

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

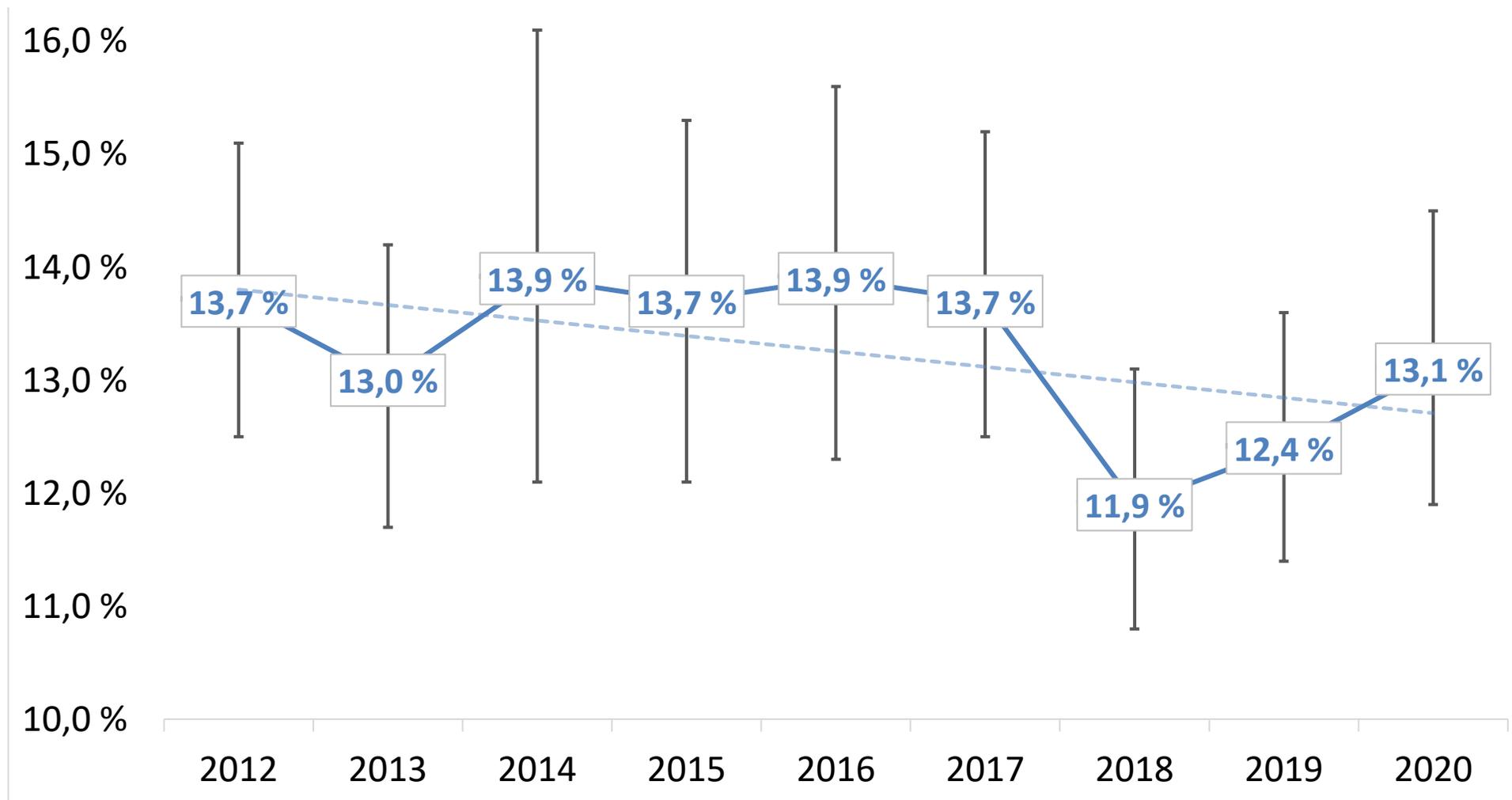
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*Disclosure: No conflict of interests to declare.*



# 13% of hospital stays result in patient injury



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

**Mortality rates**

**Failure to rescue**

**Readmission rates**

**Medication errors**

**Pressure ulcers**

**Falls**

**Hospital infections**

**Patient satisfaction**

**Patient mental and physical health**

*Systematic review  
Braithwaite et al  
BMJ Open 2017*

Photo: Olga Kononenko

## Nasjonal handlingsplan for pasientsikkerhet og kvalitetsforbedring

2019-2023

### *Work Environment and Patient Safety Culture*

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



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

### *«Safety culture» A Guiding Principle*

For both patients and employees includes psychological safety



**Employee health  
and well-being**

**Quality and  
patient safety**

*Psychological safety*

**Culture**

**Incivility vs  
respectful culture**

**Infallibility vs  
learning culture**



# Psychological safety

A prerequisite for patient safety

# «Impression Management»



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

*"Aye."*

*"Aye."*

*"Aye."*

*"Aye."*

*"Aye."*

**Psychological  
safety is....**

”

