

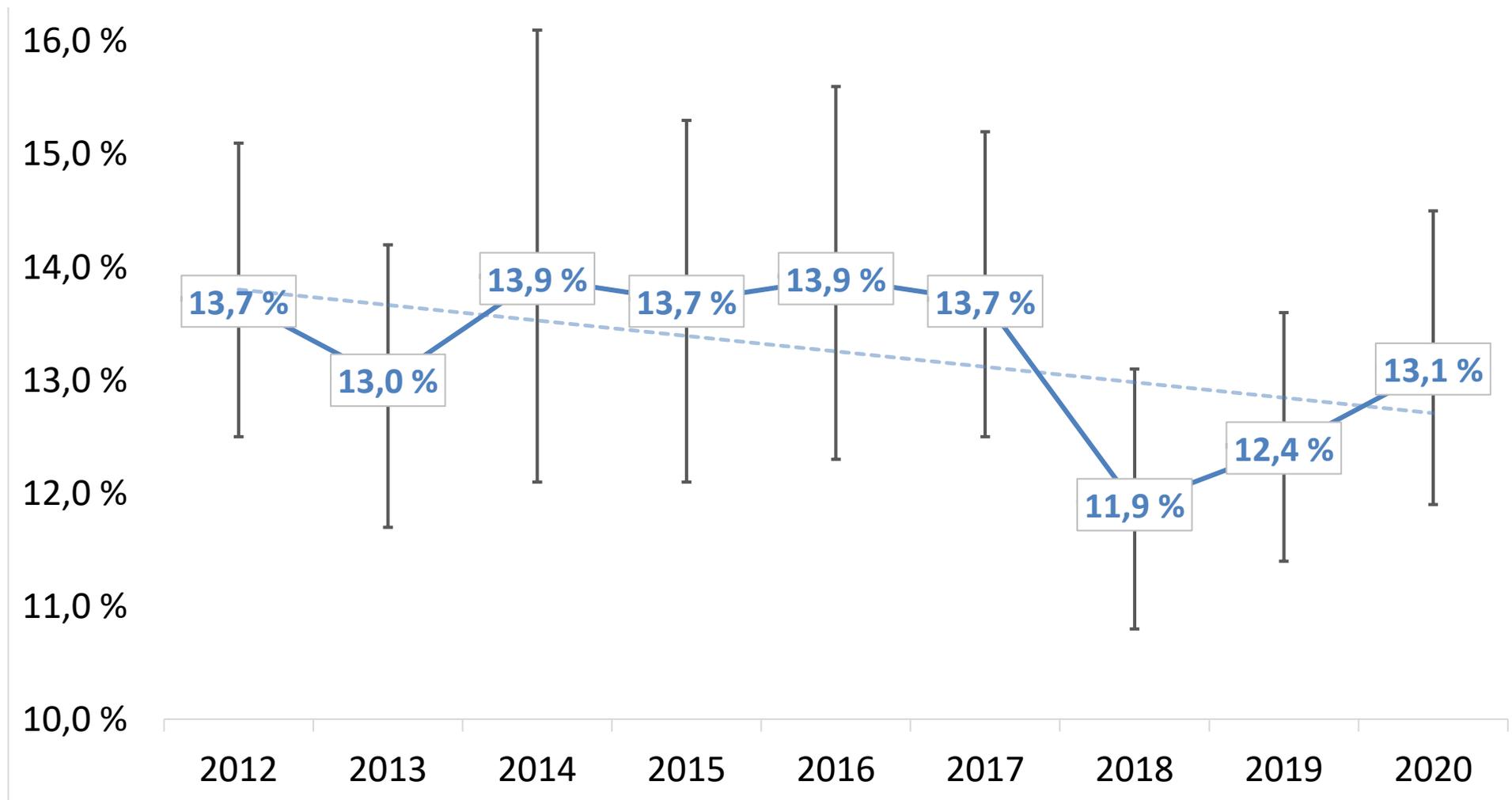
Can building a culture of psychological safety be the key to radically improved patient safety?

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Disclosure: No conflict of interests to declare.



13% of hospital stays result in patient injury



**Positive workplace
cultures are
associated with a
wide range of
patient outcomes**

Mortality rates

Failure to rescue

Readmission rates

Medication errors

Pressure ulcers

Falls

Hospital infections

Patient satisfaction

Patient mental and physical health

*Systematic review
Braithwaite et al
BMJ Open 2017*

Photo: Olga Kononenko

Nasjonal handlingsplan for pasientsikkerhet og kvalitetsforbedring

2019-2023

Work Environment and Patient Safety Culture

One of three national focus areas in Norway's Action Plan



GLOBAL PATIENT SAFETY ACTION PLAN 2021-2030
Towards eliminating avoidable harm in health care

«Safety culture» A Guiding Principle

For both patients and employees includes psychological safety



**Employee health
and well-being**

**Quality and
patient safety**

Psychological safety

Culture

**Incivility vs
respectful culture**

**Infallibility vs
learning culture**



Psychological safety

A prerequisite for patient safety

«Impression Management»



"All those in favor say 'Aye.'"
"Aye."
"Aye."

"Aye."

"Aye."

"Aye."

**Psychological
safety is....**

”

...a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes, and that the team is safe for interpersonal risk-taking

Amy Edmondson

Psychological safety is not....

