CREATING A CULTURE OF SAFETY AND RESPECT

An evaluation of the effectiveness of a behavioural accountability intervention (the Ethos Program) to reduce unprofessional behaviours

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MACQUARIE University

ST VINCENT'S HEALTH AUSTRALIA

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BUILDING A HEALTHY AUSTRALIA

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Executive Summary

St Vincent's Health Australia (SVHA) developed[1], implemented and evaluated an innovative whole of hospital culture change and professional accountability initiative known as Ethos. A detailed evaluation of the Program has demonstrated substantial reductions in reported staff experiences of unprofessional behaviour, alongside notable improvements in the ability of staff to address concerns openly.

The outcomes of the Program underscore the effectiveness of fostering an environment where informal feedback among colleagues is supported and facilitated by trained peer messengers. The Program also demonstrated the willingness of staff to recognise colleagues for outstanding performance and the importance of this element of the Program in culture change. Here we bring together evidence from the five-year evaluation of the Ethos Program.

Ethos aims to support improvements in organisational culture with a focus on reducing unprofessional behaviour between staff. The prevalence of unprofessional behaviour in healthcare settings poses significant challenges, adversely affecting team dynamics, staff well-being, patient care quality, and overall organisational effectiveness and costs.[2-6] Such behaviours encompass a broad spectrum, ranging from overtly hostile actions, bullying, and abusive conduct—both verbal and physical—to more nuanced behaviours such as passive aggression, rudeness, and incivility.

The **Ethos Program** comprises multiple components including:

- capability training (e.g., graded assertiveness training to encourage staff to speak up when they experience or witness behaviour that undermines safety);
- an online messaging system that allows hospital staff to report co-worker behaviours (both positive and unprofessional); and
- a tiered accountability pathway which includes informal feedback about unprofessional behaviours by a peer messenger to encourage reflection.

In 2017 Ethos Program implementation commenced across eight hospitals in Victoria, New South Wales, and Queensland.

The effectiveness of the Ethos Program was evaluated by a team led by Professor Johanna Westbrook from the Australian Institute of Health Innovation, Macquarie University in partnership with St Vincent's Health Australia (funded by a 5-year NHMRC partnership project grant, 2017-2022). Key Partner investigators from SVHA included Dr Neil Cunningham and Professor Erwin Loh (See Appendix 1 for a full list of Project team members).

Project aims	Methods
Assess the effectiveness of Ethos to reduce unprofessional behaviours, improve staff experience and improve the safety, experience and outcomes of patients	• LION Survey – baseline (2017/2018) and follow-up (2021/2022) • Ethos Messenger Survey • Analysis of Ethos submissions • Semi-structured interviews with middle managers
Identify enablers and barriers to Ethos Program effectiveness	• Retrospective analysis of organisational documents, interviews with staff, and surveys of hospital staff

Key Findings

- 2.5/3 years after Ethos implementation, staff across five hospitals reported a signification reduction in their experience of 26 unprofessional behaviours as measured through a baseline and follow-up survey of 3975 staff.
- Staff reporting frequent incivility or bullying significantly declined from 41.7% at baseline to 35.5% post Ethos ($p<0.001$).
- The odds of experiencing incivility or bullying significantly declined by 24% and odds of experiencing extreme unprofessional behaviour (e.g. assault) by 32% following Ethos.
- All five hospitals in different states experienced a decline in staff co-worker unprofessional behaviours.
- Staff utilised the Ethos messaging system. Submissions across all staff occurred at a rate of 7.4 submissions for unprofessional behaviours/100 staff (messages for reflection), and 6.7 submissions/100 staff for recognition messages.

Unprofessional behaviours experienced by staff significantly declined after Ethos had been in place for over two years

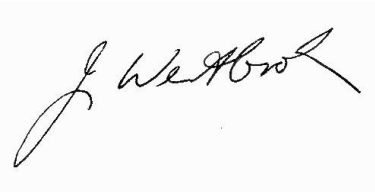
- Analysis of 2504 Ethos submissions showed 48% (n=1194) reported positive staff behaviours and 52% (n=1310) were about unprofessional behaviour by co-workers.
- Use of the messaging system overall was highest among nurses (20.1 submissions/100 nurses) for both reflection and recognition messages. Use was overall lowest among non-clinical services staff (5.1/100 non-clinical staff).
- Medical staff were the most frequent subjects of submissions about unprofessional behaviour (12.6 submissions/100 doctors) but also experienced recognition messages at a rate of 6.9 messages/100 doctors.
- Of messages for reflection, 30% (n=395) indicated that staff behaviours created a direct risk to patient safety.

In 2021 Australia's first national conference on unprofessional behaviour, *"Creating Healthcare Cultures of Safety and Respect,"* was initiated as part of the project to share findings and bring a research-evidence focus to the problem. This conference involved major policy decision-making groups and stakeholders, e.g. Medical Board of Australia, Australian Health Practitioner Regulation Agency (AHPRA), Medical Deans Australian and New Zealand, and the Royal Australasian College of Surgeons (RACS), to discuss

implications and future directions. These organisations have drawn on the evidence from the Ethos evaluation to inform their work, as have international groups who have incorporated this evidence into a *Guide for Addressing Unprofessional Behaviours between Healthcare Staff* produced in the UK.[8]

Evaluation of organisational culture change programs such as Ethos is challenging, and these are rare in the literature. The Ethos Program stands as one of the most robustly evaluated culture change programs to date both nationally and internationally.[7] The results provide broad support for the effectiveness of the Program while also highlighting areas upon which the Program could continue to be strengthened.

It is a pleasure to report here the multiple publications and presentations generated from this work, allowing other organisations to benefit from the research undertaken.



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MACQUARIE University

AUSTRALIAN INSTITUTE OF HEALTH INNOVATION

Evaluation Of A Culture Change Program To Reduce Unprofessional Behaviours By Hospital Co-workers In Australian Hospitals

Unprofessional behaviours between healthcare workers are highly prevalent. Evaluations of large-scale culture change programs are rare.

Ethos is a professional accountability and culture change program providing training in speaking-up, an online system for reporting co-worker behaviours (positive and negative) and a tiered accountability pathway—including peer messengers who provide informal feedback to colleagues about their behaviour.

Study Aim

To evaluate the impact of the program on staff experiences of unprofessional behaviour from co-workers.

Method

- A survey asked about staff experiences of **21** incivility/bullying behaviours & **5** extreme behaviours (e.g., physical assault) from co-workers in the previous year. Questions also asked about staff attitudes and skills in speaking up.
- The survey was conducted at baseline (n=2552) and at **2.5/3** years after (n=1423) **Ethos** implementation at **5** hospitals.

5 Australian hospitals

All **clinical** & **non-clinical** staff

- Changes assessed via multivariable binary logistic and ordinal regression.

