Cultures of silence and voice: Health care scandals and speaking up

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Scandal

"Behaviour or an event that people think is morally or legally wrong and causes public feelings of shock or anger"

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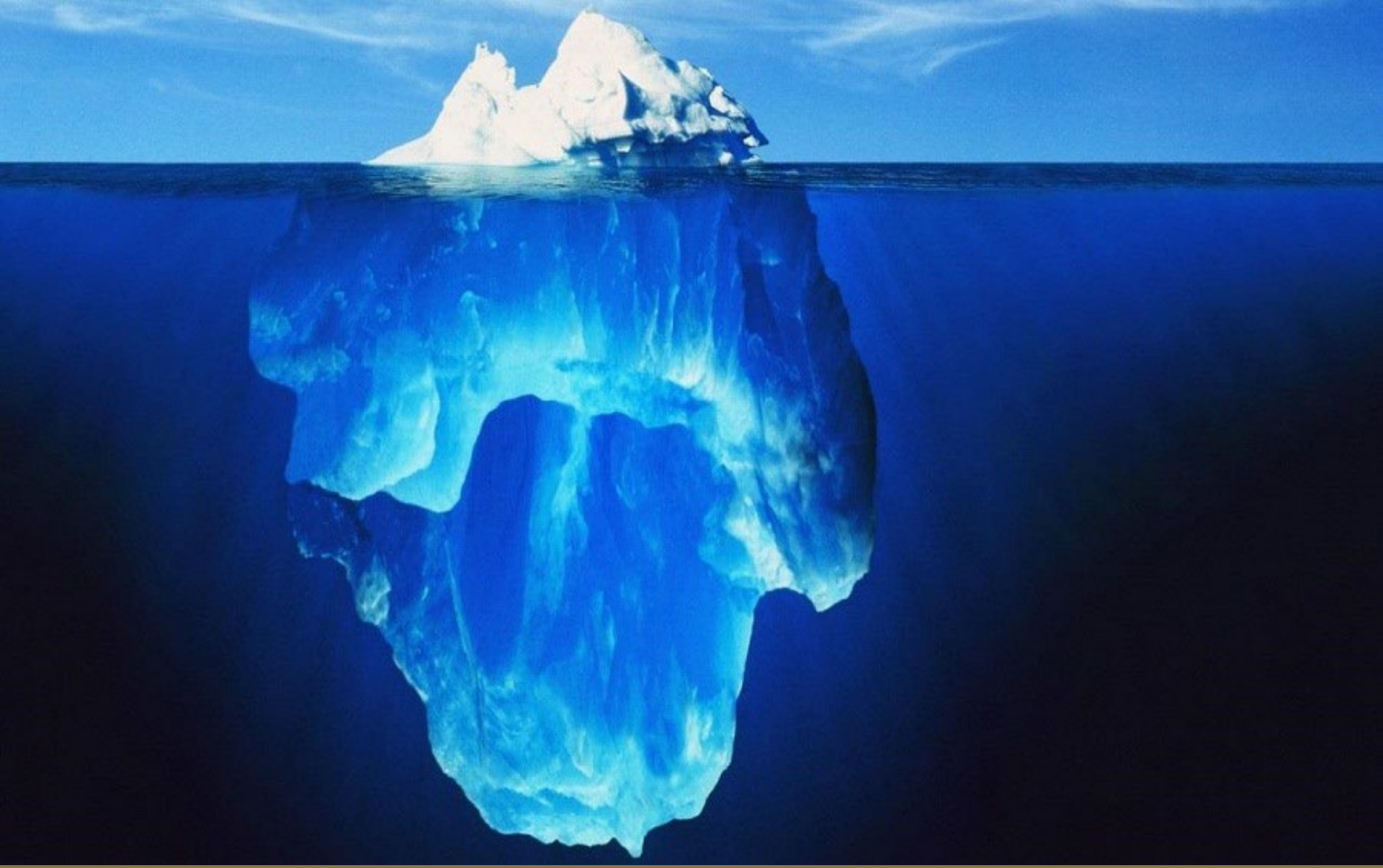

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Lucy Letby

In 2023 found guilty of murdering 7 babies and attempting to murder 6 others in a neonatal unit at the Countess of Chester Hospital.

Suspicious deaths of babies in other hospitals where she worked,

The unit's lead consultant first raised concerns to managers about Letby.

No action was taken by managers and she went on to attack five more babies, killing two.

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Shrewsbury and Telford hospitals maternity service

200 avoidable baby deaths or brain damage due to poor maternity care between 2000- 2019

9 mothers died as a result of avoidable poor care

Reviews of serious cases failed to identify underlying failures, and blamed mothers

A reluctance to conduct caesarean sections

A “lack of kindness and compassion”

Staff “fearful” to speak out and were told not to take part in the inquiry.

The Ockenden Report

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Sexual assault among Surgeons

- Online survey with responses from 1,434 participants in the surgical workforce.
- Two-thirds of women (63%) had been the target of sexual harassment from colleagues, along with almost a quarter of men (23.7%) over the past 5 years.
- At least 11 incidents of rape were reported
- Nearly a third of women (30%) had been sexually assaulted by a colleague, while the majority of participants (90% of women, 81% of men) witnessed some form of sexual misconduct.
- Sexual coercion was common, with 11% of women having experienced forced physical contact linked to career opportunities.