.....about enjoying ourselves at work

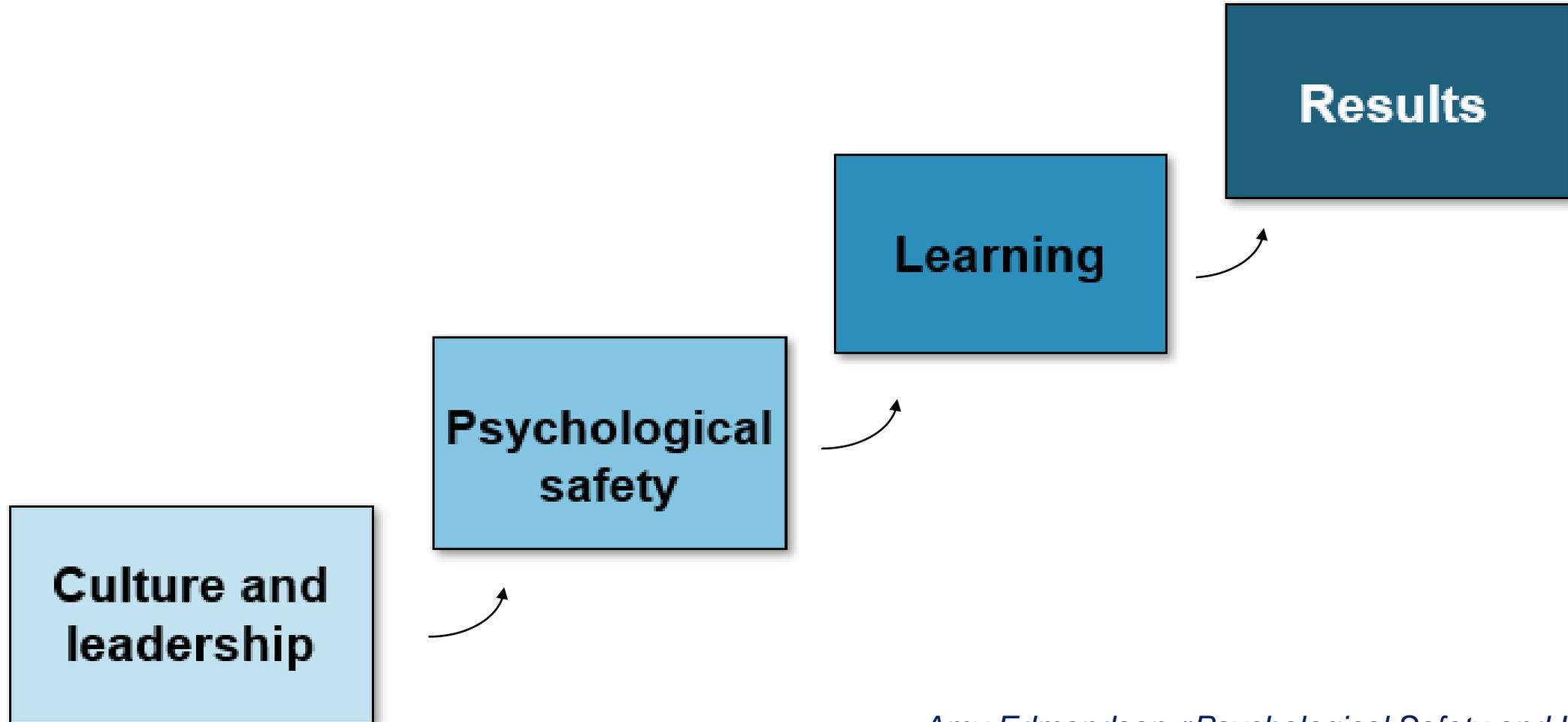
.....about experiencing cohesiveness at work

.....a personality trait

Edmondson, A. C. (2019). The fearless organization: Creating psychological safety in the workplace for learning, innovation, and growth.

Turner, T. (2019). "Teaming and Psychological Safety". Journal of Management.

Psychological safety – why is it so important?



Amy Edmondson «Psychological Safety and Learning in Working Teams». Administrative Science Quarterly, 44 (1999).



Amy Edmondson – screen shot



Marlon Weston

Norwegian national Patient Safety Conference



Marlon Weston



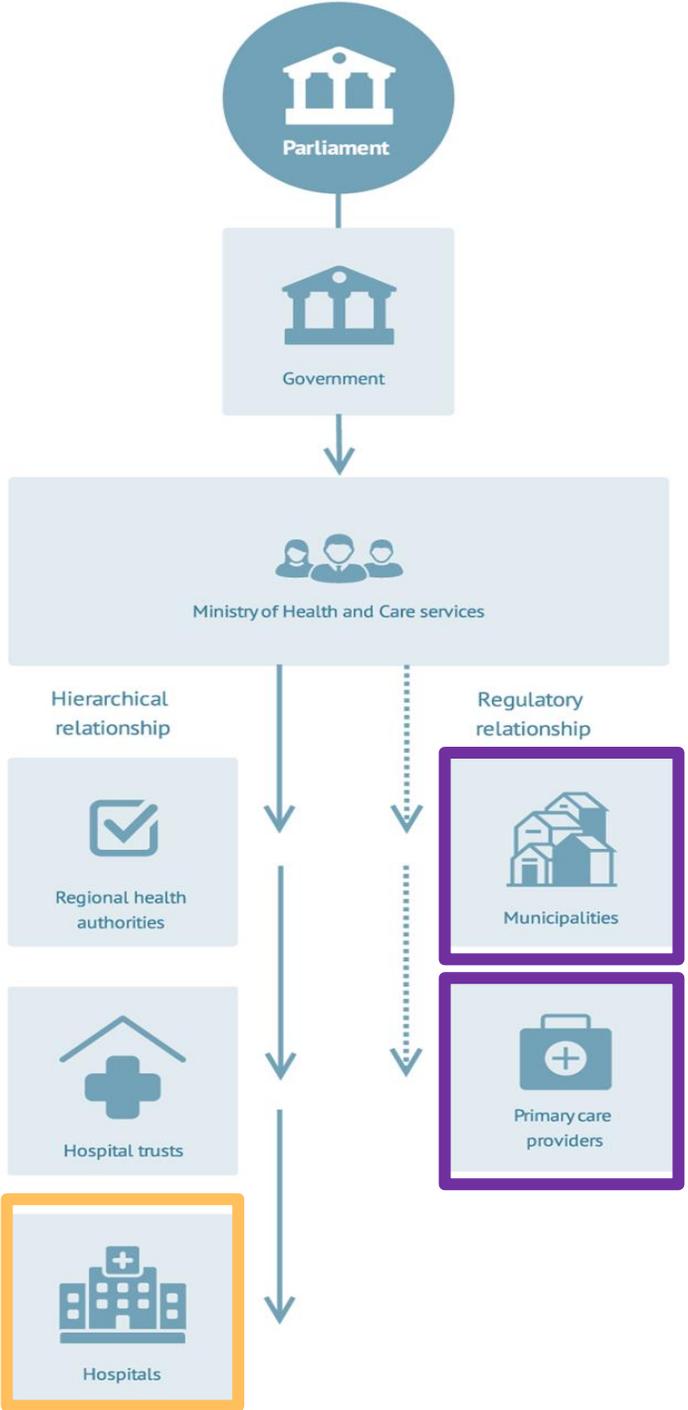
Marlon Weston

Siv Hilde Berg: Psychologist, Phd, Associate Professor in Patient Safety at the SHARE-Centre for Resilience in Healthcare, Department of Quality and Health Technology, Faculty of Health Sciences, University of Stavanger