Findings

Significant reduction in unprofessional behaviour across the 5 hospitals.

32% Reduction in staff experiencing extreme behaviours in the last year

Attitudes & reported skills to speak up were **significantly more positive.**

24% Reduction in likelihood of staff experiencing frequent incivility/bullying

Conclusion

- The **Ethos** program was associated with a significant reduction in staff experiences of unprofessional behaviours and improved capacity of hospital staff to speak up.
- Culture change interventions should encourage both positive and negative feedback; and involve all hospital staff.

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Selection of journal articles *(*from following page)*

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BMC Health Services Research

RESEARCH

Open Access

Evaluation of a culture change program to reduce unprofessional behaviours by hospital co-workers in Australian hospitals

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Abstract

Background Unprofessional behaviours between healthcare workers are highly prevalent. Evaluations of large-scale culture change programs are rare resulting in limited evidence of intervention effectiveness. We conducted a multi-method evaluation of a professional accountability and culture change program "Ethos" implemented across eight Australian hospitals. The Ethos program incorporates training for staff in speaking-up; an online system for reporting co-worker behaviours; and a tiered accountability pathway, including peer-messengers who deliver feedback to staff for 'reflection' or 'recognition'. Here we report the final evaluation component which aimed to measure changes in the prevalence of unprofessional behaviours before and after Ethos.

Methods A survey of staff (clinical and non-clinical) experiences of 26 unprofessional behaviours across five hospitals at baseline before (2018) and 2.5–3 years after (2021/2022) Ethos implementation. Five of the 26 behaviours were classified as 'extreme' (e.g., assault) and 21 as incivility/bullying (e.g., being spoken to rudely). Our analysis assessed changes in four dimensions: work-related bullying; person-related bullying; physical bullying and sexual harassment. Change in experience of incivility/bullying was compared using multivariable ordinal logistic regression. Change in extreme behaviours was assessed using multivariable binary logistic regression. All models were adjusted for respondent characteristics.

Results In total, 3975 surveys were completed. Staff reporting frequent incivility/bullying significantly declined from 41.7% ($n=1064$; 95% CI 39.7,43.9) at baseline to 35.5% ($n=505$; 95% CI 32.8,38.3; $\chi^2(1)=14.3$; $P<0.001$) post-Ethos. The odds of experiencing incivility/bullying declined by 24% (adjusted odds ratio [aOR] 0.76; 95% CI 0.66,0.87; $P<0.001$) and odds of experiencing extreme behaviours by 32% (aOR 0.68; 95% CI 0.54,0.85; $P<0.001$) following Ethos. All four dimensions showed a reduction of 32–41% in prevalence post-Ethos.

Non-clinical staff reported the greatest decrease in their experience of unprofessional behaviour (aOR 0.41; 95% CI 0.29, 0.61). Staff attitudes and reported skills to speak-up were significantly more positive at follow-up. Awareness of the program was high (82.1%; 95% CI 80.0, 84.0%); 33% of respondents had sent or received an Ethos message.

Conclusion The Ethos program was associated with significant reductions in the prevalence of reported unprofessional behaviours and improved capacity of hospital staff to speak-up. These results add to evidence that staff will

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Original Research Article

Co-worker unprofessional behaviour and patient safety risks: an analysis of co-worker reports across eight Australian hospitals

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Abstract

A key component of professional accountability programmes is online reporting tools that allow hospital staff to report co-worker unprofessional behaviour. Few studies have analysed data from these systems to further understand the nature or impact of unprofessional behaviour amongst staff. Ethos is a whole-of-hospital professional accountability programme that includes an online messaging system. Ethos has now been implemented across multiple Australian hospitals. This study examined reported unprofessional behaviour that staff indicated created a risk to patient safety. This study included 1310 Ethos submissions reporting co-worker unprofessional behaviour between 2017 and 2020 across eight Australian hospitals. Submissions that indicated the behaviour increased the risk to patient safety were identified. Descriptive summary statistics were presented for reporters and subjects of submissions about unprofessional behaviour. Logistic regression was applied to examine the association between each unprofessional behaviour (of the six most frequently reported in the Ethos submissions) and patient safety risk reported in the submissions. The descriptions in the reports were reviewed and the patient safety risks were coded using a framework aligned with the World Health Organization's International Classification for Patient Safety. Of 1310 submissions about unprofessional behaviour, 395 (30.2%) indicated that there was a risk to patient safety. Nurses made the highest number of submissions that included a patient safety risk [3.47 submissions per 100 nursing staff, 95% confidence interval (CI): 3.09–3.9] compared to other professional groups. Medical professionals had the highest rate as subjects of submissions for unprofessional behaviour with a patient safety risk (5.19 submissions per 100 medical staff, 95% CI: 4.44–6.05). 'Opinions being ignored' (odds ratio: 1.68; 95% CI: 1.23–2.22; $P < .001$) and 'someone withholding information which affects work performance' were behaviours strongly associated with patient safety risk in the submissions (odds ratio: 2.50; 95% CI: 1.73–3.62; $P < .001$) compared to submissions without a patient safety risk. The two main types of risks to patient safety described were related to clinical process/procedure and clinical administration. Commonly reported events included staff not following policy or protocol; doctors refusing to review a patient; and interruptions and inadequate information during handover. Our findings indicate that unprofessional behaviour was associated with risks to patient safety. Co-worker reports about unprofessional behaviour have significant value as they can be used by organizations to better understand how unprofessional behaviour can disrupt work practices and lead to risks to patient safety.

Keywords: unprofessional behaviour; co-worker reports; patient safety risks; organizational culture; hospitals; professional accountability

Introduction

Unprofessional behaviour among staff, ranging from incivility to physical assault, is detrimental to organizational culture and undermines both staff and patient safety [1–6]. A key component of professional accountability programmes designed to address unprofessional behaviour in hospitals is the use of an online reporting tool [7–11]. These systems allow hospital staff to submit reports describing disrespectful staff behaviour that undermines safety. Only a small number of studies have analysed co-worker reports to examine the types and perceived consequences of unprofessional behaviour in hospitals.

In a US study of a randomly selected subsample of 120 reports, a taxonomy was developed to summarize co-worker observations of physician unprofessional behaviour [12]. The taxonomy contained 22 codes organized into 4 domains of medical professionalism: competent medical care; clear and respectful communication; integrity; and responsibility. A majority of the 120 reports (60%) described disrespectful or offensive communication. A majority of reports was submitted by nurses (70%), and staff physicians were the most frequently reported (52%). However, these findings were from a small randomly selected subsample of reports from a total of 590 reports filed in a 16-month period at the Vanderbilt University Medical Center.

One large study of 13 653 patients and 202 surgeons found patients whose surgeons had a higher number of co-worker reports about unprofessional behaviour were at

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BMJ Open Quality

Hospital staff reports of coworker positive and unprofessional behaviours across eight hospitals: who reports what about whom?