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

**Amy Edmondson**

# Psychological safety is not....

.....about enjoying ourselves at work

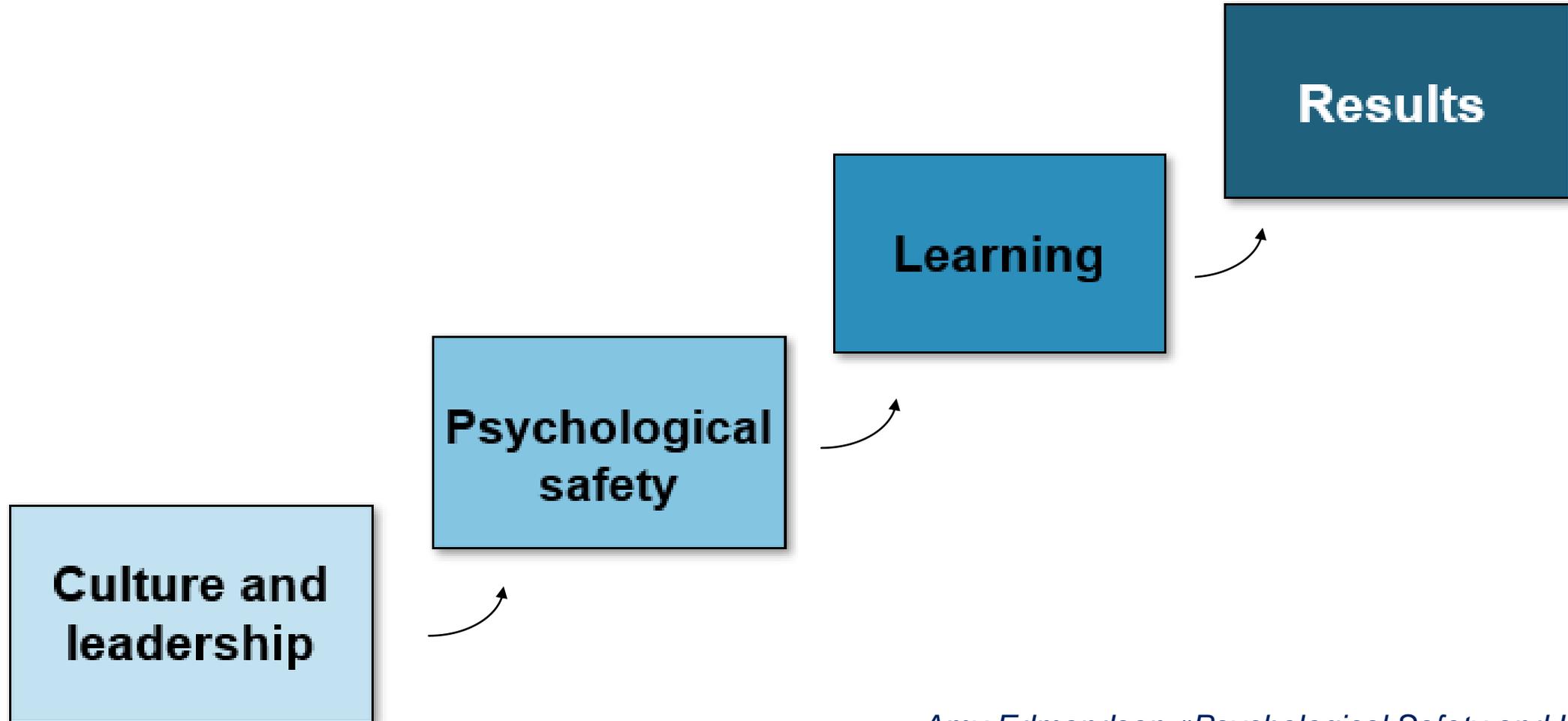
.....about experiencing cohesiveness at work