Film presenting a case

The national healthcare system



The local healthcare system

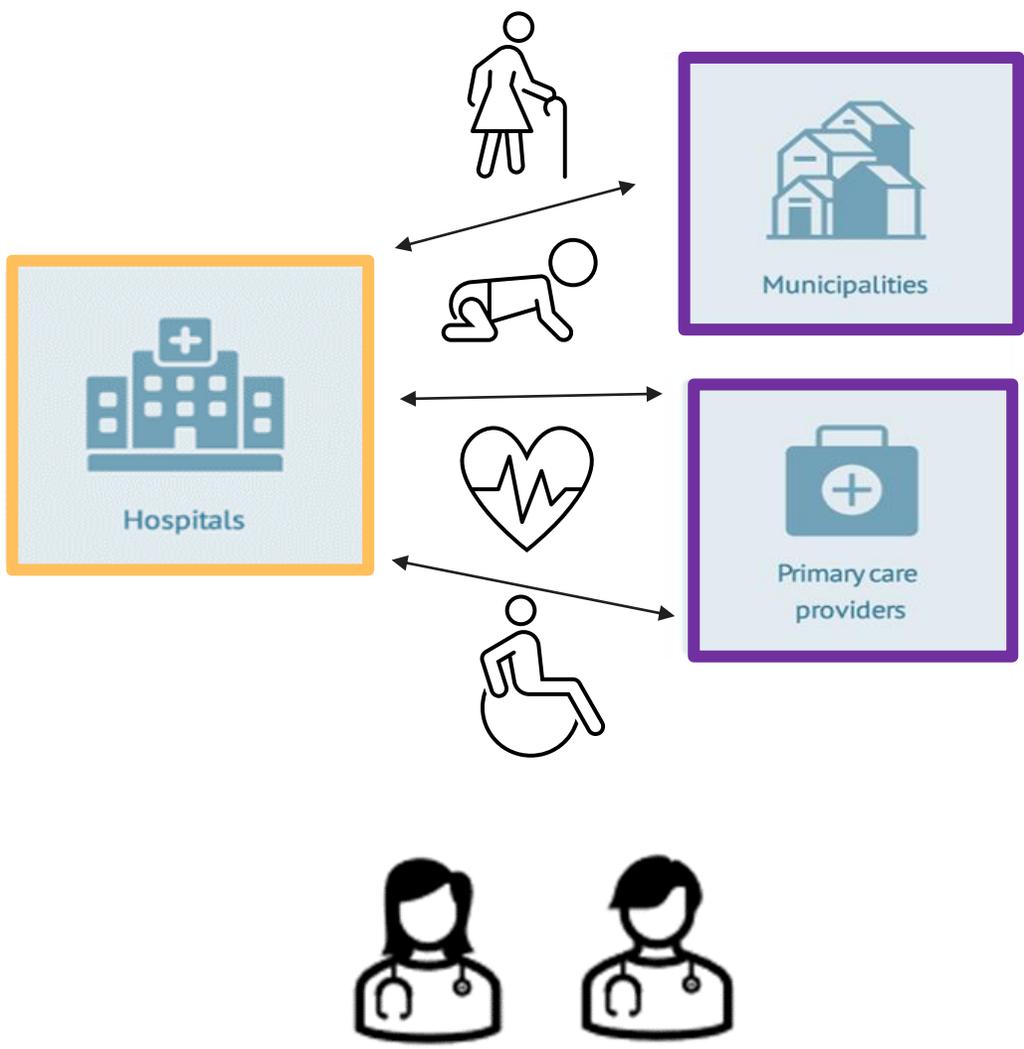




Photo: Vegard Stien

Meet Birgitte, RN:



Challenge:

- Increased number of persons with complex long-term needs
- Large variation in collaboration quality between the sectors

Intervention:

- Patient-Centred Team across primary and secondary care

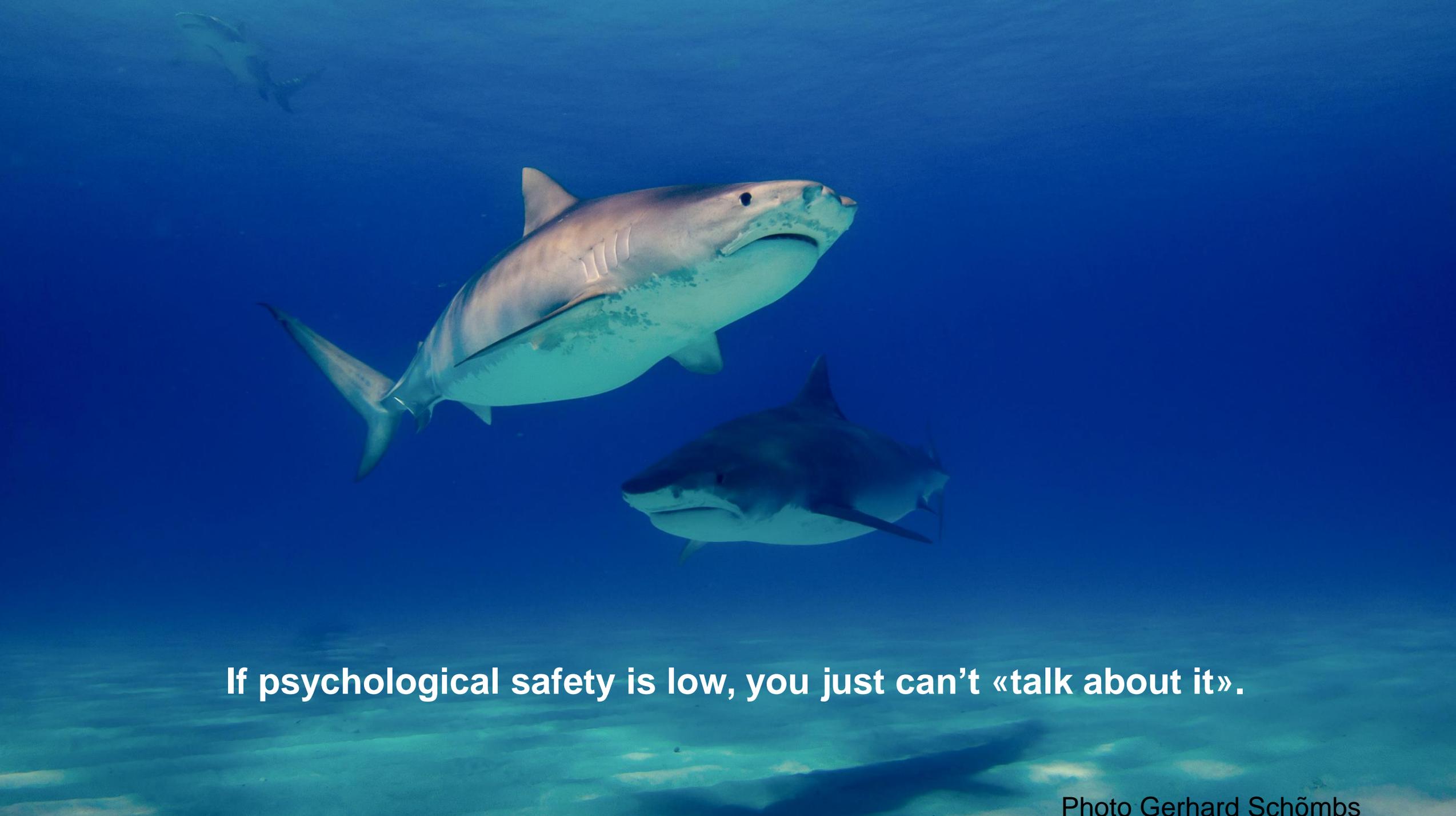
**Shift of focus #1:
“How can we solve this?”**