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ABSTRACT

Background Workplace behaviours of healthcare staff impact patient safety, staff well-being and organisational outcomes. A whole-of-hospital culture change programme, Ethos, was implemented by St. Vincent's Health Australia across eight hospitals. Ethos includes a secure online submission system that allows staff across all professional groups to report positive (Feedback for Recognition) and negative (Feedback for Reflection) coworker behaviours. We analysed these submissions to determine patterns and rates of submissions and identify the coworker behaviours reported.

Method All Ethos submissions between 2017 and 2020 were deidentified and analysed. Submissions include structured data elements (eg, professional role of the reporter and subjects, event and report dates) and a narrative account of the event and coworker behaviours. Descriptive statistics were calculated to assess use and reporting patterns. Coding of the content of submissions was performed to classify types of reported coworker behaviours.

Results There were a total of 2504 Ethos submissions, including 1194 (47.7%) Recognition and 1310 (52.3%) Reflection submissions. Use of the submission tool was highest among nurses (20.14 submissions/100 nursing staff) and lowest among non-clinical services staff (5.07/100 non-clinical services staff). Nurses were most frequently the subject of Recognition submissions (7.56/100 nurses) while management and administrative staff were the least (4.25/100 staff). Frequently reported positive coworker behaviours were non-technical skills (79.3%, N=947); values-driven behaviours (72.5%, N=866); and actions that enhanced patient care (51.3%, N=612). Medical staff were the most frequent subjects of Reflection submissions (12.59/100 medical staff), and non-clinical services staff the least (4.53/100 staff). Overall, the most frequently reported unprofessional behaviours were being rude (53.8%, N=705); humiliating or ridiculing others (26%, N=346); and ignoring others' opinions (24.6%, N=322).

Conclusion Hospital staff across all professional groups used the Ethos messaging system to report both positive and negative coworker behaviours. High rates of Recognition submissions demonstrate a strong desire of staff to reward and encourage positive workplace behaviours, highlighting the importance of culture change programmes which emphasise these behaviours. The unprofessional behaviours identified in submissions are consistent with behaviours previously reported in surveys of hospital staff, suggesting that submissions are a reliable indicator of staff experiences.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Unprofessional behaviour in hospitals negatively impacts patient safety, staff well-being and workplace culture.

WHAT THIS STUDY ADDS

⇒ Descriptions of positive and unprofessional coworker behaviours that relate to communication, collaboration and teamwork are prevalent among staff submissions to a hospital online messaging system. Staff made submissions about coworkers within and outside of their own professional groups illustrating the interactive, collaborative nature of healthcare settings.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Hospital professional accountability and culture change programmes should use whole-of-hospital strategies, rather than focus on individual professional groups. Opportunities should be provided to acknowledge positive behaviours by coworkers as well as report unprofessional behaviours.

INTRODUCTION

Healthcare settings that demonstrate positive workplace and organisational cultures are associated with improved patient outcomes.[1] From an organisational perspective, the positive impact of an engaged workforce includes lower absenteeism and stress,[2] and decreased burn-out.[3] Moreover, well-supported and motivated healthcare workers provide better quality of care to patients with fewer errors, and lower infection and mortality rates.[2 4] An important component of a positive workplace for healthcare staff is an environment where employee voice is facilitated and speaking up about concerns related to coworker or

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The impact of vulnerability and exposure to pervasive interprofessional incivility among medical staff on wellbeing

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Introduction: Traditional methods for modelling human interactions within organisational contexts are often hindered by the complexity inherent within these systems. Building on new approaches to information modelling in the social sciences and drawing on the work of scholars in transdisciplinary fields, we proposed that a reliable model of human interaction as well as its emergent properties can be demonstrated using theories related to emergent information.

Methods: We demonstrated these dynamics through a test case related to data from a prevalence survey of incivility among medical staff. For each survey respondent we defined their vulnerability profile based upon a combination of their biographical characteristics, such as age, gender, and length of employment within a hospital and the hospital type (private or public). We modelled the interactions between the composite vulnerability profile of staff against their reports of their exposure to incivility and the consequent negative impact on their wellbeing.

Results: We found that vulnerability profile appeared to be proportionally related to the extent to which they were exposed to rudeness in the workplace and to a negative impact on subjective wellbeing.

Discussion: This model can potentially be used to tailor resources to improve the wellbeing of hospital medical staff at increased risk of facing incivility, bullying and harassment at their workplaces.

KEYWORDS

healthcare workforce, incivility, organizational culture, medical staff, self-organizing social system, human interaction impact modeling, interprofessional behavior, staff wellbeing

1. Introduction

Over the last decade, researchers have extended the principles of information theory and quantum mechanical formalism to the social sciences (1–3). These innovative lines of enquiry into the nature of human systems have allowed social scientists to explore theoretical frameworks that can help explain the supposed inscrutability inherent within complex human assemblages (4, 5). The study of disruptive or uncivil human behavior within organizations is an area where such theoretical developments may shed light and aid the development of sustainable solutions. Characterizing an organization as an infological system allows for the study of the material, symbolic and system of structures that comprise it (3, 6). For instance, interprofessional behaviors that are enacted, perceived, and received as professional or unprofessional can be viewed as a

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Experiences of peer messengers as part of a professional accountability culture change program to reduce unprofessional behaviour: a cross-sectional study across eight hospitals

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ABSTRACT

Objective. Professional accountability programs are designed to promote professional behaviours between co-workers and improve organisational culture. Peer messengers play a key role in professional accountability programs by providing informal feedback to hospital staff about their behaviour. Little is known about the experiences of messengers. This study examined the experiences of staff who delivered messages to peers as part of a whole-of-hospital professional accountability program called 'Ethos'. **Methods.** Ethos messengers (EMs) across eight Australian hospitals were invited to complete an online survey. The survey consisted of 17 close-ended questions asking respondents about their experiences delivering messages to peers and their perceptions of the Ethos program. Four open-ended questions asked respondents about rewarding and challenging aspects of being a peer messenger and what they would change about the program. **Results.** Sixty EMs provided responses to the survey (response rate, 41.4%). The majority were from nursing and medical groups (53.4%) and had delivered 1–5 messages to staff (57.7%). Time as an EM ranged from less than 3 months to more than 12 months. A majority had been an EM for more than 12 months (80%; $n = 40$). Most agreed they had received sufficient training for the role (90.1%; $n = 48$) and had the skills (90.1%; $n = 48$), access to support (84.9%; $n = 45$) and time to fulfil their responsibilities (70.0%; $n = 30$). Approximately a third (34.9%; $n = 15$) of respondents indicated that recipients were 'sometimes' or 'never' receptive to messages. Challenging aspects of the role included organising a time to talk with staff, delivering feedback effectively and communicating with peers who lacked insight and were unable to reflect on their behaviour. **Conclusions.** Skills development for peer messengers is key to ensuring the effectiveness and sustainability of professional accountability programs. Training in how to deliver difficult information and respond to negative reactions to feedback was identified by EMs as essential to support their ongoing effectiveness in their role.