.....a personality trait

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

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

# Psychological safety – why is it so important?



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



Amy Edmondson – screen shot



Marlon Weston

# Norwegian national Patient Safety Conference



Marlon Weston



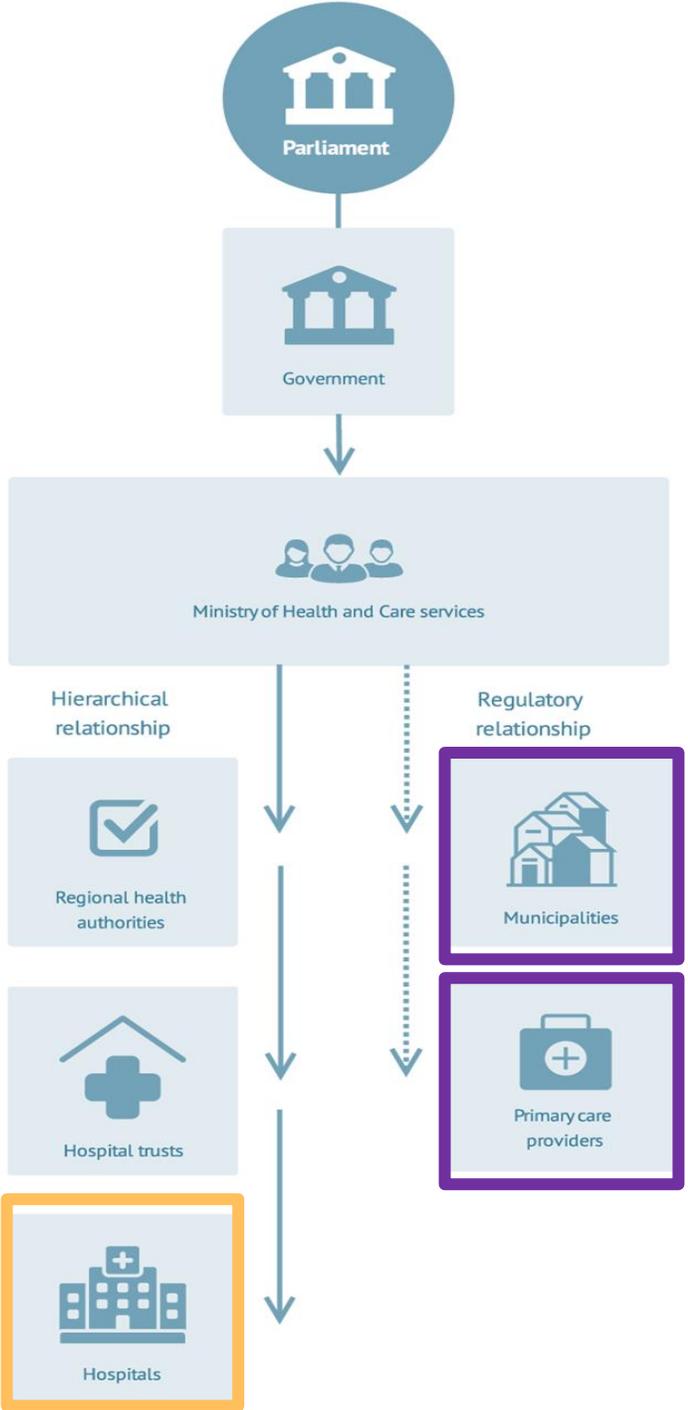
Marlon Weston

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



Film presenting a case

# The national healthcare system



# The local healthcare system

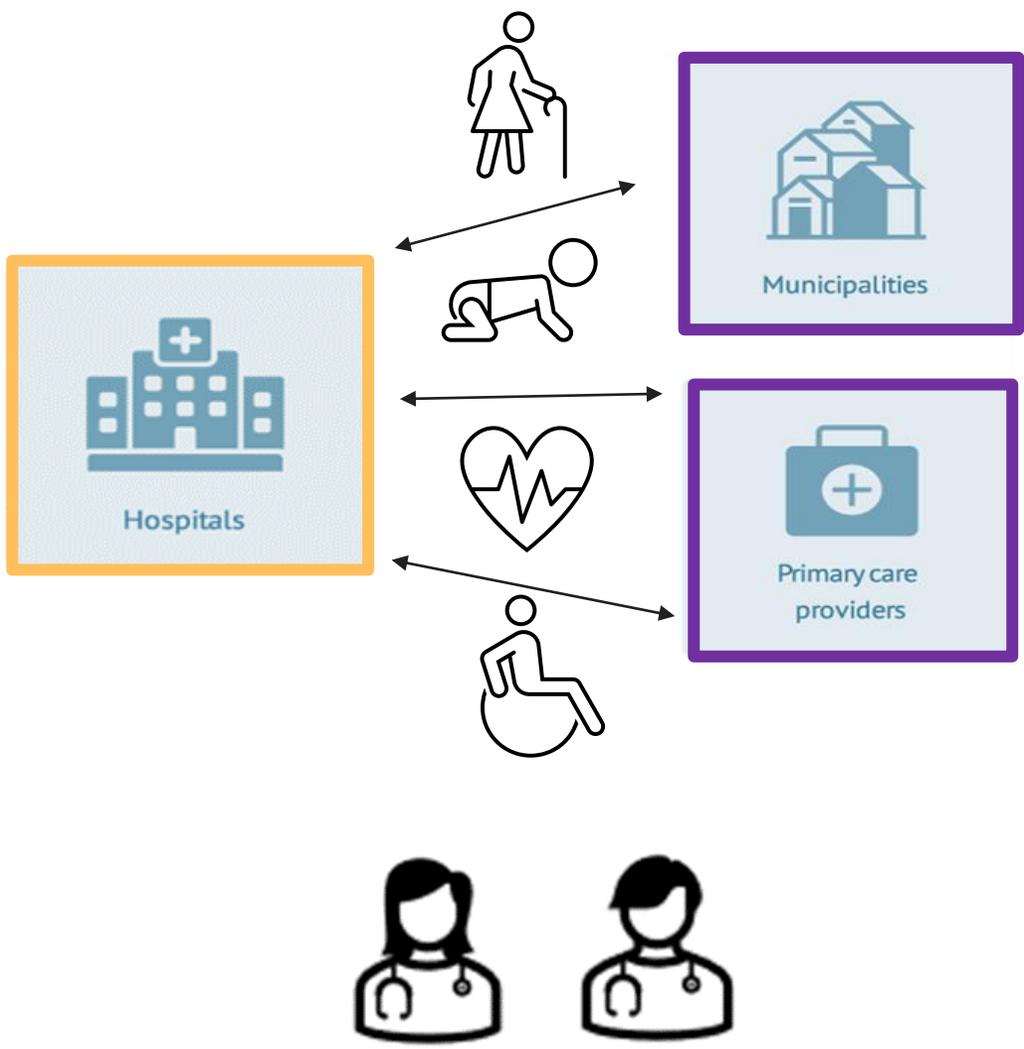




Photo: Vegard Stien

# Meet Birgitte, RN:



## Challenge:

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

## Intervention:

- Patient-Centred Team across primary and secondary care

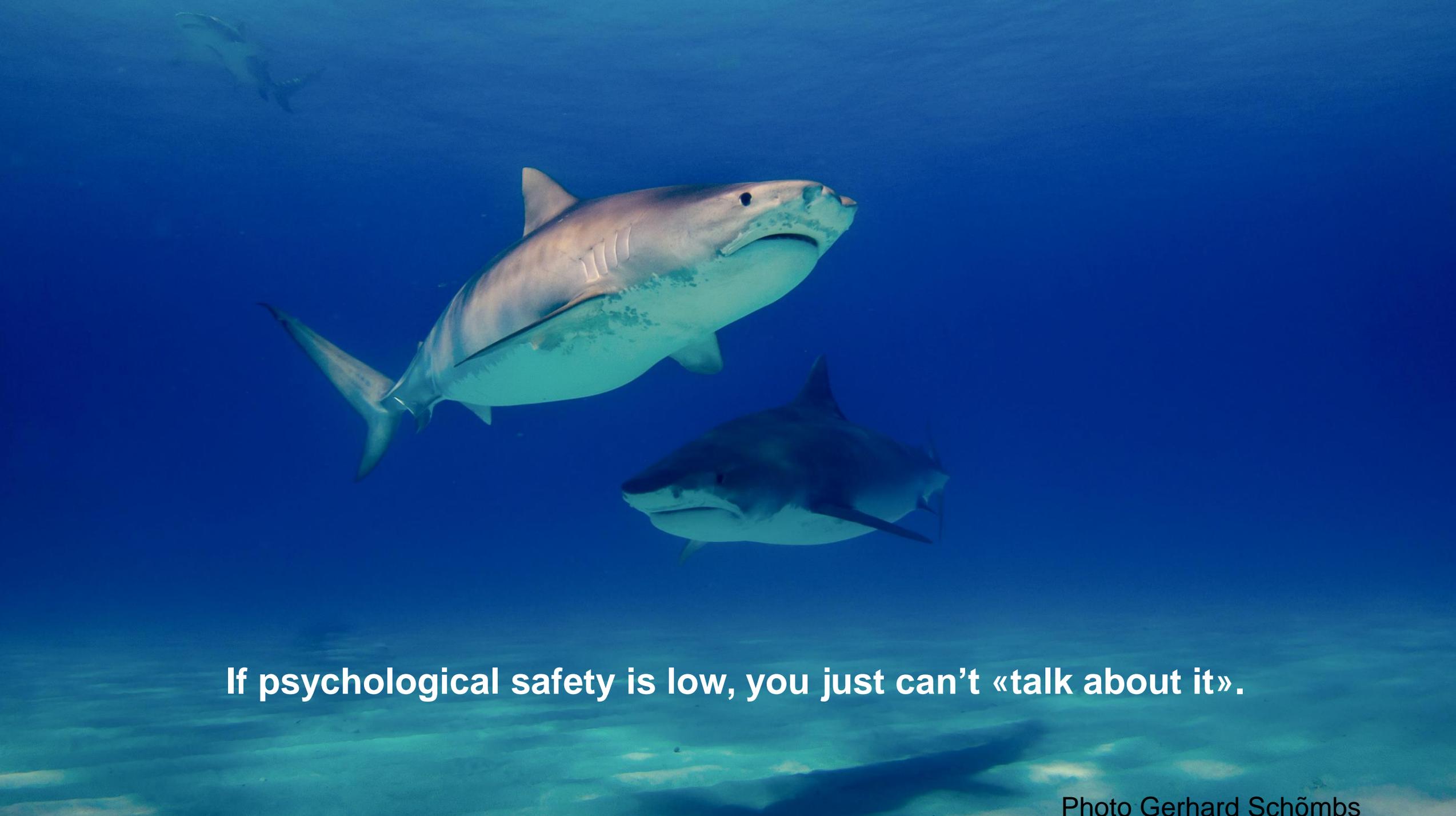
**Shift of focus #1:  
“How can we solve this?”**



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



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