**Shift of focus #2:
“What matters to you?”**



- **At work: What kind of reactions and social behaviours acts as barriers to psychological safety?**

An underwater photograph showing three sharks swimming in clear blue water. The largest shark is in the upper left, swimming towards the right. A smaller shark is below it, also swimming right. A third, even smaller shark is visible in the upper left background. The seabed is visible at the bottom, showing sand and some shadows.

If psychological safety is low, you just can't «talk about it».

Photo Gerhard Schömbbs

Incivility

The Quiet Epidemic

Rudeness in Medical Settings Could Kill Patients

*Riskin et al.
«The Impact of Rudeness
on Medical Team
Performance:
A Randomized Trial».
Pediatrics. 2015*



Photo: Article on

Incivility groups (33)

Control groups (34)



64% passing score

91% passing score

Well, some people are just too sensitive

Tested for that. Controlled for gender etc. Difference due only to incivility.

Exposure to incivility hinders clinical performance in a simulated operative crisis Katz et al, BMJ 2019

Training CPR Nurses

**60% of incivility
groups made a
mistake vs none in
the control groups**

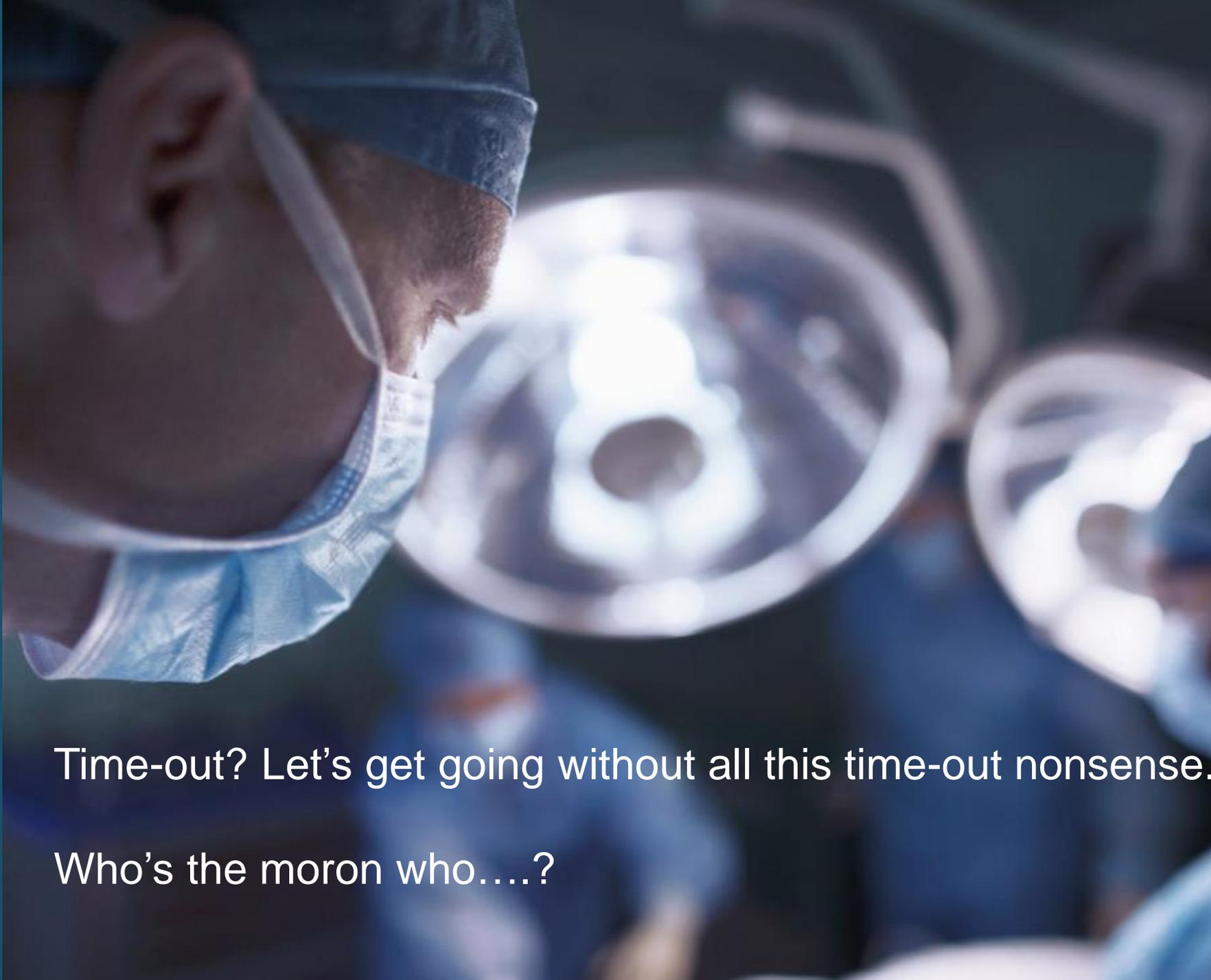
*Johnson et al «Incivility and
Clinical Performance,
Teamwork and Emotions» J
Nurs Care Qual, 2019*



**Incivility has *real*
consequences**

**Complication
rates, for example**

*Cooper et al JAMA
Surgery, 2019*



Time-out? Let's get going without all this time-out nonsense.

Who's the moron who....?

**And many other
(84) negative
consequences**

- Reduced job satisfaction
- Feeling fearful
- Repercussions for speaking up
- Diminished mental and physical health
- Moral distress
- Lack of cooperation
- Poorer performance and judgment
- Increased absenteeism and turnover
- Intent to leave nursing

Crawford, et al
*“An Integrative Review of
Nurse-to-Nurse Incivility,
Hostility, and Workplace
Violence»*
*Nursing Administrations
Quarterly 2019*

**And many other
(84) negative
consequences**

This has significant economic consequences
And **indirect and direct consequences for
patient safety.**

What to do?

Leaders must take a stand.

