

**SEEN something?
SAY something.**



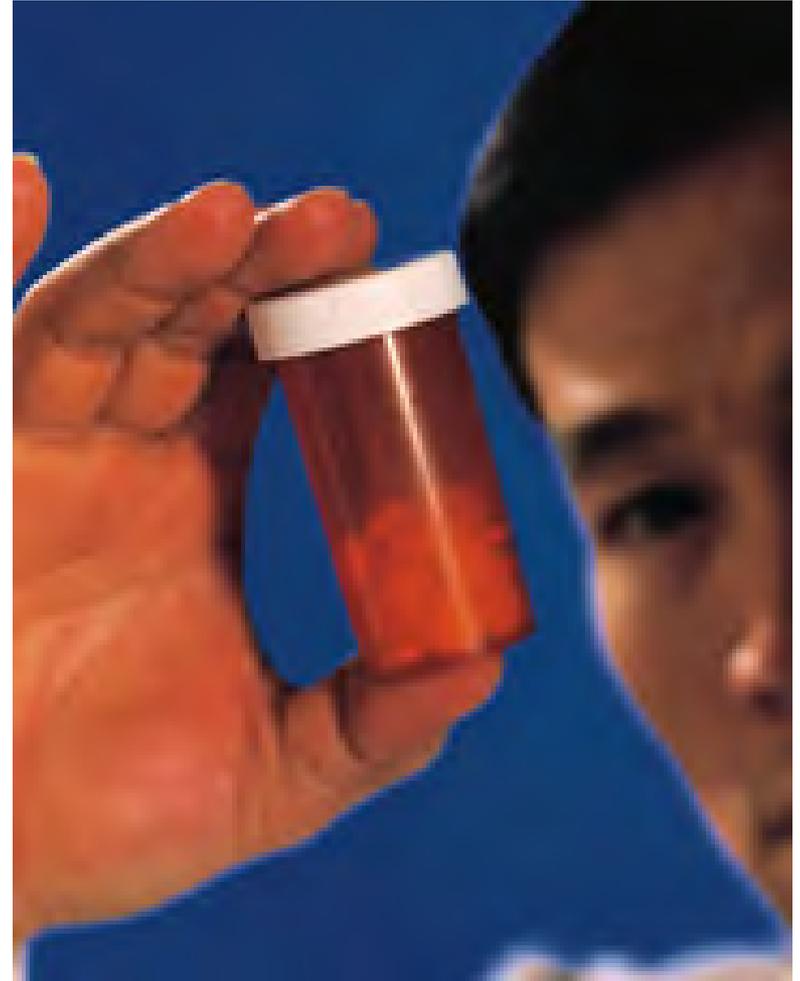
Silence kills.

ENDA Congress 2013

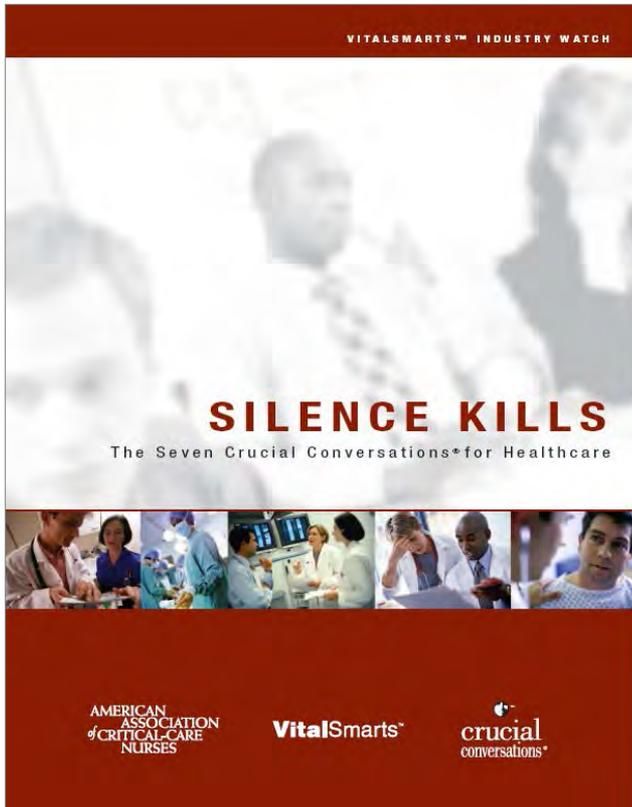
Arturo Nicora – CEO - VitalSmarts Suisse

The Impact of Not Speaking Up

- A pharmacist sees physicians making errors.
- But doesn't always speak up.
- What if this were chronic? What are the long-term consequences?