An underwater photograph showing three sharks swimming in clear blue water. The largest shark is in the upper left, swimming towards the right. A smaller shark is in the lower right, swimming towards the left. A third, even smaller shark is visible in the upper left background, swimming away. The water is a deep, clear blue, and the sandy ocean floor is visible at the bottom.

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

Photo Gerhard Schömbbs

# Incivility

The Quiet Epidemic

# Rudeness in Medical Settings Could Kill Patients

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



Photo: Article on

**Incivility groups (33)**

**Control groups (34)**



**64% passing score**

**91% passing score**

Well, some people are just too sensitive

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

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

## Training CPR Nurses

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

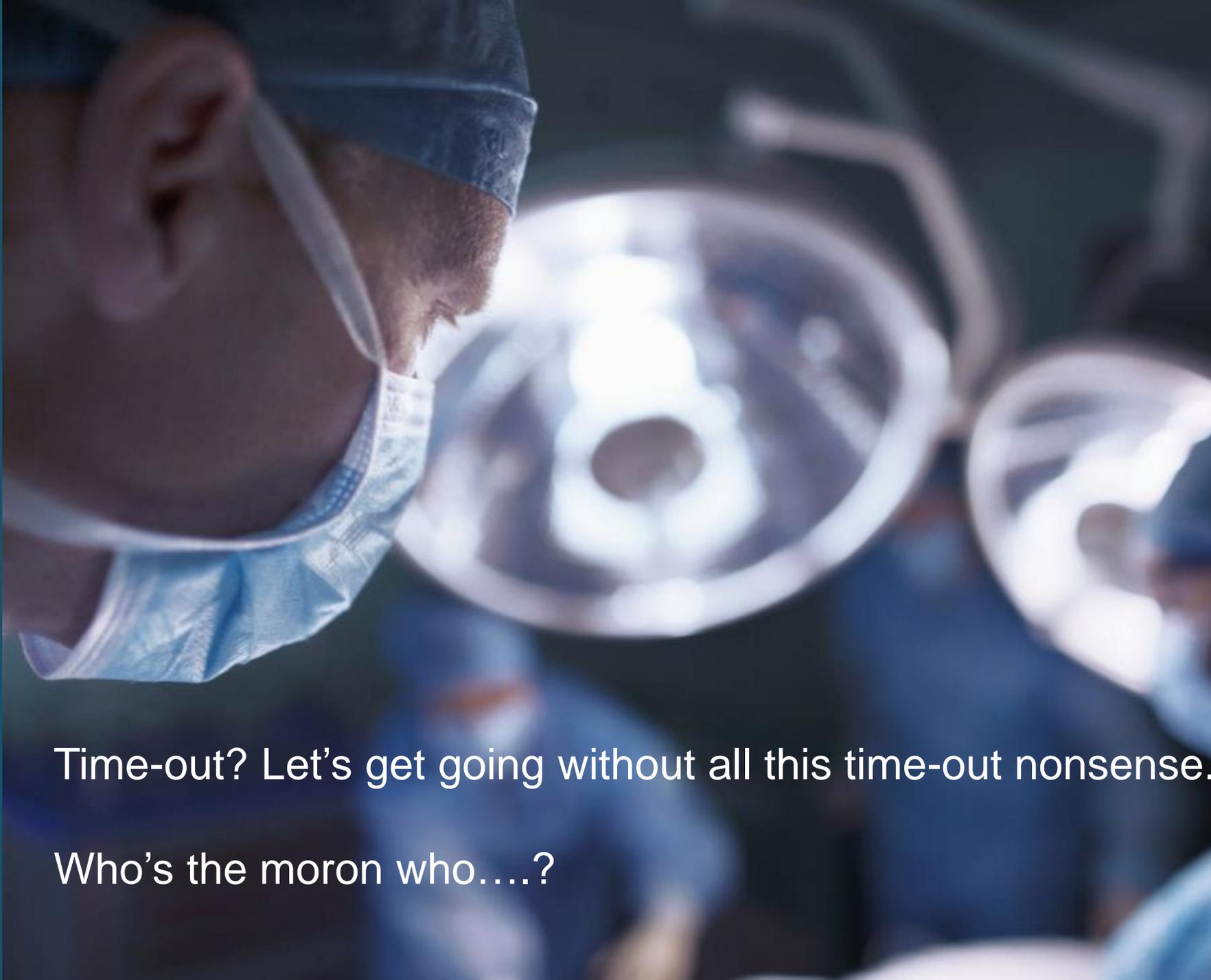
*Johnson et al «Incivility and  
Clinical Performance,  
Teamwork and Emotions» J  
Nurs Care Qual, 2019*



**Incivility has *real*  
consequences**

**Complication  
rates, for example**

*Cooper et al JAMA  
Surgery, 2019*



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

Who's the moron who....?