Begency C et al (2023) Sexual harassment, sexual assault, rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study, British Journal of Surgery

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Consultant Breast Surgeon

Reported sexual harassment in 2/3 of her surgical jobs, in a career spanning more than 20 years.

"It was usually in theatre, when you're operating next to your boss, your superiors, and your peers. You're wearing thin cotton scrubs and you have full body contact. It was knuckle brushes on your breasts, touching your bum, comments about your sex life, lewd suggestions to make you blush".

"There is a fear of speaking out when your job depends on the training and references from the person harassing you."

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Aunger et al. BMC Health Services Research (2023) 23:1326
https://doi.org/10.1186/s12913-023-10291-3

BMC Health Services Research

RESEARCH Open Access

Drivers of unprofessional behaviour between staff in acute care hospitals: a realist review

Justin Avery Aunger[1,2,3*†], Jill Maben[1†], Ruth Abrams[1], Judy M. Wright[4], Russell Mannion[5], Mark Pearson[6], Aled Jones[7] and Johanna I. Westbrook[8]

- Incivility
- Microaggressions
- Harassment
- Bullying

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Problems and solutions at four levels

- Apple
- Barrel
- Cellar
- Orchard.

Mannion R et al (2019) Healthcare scandals and the failings of doctors: do official inquiries hold the profession to account? *Journal of Health Organisation and Management*

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Bad apples

Individuals who repeatedly display incompetent or grossly unprofessional behaviours.

Evidence that small numbers of ‘bad apple’ professionals may be disproportionately responsible for large numbers of concerns.

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Bad Barrels

The organisational setting can be diagnosed as inimical to good practice

The usual invocation of "culture" as the culprit and remedy.

But culture is complex and difficult to change

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"Culture will trump rules, standards and control strategies every single time, and achieving a vastly safer NHS will depend far more on major cultural change than on a new regulatory regime"

Don Berwick

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CULPRIT.

THE REMEDY

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Culture in UK inquiry and review reports

"The culture of healthcare, which so critically affects all other aspects of the service which patients receive, must develop and change" Kennedy report. (2001) 182 times

"The extent of the failure of the system shown in this Inquiry's report suggests that a fundamental culture change is needed" Francis report - 3 volumes. (2013). 486 times

Leadership and management culture at West Suffolk in the period in question was not always one which encouraged staff to raise concerns (West Suffolk hospital review) (December, 2021) 31 times

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Desirable cultural attributes

Open

Compassionate

Resilient

Learning

Inclusive

Mannion R & Davies H (2018) Understanding organisational culture for healthcare quality improvement, British Medical Journal:

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Toxic cultures

Blame

Silence

Bullying

Club

Silo

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NHS failures as repeated Greek tragedy

- Hubris - over confidence/arrogance often at board level – not listening to concerns
- Nemesis- leads to organisational deficiencies and failings in quality
- Catharsis- Inquiries intended to restore public confidence and re-establish the moral order

Mannion R et al (2019) Healthcare scandals and the failings of doctors: do official inquiries hold the profession to account? *Journal of Health Organisation and Management*

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Organisational Culture

- That which is *shared* within organisations:
  - beliefs, values, attitudes, norms of behaviour
  - routines, traditions, ceremonies, rewards
  - meanings, narratives and sense-making

- Helps define legitimacy & acceptability:
  - *social and normative glue*

"The way things are done around here"

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Layers of culture

Artifacts

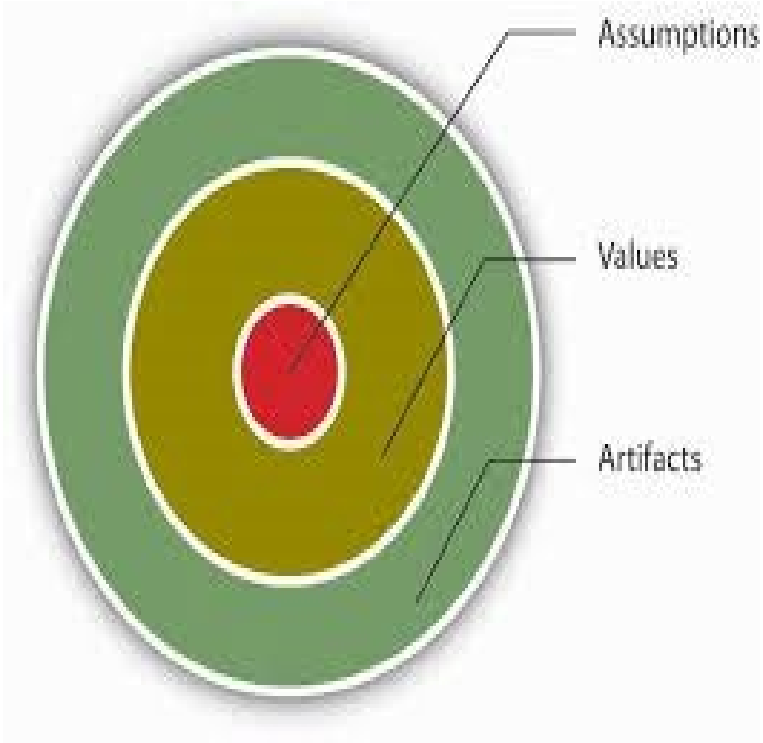
Most visible manifestations of culture including, dress codes, reward structures and ceremonies; the observable patterns of behaviour within organisations.

Beliefs and values

Espoused beliefs and values used to justify particular behaviour, and to distinguish ‘ right’ from ‘wrong’

Assumptions

The unspoken, largely unconscious beliefs and values that underpin working practices.