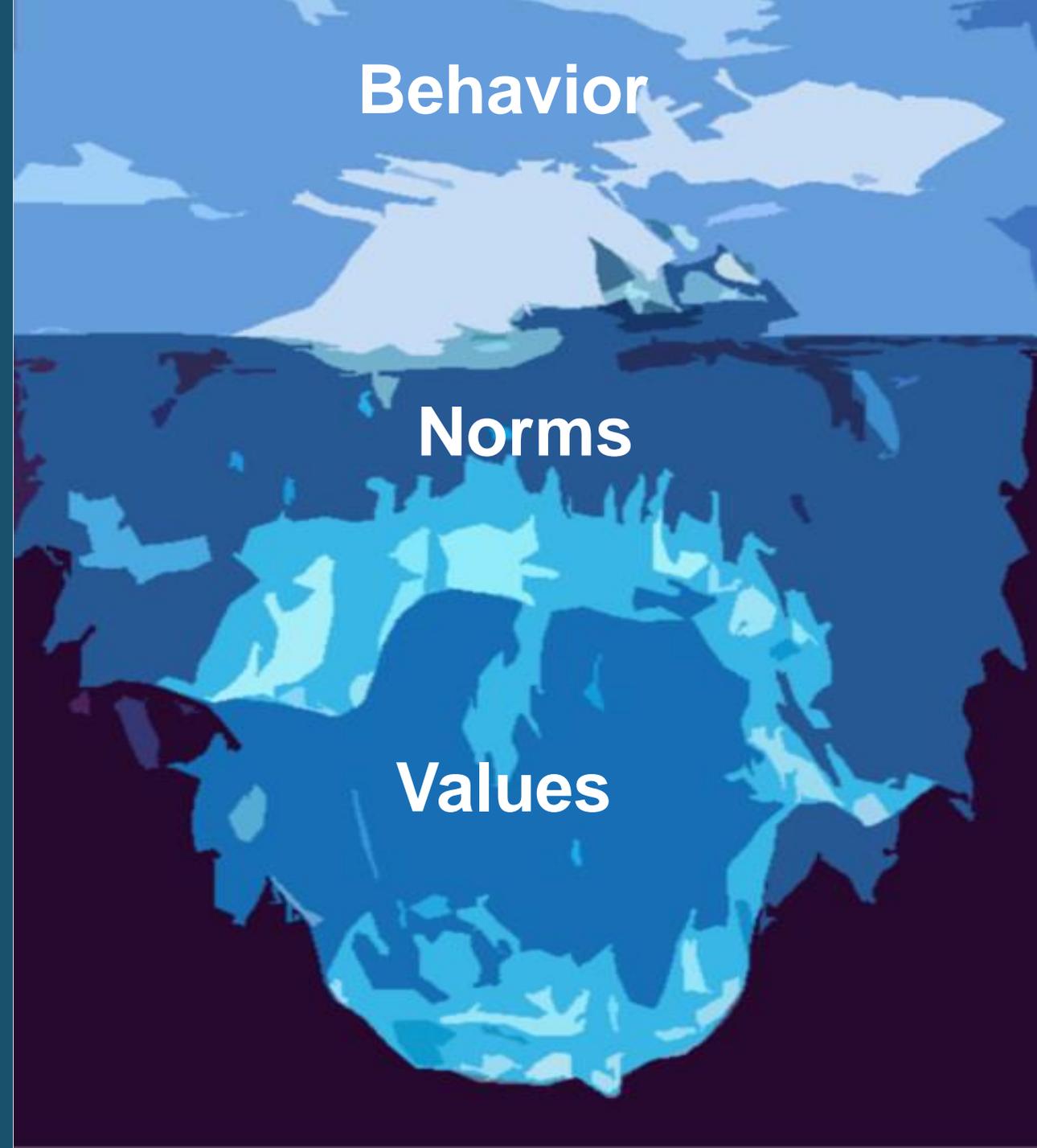
Build a civil culture.

Halt unacceptable behaviour.

*Crawford, et al
“An Integrative Review of
Nurse-to-Nurse Incivility,
Hostility, and Workplace
Violence»
Nursing Administrations
Quarterly 2019*

How to work with culture?

- Interventions at each level



Case: Glimpse from the Culture Program Oslo University Hospital

- Network of facilitators
- Toolbox

Culture Posters -
group norms



CLASS RULES

#NEVROKIRURGEN

- 1** Vi er **ett** nevrokirurgisk team og vi behandler hverandre som **likeverdige** kollegaer, **UAVHENGIG** av fagbakgrunn.
- 2** **VI HAR ALLE ET ANSVAR** for at våre kollegaer skal glede seg til å komme på jobb. **»→** gi et kompliment.
- 3** Vi skal ha et **trygt arbeidsmiljø**.
0-toleranse for nedlatenhet og latterliggjøring.
- 4** Vi snakker **MED** hverandre, **IKKE OM** hverandre.
= **si stopp hvis noen baksnakker**

Vis oss deres
#OUSkulturplakat
og bli med i trekningen av
et arbeidsmiljøseminar

OUS Nettverk for utvikling av organisasjonskultur
@ousnettverk

KULTUR- PLAKAT

SEKSJON VOKSEN



– ikke bare 🤖

Vi viser vennlighet ovenfor hverandre

- Vi snakker til andre slik vi selv ønsker å bli snakket til
- Vi tar godt i mot vikarer og nyansatte

Vi er opptatte av faglig utvikling

- Ingen spørsmål er dumme
- Vi tilstreber daglig «fagprat»

Vi bygger hverandre opp – ikke ned!

- Vi snakker med – ikke om hverandre
- Vi gir og tar konstruktiv kritikk

Vi er et team

- Vi har et felles ansvar for



Slik vil vi ha det hos oss:
VENNLIG-RESPEKTFULLT-INKLUDERENDE

Pasienten i fokus

Se hverandre

👋 Vær raus!

Ta ansvar for helheten.

- tilby hjelp når du er ferdig med ditt.
- be om hjelp når du trenger det



**SAMMEN TIL
BARNETS
BESTE**

Konstruktiv kommunikasjon

- Se det positive
- Fokus på problemløsning
- Gi tilbakemelding
- Rom for faglige uenigheter
- Åpenhet skaper trygghet. Trygghet skaper god kommunikasjon

Vi skal ha et **TRYGT ARBEIDSMILJØ**
0-tolerance for nedlatenhet og latterliggjøring

Si hei når du kommer -
'Hadet' når du går

Raus med ros

Ingen spørsmål er
dumme i staben vår

Vi spiller hverandre gode

Inkluder alle!

Verdsett mangfoldet i
staben vår

HOS OSS...