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

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

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

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

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

**What to do?**

Leaders must take a stand.

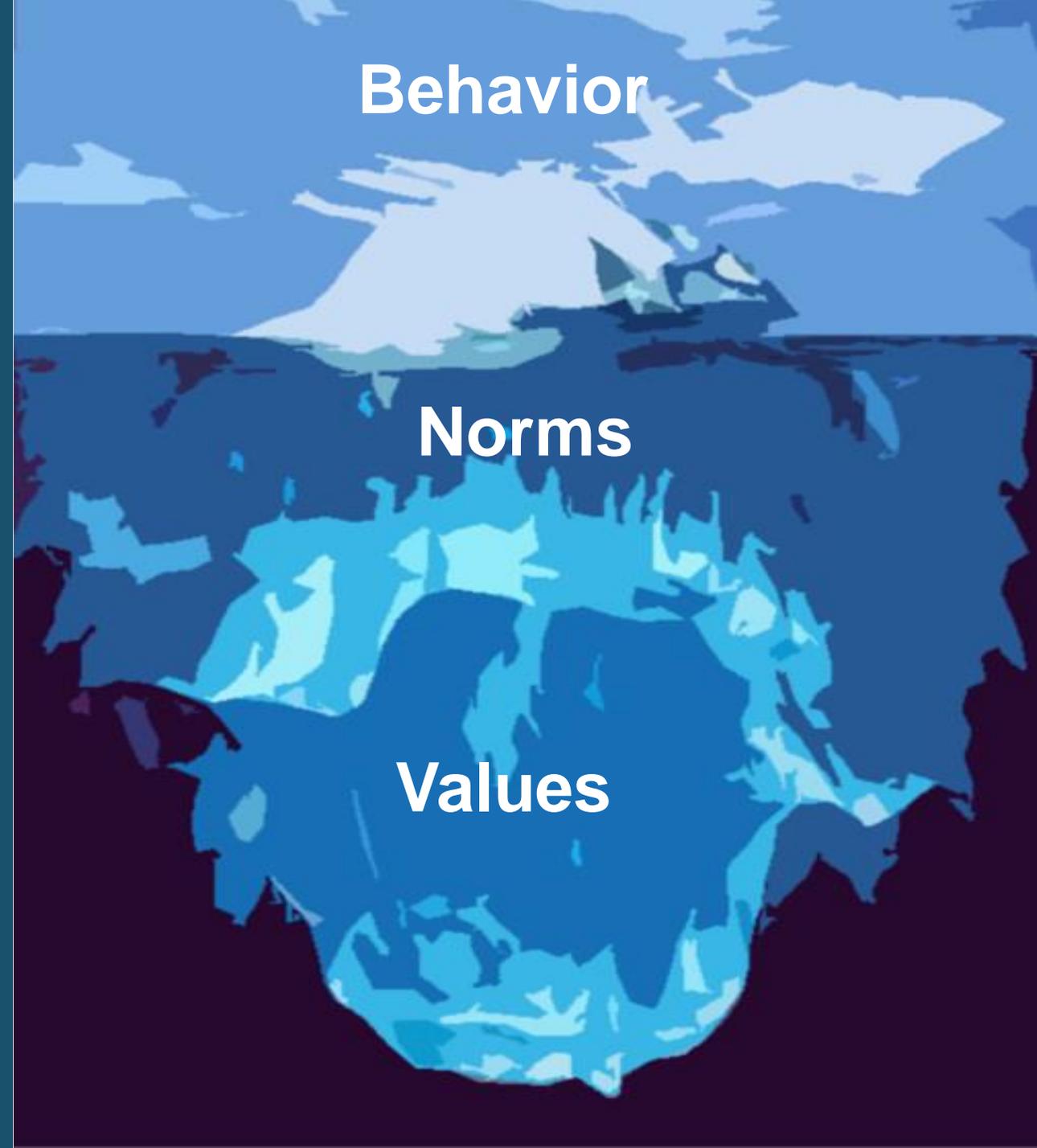
Build a civil culture.

Halt unacceptable behaviour.

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

# How to work with culture?

- Interventions at each level



# Case: Glimpse from the Culture Program Oslo University Hospital

- Network of facilitators
- Toolbox

Culture Posters -  
group norms



## CLASS RULES

#NEVROKIRURGEN

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

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

OUS Nettverk for utvikling av organisasjonskultur  
@ousnettverk

## KULTUR- PLAKAT

SEKSJON VOKSEN



– ikke bare 🤖

### Vi viser vennlighet ovenfor hverandre

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

### Vi er opptatte av faglig utvikling

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

### Vi bygger hverandre opp – ikke ned!

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

### Vi er et team

- Vi har et felles ansvar for



## VENNLIG-RESPEKTFULLT-INKLUDERENDE

### Pasienten i fokus

### Se hverandre

👋 Vær raus!



SAMMEN TIL BARNETS BESTE

### Ta ansvar for helheten.

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

### Konstruktiv kommunikasjon

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

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

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

Raus med ros

Ingen spørsmål er dumme i staben vår

Vi spiller hverandre gode

Inkluder alle!