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Organisation sub-cultures and culture change

Enhancing subcultures can develop in specialist teams where the core values are a more fervent exemplification of the desired values at whole organisation level.

Orthogonal subcultures arise in subgroups whose members passively accept the dominant culture but are themselves primarily animated by cultural influences from outside of that organisation.

Counter cultures may emerge that challenge, either overtly or covertly, the dominant cultural logic of the organisation.

Mannion R and Davies H (2018) Understanding organisational culture for healthcare quality improvement, BMJ

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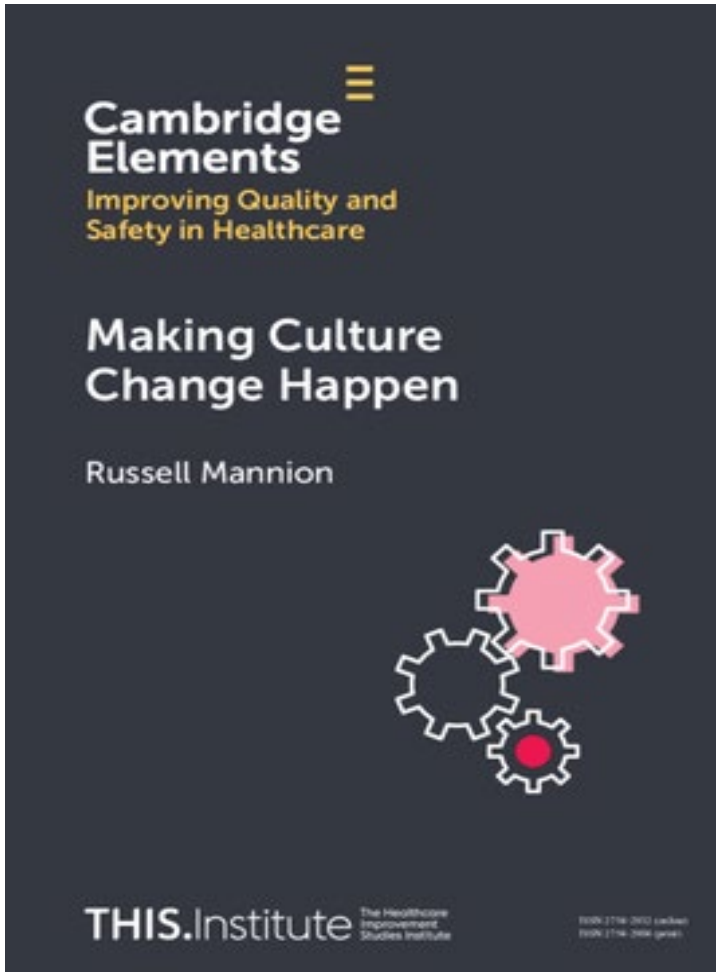

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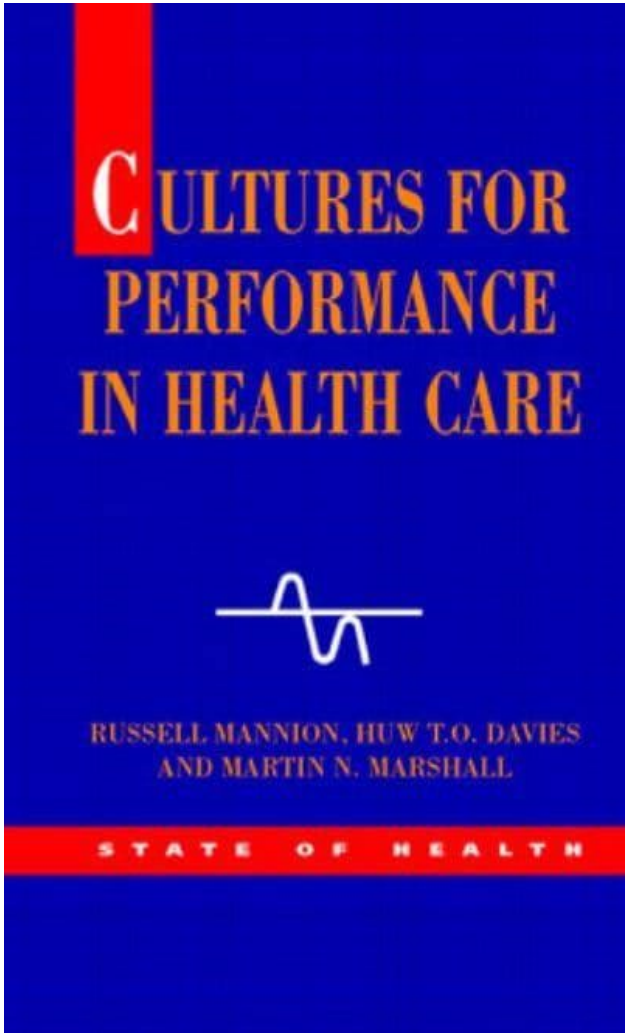

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Bad Cellars

Overarching policy framings and directives in the regulatory environment.