Møter vi hverandre med
respekt og raushet.



Prioriterer vi det sosiale.

Ønsker vi alle spørsmål og
ideer velkomne.



Er vi hyggelige og hjelper
hverandre.

Gir vi hverandre konstruktive
tilbakemeldinger... også ros!

Godt arbeidsmiljø = et felles ansvar



This is the way we want it to be here

Example 1:

Culture development – a surgical department

- There is 0-tolerance for harassment, condescending behavior and ridicule.
- Interact with your colleagues – new and old- in a professional manner.
- Raise your colleague up by giving positive feedback and recognition.
- If you see or hear a colleague being subjected to undesirable behavior, support, listen and speak up!
- Be a teamplayer and follow the rules and routines we have agreed upon at our workplace-
- Think how you can contribute to a good work environment!

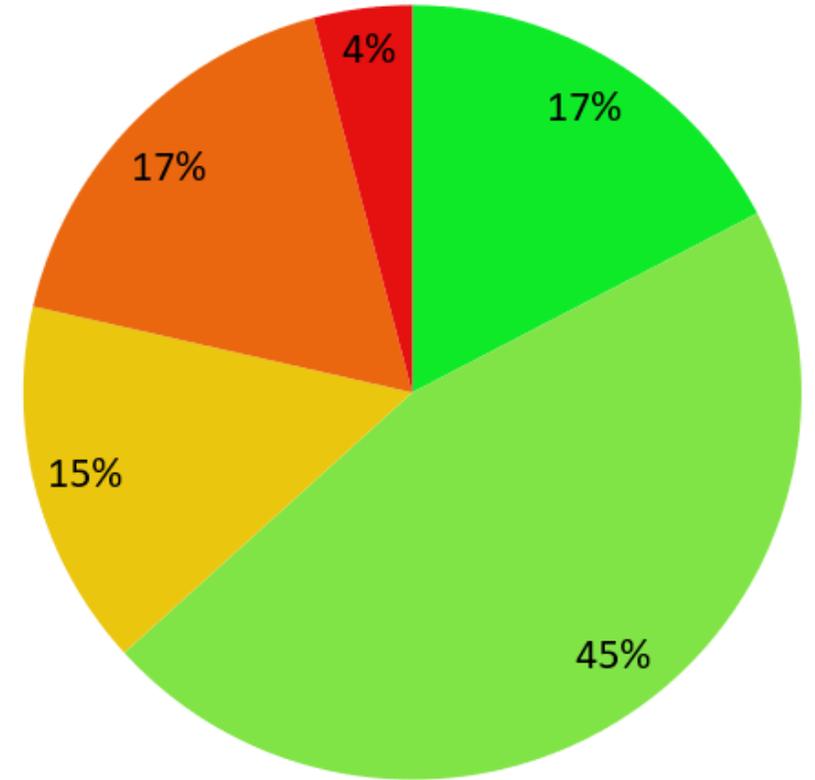
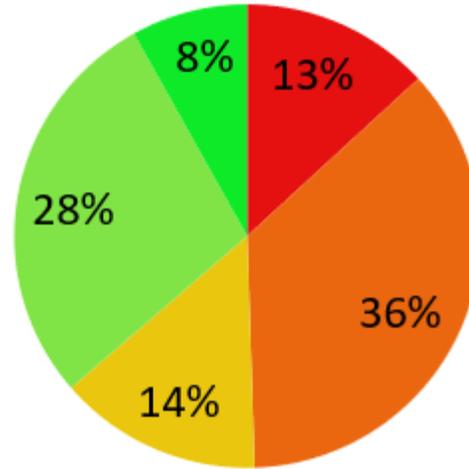
If you find yourself in a difficult situation and you feel bullied, you can contact your manager, union representative, ombudsman, and/or the Department of Work Environment, OUS. These can advise you on how to proceed and what channels to use.

Culture Survey

Our work environment is characterized by openness and respect.

This survey question is one of the hospital's four major goals.

Start vs 1 year later



-  Completely agree
-  Partly agree
-  Neither agree nor disagree
-  Partly disagree
-  Completely disagree

Cohen's d = 0.62

Interventions

- Culture survey with feedback x 2
- Culture seminars ½ day x 2
- Culture poster with civility norms
- Norm compliance measured, 2nd survey
- Follow-up meetings in work units
- Follow-up on HSE- adverse events
- Follow-up on individual behavior

Task force – managers + work environment ombudsmen + union representatives + facilitator

Results

- Significantly better survey results
- Managers, employees, collaborating departments tell about a better work environment
- Better reputation - easier to recruit
- Fewer adverse events
- Fewer cancelled operations
- Best financial result in 19 years

New Annual Nationwide Survey 2018

For specialized healthcare.

All employees



Patient Safety
Two scales from SAQ
Safety Attitudes
Questionnaire



Teamwork Climate
Safety Climate

Work Environment
Long tradition with annual
surveys and processes for
feedback and follow-up
in departments.

Revised scales.

Example 2 Simulation center

4 facilitated seminars

Most of the tools in the toolbox.

Psychological safety increasingly more explicitly addressed.

	2018	2019	2020	2021
Teamwork Climate	81	87	92	94*
Safety Climate	74	78	87	87
Psychosocial Climate**	-	67	79	88