Verdsett mangfoldet i staben vår

## HOS OSS...

Møter vi hverandre med respekt og raushet.



Prioriterer vi det sosiale.

Ønsker vi alle spørsmål og ideer velkomne.



Er vi hyggelige og hjelper hverandre.

Gir vi hverandre konstruktive tilbakemeldinger... også ros!

Godt arbeidsmiljø = et felles ansvar



# This is the way we want it to be here

## Example 1:

## Culture development – a surgical department

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

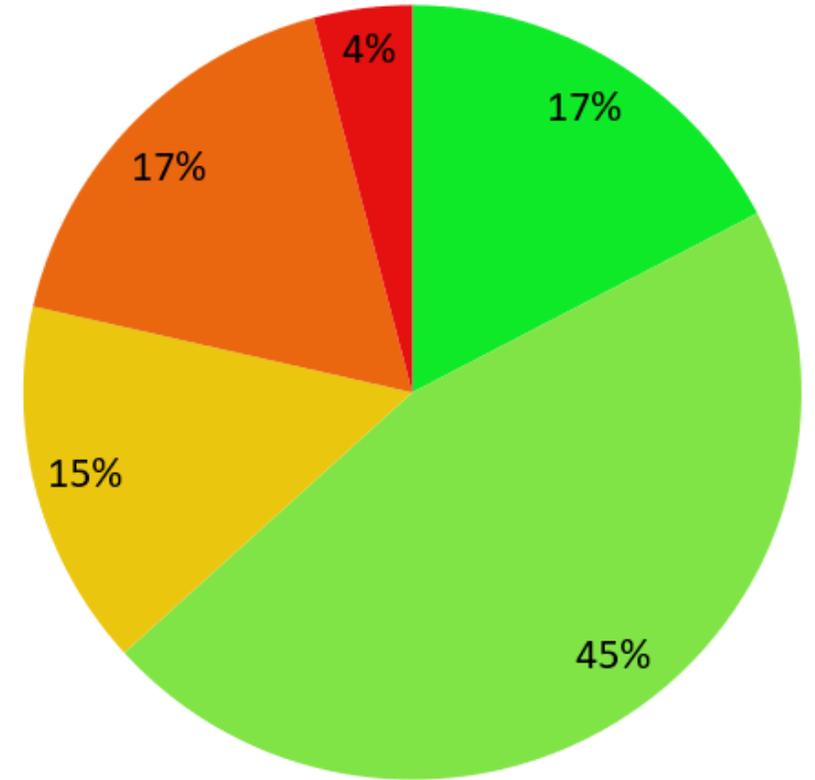
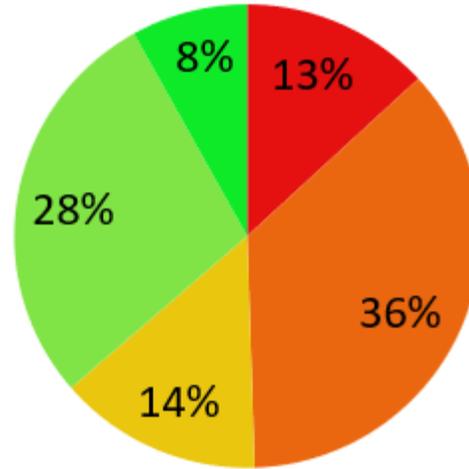
If you find yourself in a difficult situation and you feel bullied, you can contact your manager, union representative, ombudsman, and/or the Department of Work Environment, OUS. These can advise you on how to proceed and what channels to use.

# Culture Survey

Our work environment is characterized by openness and respect.

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

Start vs 1 year later



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

Cohen's d = 0.62

# Interventions

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

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

# Results

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

# New Annual Nationwide Survey 2018

For specialized healthcare.

All employees



**Patient Safety**  
Two scales from SAQ  
Safety Attitudes  
Questionnaire



**Teamwork Climate**  
**Safety Climate**

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

Revised scales.

## Example 2 Simulation center

4 facilitated seminars

Most of the tools in the toolbox.

Psychological safety increasingly more explicitly addressed.

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

\* Top 15%

\*\* Includes bullying, discrimination, conflicts.



