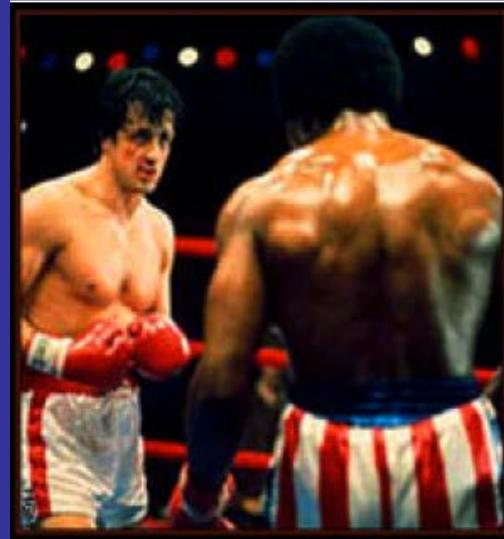


Mean Boys, Mean Girls: A Surgical Problem?



Charles J. Yeo, M.D.
Samuel D. Gross Professor and Chairman
Department of Surgery
Thomas Jefferson University
Philadelphia, PA

Disclosures

- No financial support for this talk
- I am not perfect, and never will be
- My mother wanted me to be a priest
- As a younger surgeon, I received several hours of “charm school” counseling
- My Department is not immune to unprofessional, uncivil or disruptive behaviors

Context – Any of these familiar?

- A trauma attending is reported to act aggressively towards an OR nurse, because an urgent case was delayed 30 minutes
- A CT surgeon is seen berating the ICU staff for failing to “properly” care for a post-op patient
- A colorectal surgeon consistently ignores the rules and procedures in an endoscopy suite
- A chief resident throws a clamp at a nurse, as she handed him a Halsted clamp, rather than a Kelly clamp.

The New York Times:

Tuesday, December 2, 2008 – 1

- Link badly behaved doctors with low nursing morale, stress, high nursing turnover and medical mistakes!
- A survey of health care workers at 102 nonprofit hospitals from 2004 to 2007 found that 67% of respondents believed that disruptive physician behavior caused medical mistakes, and 18% said they knew of a mistake that occurred because of an obnoxious doctor.
- “Every nurse has a story about obnoxious doctors.”

The New York Times:

Tuesday, December 2, 2008 – 2

- Roughly 3 to 4% of physicians are disruptive... adds up to a big number
- Leading offenders are specialists in high-pressure fields... surgery notorious !
- A hostile environment erodes cooperation and commitment to high-quality care
- Hospitals have developed more formal and consistent ways of addressing disruptive behavior

Don't tolerate DISRUPTIVE physician behavior

Bad behavior harms both staff and patients.
Reporting it benefits everyone.

By Stephen Lazoritz, MD, CPE, and Pamela J. Carlson, MSN, RN

96%! In a poll of nurses, physicians, and healthcare executives, 96% of nurse respondents said they have witnessed or experienced disruptive behavior by a physician. 96%!

Several other surveys show that nurses are the primary victims of disruptive behavior. And increasingly, those in health care are recognizing that disruptive behavior can undermine patient care and cause staff dissatisfaction and turnover.