Neoliberal and market values

Profit before people

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Bad Orchards

- The apple doesn't fall far from the tree!
- Professional enculturation processes create an "orchard" where new professionals are "grown"
- Doctors are socialised through their professional training rather than as a consequence of their organisational setting
- Are professional socialisation processes alone sufficient to minimise misconduct

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Cultures of silence and voice

Mannion R., Davies H (2015) Cultures of silence and cultures of voice: whistleblowing in healthcare organisations, *International Journal of Health Policy and Management*,

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NHS Constitution

Mandates that:

- Staff should raise concerns at the ea opportunity
- NHS organisations should ensure concerns are fully investigated
- There is a legal right for staff to raise concerns about safety, malpractice or other wrongdoing without suffering any detriment

THE NHS CONSTITUTION

the NHS belongs to us all

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General Medical Council

“All doctors have a duty to raise concerns where they believe that patient safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work”.

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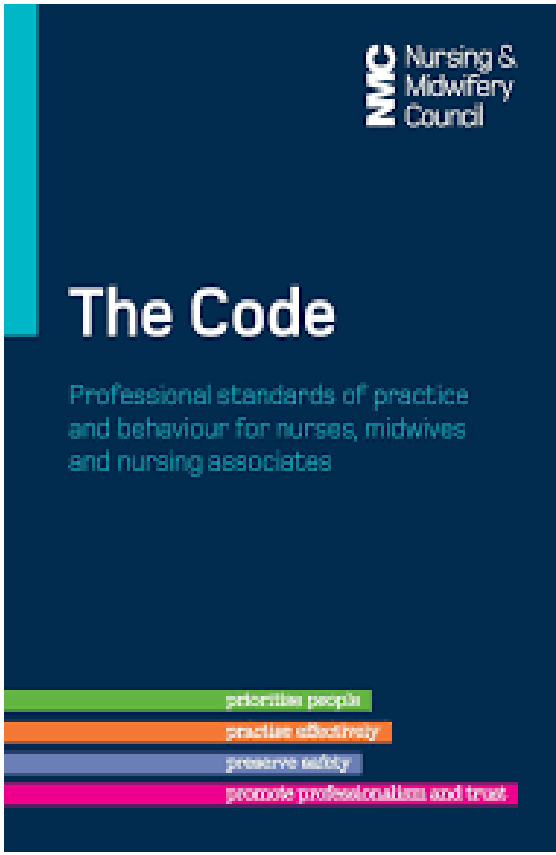
Nursing and Midwifery Council

"Raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace"



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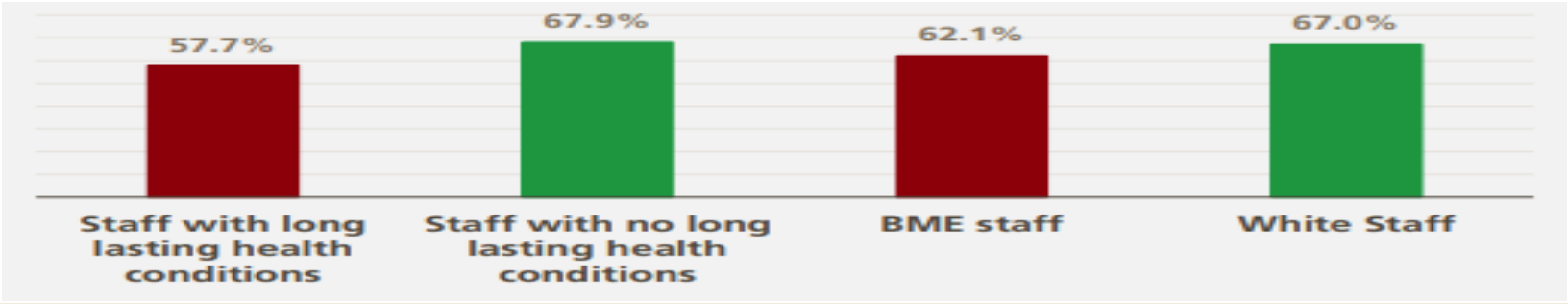
Over 1.3 million NHS employees in England were invited to participate in the survey

- 62% of staff agreed that they feel safe to speak up about anything that concerns them.
- 48% confident that their organisation would address their concern
- Agreement was lowest in Ambulance Trusts (58%)
- Staff with health conditions or illnesses and those from ethnic minority backgrounds are less likely to feel safe to speak up



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Employee voice as a 'spectrum' of arrangements

Can occur at different levels:

'Raising concerns': informal discussions

'Speaking up': more formal discussion, making concerns a matter of record

'Whistleblowing': If the issue is still not resolved go to more senior levels, or perhaps going outside the organisation

Mannion R, Davies H, Blenkinsopp J et al (2018) Understanding the Knowledge Gaps in Whistleblowing and Speaking Up in Healthcare: narrative reviews of the research literature and formal Inquiries, a legal analysis and stakeholder interviews, Health Services and Delivery Research

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Speaking Up: a complex and contested issue

Those who raise concerns can be perceived as ‘heroes’: championing patients’ interests, promoting better care, challenging management

Or as ‘villains’: damaging professional and organisational

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Identifying concerns that need to be raised is difficult and fraught with ambiguity

- In pressured systems, differentiating ‘sufficient but stretched’ resources (such as staffing) from insufficient (and therefore unsafe) resourcing remains problematic.
- Lack of clarity around processes can lead to the ‘incremental expansion of normative boundaries’ – so what might once have been deemed unacceptable becomes tolerated.
- Entrenched hierarchies and multi-professional working can cause disagreement on their nature and risks.

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Vexatious claims?