Photo: Todd Trapani

## Another tool

## Inbounds – Out of Bounds

Acceptable behavior

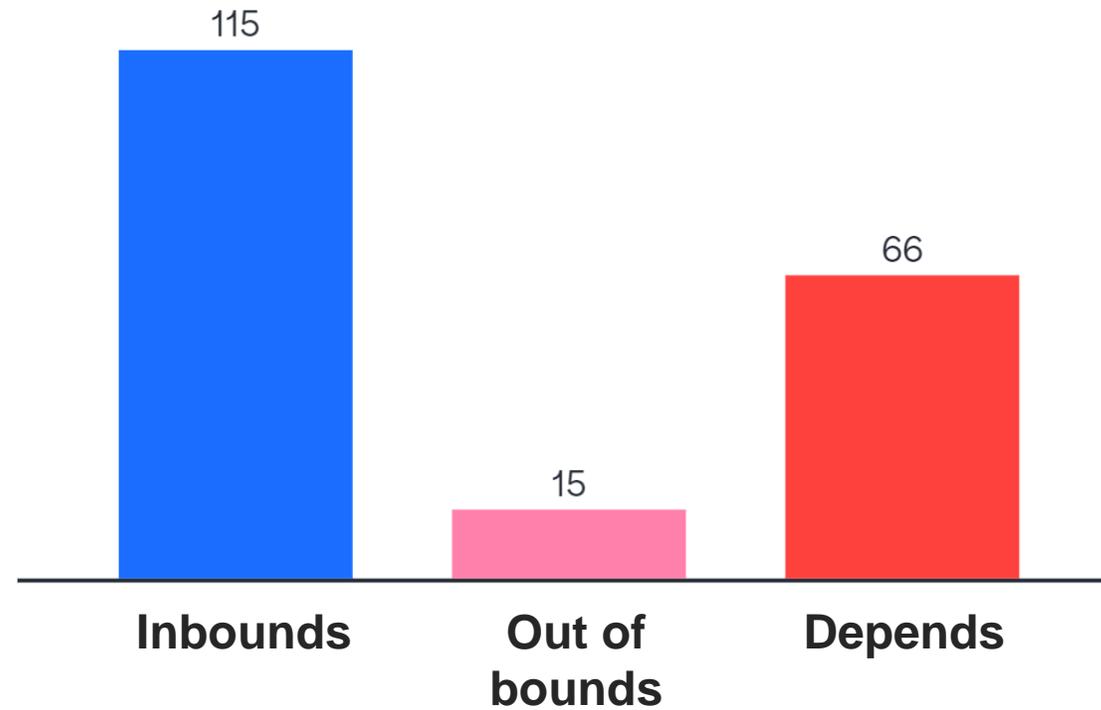
Unacceptable behavior

It depends

*Innafor-utafor* ®

# Telling Swedish jokes

Mentimeter

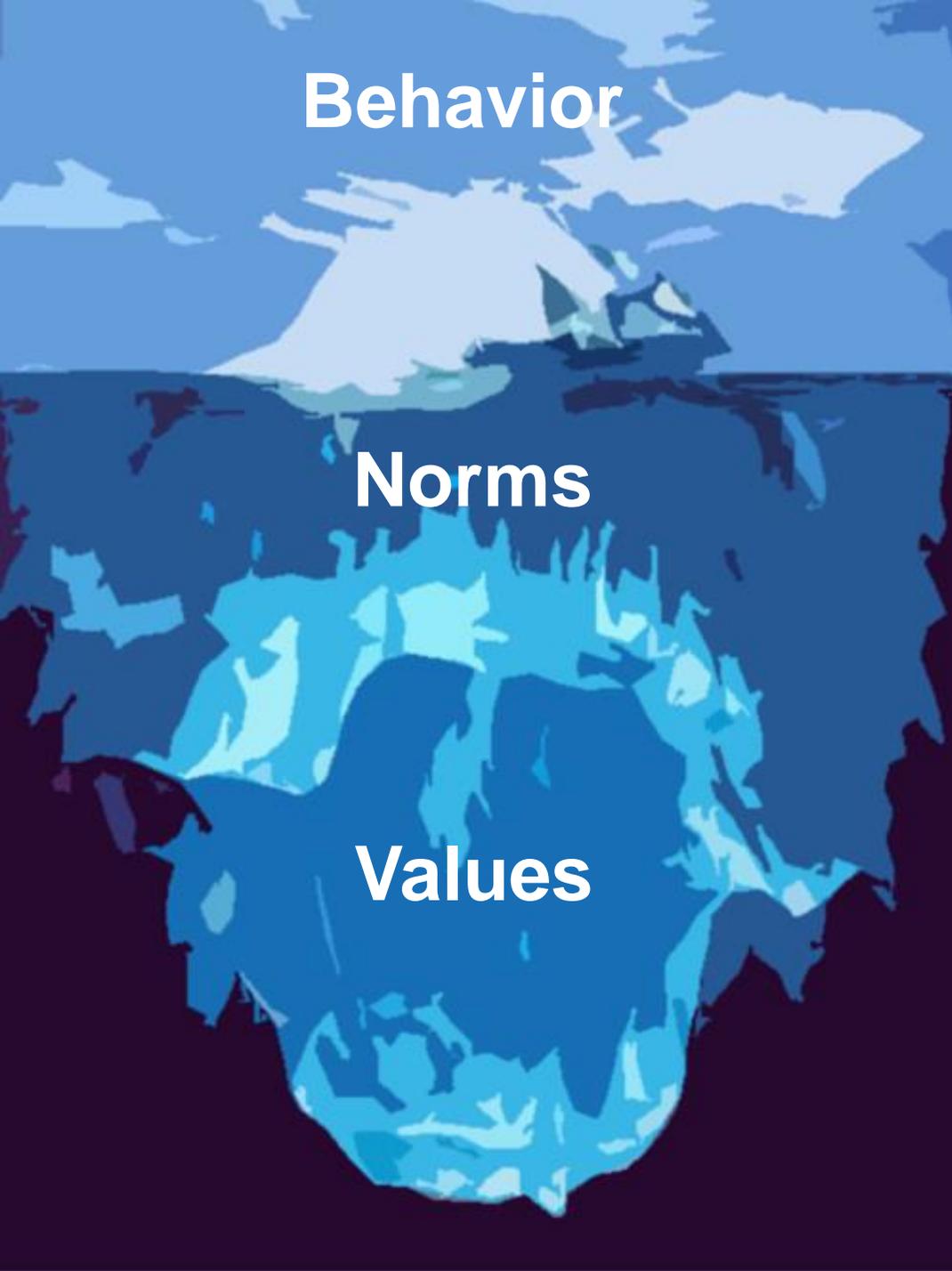


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# Infallibility

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The Second Quiet Epidemic



Behavior

Norms

Values

Values and norms for  
infallibility

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

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

*n*

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

# Perfection – an illusion

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

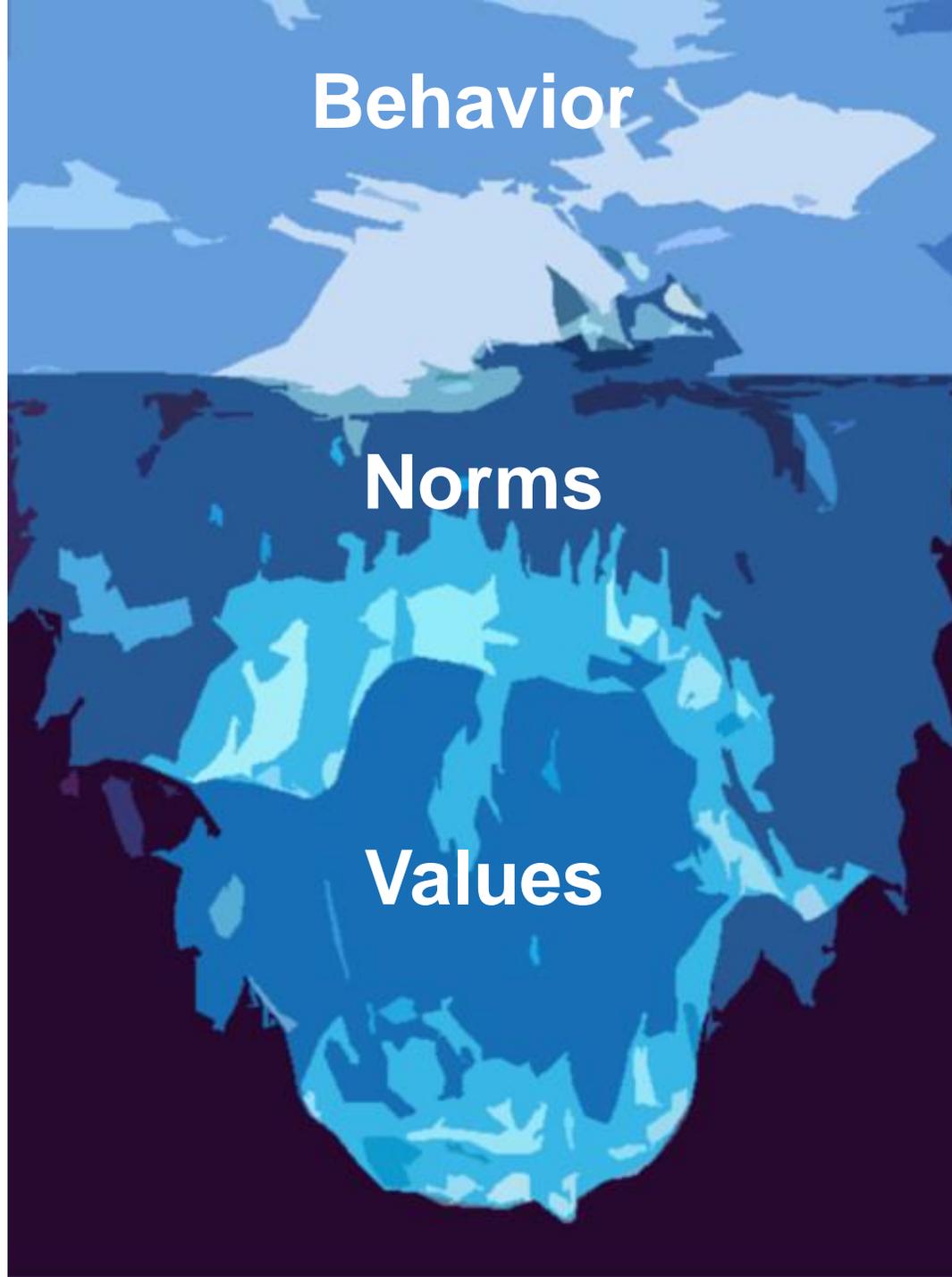


Photo by [amirreza jambi](#) on [Unsplash](#)

# Perfection – an illusion

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





**Behavior**

**Norms**

**Values**

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



**Infallibility  
Perfection**

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

