Quality Improvement Boxset

Podcast transcript: Incivility – the impact on patient care

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Pam Mosedale:

Hi everyone. Today, I'm going to talk to Laura Playforth. Laura is Professional Standards Director at Vets Now, and is on RCVS Knowledge Quality Improvement Advisory Board. Laura, we've all worked in practices where some team members may not be quite as polite as they should be at times. I haven't realised in the past how much this can impact on patient safety and outcomes. I think that's something that you're very interested in, isn't it?

Laura Playforth:

It is, and actually there's been a real exponential increase in the published evidence around this, particularly in the human healthcare setting and the impact of incivility or rudeness. It can be really, really significant on patient care and, as you said, on outcomes in a number of different ways.

Pam Mosedale:

What can incivility at work look like?

Laura Playforth:

Incivility or rudeness can cover an enormous spectrum of different words that we use, the way that we say things and, of course, physical gestures as well. So it can be anything from undermining people, sarcasm towards people, talking over the top of them, belittling people, right up to things that are very aggressive: shouting at people, you know, using some very difficult, challenging and upsetting language. So it covers a whole spectrum of things.

I guess one of the things that's very important is, how do we decide what's rude and what's not rude, because obviously that is very subjective. And the impact of the rudeness is on the recipient, and it's also on the witnesses or bystanders. So what actually matters in this context is how they perceive it, not how it was intended. So if somebody perceives something as rude, that's what has the impact.

Pam Mosedale:

That's really interesting. I'd never thought at all about the impact on other people. I thought about the impact on the person to whom the less-than-polite conversation was directed, but I hadn't thought about the impact on other people listening.

Laura Playforth:

Yes, and there can be a real domino effect as well. And what the evidence shows is that the impact on recipients is really, really significant. So when somebody is the recipient of a perceived rudeness, that can lead to them having over 60% reduction in their cognitive bandwidth or function, and therefore their performance. So that's absolutely huge.

And what else it does, is over 80% of people then spend a lot of time thinking about it, analysing it and worrying about it. And of course that as well takes away from them being able to perform their role to the best of their ability.

And as you said, the impact on the witnesses and bystanders is something that is even less well understood, and it can have a knock-on effect on them, so that they actually have a 20% decrease in their cognitive function and their performance as well. And this is where the domino effect comes in. So they've been impacted just by witnessing this rudeness, but then the evidence shows that they are also then 50% less likely to help other people in the team. So you can soon see how that knock-on domino effect impacts the whole team.

Pam Mosedale:

Oh gosh, yes, absolutely. And obviously there's the immediate situation where somebody has just been rude or uncivil, but is there any longer term impact on teams Laura?

Laura Playforth:

There definitely can be. And the evidence shows that there can be an increase in staff sick days, if rudeness is persistent and part of the culture. It makes people much less likely to come into work and maybe more likely to be absent from work because of stress or an impact on their mental health. And there's definite evidence that it increases staff turnover, which is obviously a huge worry for everybody. And if we start to lose staff from the team, they're very difficult to replace. And the impact of that on the team, as we all know, is very significant.

And again, if it's a persistent culture, there's a lot of evidence that it increases errors, particularly within surgery, but the error rate goes up, and so patient safety is definitely compromised. And it also decreases attention and helpfulness within the team. And again, this is to do with worrying about what's just happened, and people's attention is therefore diverted away from what they're doing.

And I think a good example of this that I heard, which I think we can probably all relate to, is when somebody's said something to you and you spend a bit of time thinking, oh what did they mean? And then maybe a bit of time getting a bit upset or perhaps a bit angry about it. And then sometime later you might be eating your dinner, or you might be getting ready for bed, and all of a sudden you'll think, oh, I know what I should have said in that situation, I know how I should have addressed that now. I can see it so clearly now, why couldn't I see that at the time? And this is because of that reduction in your cognitive ability.

And that point, when you think of your perfect response or your perfect challenge, is actually the moment that your cognitive function came back to where it should have been. So it just goes to show what a long period of time it can affect you for: the longer you think about it, the more it impacts on your attention and therefore your ability to do your job.

Pam Mosedale:

That's really interesting. I mean, I can definitely relate to that. You know, so often you think, oh yeah, that's what I should have done. But as you say, it can be when you're driving back home from the practice, something like that, not immediately after something's happened. So I think it's all really interesting and really relevant to our everyday work in veterinary practice. What if clients actually listen to or hear what's going on? Does it have an effect on them?

Laura Playforth:

Yes, it has a significant impact on them. And again, there's a lot of evidence around that. And when we talk about the domino effects from the team, it actually shows that 25% of people impacted by incivility actually take it out on service users. So how we've been treated or how we've treated other people makes us much more likely to treat the next person in the same way. So that in itself has a really detrimental impact on service users directly. And it shows that they then have 75% less enthusiasm for the service.

So it's easy to see how that manifests itself in terms of complaints, in terms of poor ratings, which are very important for businesses, and losing clients. And this in itself can impact on the quality of care provided to patients, because it impacts that trust, the bond of trust between the practice team and the clients.

And when that trust is reduced or lost, then clients are much less likely to take up our treatment recommendations or diagnostic recommendations. And also their concordance with follow-up care that you advise at home is greatly reduced, and that will obviously have an impact on the care of the patient going forwards.

Pam Mosedale:

Yeah; when clients lose confidence, confidence in the practice, then the whole thing just goes wrong, doesn't it. From there on there's just so much more likely to be complaints. So in a practice, if you're feeling that this might be happening, what can a practice do to try and improve civility amongst its team members?

Laura Playforth:

I mean, I think that's a really good question and the wonderful thing about this is it does, because the impact is so significant...If we make changes, we can also have a huge improvement in the way that the team work and the way the team speak to each other and therefore the team collaboration and the impact that that has on care.

And there's again a huge amount of evidence on the positive side, which is great, that actually treating each other with compassion increases the feelings of happiness within the team, but it also increases their perception of their own individual competence and autonomy and the competence and autonomy of the team. And it's really strongly linked into job satisfaction and

life satisfaction. You know, if we can be more polite to each other and treat each other compassionately, it makes everybody's job much more satisfying and it results in much more highly functioning teams, which is very satisfying in itself, isn't it? If you know you're working in a team that's performing really well and delivering great care, that in itself is very inspiring.

And I think it can start with saying please and thank you, it can start with setting a good example and role modelling good behaviour – and anyone can do that within a practice, you know, anyone can lead that change. And it's also important that teams feel safe and comfortable, that we can create an environment for everyone to feel safe, to challenge people and call them out if they are displaying behaviours that are rude and uncivil.

And I think talking about the evidence around civility can be a really good starting point for that, because when you recognise that something that you've said that somebody has taken as rude can reduce their performance and their ability to think through what they're trying to do by 60%, it just shows that it's not just about 'be civil to each other because it's nice', it's about 'be civil to each other because otherwise you are damaging the team and you're damaging the care of your patients'.

Pam Mosedale:

That's really interesting. It's made me think, I was Practice Standards Assessor for a long time so I've been into hundreds of practices, and we always say as Practice Standards Assessors that we can make a decision in the first few minutes about what the practice is like. And it's not based on shiny kit or how high the skirting boards are, it's based on how people talk to each other. So I think that very much chimes with what you're saying and it's a really important part of practice culture, isn't it. So, would you just talk generally then rather than calling out behaviour? Would you talk generally to the team, first of all, about the importance of all this?

Laura Playforth:

I think that's a really good starting point, so that people can recognise the importance of doing things differently. I think we're very scientifically based, and we like to look at the evidence, and we like to look at the impact. And once we understand that, it's a really strong driver and a really strong motivator for the team to make changes and recognise how important it is.

And when we're thinking about the impact on the quality of care, like I said, that's in a lot of different ways and there's actual evidence that it directly impacts things like wound complications, and that surgeons that display rude behaviours, their wound complication rates in human healthcare are significantly higher. There's a 2016 study that shows that very, very clearly. And again, this is around how the team collaborate and communicate with each other. If somebody is rude to you, then you're much less likely to be able to do your part of the teamwork effectively.

Pam Mosedale:

And even things we've talked about in other situations like checklists, you know, people are not going to feel as capable of speaking up if they feel like something's going wrong during a procedure or using a surgical checklist, if they feel that somebody is going to be rude to them or ignore what they say.

Laura Playforth:

Yes, definitely. And I think it's common sense, isn't it, to think that people, they just won't be as likely to raise things and speak up if they feel that that's not going to be received in the spirit in which it was intended. There's a lot of value in the team all being able to speak up, because they will have a different perspective from the surgeon or the nurse. Everybody involved in a procedure will have a different perspective, and some people will see something that nobody else has seen. And if they don't feel comfortable speaking up, because they're going to get a rude response, then they may never speak up, and that error will just happen. So it's really important.

Pam Mosedale:

And really important for it to involve the whole team, not just the hierarchy, if you like, but the whole team. The evidence you're talking about - is that mostly from human healthcare?

Laura Playforth:

It's mainly in human healthcare, the evidence that I've seen, but it's really incredible how it has exploded in the last couple of years. If you did a literature search, you know, two, three, four years ago, there were a very small number of papers. Now there are a couple of thousand different papers, really good quality research, coming to a lot of very similar conclusions.

Pam Mosedale:

So what would your final thoughts be then Laura, for people in practice? How do you think they should take this to heart?

Laura Playforth:

Yeah, I think one of the things that struck me was this domino effect, and the effect that it has on the team. And actually listening to some of the speakers on the Civility Saves Lives website, which I would really recommend to people, said that for competent teams, what the published evidence demonstrates, is that the single most important factor determining the outcome of the team – so the outcome of the care for the patient – is how people treat each other. And that really stuck with me, the single most important thing.

Pam Mosedale:

So even if we're technically great, if these things are happening, it's going to have an impact on outcomes.

Laura Playforth:

Yeah - assuming everyone's good at their job (which, you know, 99.9% of us are perfectly competent), assuming that that's the case, then that is the single most important factor in terms of the outcome of our patients.

Pam Mosedale:

And you said the Civility Saves Lives website – would that be the main resource you'd recommend?

Laura Playforth:

I would really recommend that resource. It's a fantastic website and it's got all the published evidence listed on there. It's got quite a few different videos and podcasts that just discuss it in a bit more detail and give some really good stories of how this has impacted in human healthcare. And it's also got some really good infographics that have just got some of these statistics really nicely summarised. So I think that is a good starting point for teams in terms of having discussions.

And I think one of the other things that I found on that website is actually, even though the impact is hugely significant on people's ability to function, once that rudeness has occurred, actually people themselves don't recognise it. And there are some studies on that as well. So again, that adds to the danger around the impact, is people are getting on with their role and don't realise that they're actually significantly impaired to how they would normally be able to work.

Pam Mosedale:

And I suppose that can happen quite often in emergency scenarios where everybody's concentrating on the job in hand and maybe a bit less likely to be saying please and thank you?

Laura Playforth:

It certainly can do; it depends on the nature of the emergency, I suppose, as well, doesn't it? I mean, some things are a lot more urgent than others. Some things are incredibly time critical and actually those are pretty rare. The rest of the time, if we make it a habit, then we will do it automatically.

But I think it's important if something has been very pressured or time critical, or actually if you've just made a mistake and said something that you shouldn't have, or your tone hasn't been appropriate, it's really good to speak to the people involved afterwards and acknowledge what's happened, and acknowledge where you could have done things differently or you could have done things better, and thank the team for what they've done. And that can go a long way to repairing some of these things. It's good to draw the line under things and not leave things in a situation where people might go away upset and unhappy.

Pam Mosedale:

And I suppose by the team having discussed this, people are more likely to tell you they're upset or unhappy about something that's happened, because it's been discussed in an open way at a team meeting?

Laura Playforth:

Yeah, you would hope so. And I think it's something that you can keep revisiting as a team; it's not going to be a 'one discussion is the magic bullet that sorts everything out' – everything to do with communication is an ongoing conversation, isn't it.

Pam Mosedale:

It is, and this has been a great conversation, Laura. I feel like I know a lot more about this now, so thank you very much for your time.

Laura Playforth:

Thank you.

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