that minimize distress and maximize effectiveness and that is "calling it out with compassion."