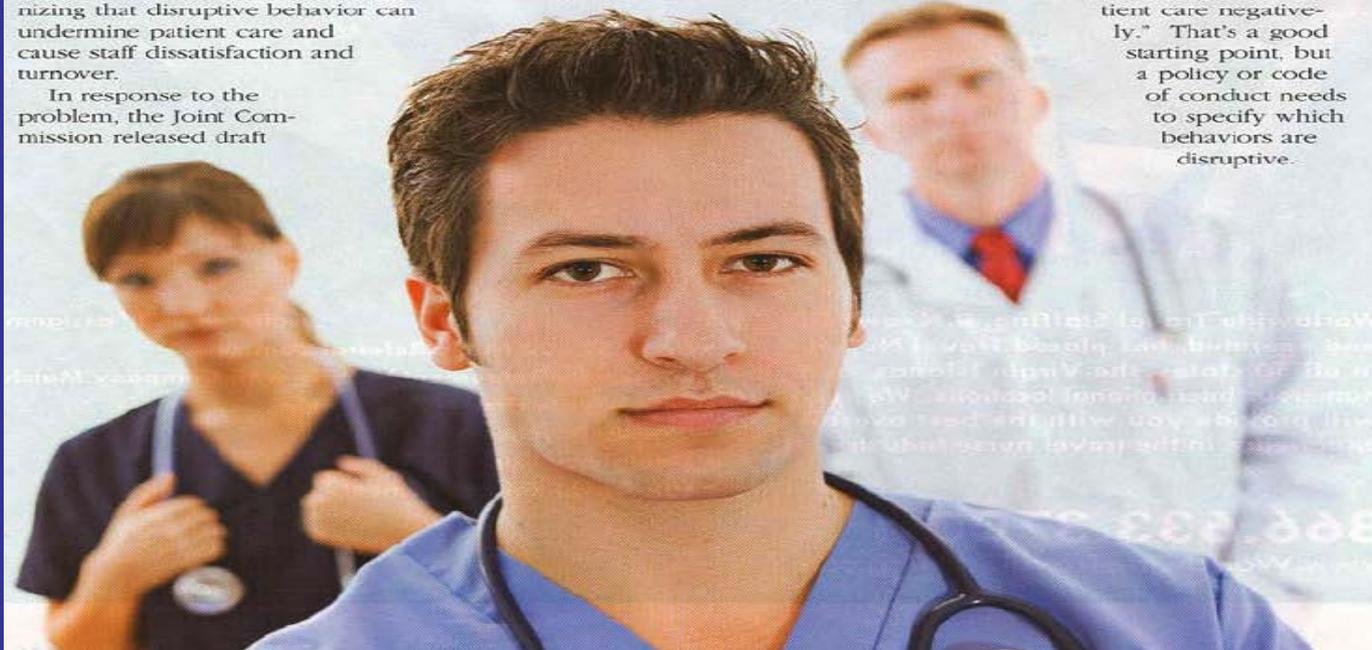
In response to the problem, the Joint Commission released draft

standards on behavioral expectations for hospital staffs, including the medical staff. These standards require hospital leaders to develop a code of conduct that defines desirable and disruptive behavior and to establish processes for managing disruptive behavior. Plus, the medical staff must manage disruptive

behavior by physicians and others who are granted clinical privileges.

Defining disruptive behavior

The American Medical Association defines *disruptive behavior* as "personal conduct, whether verbal or physical, that affects or potentially may affect patient care negatively." That's a good starting point, but a policy or code of conduct needs to specify which behaviors are disruptive.



Goals

- Discuss Thomas Jefferson University Code of Conduct (#6)
- Civility and incivility
- Horizontal violence
- Practical solutions and tips
- Not addressing: discrimination & harassment

TJU Code of Conduct – Code #6

“ The University is committed to providing an academic, patient care and workplace environment which emphasizes the dignity and respect of each individual in the community....”



“Let’s face it, we never got along.
I’m just sorry it had to come to this.”

USA Today
Friday, September 11, 2009
“... an appalling outburst”

The civility of American political debate has been in decline for some time, but Republican Rep. Joe Wilson of South Carolina truly stuck a new low Wednesday night. Showing all the maturity of an unruly first-grader, the ill-mannered congressman disrupted President Obama's address to Congress on health care, shouting “You lie!”

Civility

- Focus on respect, common courtesy, honoring differences.
- Value of civility
 - Provision of social support
 - Contribution to effective communication
 - Enhancement of collaboration

The Issue of Incivility

Seriousness of the problem in the U.S.

- Has worsened in the past ten years (78%)
- Has contributed to increase in violence (91%)