Keywords: hospitals, informal feedback, organisational culture, peer messengers, professional accountability, professionalism, speaking up, unprofessional behaviour.

Introduction

Positive organisational cultures are central to delivering safe care to patients.[1] Unprofessional behaviour between staff, ranging from incivility to physical or sexual harassment, is damaging to organisational culture and negatively impacts the way health care professionals work and the outcomes of care provided.[2–8] Professional accountability programs are one form of organisational intervention designed to address unprofessional behaviour. The Promoting Professional Accountability Program developed by Vanderbilt University Medical Center has been at the forefront of these initiatives; it aims to promote senior clinician behaviour change via supportive policies, surveillance tools for capturing

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RESEARCH ARTICLE

Open Access

Retrospective analysis of factors influencing the implementation of a program to address unprofessional behaviour and improve culture in Australian hospitals

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Abstract

Background Unprofessional behaviour among hospital staff is common. Such behaviour negatively impacts on staff wellbeing and patient outcomes. Professional accountability programs collect information about unprofessional staff behaviour from colleagues or patients, providing this as informal feedback to raise awareness, promote reflection, and change behaviour. Despite increased adoption, studies have not assessed the implementation of these programs utilising implementation theory. This study aims to (1) identify factors influencing the implementation of a whole-of-hospital professional accountability and culture change program, *Ethos*, implemented in eight hospitals within a large healthcare provider group, and (2) examine whether expert recommended implementation strategies were intuitively used during implementation, and the degree to which they were operationalised to address identified barriers.

Method Data relating to implementation of *Ethos* from organisational documents, interviews with senior and middle management, and surveys of hospital staff and peer messengers were obtained and coded in NVivo using the Consolidated Framework for Implementation Research (CFIR). Implementation strategies to address identified barriers were generated using Expert Recommendations for Implementing Change (ERIC) strategies and used in a second round of targeted coding, then assessed for degree of alignment to contextual barriers.

Results Four enablers, seven barriers, and three mixed factors were found, including perceived limitations in the confidential nature of the online messaging tool ('Design quality and packaging'), which had downstream challenges for the capacity to provide feedback about utilisation of *Ethos* ('Goals and Feedback', 'Access to Knowledge and Information'). Fourteen recommended implementation strategies were used, however, only four of these were operationalised to completely address contextual barriers.

Conclusion Aspects of the inner setting (e.g., 'Leadership Engagement', 'Tension for Change') had the greatest influence on implementation and should be considered prior to the implementation of future professional accountability programs. Theory can improve understanding of factors affecting implementation, and support strategies to address them.

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RESEARCH

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Middle manager responses to hospital co-workers' unprofessional behaviours within the context of a professional accountability culture change program: a qualitative analysis

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Abstract

Background The critical role that middle managers play in enacting organisational culture change designed to address unprofessional co-worker behaviours has gone largely unexplored. We aimed to explore middle managers' perspectives on i) whether they speak up when they or their team members experience unprofessional behaviours (UBs); ii) how concerns are handled; iii) the outcomes; and iv) the role of a professional accountability culture change program (known as *Ethos*) in driving change.

Methods Qualitative, constructivist approach. Five metropolitan hospitals in Australia which had implemented *Ethos*. Purposive sampling was used to invite middle-level managers from medicine, nursing, and non-clinical support services. Semi-structured interviews conducted remotely. Inductive, reflexive thematic and descriptive thematic analyses undertaken using NVivo.

Results Thirty interviews (approximately 60 min; August 2020 to May 2021): Nursing ($n=12$), Support Services ($n=10$), and Medical ($n=8$) staff, working in public ($n=18$) and private ($n=12$) hospitals. One-third ($n=10$) had a formal role in *Ethos*.

All middle managers (hearers) had experienced the raising of UBs by their team (speakers). Themes representing reasons for ongoing UBs were: staying silent but active; history and hierarchy; and double-edged swords. The *Ethos* program was valued as a confidential, informal, non-punitive system but required improvements in profile and effectiveness. Participants described four response stages: i) determining if reports were genuine; ii) taking action depending on the speaker's preference, behaviour factors (type, frequency, impact), if the person was known/unknown; iii) exploring for additional information; and iv) addressing either indirectly (e.g., change rosters) or directly (e.g., become a speaker).

Conclusions Addressing UBs requires an organisational-level approach beyond supporting staff to speak up, to include those hearing and addressing UBs. We propose a new hearer's model that details middle managers'

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RESEARCH

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Unprofessional behaviours experienced by hospital staff: qualitative analysis of narrative comments in a longitudinal survey across seven hospitals in Australia

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Abstract

Background: Unprofessional behaviours of healthcare staff have negative impacts on organisational outcomes, patient safety and staff well-being. The objective of this study was to undertake a qualitative analysis of narrative responses from the Longitudinal Investigation of Negative Behaviours survey (LION), to develop a comprehensive understanding of hospital staff experiences of unprofessional behaviours and their impact on staff and patients. The LION survey identified staff experiences and perceptions related to unprofessional behaviours within hospitals.

Methods: Two open-ended questions within the LION survey invited descriptions of unprofessional staff behaviours across seven hospitals in three Australian states between December 2017 and November 2018. Respondents were from medical, nursing, allied health, management, and support services roles in the hospitals. Data were qualitatively analysed using Directed Content Analysis (DCA).

Results: From 5178 LION survey responses, 32% ($n = 1636$) of participants responded to the two open-ended questions exploring staff experiences of unprofessional behaviours across the hospital sites surveyed. Three primary themes and 11 secondary themes were identified spanning, i) individual unprofessional behaviours, ii) negative impacts of unprofessional behaviours on staff well-being, psychological safety, and employee experience, as well as on patient care, well-being, and safety, and iii) organisational factors associated with staff unprofessional behaviours.

Conclusion: Unprofessional behaviours are experienced by hospital staff across all professional groups and functions. Staff conceptualise, perceive and experience unprofessional behaviours in diverse ways. These behaviours can be understood as enactments that either negatively impact other staff, patients or the organisational outcomes of team cohesion, work efficiency and efficacy. A perceived lack of organisational action based on existing reporting and employee feedback appears to erode employee confidence in hospital leaders and their ability to effectively address and mitigate unprofessional behaviours.