* Top 15%

** Includes bullying, discrimination, conflicts.



Photo: Todd Trapani

Another tool

Inbounds – Out of Bounds

Acceptable behavior

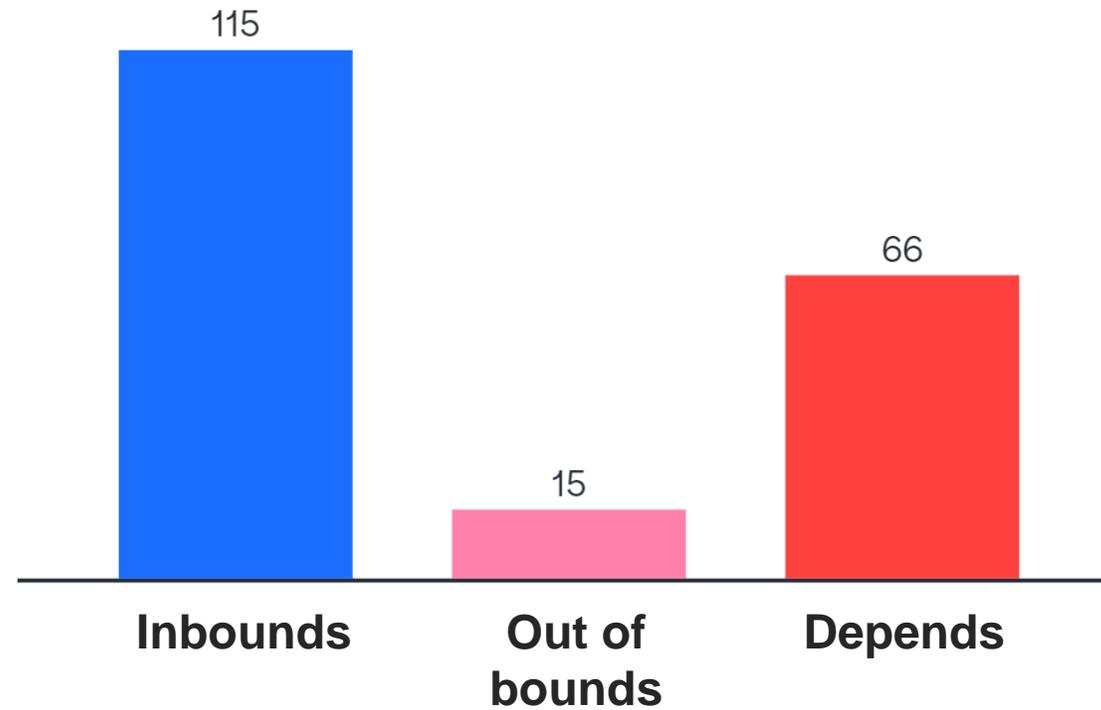
Unacceptable behavior

It depends

Innafor-utafor ®

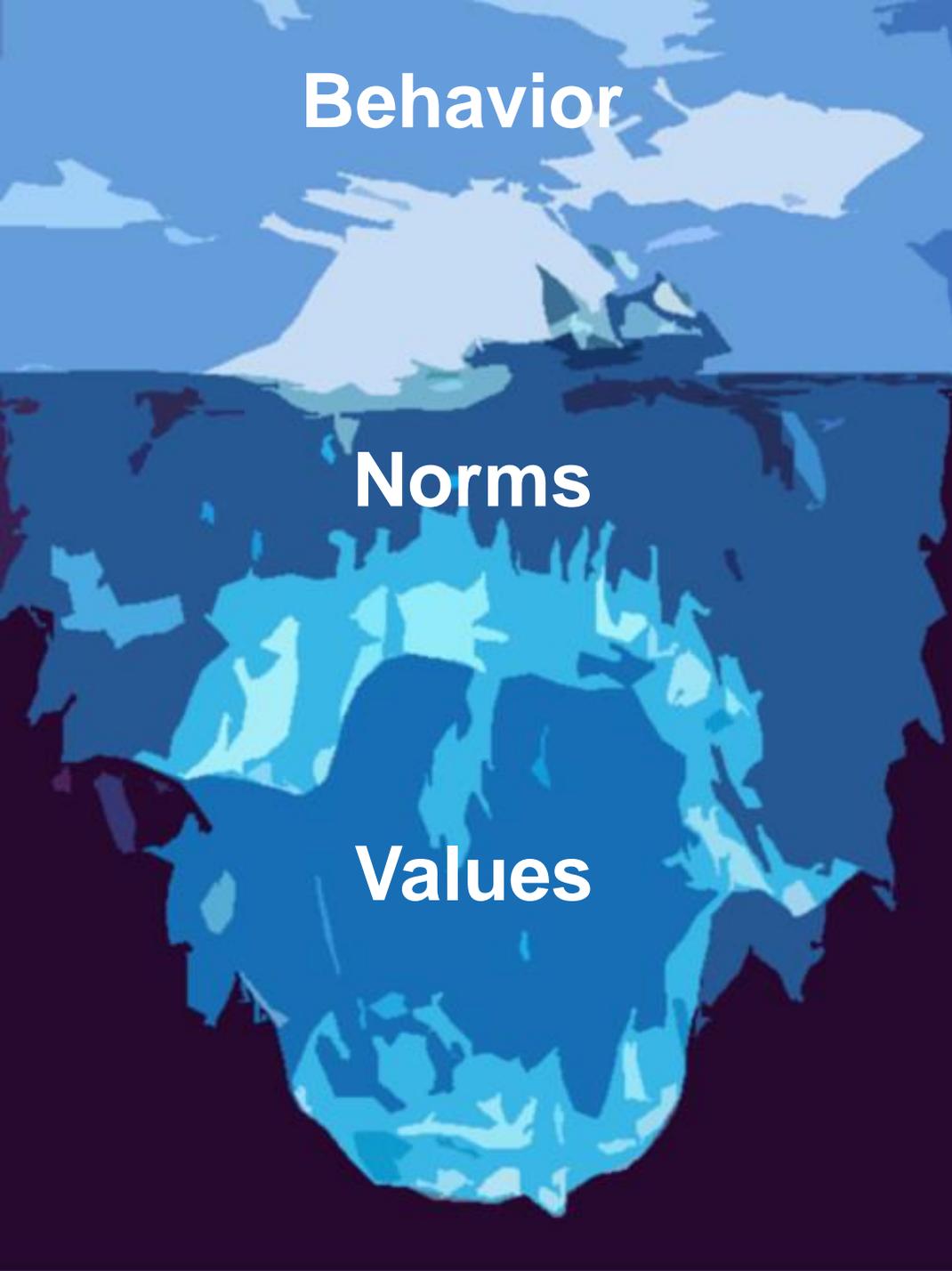
Telling Swedish jokes

Mentimeter



Infallibility

The Second Quiet Epidemic



Behavior

Norms

Values

Values and norms for
infallibility

The norm 'Make no mistakes, and if
you do, it is your fault' is still very
much alive....

The professional culture among physicians in Sweden: potential implications for patient safety. Danielsson et al 2018 BMC Health Services Research

n

Rikshospitalet Copenhagen podcast «Svært at tale om på Riget» (Hard to talk about), episode «Ufejlbarlig pr definition» (Infallible by definition) 2021