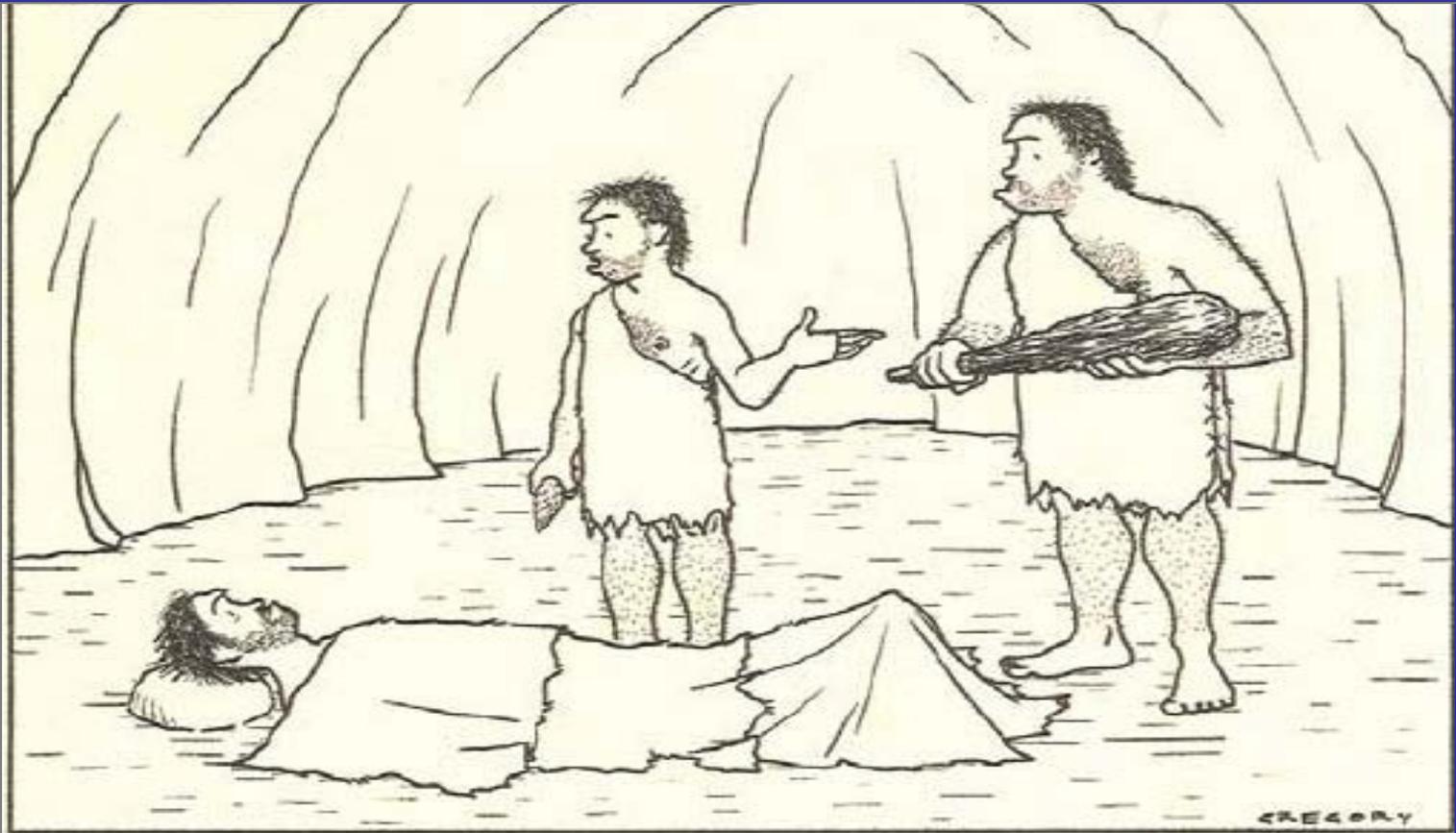
US News & World Report, 1996

Causes of Incivility

- In general...
 - Lack of self-restraint
 - Lack of “good manners”
 - Endless stress
 - Pressure to succeed
 - Presence of “burnout”

Focus on Surgery

- System problems
- Angry surgical faculty
- Angry other faculty
- Angry surgical residents
- Angry patients, families
- Is anybody happy these days? If so, is he/she believed to be out of touch with reality?



"I'll be performing the operation, and this is the anesthesiologist."

Why are Residents and Medical Students Uncivil?

- They mimic their role models..... Faculty.
- Unexpected changes in clinical schedule, syllabus, course assignments, exams
- Faculty who seem to “make things up as they go along”
- Perceived faculty arrogance --- the M.D. syndrome
- Faculty unfairness, rigidity, insistence on conformity

Examples of Incivility

- Arguments and comments
- Disrespectful body language
- Disrespectful remarks to others
- Covert behaviors such as anonymous and/or inappropriate phone calls, letters, emails, text messages
- Critical comments about a faculty member on anonymous teaching/course evaluations
- Physical aggression or physical or verbal harassment on the basis of age, ethnicity, gender or sexual orientation....uncivil, **and may be unlawful.**

Major Themes of Uncivil Faculty Behavior

- Making condescending remarks
- Using ineffective teaching style(s)
- Being unprepared for/lacking in knowledge about content/clinical setting
- Acting superior
- Criticizing a member of the healthcare team in front of others
- Threatening a student, resident, or other faculty member

Consequences of Incivility in Academia

- Residents/students feel inferior, caught in “no-win” power struggle; feel they have “too much to lose”
- Faculty feel “disrespected” and unappreciated
- Creation of increased stress, disrupted relationships, potential violence
- The behavior spreads

Points to Remember

- The reciprocal nature of interaction...
- Student behaviors influence faculty behavior and vice versa
- Resident behaviors influence faculty behavior and vice versa
- Faculty behaviors influence everyone !!!