Keywords: Unprofessional behaviour, Hospital, Employee satisfaction, Reporting, Whistleblowing, Speaking up, Organisational culture, Culture change, Patient safety, Staff well-being, Australia

Background

A growing body of literature has presented evidence demonstrating the negative impact that unprofessional behaviours amongst healthcare staff has on organisational outcomes, patient safety, and staff well-being

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Speaking up as an extension of socio-cultural dynamics in hospital settings: a study of staff experiences of speaking up across seven hospitals

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Abstract

Purpose – The study aimed to understand the significance of how employee personhood and the act of speaking up is shaped by factors such as employees' professional status, length of employment within their hospital sites, age, gender and their ongoing exposure to unprofessional behaviours.

Design/methodology/approach – Responses to a survey by 4,851 staff across seven sites within a hospital network in Australia were analysed to interrogate whether speaking up by hospital employees is influenced by employees' symbolic capital and situated subjecthood (SS). The authors utilised a Bourdieusian lens to interrogate the relationship between the symbolic capital afforded to employees as a function of their professional, personal and psycho-social resources and their self-reported capacity to speak up.

Findings – The findings indicate that employee speaking up behaviours appear to be influenced profoundly by whether they feel empowered or disempowered by ongoing and pre-existing personal and interpersonal factors such as their functional roles, work-based peer and supervisory support and ongoing exposure to discriminatory behaviours.

Originality/value – The findings from this interdisciplinary study provide empirical insights around why culture change interventions within healthcare organisations may be successful in certain contexts for certain staff groups and fail within others.

Keywords Speaking up, Unprofessional behaviour, Culture change intervention, Organisational change, Hospital employees, Bourdieu

Paper type Research paper

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Creating a culture of safety and respect through professional accountability: case study of the Ethos program across eight Australian hospitals

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ABSTRACT

Behaviour that is disrespectful towards others occurs frequently in hospitals, negatively impacts staff, and may undermine patient care. Professional accountability programs may address unprofessional behaviour by staff. This article examines a whole-of-hospital program, Ethos, developed by St Vincent's Health Australia to address unprofessional behaviour, encourage speaking up, and improve organisational culture. Ethos consists of a bundle of tools, training, and resources, including an online system where staff can make submissions regarding their co-workers' exemplary or unprofessional behaviour. Informal feedback is provided to the subject of the submission to recognise or encourage reflection on their behaviour. Following implementation in eight St Vincent's Health Australia hospitals, the Ethos Messaging System has had 2497 submissions, 54% about positive behaviours. Peer messengers who deliver 'Feedback for Reflection' have faced practical challenges in providing feedback. Guidelines for the team who 'triage' Ethos messages have been revised to ensure only feedback that will promote reflection is passed on. Early evidence suggests Ethos has positively impacted staff, although evaluation is ongoing. The COVID-19 pandemic has required some adaptations to the program.

Keywords: culture change, feedback, hospital, incivility, organisational culture, professional accountability, professionalism, unprofessional behaviour.

Background

In healthcare, a positive organisational culture is associated with better patient outcomes.[1] Unprofessional behaviour undermines teamwork, technical performance, and clinical decision-making, compromising safe and high-quality care.[2–5] It also negatively impacts staff's emotional state at work, personal wellbeing, and commitment to the organisation.[6]

Unprofessional behaviour encompasses any action that demonstrates disrespect for others,[7] including bullying, harassment and discrimination, through to incivility and passive behaviours such as lack of responsiveness.[8,9] A recent survey of more than 5000 staff in seven Australian hospitals found almost 40% experienced incivility or bullying from co-workers in the previous 12 months.[10] While this suggests that unprofessional behaviour is common, evidence also indicates that only a few staff display a persistent pattern of unprofessional behaviour and are overrepresented in disciplinary records and patient complaints.[5,11–14]

Addressing unprofessional behaviour within hospitals has become a priority in Australia and internationally. Strategies focus on a clear delineation of professional

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BRIEF COMMUNICATION

Changes in unprofessional behaviour, teamwork and co-operation among hospital staff during the COVID-19 pandemic

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Key words
COVID-19, bullying, teamwork, doctors, nurses, communication.

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Abstract

A survey administered to staff at five hospitals investigated changes in unprofessional behaviour, teamwork and co-operation during the COVID-19 pandemic. From 1583 responses, 76.1% (95% confidence interval (CI): 74.0–78.2%) reported no change or a decrease in unprofessional behaviours. Across all professional groups, 43.6% ($n = 579$, 95% CI: 41.0–46.3%) reported improvements in teamwork and co-operation. Findings suggest that intensifying work demands, such as those resulting from the pandemic, are not a major trigger for unprofessional behaviour, and root causes lie elsewhere.

The 2021 Medical Training Survey[1] results once again highlight the seemingly intractable problem of bullying, harassment and discrimination in our health system,[2] with 35% of doctors in training reporting these behaviours. These findings were consistent with the survey responses from 5178 hospital staff across three Australian states in 2017/2018, which revealed 38.8% (95% confidence interval (CI): 37.5–40.1%) of staff reported experiencing unprofessional behaviours at least weekly in the previous 12 months.[3]

The consequences of these behaviours on the well-being of individuals are substantial.[3–5] Evidence is also emerging of the effects on quality of care and patient outcomes.[6] Multiple simulation studies in different countries have shown that clinical teams and individuals exposed to unprofessional behaviours perform significantly worse on a range of metrics, from diagnostic performance to clinical vigilance.[7–9] A US study of 202 surgeons and 13 653 patients showed that patients of surgeons with higher numbers of reports from coworkers about unprofessional behaviours were at significantly greater risk of post-operative complications than patients with surgeons who had fewer coworker complaints.[10] A study of over 70 000 US trauma patients found those treated by clinical teams with a high proportion of physicians with patient/family complaints were at significantly greater risk of complications and death.[11]

The imperative to address this issue must remain a priority. A key to designing effective interventions is understanding contributory factors.

Organisational pressures of delivering care in complex, often resource-constrained, environments have been cited as potential contributors to, and sometimes an excuse for, unprofessional behaviour.[12] The COVID-19 pandemic has placed hospital staff under extraordinary additional pressures. Staff have experienced high workloads, increased threats to their personal safety and that of their families, variable access to appropriate equipment and increased demands from often critically ill patients and those closest to them.[13]

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The prevalence and impact of unprofessional behaviour among hospital workers: a survey in seven Australian hospitals

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The known: Incivility, bullying, and harassment in hospitals has a negative impact on teamwork, staff wellbeing, and patient safety.

The new: Of 5178 survey respondents, 2009 (38.8%) had frequently (weekly or more) experienced incivility or bullying from co-workers during the past year, and 753 (14.5%) had experienced extreme unprofessional behaviour (including assault). Nurses and younger staff experienced unprofessional behaviour more frequently, and employees with self-identified speaking-up skills less often. Staff perceptions of organisational culture and management influenced the likelihood of reporting unprofessional behaviour.

The implications: The frequency of unprofessional behaviour places patient safety and staff wellbeing at risk. Effective organisation-wide interventions are required.