The Study



“Silence Kills”

- 150 hours of observation
- Interviews and focus groups at 6 hospitals
- Survey with 1700 nurses, doctors, administrators and other clinicians at 13 hospitals

The Seven Crucial Conversations

Concerns people have occasionally
(with at least 10% of their colleagues...)

**% Reporting
Concerns**

- | | |
|-----------------------|---------------|
| • Competence | 50-80% |
| • Work Ethic | 75% |
| • Lack of Support | 20% |
| • Disrespect | 75% |
| • Micromanagement | 50% |
| • Broken Rules | 85% |
| • Mistakes | 49-85% |

Concerns about Competence

How common are concerns about competence?

- 50% of nurses describe people as missing basic skills, poor clinical judgment, or out of date.
- This figure is 80% for physicians.

Likelihood of confronting

- Only 12% of nurses and physicians will confront a nurse.
- Almost none will confront a physician—not even another physician!

Nurses and Other Clinical care Providers Concerns about Incompetence



53% are concerned about a peer's competence.	This peer does something dangerous at least once a month.	27%
12% have spoken with this peer and shared their full concerns.	The problem with this peer has gone on for a year or more.	48%
	A patient has been harmed by this person's actions during the last year.	7%
34% are concerned about a physician's competence.	This physician does something dangerous at least once a month.	19%
Less than 1% have spoken with this physician and shared their full concerns.	The problem with this physician has gone on for a year or more.	54%
	A patient has been harmed by this physician's actions during the last year.	8%