It would be naïve to assume that all those voicing concerns are made in good faith and raise genuine concerns. Some may be motivated by:

- Work grievances or personality clashes
- Allegations may even (be of a malicious nature. For example, deliberately seeking to defame a colleague.

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Influences affecting speaking up

Individual and personal factors

Situational factors

Mannion R, et al (2018) Understanding the Knowledge Gaps in Whistleblowing and Speaking Up in Healthcare: narrative reviews of the research literature and formal Inquiries, a legal analysis and stakeholder interviews, Health Services and Delivery Research

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Individual/personal factors influencing speaking up

Confidence in personal knowledge – The more staff trust their judgement the more likely they are to report poor care.

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Individual/personal factors influencing speaking up

Personal control – Perceptions of autonomy at work can improve the likelihood of speaking up.

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Individual/personal factors influencing speaking up

Communication skills – The ability and confidence to speak assertively and critically is important for speaking up and can be learnt.

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Individual/personal factors influencing speaking up

Severity of (perceived) risk – The higher the perception of the potential harm to patients the greater the likelihood of reporting.

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Individual/personal factors influencing speaking up

Nature of the concerns – staff are more likely to speak up about traditional threat to patient safety (e.g. staffing) than about a colleague's unprofessional behaviour or substandard performance.

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Individual/personal factors influencing speaking up

Perceptions of effectiveness of speaking up – When health professionals believe their concerns will be acted on the are more likely to report.

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Situational factors influencing speaking up

Regional and national cultures 'individuals from collectivist cultures are less likely to speak up, and less accepting of those who speak up, than individuals from more individualistic cultures'

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Situational factors influencing speaking up

- ***Regulatory context*** – Government policy, media coverage, interest groups, professional ethical codes, and the care standards expected by national regulators all affect willingness to speak up and how people respond.

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Situational factors influencing speaking up

Reliance on colleagues for educational or professional advancement – can be a powerful inhibitor of speaking up.

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Situational factors influencing speaking up

Board and managerial behaviour – confidence that an organisation will respond affects decisions about speaking up.

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Situational factors influencing speaking up

Organisational culture - values which underpin working practices, attitudes of senior leaders, and the presence of authority gradients, professional demarcations and deference.

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Those with influence need to hear and act

Hard-pressed managers may be reluctant to act on concerns.

Sometimes concerns do not register or interpreted as unimportant

Negative responses range from blank obliviousness, to outright dismissal of concerns

Detriment' including being disciplined, or reported for misconduct to professional bodies.

Lose job, suffer mental and physical ill health

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Understanding organisational dynamics and resistance to bad news

- Just as those who voice concerns' actions may be complex, ambiguous and contested, so too can the response of those in authority when confronted with new information and demands for action.

- Speaking Up must deal with the organisation dynamic of resistance to bad news, especially by those in position of power who may be vested in narratives of success.

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Hearer courage

- It is recognised that speaking up takes courage. Less obvious that it may also require courage – on leaders – to accept and act on the concerns.
- Acknowledge the need for remediation is to take on the responsibility of acting.
- May require challenging colleagues, redirecting resources and – ironically – speaking up oneself to higher authorities, with all the risk that entails.

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Health Policy 125 (2021) 375–384

Contents lists available at ScienceDirect

Health Policy

journal homepage: www.elsevier.com/locate/healthpol

Interventions promoting employee "speaking-up" within healthcare workplaces: A systematic narrative review of the international literature

Aled Jones [a,*], Joanne Blake [a], Mary Adams [b], Daniel Kelly [a], Russell Mannion [c], Jill Maben [d]

- Thirty-four studies in the review.
- Most interventions could not be categorised as being entirely effective or ineffective.
- Several effective interventions focussed on team communication and assertiveness training
- But the evidence base is weak, with flawed study designs which fail to capture the complexity of speaking up in healthcare organisations.

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parabol

Psychological safety [is] a **shared belief** held by members of a team **that the team is safe for interpersonal risk taking**