Abstract

Objective: To identify individual and organisational factors associated with the prevalence, type and impact of unprofessional behaviours among hospital employees.

Design, setting, participants: Staff in seven metropolitan tertiary hospitals operated by one health care provider in three states were surveyed (Dec 2017 – Nov 2018) about their experience of unprofessional behaviours — 21 classified as incivility or bullying and five as extreme unprofessional behaviour (eg, sexual or physical assault) — and their perceived impact on personal wellbeing, teamwork and care quality, as well as about their speaking-up skills.

Main outcome measures: Frequency of experiencing 26 unprofessional behaviours during the preceding 12 months; factors associated with experiencing unprofessional behaviour and its impact, including self-reported speaking-up skills.

Results: Valid surveys (more than 60% of questions answered) were submitted by 5178 of an estimated 15 213 staff members (response rate, 34.0%). 4846 respondents (93.6%; 95% CI, 92.9–94.2%) reported experiencing at least one unprofessional behaviour during the preceding year, including 2009 (38.8%; 95% CI, 37.5–40.1%) who reported weekly or more frequent incivility or bullying; 753 (14.5%; 95% CI, 13.6–15.5%) reported extreme unprofessional behaviour. Nurses and non-clinical staff members aged 25–34 years reported incivility/bullying and extreme behaviour more often than other staff and age groups respectively. Staff with self-reported speaking-up skills experienced less incivility/bullying (odds ratio [OR], 0.53; 95% CI, 0.46–0.61) and extreme behaviour (OR, 0.80; 95% CI, 0.67–0.97), and also less frequently an impact on their personal wellbeing (OR, 0.44; 95% CI, 0.38–0.51).

Conclusions: Unprofessional behaviour is common among hospital workers. Tolerance for low level poor behaviour may be an enabler for more serious misbehaviour that endangers staff wellbeing and patient safety. Training staff about speaking up is required, together with organisational processes for effectively eliminating unprofessional behaviour.

Unprofessional behaviour among hospital workers, ranging from incivility and bullying to violence, is frequent,[1,2] and it affects care delivery and patient safety. In a United States study (including 13 653 patients and 202 surgeons), rates of medical and surgical complications for individual surgeons were significantly associated with the number of reports by co-workers of their unprofessional behaviour.[3]

Unprofessional behaviour often draws attention, but the insidious effects of incivility on safety are becoming clearer.[4] Simulation studies have found that even mild incivility causes significant declines in clinical team functioning and care outcomes.[5,6] A multicentre study found that incivility during a simulated operating theatre crisis was associated with significantly poorer clinical performance by resident anaesthetists.[7]

Major health care inquiries have found that hospital cultures in which unprofessional behaviour is tolerated contribute to breaches in safety practices and poor patient outcomes.[8] "Speaking up" programs are designed to counter such cultures by supporting open communication by staff about both immediate problems for patient safety (eg, poor hand hygiene among staff) and unprofessional behaviour (eg, incivility, bullying) that compromise teamwork and safe care delivery. The importance of providing employees with skills in speaking up (ie, effectively and assertively communicating views and ideas) is critical to ensuring patient safety and staff wellbeing.[9]

Health systems around the world have invested in programs that encourage staff to speak up. For example, the National Guardian Freedom to Speak-up Office, established following the Francis inquiry into the Stafford Hospital scandal in the United Kingdom,[8] has developed speaking-up training and appointed more than 800 guardians across the National Health Service. Guardians received more than 1000 reports per month during 2019 — more than one-third included elements of bullying and harassment[10] — illustrating that patient safety concerns are often linked with unprofessional behaviour. Despite investments in speaking-up programs, including by Australian hospitals, their effectiveness in reducing rates of unprofessional behaviour or improving safety has not been investigated.

Evidence for the effectiveness of organisational interventions for reducing unprofessional behaviour is limited.[11] Effective interventions depend upon detailed understanding of the nature and impact of such behaviour and of factors that place particular groups at risk. While rates of unprofessional behaviour in hospitals have been assessed in surveys,[12–14] its nature and extent

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Endemic unprofessional behaviour in health care: the mandate for a change in approach

Pervasive bullying, discrimination and sexual harassment are increasingly hard to ignore, yet evidence of effective interventions is lacking

Unprofessional behaviour is sufficiently widespread in the Australian health care system that it could be considered endemic. The 2016 survey of the Victorian Public Sector Commission found that 25% of staff in health agencies experienced bullying,[1] and in a 2014 survey of the Australian Nursing and Midwifery Federation, 40% of nurses reported bullying or harassment in the previous 12 months.[2] In 2015, the Royal Australasian College of Surgeons surveyed 3516 surgical Fellows, trainees and international medical graduates and found that 49% had been subjected to discrimination, bullying, harassment or sexual harassment.[3] The Australasian College for Emergency Medicine released in 2017 its survey results: 34% of respondents had experienced bullying, 21.7% discrimination, 16.1% harassment and 6.2% sexual harassment.[4] Thus, unsurprisingly, the 2016 Senate inquiry into the medical complaints process concluded that bullying, discrimination and harassment levels remain disconcertingly high despite the apparent "zero tolerance" approach reported by medical administrators and colleges.[5]

Bullying, discrimination and harassment are just the tip of the iceberg. Unprofessional or disruptive behaviour encompasses a wide spectrum that includes conduct that more subtly interferes with team functioning, such as poor or ambiguous communication, passive aggression, lack of responsiveness, public criticism of colleagues, and humour at others' expense.[6] Although unprofessional behaviour is common,[6] the true prevalence is likely to be significantly underestimated, with widespread under-reporting. Little is known of the experiences of non-clinical, non-managerial staff in the health care system, who in general have considerably less power and status to combat unprofessional behaviour.

Impact of unprofessional behaviour

Unprofessional behaviour is associated with poor staff psychological wellbeing, including stress, reduced teamwork and communication, and loss of concentration.[7-9] This behaviour can negatively affect staff satisfaction[10] and staff absenteeism[11] and retention, leading to costly staff turnover,[12] and is associated with patient dissatisfaction,[13] increased medico-legal risk[13,14] and significant financial costs.[15] Health professionals consistently recognise the link between unprofessional behaviour and threats to patient safety and wellbeing.[5,9,10]

Less well understood is the emerging evidence that even low level unprofessionalism is a significant risk to patient safety. For example, a randomised controlled trial showed that neonatal intensive care unit teams subjected to rudeness during a simulated management of a deteriorating infant performed significantly worse than teams treated respectfully by their expert observer. Rudeness resulted in less information sharing between team members, which compromised diagnostic performance and reduced help-seeking behaviour, contributing to poorer procedural performance compared with teams treated with civility.[16] A large, multisite study in the United States showed that patients whose surgeons received a high number of unsolicited patient reports of negative behaviour (eg, being rude or dismissive of patient questions, unprofessional communication with staff) experienced a 13.9% higher surgical and medical complication rate compared with surgeons with few such reports.[17]

Growing concerns regarding unprofessional behaviour have contributed to increased attention in medical and health programs on professional identity formation as the foundation for professionalism.[18,19] Everyday interactions with colleagues are a significant contributor to an individual's development of professional identity.[20] Humiliation, belittling and verbal abuse of medical students and trainees are common and, in some situations, normalised in Australian hospitals.[5,21] Interviews with senior Australian clinicians show that early experiences of role models affect professional identity formation and endure for many decades.[20] Tackling unprofessional behaviour must start with university, college and workplace-based training programs, but these will have limited success without significant culture change programs across health care organisations.

