



CHAIRMAN'S CORNER

R-E-S-P-E-C-T: IT'S BETTER FOR PATIENT CARE

by Alan Matsumoto, MD, Chair

Several years ago, someone gave me the two-part article by Leape et al. on a culture of respect (2, 3). Perhaps the articles were for my own interest or directed specifically to benefit me. Who knows, but the message conveyed in the articles did resonate with me. Upon reading the articles, I realized that over the years, I could have been a better mentor and colleague and contributed more to the creation of a culture of respect. I have also come to recognize that the actions and interactions of physicians can either empower or disrupt teamwork and collaboration. Unfortunately, as physicians, we can become so focused on our own wants, desires, anxieties, frustrations, and insecurities, that we fail to remember the common courtesy of treating the members of our team with dignity and respect.

Dr. Leape, a professor of health policy at the Harvard School of Public Health, and his co- authors outlined numerous acts of disrespect that, unfortunately, may be accepted as a way of life in medicine. They showed how these acts can result in harm to patients. "A substantial barrier to progress in patient safety is a dysfunctional culture rooted in widespread disrespect," they detailed. "Disrespect is a threat to patient safety because it inhibits collegiality and cooperation essential to teamwork, cuts off communication, undermines morale and inhibits compliance with and implementation of new practices." "A single physician can poison the atmosphere" through disruptive and dismissive behavior, humiliating or intimidating colleagues or staff in front of others, not acknowledging personal boundaries, outbursts of anger, lack of cooperation, demonstrating an unwillingness to compromise, poor communication or hand-off of care, or insensitive comments about gender, race, appearances or socioeconomic or educational status.

Physicians are leaders and should hold themselves

to the highest bar of professional conduct and model the way by inspiring and motivating those around us through positive interactions and by demonstrating respectful behaviors. We should be the drivers of collaborations and team-oriented efforts that value every member of the patient care team. Each member of the team, no matter how large or small their perceived role may be, wants to contribute to patient care. They desire and deserve to be treated with respect. Indeed, many of us have experienced disruptive and disrespectful behaviors during our training or in our workplace and have witnessed the resultant tensions, dissatisfaction, absence of teamwork, and reduced quality of patient care.

Educating physicians and staff on appropriate behaviors; identifying those individuals who may need constructive feedback via personal conversations, annual performance evaluations, or specific counseling and training; holding individuals accountable for their actions and interactions; and developing team building sessions (often with help from a professional facilitator) are tactics employed to help establish better interpersonal communications, more trust and a culture of respect. Creating programs that recognize the efforts of team members also helps to develop mutual respect. Just the act of saying "a sincere thank you" to your team will help. Ultimately, the goal is to have a supportive and respectful atmosphere in an effort to optimize patient care and enhance the professional satisfaction of all health care providers.

I encourage all of you to read these two articles by Leape et al. and then take time to self-reflect. I wish I had been given advice on this simple but critical message, or had access to these articles earlier in my career. Use some of your own ideas and some of the suggestions in the articles to help create a culture of respect in your workplace. Your patients and colleagues will benefit from your leadership. It is also likely that your own personal and professional gratification will increase, and perhaps, even positively influence your interactions outside of the workplace.

Best wishes, Alan

References

1. Matsumoto AH. RESPECT: It's better for patient care. IR News Quarterly 2015; 3: 4.
2. Leape LL, et al. Perspective: A Culture of Respect, Part 1: The Nature and Causes of Disrespectful Behavior by Physicians. Academic Medicine 2012; 87: 845-852.
3. Leape LL, et al. Perspective: A Culture of Respect, Part 2: Creating a Culture of Respect. Academic Medicine 2012; 87: 853-858..