Incivility In The Workplace

- Victims of workplace incivility reported the following:
 - Lost work time in effort to avoid the perpetrator
 - Decreased effort at work
 - Contemplation of changing jobs

UNC Workplace Incivility Study, 2000



Consequences of Incivility in the Workplace

- Ineffective MD-to-MD interactions
- Ineffective RN-MD interactions
- Lack of health care teamwork
- Lack of collaboration across disciplines
- Violates the TJU Code of Conduct, which could result in disciplinary action (has happened) / dismissal (has happened)

***Serious impact on quality of care and patient safety –
Not Acceptable***

Horizontal Violence

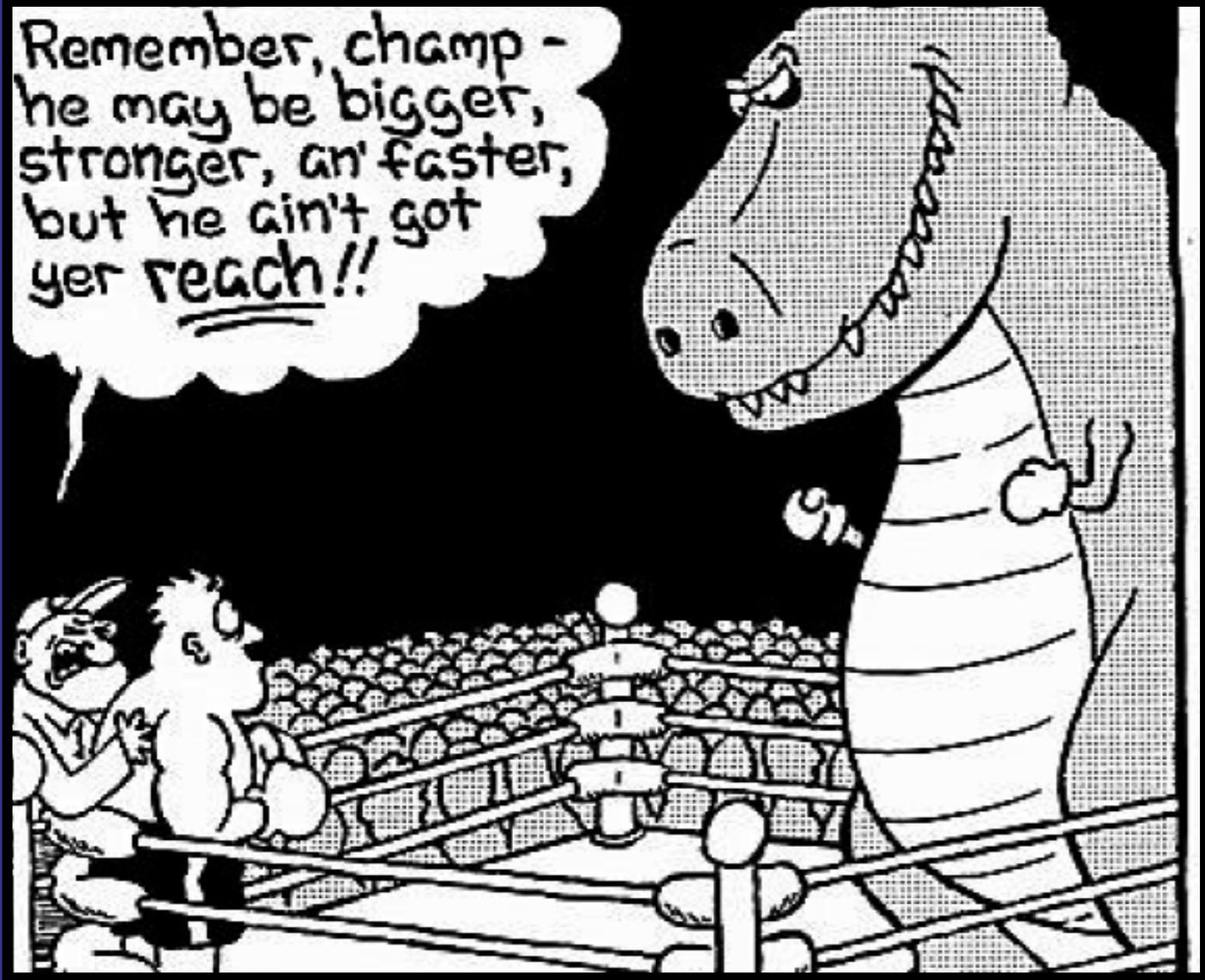
Definition:

- Definition:
 - Hostile and aggressive behavior by individual or group members towards another member (or groups of members) of a larger group; inter-group conflict.
- Endemic in the workplace culture...