Workplace interventions to reduce unprofessional behaviour: limited evidence base

The 2016 Senate inquiry recommended that governments, hospitals, specialty colleges and universities "commit to ongoing and sustained action and resources to eliminate [bullying and harassment],"[5] but provided little direction as to how this should occur. Professional colleges have sought to tackle this issue by improving complaints mechanisms and an emphasis on training, such as the online education programs mandated by the Royal Australasian College of Surgeons.

For hospitals seeking to bring about significant cultural change in reducing unprofessional behaviour, there is limited evidence of effective organisational interventions. A 2017 Cochrane review[22] of interventions to prevent bullying in the workplace identified only five studies and noted the low quality of available evidence. These studies predominantly described small scale interventions, with few attempts to implement multi-organisational change. The review authors concluded that "we need large

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Appendix 2. The Ethos Program: Re-defining Normal *(*from following page)*

Atkinson, V., (2016). 'The Ethos Program: Re-defining normal." Publication from Catholic Healthcare, The Sector Speaks, *p. 19-21.*

The media spotlight on poor behaviours within healthcare and the ensuing political focus has left many organisations scrambling for a fast and effective solution. Alas, such a solution does not exist; there is nothing fast nor efficient about the dismantling of a complex culture enmeshed over generations.

Many boards and executives have already come to the difficult realisation that this seemingly remote issue is also undermining *their* organisation and is a real and present danger to their patients and staff. In Catholic healthcare particularly, our philosophy and mission is deeply rooted in our values making it particularly painful then, to admit that we have no claim to higher ground in the culture of our hospitals. It is this admission that will impel us to lead the change.

I have long placed hand on heart, safe and perhaps a little sanctimonious, in the knowledge that as a surgeon, I have always tried to create positive inclusion zones within my sphere of influence, to lead by example, or to model an alternate behaviour. But if I examine my conscience a little closer, it was also how I justified being a passive bystander. Perhaps I hoped that my behaviour granted me exemption from taking a stand, thereby avoiding the fear of repercussions and the perception of treason.

Perhaps I just wasn't brave enough on my own.

We must build a system where personal courage is not required to live our values, where staff and organisations are skilled and confident in creating a safe, reliable and kind workplace.

THE ETHOS PROGRAM:

Re-defining normal

by Dr Victoria Atkinson
Group Chief Medical Officer
GGM Clinical Governance
St Vincent's Health Australia

Many years ago the staff tearooms on hospital wards lay heavy with cigarette smoke – it hung like dense smog from the ceiling and leached into the corridors to reach our sickest patients. But over 20 years our expectations were reset and the culture has transformed where something previously acceptable has become jarringly unacceptable. If anyone walked into a hospital today and lit a cigarette, every single staff member and patient would feel empowered and enabled to hold the smoker to account. This is the path to behavioural evolution; we need to redefine what is normal.

As a doctor, a nurse, an executive and as a healthcare sector, we have to be united and absolute about the standards we are willing to accept. As General David Morrison stated, "The standard you walk past is the standard you accept". We must all resist being bystanders within our own organisations and must unite across borders to create an impenetrable web of cultural identity that is mirrored across every organisation in healthcare; there will be nowhere left to hide.

Advancing from realisation to actualisation stands as the most treacherous step in this cultural transformation; we acknowledge the problem, so where to next? Amongst the growing political and moral imperative, each organisation has been forced to look within their own culture, structure and budget to seek a way forward. The temptation is to only focus on the most obviously loud and disruptive of staff. Our own experience aligns with the research suggesting that the worst perpetrators represent only two to three per cent of staff[1]. When this minority also hold

continued next page

positions of leadership and influence, however, they may cast a damaging shroud over the organisation.

Whilst addressing this disruptive element is critical, it is on its own insufficient, representing only the tip of an iceberg with far larger hazards sitting below the waterline. Whilst it is essential to create a system that equitably holds destructive staff to account, the cultural change required is more far reaching and daunting than this handful of true bullies. We must seek to understand how the remaining 98 per cent of staff are interacting; it is these many conversations that weave the fabric of an organisation and will serve to nourish or extinguish our worst behaviours.

The St Vincent's Ethos program looks beyond bullying and harassment to redefine the broader question of what "normal" behaviour in healthcare has become. Over time, healthcare has acquiesced to seemingly 'less sinister' behaviours, which now threaten to cripple any cultural evolution. These include behaviours that interfere with team work, contribute to ineffective communication and create risk. Less obvious examples include a lack of responsiveness, poor or ambiguous communication, publicly criticising members of the team, refusing to follow established best practice, learning by humiliation, intimidation, ignoring, isolating and laughing at others' expense.

The cumulative effects of unproductive interactions can ultimately reduce discretionary safety behaviours by staff such as speaking up if a patient is deteriorating, or an error is about to occur.

workforce and so equip our staff with the skills required to adapt and debrief.

The pressures of modern healthcare often reduce complex, deeply personal, care-giving relationships into a series of demanding tasks performed under severe time and financial constraints. A poor response to the resulting stress can manifest as disruptive behaviour which undermines a culture of reliability.

Organisationally, impaired staff behaviour, dysfunctional team work and poor morale are the main impediment to sustaining change or improvement programs. Patient safety initiatives such as care bundles, checklists and guidelines have achieved a measure of success but have not brought about the widespread change that was anticipated.[3,4] It is obvious that safety processes can be manually overridden by poor culture.

It is now well established that poor behaviours cause clinical harm to our patients but it is also impacting patients' experience of care, resulting in an increase in complaints and litigation.[5,6,7]

The legacy of a century of healthcare is one of unchecked, detrimental behaviours that have also served to devalue professional conduct, creating a polluted organisational culture, and begetting an ugly legacy as behaviours are modelled and perpetuated. 'Normalisation of deviance' is the cultural homogenisation that occurs when for example, junior staff witness a senior leader acting inappropriately without repercussion. Junior staff gradually reinterpret sub-optimal practice as non-deviant and so perpetuate their new normal.