Physicians' Concerns about Incompetence

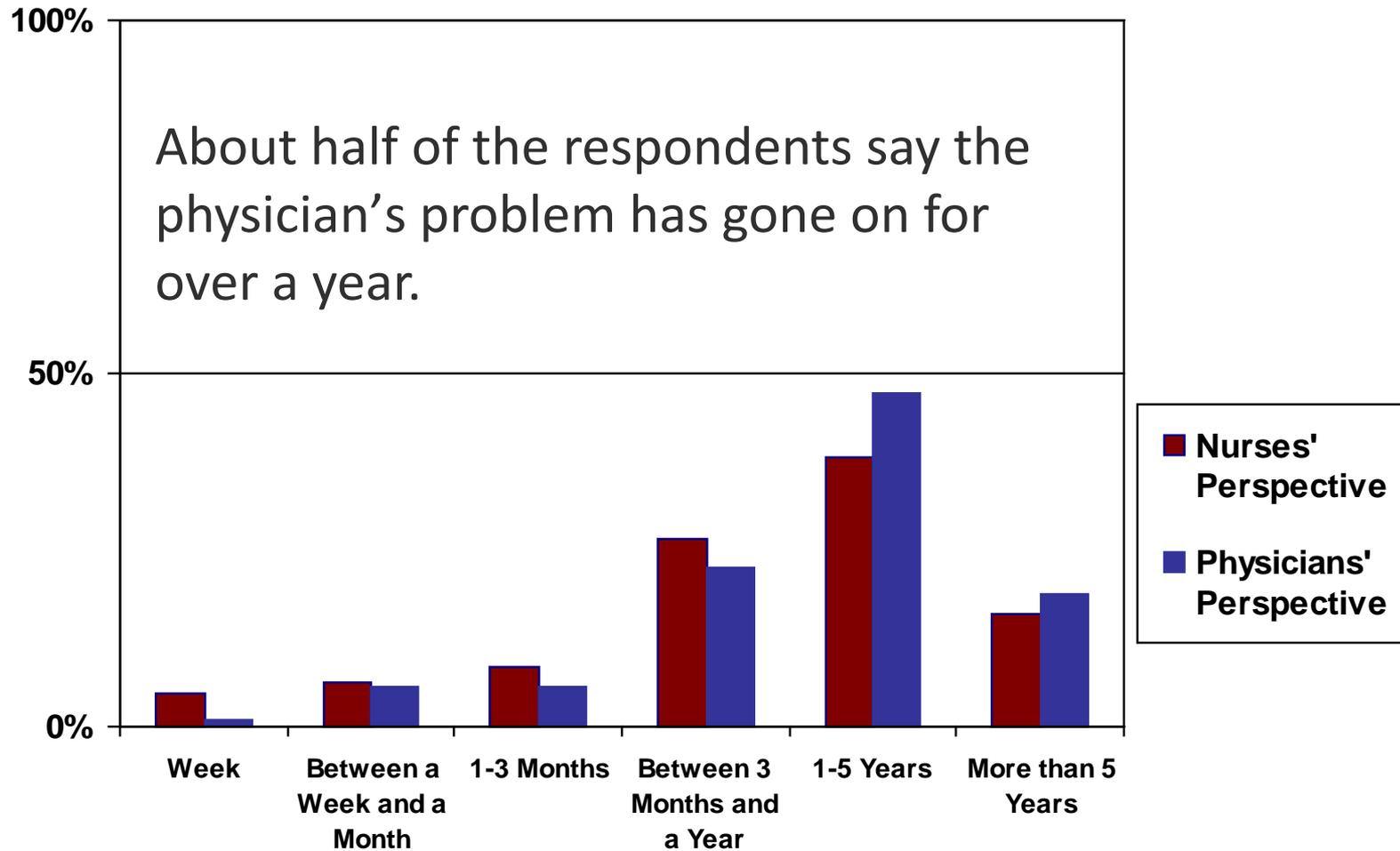
81% are concerned about a nurse's or other clinical-care provider's competence.	This peer does something dangerous at least once a month.	15%
8% have spoken with this person and shared their full concerns.	The problem with this peer has gone on for a year or more.	46%
	A patient has been harmed by this person's actions during the last year.	9%
68% are concerned about a physician's competence.	This physician does something dangerous at least once a month.	21%
Less than 1% have spoken with this physician and shared their full concerns.	The problem with this physician has gone on for a year or more.	66%
	A patient has been harmed by this physician's actions during the last year.	19%

Nurses and Other Clinical are Providers Concerns about Incompetence



77% are concerned about disrespect they experience	This person is disrespectful or abusive toward them in at least a quarter of their interactions. The behavior has gone on for a year or more.	28% 44%
7% have spoken with this peer and shared their full concerns.	Correlation between the frequency of mistreatment and intent to quit their job.	$r = .424, p < .001$
	Correlation between the duration of abuse and intent to quit their job.	$r = .190, p < .001$

Duration of Competency Problems



When People Speak Up?

- **Nurses and other clinical providers who effectively confront people about competency issues...**
 - Observe better patient outcomes (correlation .336 $p < .001$)
 - Are more satisfied with their workplace (.267 $p < .001$)
 - Exhibit more discretionary effort (.240, $p < .001$)
 - And have a greater intent to stay (.335, $p < .001$)
- **Physicians who are able to confront people about competency issues...**
 - Observe better patient outcomes (correlation .307, $p < .001$)
 - Are more satisfied with their workplace (.309, $p < .008$)
 - And exhibit more discretionary effort (.263, $p < .028$)

Conclusions

- The majority of the healthcare workers have serious concerns about someone they work next to.
- Some share these concerns with coworkers and managers.
- Few of their coworkers and managers approach these people either.
- It is critical for hospitals to create cultures of safety.

- ***The added benefits***
 - *in productivity improvement,*
 - *reduction in nursing turnover and*
 - *physician cooperation*
 - *make improvement in this core competence an overwhelmingly high-leverage objective.*

The **Silent** Treatment

The second study in the USA

- Two survey instruments were employed: a Story Collector and a Traditional Survey.
- Convenience sampling was used for both instruments. Members of the AACN and the Association of periOperative Registered Nurses (AORN) were invited via e-mail to participate in the study.
- The Story Collector was completed by 2,383 registered nurses, of whom 169 were managers;
- The Traditional Survey was completed by 4,235 nurses, of whom 832 were managers.

The **Silent** Treatment

Objective

The survey looked for concerns that fit three conditions:

- 1.They are common.
- 2.If unaddressed, they are costly.
- 3.They are undiscussable.



Differences Between 2005 and 2010 Studies



The nurses in the 2010 study 87% work in:

- an operating and recovery room,
- ICU, cardiology, emergency department, or progressive care unit.

The nurses in the 2005 study were randomly selected from:

- 13 participating hospitals, and
- were more likely to work in medical-surgical units.

Concerns people have occasionally

Concerns people have occasionally (with at least 10% of their colleagues...)	The Silence Kills % Reporting in 2005	The silent Treatment % Reporting in 2010
Incompetence	50 - 80	82
Disrespect	77	85
Broken Rules – short cuts	85	84

Concerns people have occasionally

Concerns people have occasionally (with at least 10% of their colleagues...)	The Silence Kills – speak up % Reporting in 2005	The silent Treatment –speak up % Reporting in 2010
Incompetence	1 - 12	21
Disrespect	7	24
Broken Rules – short cuts		31

Differences Between 2005 and 2010 Studies



The results from The Silent Treatment 2010 study are in line with the Silence Kills 2005 data.

More of the nurses in the 2010 study have concerns about:

- dangerous shortcuts,
- incompetence, and
- disrespect;

more have seen patients harmed and more speak up about their concerns.

Speaking Up Protects Patients:

A look at how silence kills in the UK

A look at how silence kills in Thailand

Survey Background

A look at how silence kills in the UK

- Survey conducted in May and June 2010
- Online web-based survey with 24 questions
- Anonymous and confidential
- Respondents included clinical and non-clinical staff from acute and primary care settings
- Nearly 800 staff responded

Survey Background

A look at how silence kills in Thailand

- Survey conducted in May and June 2010
- Online web-based survey with 24 questions
- Anonymous and confidential
- 328 nurses responded

Concerns people have occasionally

Concerns people have occasionally (with at least 10% of their colleagues...)	The Silence Kills % Reporting in 2005	The silent Treatment % Reporting in 2010	UK % Reporting in 2010	Thailand % Reporting in 2010
Incompetence	50 - 80	82	55 - 62	80
Disrespect	77	85	40 - 56	66
Broken Rules – short cuts	85	84	47 - 72	71

Concerns people have occasionally

Concerns people have occasionally (with at least 10% of their colleagues...)	The Silence Kills – speak up % Reporting in 2005	The silent Treatment – speak up % Reporting in 2010	UK speak up % Reporting in 2010	Thailand speak up % Reporting in 2010
Incompetence	1 - 12	21	15 - 26	24
Disrespect	7	24	11 - 31	13
Broken Rules – short cuts		31	11 - 31	17

Differences Between 2005 and 2010 Studies



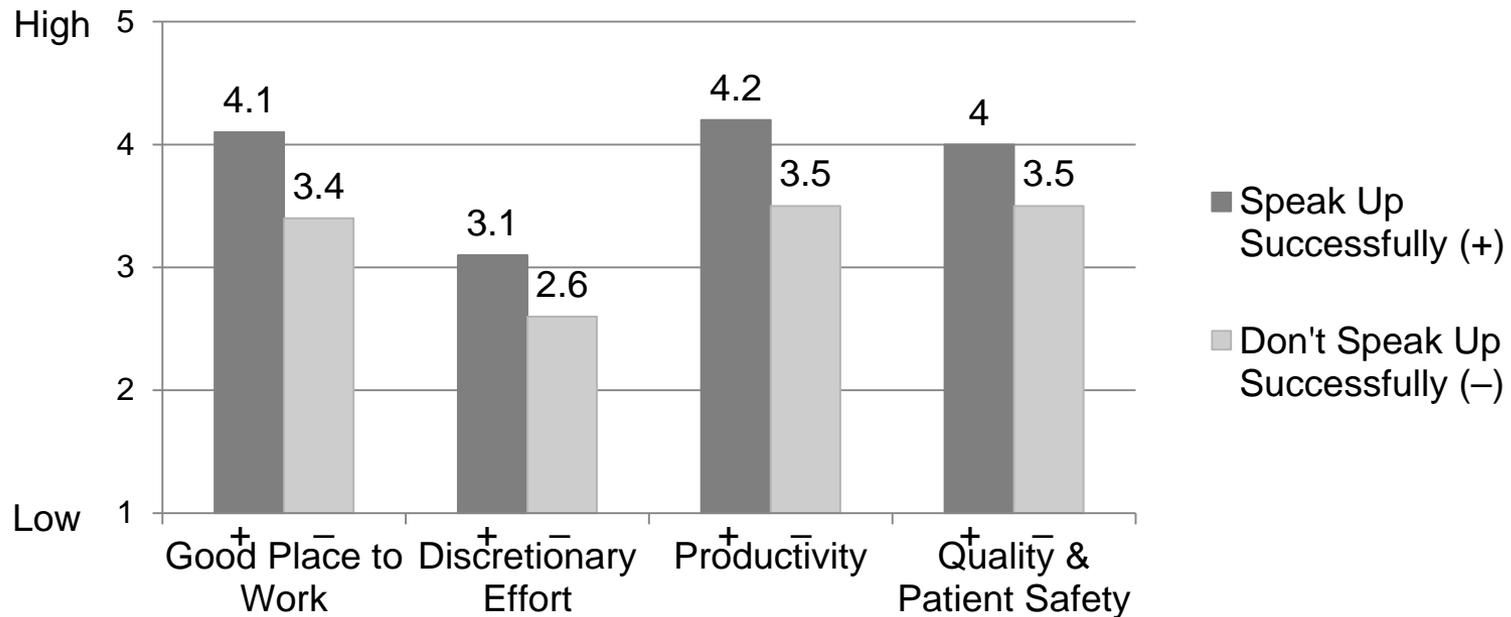
A much higher proportion of critical care and perioperative nurses speak up in 2010.

- In 2005 only 10 to 12 percent of nurses spoke up.
- In 2010, these percentages have improved to between 11 and 31 percent.

While these percentages are still unacceptably low, the authors of the 2010 study believe these increases represent real progress and may be due to the increased focus that healthcare organizations have placed on creating cultures of safety.

Organizational Climate and Speaking Up

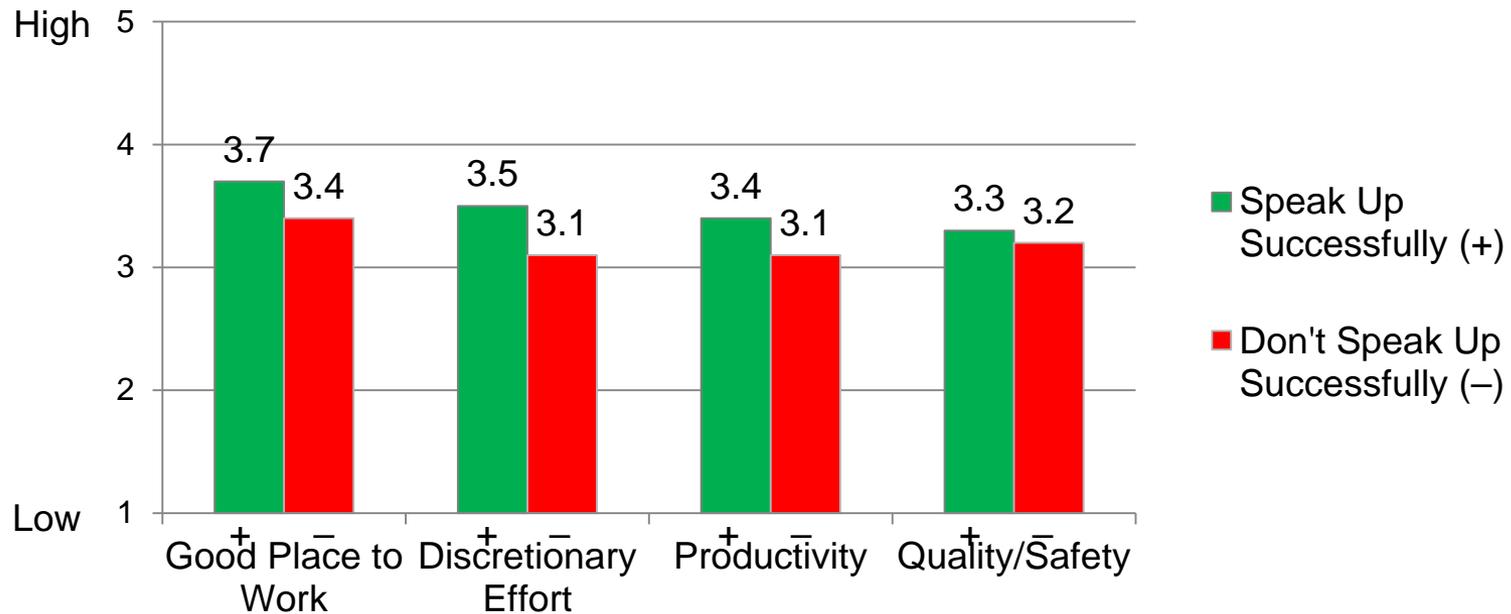
Impact that Speaking Up has on Work-Place Satisfaction, Effort, Productivity, and Quality/Patient Safety



Research - UK

Organizational Climate and Speaking Up

Impact that Speaking Up has on Work-Place Satisfaction, Effort, and Productivity



Research - Thailand

Risky shortcuts in 2013

Risky shortcuts taken during baby deliveries often not addressed

By [Rachael Rettner](#)

Published July 25, 2013

LiveScience



Most doctors, midwives and nurses who help deliver babies have observed their colleagues taking shortcuts or engaging in behaviour that could compromise patient safety, but few speak up about the issue, a new study says.

Risky shortcuts in 2013

Risky shortcuts taken during baby deliveries often not addressed

By [Rachael Rettner](#)

Published July 25, 2013

LiveScience



Researchers surveyed more than 3,200 doctors, nurses and midwives

More than 90 percent of doctors and midwives, and nearly 100 percent of nurses, said they had observed such problems within the last year.

But only 9 percent of doctors, 13 percent of midwives and 13 percent of nurses directly confronted the colleague about their concern

Why Don't People Speak Up and Share Their Full Concerns?

People's lack of ability, belief that it is “not their job,” and low confidence that it will do any good to have the conversation are the three primary obstacles to direct communication.

When the Concern Is...	Percentage Saying It Is Difficult to Impossible to confront the Person
Incompetence	56% of Physicians 72% of Nurses and other Clinical-Care Providers
Poor Teamwork	78% of Nurses and other Clinical-Care Providers
Disrespect or Abuse	59% of Nurses and other Clinical-Care Providers

Why Don't People Speak Up and Share Their Full Concerns?



- **What Makes a Conversation Crucial?**



Typical Crucial Conversations



- Talking to a peer who points fingers rather than taking initiative to solve problems.
- Dealing with a physician who doesn't participate in your evidence-based improvement efforts.
- Talking to a family member who is at odds with the rest of the family.
- Approaching a senior leader who isn't involving the right people in an issue.
- Resolving a visitation issue with an ex-spouse.

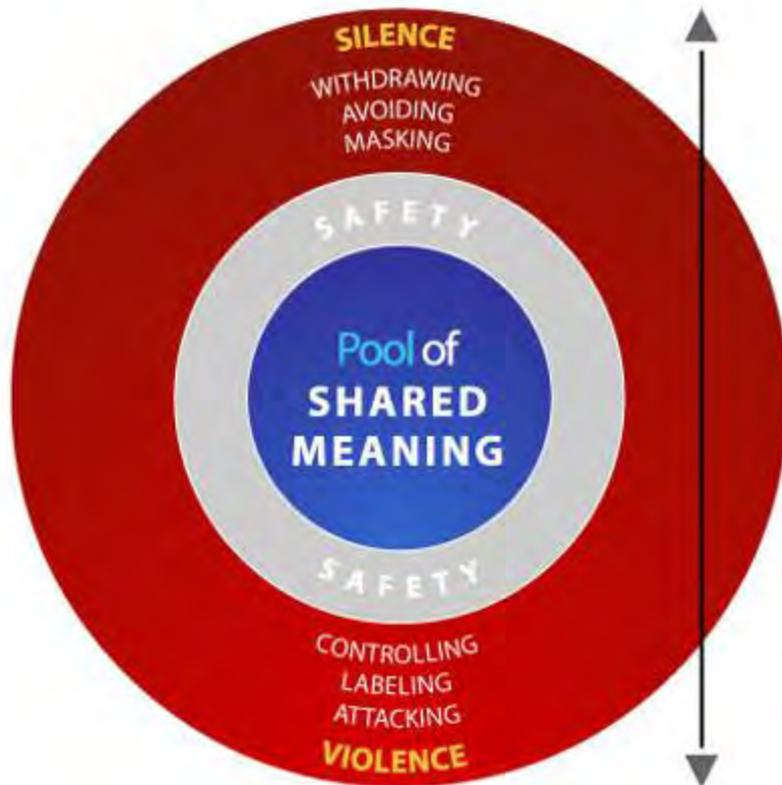
Silence & Violence



This is your brain during a crucial conversation.

We are left to deal with the most complex and challenging conversations of our lives with the same set of skills we would use to deal with a salivating predator.

Silence & Violence



Silence doesn't work, so we get frustrated.

When we get too frustrated, we jump to Violence.

Organizational Climate and Speaking Up



- ✓ Undiscussables pose a special problem in healthcare.
- ✓ However, solutions such as handoff protocols, checklists, or pauses, will do little to correct undiscussables.
- ✓ They fail to address people's skills and motivation to speaking up.
- ✓ The results of these studies suggest that resolving undiscussables will require a multifaceted approach that combines several sources of influence—at the personal, social, and structural levels.
- ✓ Respondents who cited four or more of these sources of influence were four to six times more likely to speak up and resolve the three concerns described in this report.

SEEN something? SAY something.

Silence kills.

**If you've witnessed something you
are concerned about, please speak out.**

Remove the gag. We will listen.

Together, we can create a safer environment for our patients.
Find out more on Staffzone or ring our hotline on 0800 000 000.

Recommendations



Establish a Technical Team and Steering Committee

Conduct Focus-Group Interviews

Focus on Problem Areas

6. Playbook Localization

Objectives

- Work with Champions to determine how they will implement Playbook Strategies.
- Prepare Champions to implement the strategies.



5. Playbook Creation



Objectives

- Technical Team works with VitalSmarts to create this Playbook.
- Capture the overall strategy—Results, Vital Behaviors, and Six Source Strategies—in a Playbook document that managers can implement.

4. Six Source Strategy Workshop

	Motivation	Ability	
1	Make the Undesirable Desirable	2	Surpass Your Limits
3	Harness Peer Pressure	4	Find Strength in Numbers
5	Design Rewards and Demand Accountability	6	Change the Environment

Objectives

- Steering Team, Technical Team, and selected Formal and Informal Leaders attend this 1-day workshop.
- Use input from the Business Case Workshop to create robust influence strategies.
- Define and detail strategies in each of the Six Sources of Influence.

Implement Solutions

Develop a Playbook and

Focus on Problem Areas

VITALSMARTS VIDEO CASE STUDY



Crucial Conversations Training Builds Culture of Respect at Brooklyn Hospital

VitalSmarts®

The Impact of Not Speaking Up



"EVERYTHING OKAY, PHILLIPS?"

Getting Better



What we know about how to get better...

You can't do it alone. Find internal partners and opinion leaders.

Also you can contact us.

It takes time. A regular weekly commitment will drive sustainable progress.

Best of luck!

Getting Better



Thank you

Your VitalSmarts Suisse team

info@vitalmartssuisse.ch

Tel. +42 21 320 60 61



crucial
conversations®

THE CRUCIAL INTERVENTION

A Rapid and Sustainable
Remedy to Your Pressing Problems



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