Negative Behaviors Reflecting Horizontal Violence

- Gossiping
- Innuendo
- Impatience
- Criticism
- Scapegoating
- Backstabbing
- Complaining
- Undermining
- Reprimanding
- Bullying
- Intimidation
- Insubordination
- Use of profanity
- Physical aggression

Remember, champ -
he may be bigger,
stronger, an' faster,
but he ain't got
yer reach!!



Nature of Horizontal Violence in Academia

- Some educators thrive on their feeling of superiority over students, residents and faculty
- Some students/residents react to faculty on basis of generational differences or need to control faculty via intimidation

Aspects of Horizontal Violence in Academia

- Bullying of faculty, residents or students by the perpetrators
- Can range from overt aggression to covert aggression
- Stimulated by feeling threatened, learned behaviors, failure to achieve a goal, thwarted ambitions
- Affected by substance use/abuse

Aspects of Horizontal Violence in Academia *(Continued)*

- Abuse of power by faculty, residents and students related to feelings of inadequacy, insecurity, discontent, envy
- Often has a “Jekyll and Hyde” component
- We typically do not evaluate ourselves in the same manner that we do others
- We often have a self-serving view of ourselves.

Why is there Horizontal Violence in Academia?

- There are more residents/students in the classroom and clinical areas..... And hopefully more to come, as shortages are projected without expansion.
- There are fewer faculty, or fewer well prepared faculty
- There are more part-time instructors
- There is a growing consumer mentality among students
- There is a widening generational difference between faculty and students

Impact of Horizontal Violence on Faculty (and Students too)

- Physical toll: loss of sleep, digestive problems, etc.
- Injury to self-esteem and self-confidence
- Emotional toll...post-traumatic stress, depression
- Time expenditure
- Financial costs
- Cost to the educational process

Nature of Horizontal Violence in the Workplace

- Violates standards of conduct
- Is unwelcome, unwanted, unsolicited
- Can occur face-to-face, on the phone, via email, in the medical record
- Is contagious; can spiral
- Creates workplace distress
- Has been linked to decreased job performance, satisfaction and morale; increased absenteeism and turnover



"Introducing the government's new, cost-effective nursing model..."

Nature of Horizontal Violence in the Workplace *(Continued)*

- Is detrimental to patient care and team performance
- Most professionals despise conflict and will go to great lengths to avoid it
- Most professionals manage conflict by using avoidance
- Most professionals fear retaliation, being labeled a “whiner” or a “tattle tale”

Examples of Mean Behaviors

- Not giving credit for collaborative work
- Not respecting one another's talents: i.e. research vs. clinical practice vs. teaching
- Exhibiting verbal abuse such as intimidating language, demeaning comments, use of profanity, criticism
- Exhibiting abusive behaviors such as yelling, demonstrating impatience.

Rationale (*not excuses*) for Mean Behavior

- We constantly feel that we need to compete/to prove our worth
- We are poorly trained in self-restraint
- We are constantly besieged by stress and fatigue
- We take everything personally
- We are jealous of others
- We feel that life is (or others are) unfair to us

Practical Solutions for Dealing with Horizontal Violence in Academia-1

- Be proactive in responses to potential for horizontal violence
- Develop policies and procedures for addressing issues.... Partially the TJU Code of Conduct
- Offer critical incident debriefing for target
- Consider the wisdom of...
 - Don't take anything personally

Practical Solutions for Dealing with Horizontal Violence in Academia-2

- Remember what it was like to be the “new kid on the block”
- Resist the urge to “test” professionals
- Role model professional behaviors
- Resist the temptation to participate in gossip
- Deal directly with conflict
- Leave management to management
- Support colleagues who report incivility/horizontal violence

THE
NO ASSHOLE
RULE

*Building a Civilized Workplace
and Surviving One That Isn't*



ROBERT I. SUTTON, PHD

The Dirty Dozen: **Common Everyday Actions That Assholes Use**

1. Personal insults
2. Invading one's "personal territory"
3. Uninvited physical contact
4. Threats and intimidation
5. Sarcastic jokes and teasing
6. Withering e-mail flames