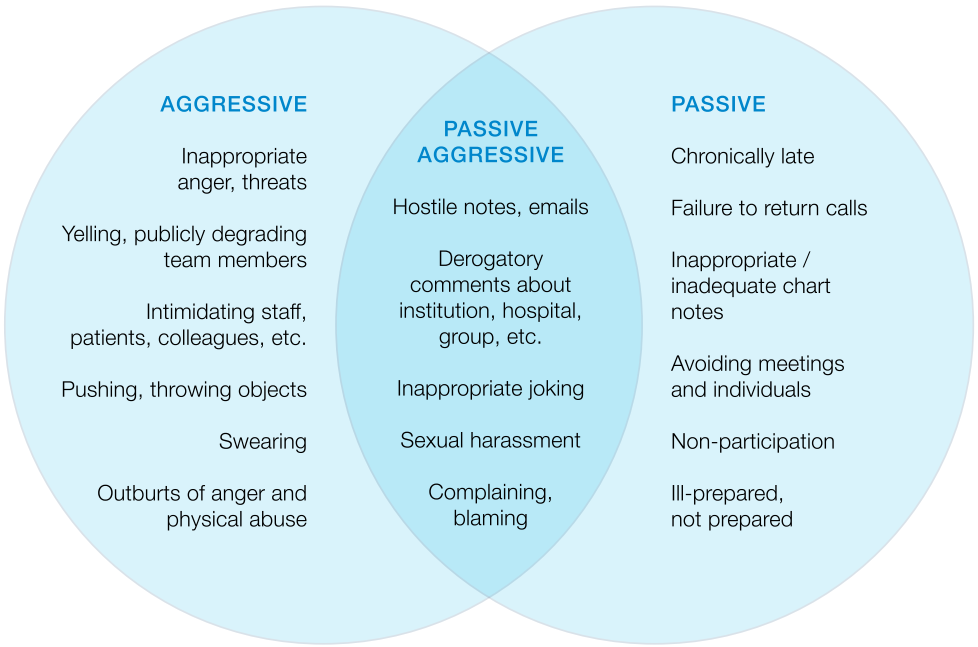

Figure 1: Spectrum of disruptive behaviours in physicians [2]

In healthcare, we have long given ourselves a 'free pass' for our behaviours because of the life and death nature of our work and whilst this cannot continue, to be successful in redefining normal behaviour in healthcare, we must also acknowledge the unique stressors impacting on our

Healthcare is largely failing at present, in its legal obligation to create a safe workplace. Examining this further, we asked our staff to distil how they want to *feel* when they come to work within St Vincent's. The resulting three pillars form the foundation of our Ethos program: they seek a workplace which allows them to feel safe, welcomed and valued.

Figure 2: SVHA Ethos program pillars

The elegant simplicity of these principles belies their depth and the challenge is in the operationalisation of these values into a set of program principles.

- All SVHA staff are entitled to a safe workplace
- Personal courage is not required to live SVHA values
- We will encourage, acknowledge and reward behaviours that reflect our values
- Our response to behaviour that undermines patient or staff wellbeing will be consistent, transparent and equitable
- Our staff are enabled and empowered to speak up. If they cannot, we will provide them with a safe voice
- Our staff are given an opportunity for reflection and self-regulation where appropriate
- Particular attention will be paid to vulnerable groups e.g. trainees, junior staff
- Diversity and gender balance are central to organisational strength

Figure 3: SVHA Ethos program principles

Ethos represents a pragmatic cultural program scaffolded by a confidential electronic reporting system and an accountability framework that allows for peer feedback, self-reflection and correction. Whilst initially designed to synthesise accountability conversations, over time, this dialogue will form the genesis of change. Staff will hold each other to account

A core part of this cultural evolution is about valuing and rewarding the exemplary behaviours that are evident all around us but rarely acknowledged. The Centre for Patient and Professional Advocacy (CPPA) at Vanderbilt University have published data on over 5700 colleague observations captured in their CORS™ reporting system, which show that over 90 per cent of their staff had no adverse observations recorded against them over a three year period,[8] and of those that had a single observation recorded, for most this represented their only deviation, from which they reflected and self-corrected. This majority are the future of our leadership, our cultural momentum and our organisational identity; they must represent who we are.

It is clear that any solution to this problem must be pragmatic, intuitive to the existing culture, and led by the workforce; by peers and clinical leaders. We must mobilise all groups and leave no one behind as we build a web of kinder and safer healthcare across the sector.

The healthcare sector and St Vincent's Health Australia are at the beginning of a long and complex transformation and yet the last eighteen months have proven that there is no going back; too much has been seen and heard and too much promised, to turn our backs again. ■

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Appendix 3. St. Vincent's Health Australia - Ethos Program procedure

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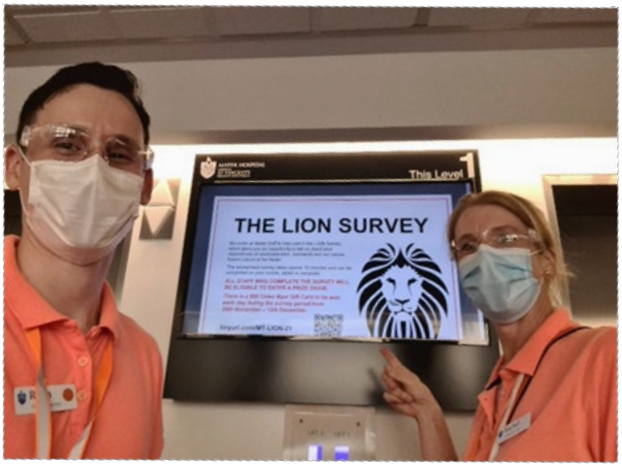
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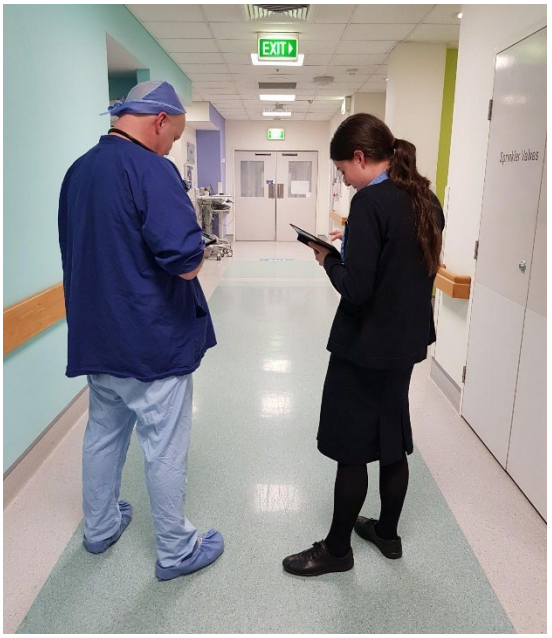
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