

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

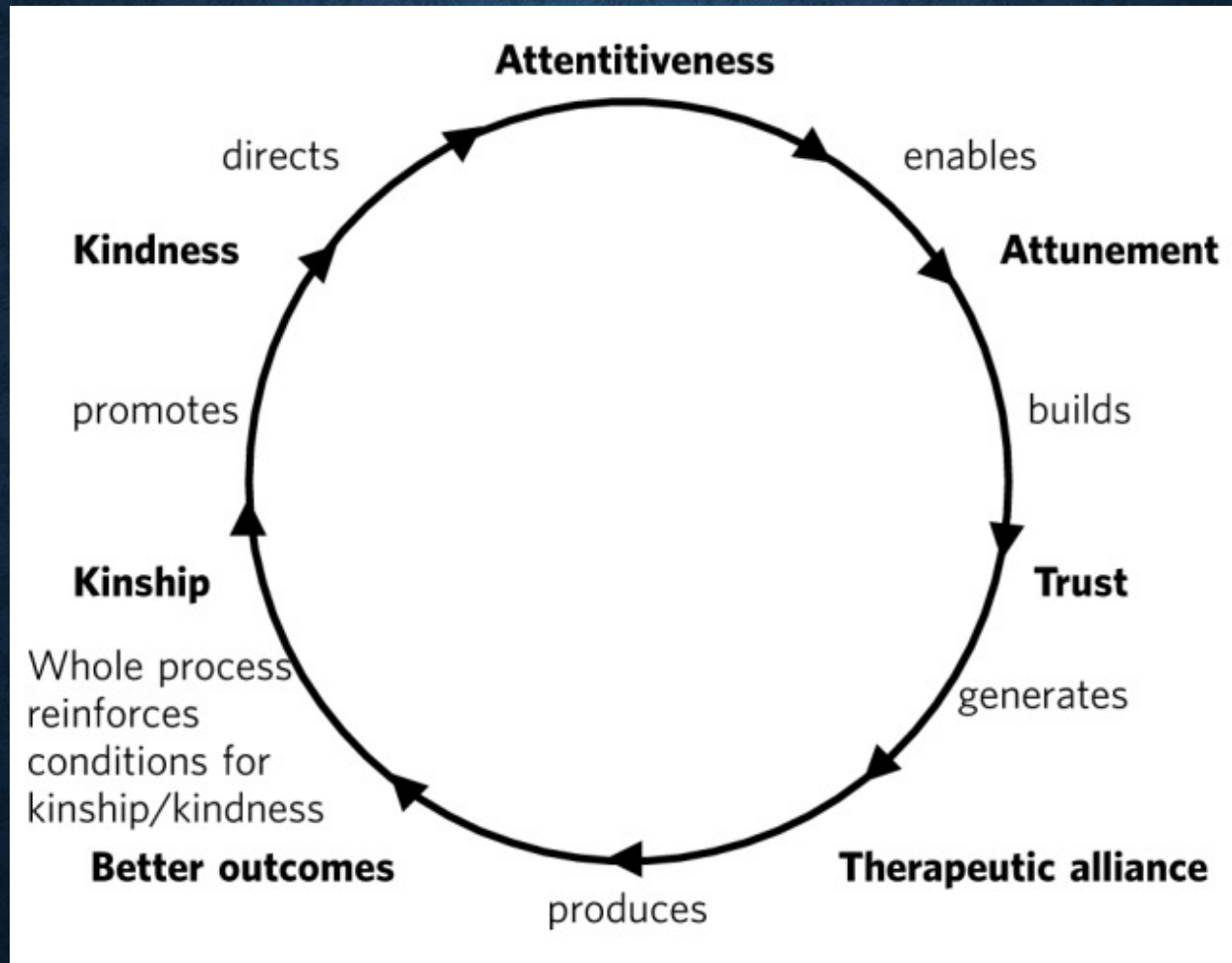
- **Why**

- 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



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.

Obvious Inappropriate Behaviour

Sexual innuendo

Aggression

Yelling/shouting

Throwing things

Ejecting from clinical situations

Intimidation

Telling racial jokes/slurs

Verbal abuse

Physical abuse

Less obvious, but still Inappropriate Behaviour

Humour used as a put down

Belittlement

Passive aggressive behaviour

Looked over

Exclusion

Failure to listen

Being ignored

Inappropriate criticisms

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



Disrespectful
behaviour



Respectful
behaviour

Feeling unsafe, low trust

Converge International

**amber
bar soap.**

30g • e 1oz.

don't want to get
caught in the cross
fire

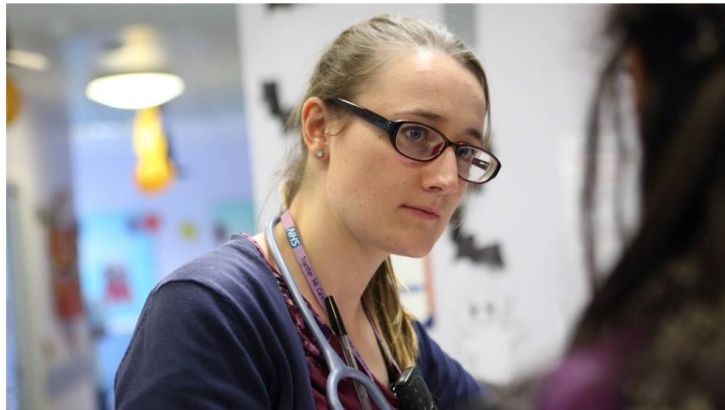
I'm too
scared to
step in



› [Home](#) › [Connecting doctors](#)

› [The Secret Doctor](#)

'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 what they deserved

It's not my place

It's trivial

*I would be hypocritical ...
I've done that myself*

*I lack the confidence & skill
... I'm ill-equipped*

*I can't prove
anything*

I'm tired of trying

*I've never seen
anyone speak up*

It's how I learnt

I fear retribution

*I'm conflicted ...
I share rooms with the
person*

*I depend on that person for my
assessment ... work ... referrals*

*It's how we do
things around here*

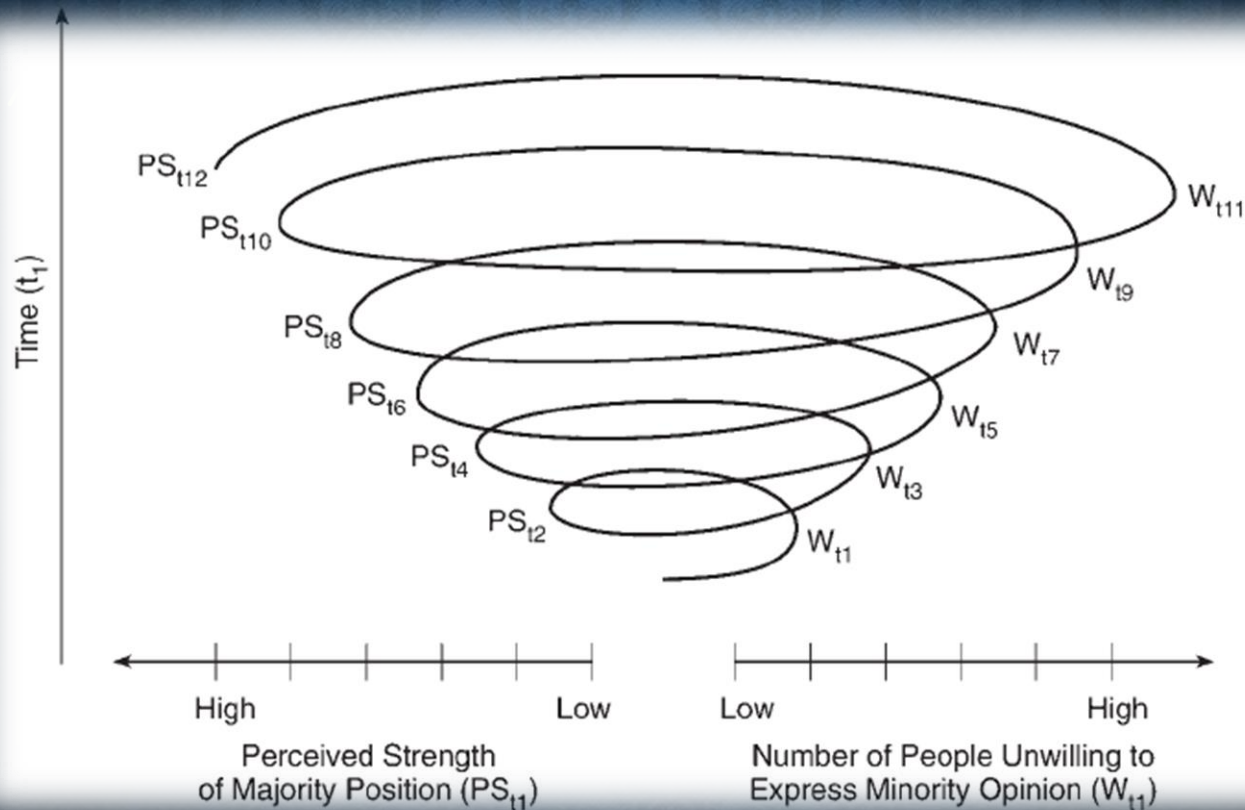
*If I acted, nothing
would change*

*It's a bureaucratic,
complicated process*

Okuyama et al 2014



THE SPIRAL OF SILENCE



Scheufele & Moy 2000

IDENTIFYING “AMBER” MOMENTS

New team members

Hierarchical relationship

Change in routine

Time critical, high stakes situations

Exercising authority

Telling a joke

Competing demands

Difficult conversations

End of a long day

Ad hoc team

Working to a deadline

Loss of situational awareness

Under stress

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

EXTERNAL AND INTERNAL STRESS



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

P

***P*ause to assess the situation**

O

W*eigh up your ***O*ptions*

I

C*onsider what is ***I*important*

S

***S*hare and rehearse your plan**

E

C*heck your ***E*motions 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>

Study shows how slow breathing induces tranquility

Stanford scientists have identified a small group of neurons that communicates goings-on in the brain's respiratory control center to the structure responsible for generating arousal throughout the brain.

MAR 30
2017

Try it. Breathe slowly and smoothly. A pervasive sense of calm descends. Now breathe rapidly and frenetically. Tension mounts. Why?

It's a question that has never been answered by science, until now.

In a new study, researchers at the Stanford University School of Medicine and their



Mark Krasnow and his colleagues have identified a tiny cluster of neurons that link breathing to relaxation, attention, excitement and anxiety.

Steve Fisch

colleagues have identified a handful of nerve cells in the brainstem that connect breathing to states of mind.

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?***

'FLATTENING' THE HIERARCHY

MDT Meetings

M&M Audit

Team dinner / coffee

Share responsibilities and decisions

Ward rounds

Establish familiarity amongst team

Supervising trainee

Encourage and welcome involvement

Unit meetings

Acknowledge opinions

*In-training
assessments*

Give permission to speak up

Teaching

Recognise and respond to assertiveness

Surgical checklist

Model respectful behaviour

On-call

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