The Dirty Dozen:

Common Everyday Actions That Assholes Use

7. Status slaps intended to humiliate
8. Public shaming
9. Rude interruptions
10. Two-faced attacks
11. Dirty looks
12. Treating people as if they are invisible

The No Asshole Rule

- Studies of nurses suggest that they are demeaned at an especially high rate:
- A 1997 study of 130 U.S. nurses published in the Journal of Professional Nursing found that 90% reported being victims of verbal abuse by physicians during the prior year.
- A 2003 study of 461 nurses published in Orthopedic Nursing found that in the prior month 91% had experienced verbal abuse

(Robert I. Sutton, 2007)

The No Asshole Rule: A Fundamental Lesson Revealed

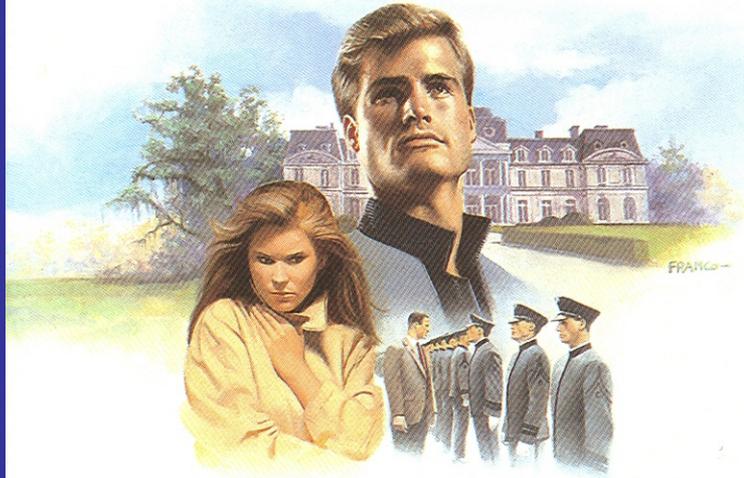
“The difference between how a person treats the powerless versus the powerful is as good a measure of human character as there is.”

(Robert I. Sutton, 2007)

BANTAM BOOKS

AUTHOR OF *BEACH MUSIC*

PAT CONROY



THE LORDS OF
DISCIPLINE



THE CITADEL

MILITARY COLLEGE OF SOUTH CAROLINA



THE LORDS OF DISCIPLINE – BY PAT CONROY

First published in 1980

The following text is from page 10

“...in my junior year, the cadets of fourth battalion had surprised both me and the Commandant’s Department by selecting me as a member of the honor court, a tribunal of twenty-one cadets known for their integrity, sobriety, and honesty...It was the grim, excruciating duty of the honor court to judge the guilt or innocence of their peers accused of lying, stealing, cheating, or of tolerating those who did. Those found guilty of an honor violation were drummed out of the Corps in a dark ceremony of expatriation that had a remorseless medieval splendor about it. Once I’d seen my first drumming out, it removed any temptation that I might have had to challenge the laws of the honor code...”

Taken from: Part I, the Cadre, September 1966
Protagonist: William McLean (Pat Conroy)
Setting: Carolina Military Institute (The Citadel)

The Jefferson Honor Code

- ...establish a community based on honor, integrity and awareness of others.
- ...we pledge to embrace the academic and social integrity on which Jefferson was founded, pursuing honesty, equality and fairness in all aspects of our lives.
- ...Code assumes that all faculty, residents, fellows and students conduct themselves in an ethical and professional manner.
- Responsibility – All members of the College must be willing to discuss with their peers and all members of the community any action or issue that appears unacceptable and take the necessary actions in a timely manner to address the situation. The failure to deal with the breach in professional conduct not only jeopardizes the strength of the Code, but also puts the observer in direct violation of the Code.
- This policy was unanimously approved and accepted by the Department of Surgery at its Faculty meeting on May 19, 2009.

Good Practices for Avoiding Incivility/Horizontal Violence

- Share social and cultural expectations with students and colleagues
- Always role model professionalism
- Be consistent and responsive
- Act swiftly to deal with incivility
- Invite faculty/colleague peer evaluation
- Speak privately with uncivil persons
- Consider the consequences of your action before initiating it

Tips For Healing From Effects of Mean Experiences Whatever The Setting

- As a target, tell your story
- As a tormentor, face the consequence of your actions
- As an observer, become an ally and/or mentor
- As a colleague, recognize and address directly the mean folks in our midst
- Be sure you are not a mean person – *Who Me?*

Our Goal:

