KINDNESS IN HEALTHCARE: BEYOND BULLYING

Ros Pochin
DEFINITIONS

• Kindness
  • has its roots in the Old English word cynd - meaning nature, family, lineage - kin. Kindness implies the recognition of being of the same nature as others, being of a kind, in kinship

• Bullying
  • Unreasonable behaviour that creates a risk to a person’s physical or mental health and safety, and is repeated over time or occurs as part of a pattern of behaviour.
MID STAFFORDSHIRE SCANDAL

• "For many patients the most basic elements of care were neglected," .. Some patients needing pain relief either got it late or not at all.

• Others were left unwashed for up to a month.

• "Food and drinks were left out of the reach of patients and many were forced to rely on family members for help with feeding.

• "Too many patients were sent home before they were ready to go, and ended up back in hospital soon afterwards.

• "The standards of hygiene were at times awful, with families forced to remove used bandages and dressings from public areas and clean toilets themselves for fear of catching infections.

• "Patients' calls for help to use the toilet were ignored, with the result that they were left in soiled sheeting or sitting on commodes for hours "often feeling ashamed and afraid".

• Misdiagnosis was common.

Francis Enquiry 2010
FRANCIS ENQUIRY

• Inadequately trained staff who were too few in number,
• Junior doctors left alone at night
• Patients left without food, drink or medication as their operations were repeatedly cancelled.
• A chronic shortage of staff, particularly nursing staff
• Morale was low and "while many staff did their best in difficult circumstances, others showed a disturbing lack of compassion towards their patients"
• Staff who spoke out felt ignored
• Strong evidence that many were deterred from doing so through fear and bullying.
MID STAFFORDSHIRE SCANDAL

• Why do seemingly caring staff behave unkindly?
• Majority of healthcare students are motivated by the wish to make things better,
• During their training become more distanced from patients and less empathic.
• Needs to be a more conscious and active focus on the concept of intelligent kindness in all parts of the healthcare system.
MENZIES LYTH’S THE FUNCTIONING OF SOCIAL SYSTEMS AS A DEFENCE AGAINST ANXIETY' *HUMAN RELATIONS* 13 ;1959

British psychoanalyst, best known for her work on unconscious mechanisms in institutional settings.
• 1959 a classic study of hospital systems as defences against the anxieties raised by caring for people in life and death situations.

• By establishing a rigid hierarchy, fixed psychological roles and routinisation of work, the hospital was able to diffuse responsibility and anxiety from the individual to the system as a whole.

• That benefit came, however, at a cost:

  • the use of the primitive defences of denial and projection prevented more mature forms of coping with anxiety

  • Loss of compassion and empathy

  • Depersonalisation

  • We talk about the carotid rather than Mr Jones
• Why

• Emotional Task - harrowing, helplessness

• Problematic Team Working - conflicting objectives

• Problematic Organisation - policy vs patient

• Perverse Dynamics and Corrupt forces - individualism, market forces, industrialisation
FOCUSING ON COMPASSION AND KINDNESS

• In creating a more compassionate culture will need a systemic approach.

• if a person is feeling under threat, it is likely that the compassionate components of the mind are turned off

• a large overlap between the concept of compassion and the concept of kindness

• the power of small, but highly relevant, acts of kindness to transform an otherwise miserable experience of suffering

• kindness is being in solidarity with human need.
INTELLIGENT KINDNESS

Adding ‘intelligent’ signals, it is possible to think in a sophisticated way about the conditions for kindness clinical, managerial, leadership and organisational skills and systems can be brought to bear purposively to promote compassionate care.
I’m not interested in whether you’ve stood with the great.

I’m interested in whether you’ve sat with the broken.
I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

Maya Angelou
Kindness is essential in helping patients to heal.

Healthcare professionals need to be treated with kindness too.
REASON FOR THE DISCUSSION

- Intense media focus
- Inflammatory Headlines
- Survey of all trainees and fellows of the Royal College of Surgeons (RACS)
  - 49% had experienced DBSH
  - 63% trainees had experienced DBSH
  - 30% women experienced SH
  - 71% of hospitals had issues with DBSH
RACS APPROACH

Cultural Change and LEADERSHIP

Surgical Education

Complaints Management
Royal College of Surgeons of Edinburgh

#LetsRemoveIt

Bullying harms your profession and your patients.
UNACCEPTABLE BEHAVIOURS

Any behaviour that interferes or has potential to interfere with the ability of individuals or teams to achieve intended outcomes.

<table>
<thead>
<tr>
<th>Obvious Inappropriate Behaviour</th>
<th>Less obvious, but still Inappropriate Behaviour</th>
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<tbody>
<tr>
<td>Sexual innuendo</td>
<td>Humour used as a put down</td>
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<tr>
<td>Aggression</td>
<td>Belittlement</td>
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<td>Yelling/shouting</td>
<td>Passive aggressive behaviour</td>
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<td>Throwing things</td>
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<td>Ejecting from clinical situations</td>
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<td>Physical abuse</td>
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RESPECTFUL BEHAVIOURS INCLUDE

• Being available and approachable
• Being flexible and adaptable
• Encouraging and allowing people to speak up
• Inviting and acknowledging opinions, actions and concerns
• Entrusting responsibility to others; based on merit
• Sharing information
• Being open and transparent

• Defining clear boundaries and expectations
• Being fair and realistic
• Modelling acceptable behaviour
• Challenging unacceptable behaviour
• Including people in activities and decision-making
• Listening to what people have to say
• Abiding by agreed rules, protocols, norms
Feeling safe, high trust

- Forgiveing
- Affirming

Feeling unsafe, low trust

- Toxic
- Cynical

Disrespectful behaviour

Respectful behaviour

Converge International
I'm too scared to step in. I don't want to get caught in the cross fire.
‘He speaks to everybody like that’. He shouldn’t.

‘Sorry’ she said with a half-smile. ‘He speaks to everybody like that,’ and then ‘but, I just wanted you to know, I thought he was rude’

I said thank you to the nurse for telling me and I was grateful to her, because I didn’t know anyone there really yet and I thought maybe it was just me.
What hurts the victim most is not the cruelty of the oppressor, but the silence of the bystander.

Elie Wiesel
I didn’t witness it myself

It’s trivial

I depend on that person for my assessment … work … referrals

I'm conflicted …

I share rooms with the person

I fear retribution

I lack the confidence & skill … I’m ill-equipped

I can’t prove anything

I would be hypocritical … I’ve done that myself

I’m tired of trying

I’m conflicted … I share rooms with the person

I’m conflicted …

I share rooms with the person

I’m conflicted …

It’s how we do things around here

It’s a bureaucratic, complicated process

If I acted, nothing would change

Okuyama et al 2014

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Okuyama et al 2014
THE SPIRAL OF SILENCE

Scheufele & Moy 2000
IDENTIFYING "AMBER" MOMENTS

New team members
Change in routine
Exercising authority
Competing demands
End of a long day
Working to a deadline
Under stress
Hierarchical relationship
Time critical, high stakes situations
Telling a joke
Difficult conversations
Ad hoc team
Loss of situational awareness
Previously ‘bruised’ person
HALT
Low emotional intelligence
Never confuse the need for structure with a need for hierarchy.

You can manage complexity, yet still treat people with the respect they deserve.
COPING WITH STRESS

- Slow down, pause, stop
- Focus on deep breathing
- Communicate with your team
- Voice your concerns
- Seek assistance
- Mentally rehearse your next steps
- Stick to routine, follow protocol
- Listen to ‘soft’ music

Anton et al 2015
EXTERNAL AND INTERNAL STRESS

- family
- health
- patients
- exams
- management
- processes
- responsibilities
- work environment
- work load
- adverse event
- relationships
- rules
- assessments
- systems
- clinical uncertainty
- finances
- roles

Values
Beliefs, Goals
Expectations
Preferences
Perceptions
Standards
STRESS RELEASE

- **Slowing down to regain control**
- Pause or stop what you are doing
- Take several deep, slow breaths and focus on your breathing
- **Scope the problem – ask yourself what is best for the patient**
- Consider seeking advice or assistance
- Speak calmly
- Explain what happens next and share your expectations with team members
- Formulate and agree on a plan – and a plan B
- Rehearse steps in your plan
- Step back and reflect at an appropriate time
SLOWING DOWN

• Creates time to think and time to act

• Provides opportunity to stimulate prefrontal cortex

Moulton et al 2010; Anton et al 2015; Fernando et al 2014

POISE

Pause to assess the situation

Weigh up your Options

Consider what is Important

Share and rehearse your plan

Check your Emotions before acting
BREATHING TO DE-STRESS

• Simple, common and effective technique
• Helps to stimulate prefrontal cortical function
  • relax your shoulders
  • relax your facial muscles
  • take deep, slow, breaths over 3 seconds
  • focus on sensations; chest expansion, air movement at nostrils

Anton et al 2015; Fernando et al 2014

http://www.jmohealth.org.au
Stress is NOT an excuse for unacceptable behaviour.

Stress is inevitable – accepting this allows us to focus on behaving appropriately when under stress.
ASSUMING THE ‘MANTLE’

- Guards against deviating from acceptable behaviour
- Know when you may lapse in your behaviour
- Remind yourself what is expected of you
- Learn behaviours appropriate for the situation

*In what situations have you had to assume the ‘mantle’?*
USING ‘SCRIPTS’

• ‘Scripts’ are rehearsed behaviours, actions, sayings

• Helps to assume the mantle when it is difficult to do so

• Requires practice to integrate into repertoire

• Helps maintain respectful behaviour, safety and trust

In what situations have you relied on scripts?
Share responsibilities and decisions

Establish familiarity amongst team

Encourage and welcome involvement

Acknowledge opinions

Give permission to speak up

Recognise and respond to assertiveness

Model respectful behaviour

MDT Meetings

M&M Audit

Team dinner / coffee

Ward rounds

Unit meetings

Teaching

Clinics

Start of term meeting with trainee / IMG

Post-take ward rounds
We can maintain a safe and trusting environment by being situationally aware and being emotionally attuned to the people around us in order to regulate our behaviour.
CHALLENGES

• Objective

• Different type of Conversation

• Different way of asking questions