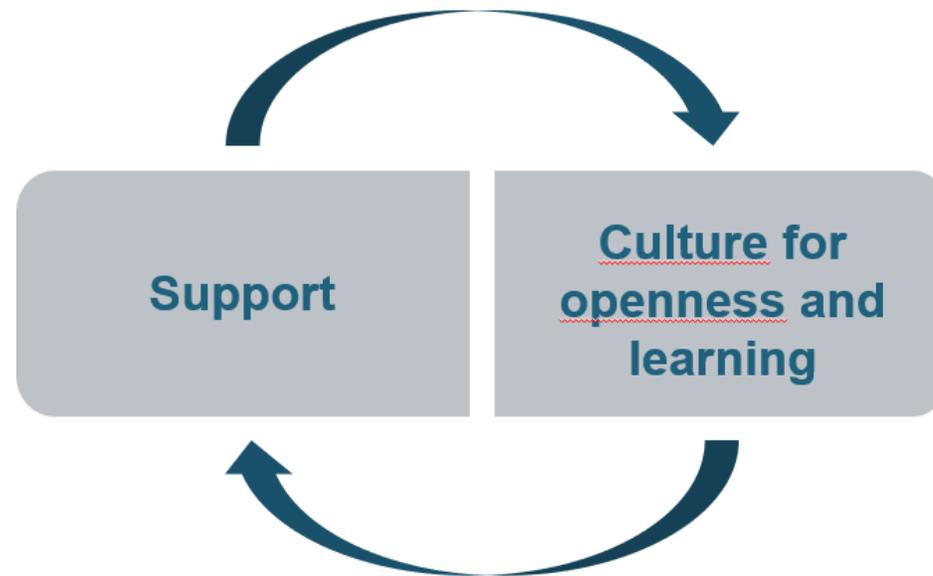


**Learning  
Openness**

# Support after adverse events

Ongoing project to develop national guidelines

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



**Christina Drewes, MD, PhD.**

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



Film presenting a case

**Employee health  
and well-being**

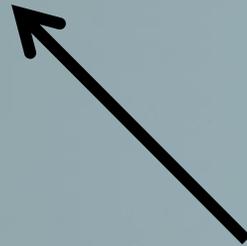
**Quality and  
patient safety**

*Psychological safety*

**Culture**

**Respectful culture  
vs incivility**

**Learning culture  
vs infallibility**



# Actions to create psychologically safe cultures

- Focus on what matters for the patient
- Create safe arenas - social support under uncertainty
- Define desired culture – values, group norms, behaviors
  
- To you who are experienced in the field – the nestors  
be aware of your role and responsibility *to lead the way*



# «Let the talk change the walk»

Make the conversation  
change the path of your  
organization



Private picture, Ida Waal Rømuld



**Helsedirektoratet**

Norwegian Directorate of Health