Amy Edmondson
Harvard Business School

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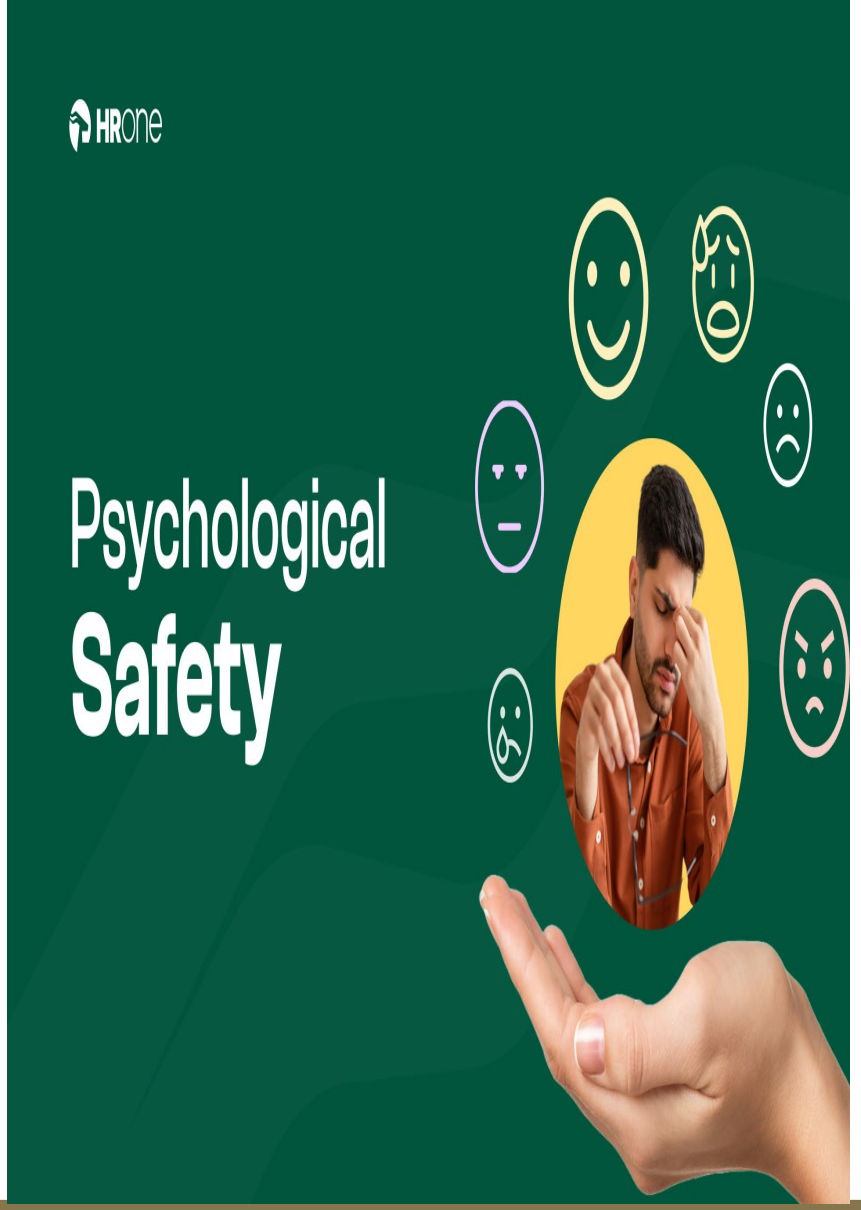
Psychological safety

Knowing that you can:

- Speak up
- Offer new ideas
- Be yourself
- Without fear of negative consequences - ignored, ridiculed, or punished.



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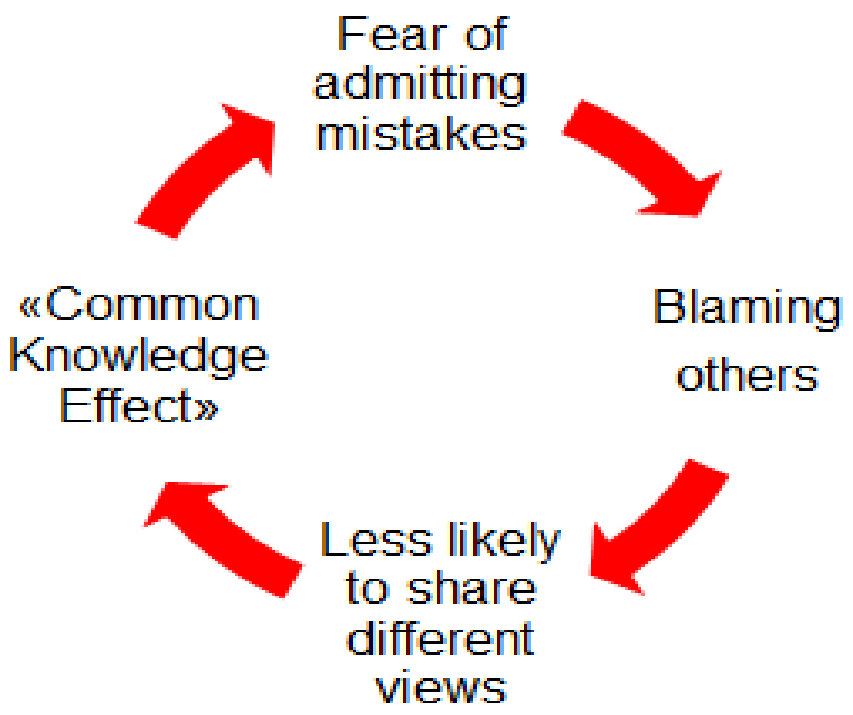
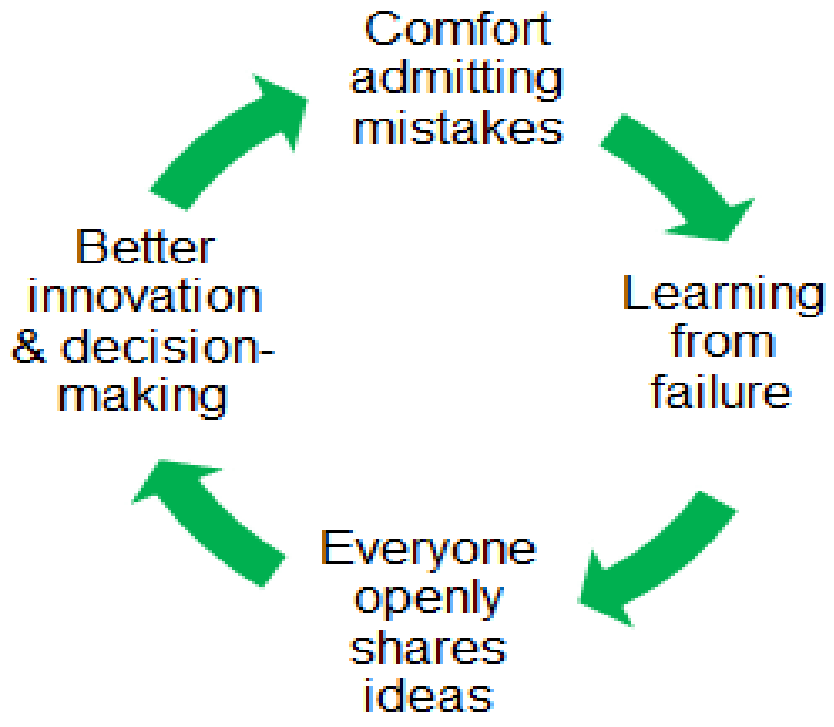
Psychological Danger