Perfection – an illusion

- Burden
- Fearful of making mistakes
- Silence
- Hiding the pain

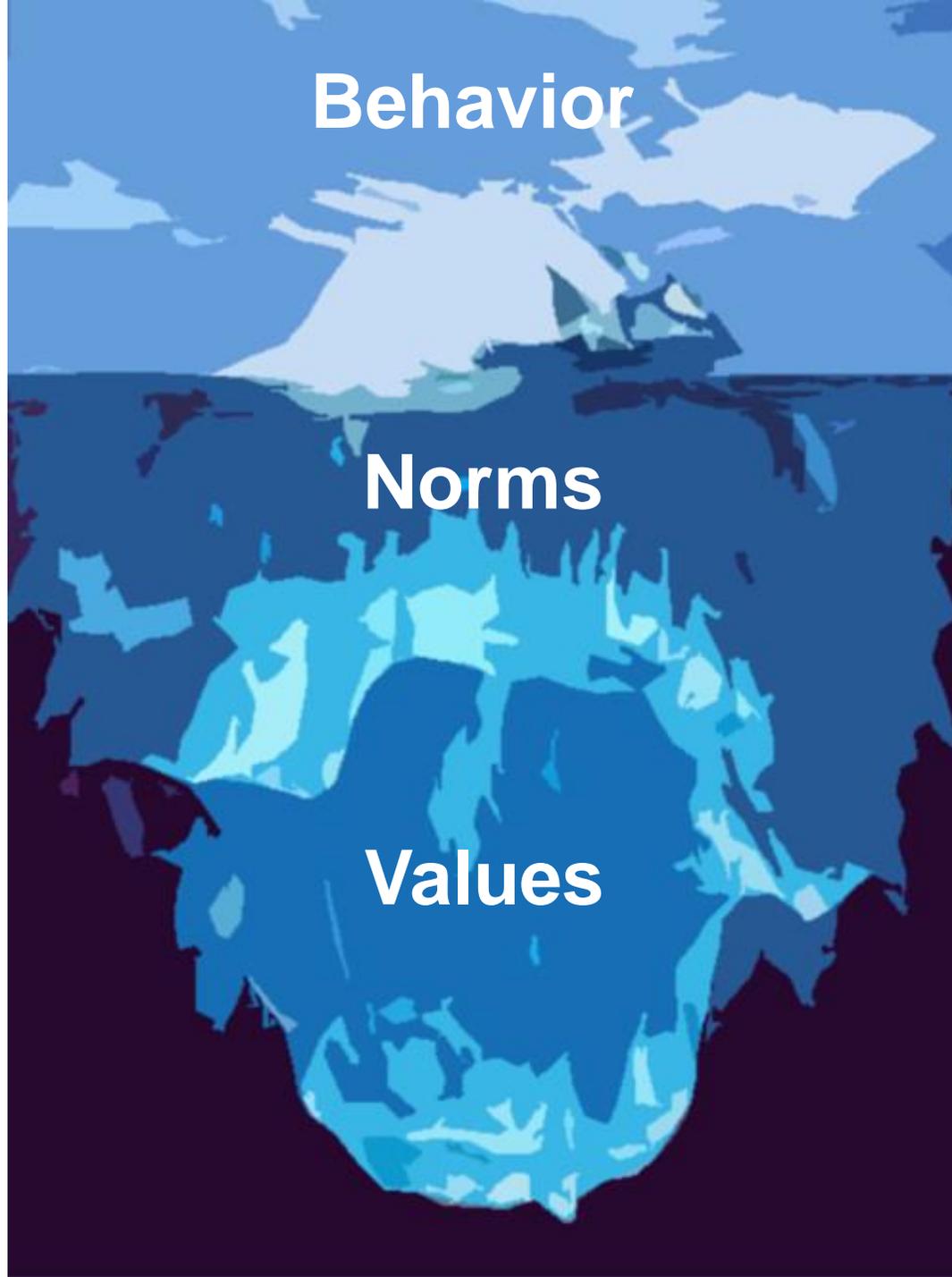


Photo by [amirreza jambi](#) on [Unsplash](#)

Perfection – an illusion

- Burden
- Fearful of making mistakes
- Silence
- Hiding the pain





Behavior

Norms

Values

Make no mistakes.
If something goes
wrong, it's your fault.
Keep it to yourself.



**Infallibility
Perfection**

We'll share and learn
from mistakes.
Keep a systems
perspective.

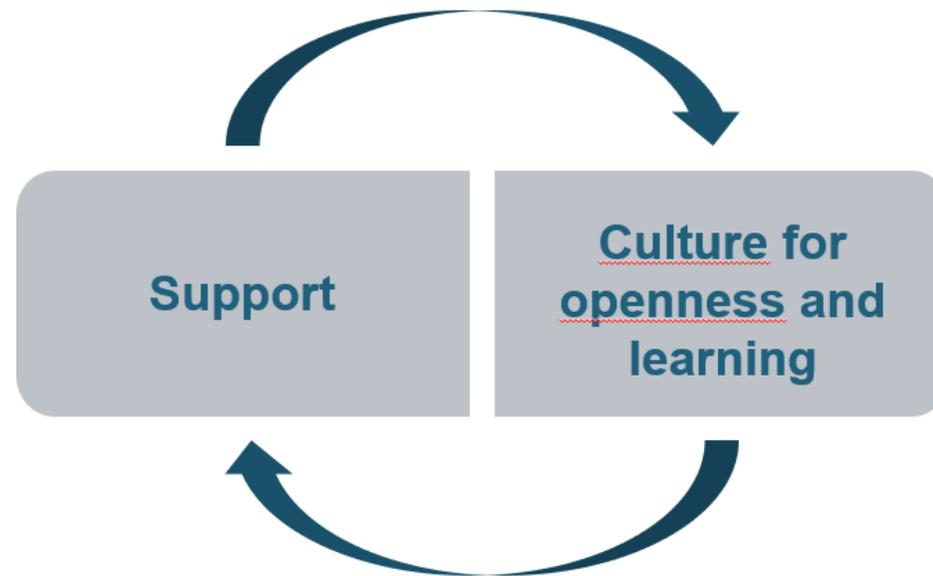


**Learning
Openness**

Support after adverse events

Ongoing project to develop national guidelines

Support includes:
information
Compassion
Backing
Invitation to share experiences and contribute to improved services



Christina Drewes, MD, PhD.

Specialist anesthesiologist with a keen interest in patient safety. She worked as a consultant at the Department of Anesthesiology in Trondheim, Norway, for many years and is now a Deputy County Physician in Trøndelag



Film presenting a case

**Employee health
and well-being**

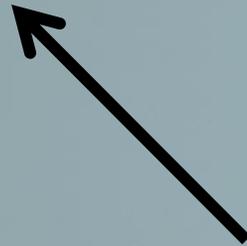
**Quality and
patient safety**

Psychological safety

Culture

**Respectful culture
vs incivility**

**Learning culture
vs infallibility**



Actions to create psychologically safe cultures

- Focus on what matters for the patient
- Create safe arenas - social support under uncertainty
- Define desired culture – values, group norms, behaviors

- To you who are experienced in the field – the nestors
be aware of your role and responsibility *to lead the way*



«Let the talk change the walk»

Make the conversation
change the path of your
organization



Private picture, Ida Waal Rømuld



Helsedirektoratet

Norwegian Directorate of Health