Psychological Safety



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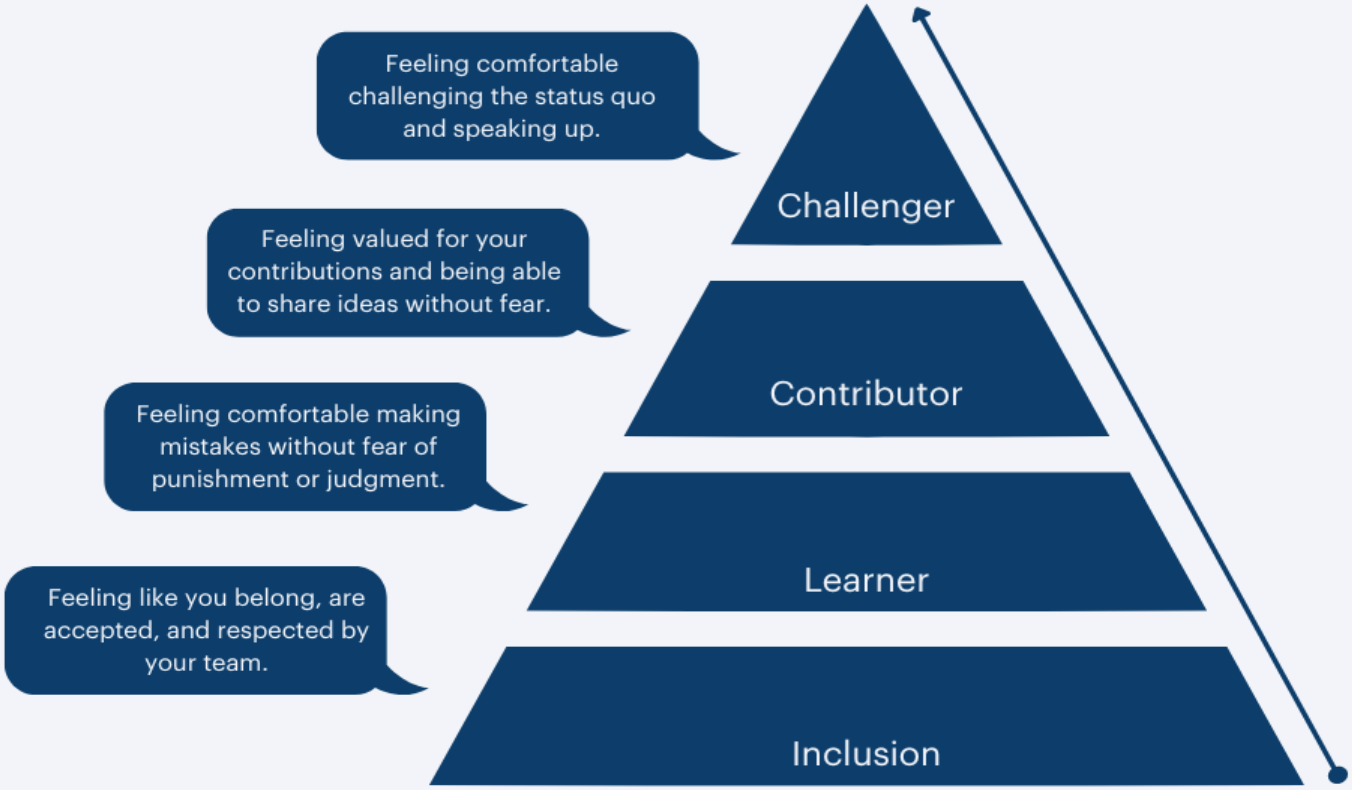
THE 4 STAGES OF PSYCHOLOGICAL SAFETY



nectar

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Admit fallibility

Own up to knowledge gaps and admit to mistakes in order for staff to feel safe enough to do the same.

Share personal experiences of vulnerability which helps creates an atmosphere where it is acceptable to make mistakes and seek help

Ask questions which models fallibility because you are saying I don't know. I want to know what you think.

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Encourage constructive feedback

Establish a culture where feedback is seen as a positive and constructive tool for growth rather than a personal attack.

Encourage open and respectful communication

Create a safe space for team members to provide feedback to each other and leaders

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Embrace the messenger

- Leaders should be aware of how they respond when people come with a mistake. Are they responding with annoyance, disappointment or frustration
- Treat mistakes as a part of the journey towards innovation and improvement?
- Initial reaction really matters as it sets the tone for future interactions

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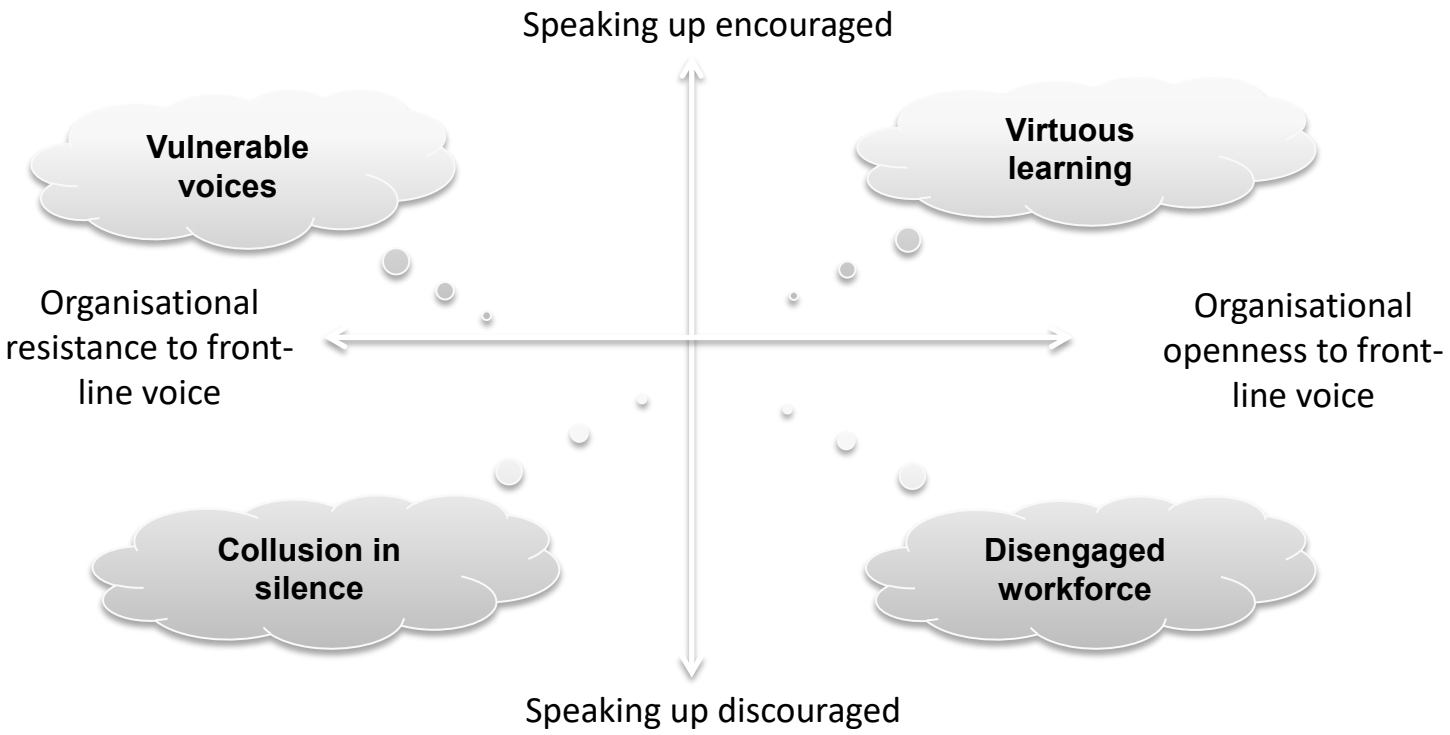
Employee voice and organisational listening

Mannion R and Davies H (2019) Raising and responding to frontline concerns in health care, BMJ



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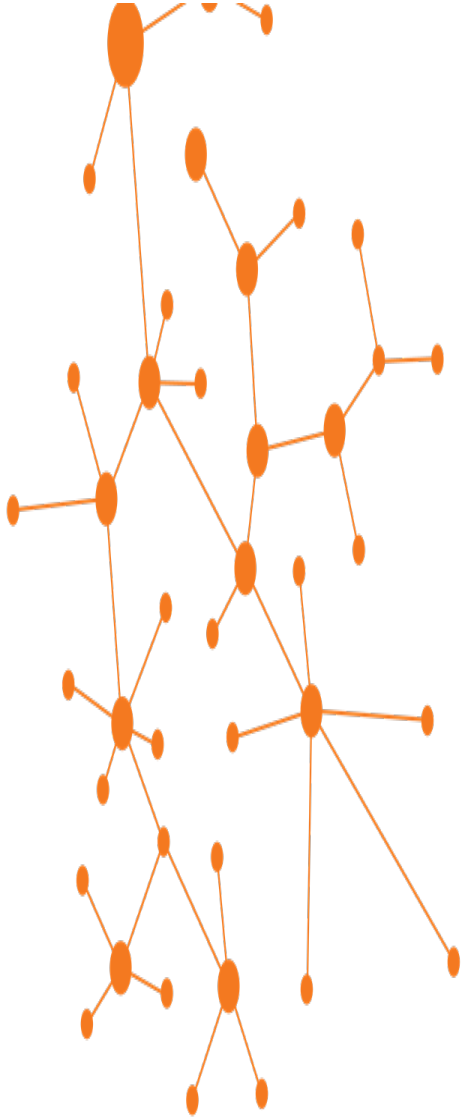
Research agenda

- How can we best integrate hard and soft intelligence about patient safety. How is this done in Danish health care?
- What are the barriers to speaking up in Danish health care organisations?
- In Denmark how can Safety II approaches inform the development of speaking up policies which capture how staff are resilient and adapt to problems?



- Mannion R and Braithwaite (2017) False Dawns and New Horizons in Patient Safety Research and Practice, *International Journal of Health Policy and Management*

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