A CULTURE OF RESPECT CAN ADD TO YOUR COMPANY'S BOTTOM LINE

DETOX YOUR WORKPLACE

BY ELIZABETH HOLLOWAY AND MITCHELL KUSY

When asked to identify their priorities for the next three years, CEOs of health care organizations who responded to a 2010 HealthLeaders Media Industry Survey listed their top concerns as quality and patient safety, physician recruitment and retention, and cost reduction.

Efforts to attain these goals have focused largely on clinical practice regimens and physician compensation. However, a critical factor in both patient safety and physician retention in health care marketing is the interpersonal culture or relational practice characteristics of the health care organization. Whether the organization has a "culture of respect" or a "culture of toxicity" has been unequivocally linked to patient mortality, medication mistakes, patient satisfaction and staff attrition. Bearing this out are alarming statistics from a six-year study (2001-2006) of physicians and nurses by Alan Rosenstein and Michelle O'Daniel of VHA West Coast published in the 2005 issue of *The American Journal of Nursing*. The study examined the impact of disruptive behaviors and communications defects on patient safety and uncovered the following startling facts:

- 70 percent of errors are caused by communication problems in teams.
- 20 percent of respondents reported patient harm results from incivility.
- 25 percent reported disruptive behavior connected to patient mortality.
- 49 percent viewed intimidation related to medication errors.

Over the last year, we have been working with health care executives and professionals to deliver the message that respect and civility among staff is not just about "niceness." It is about the double bottom line—both financial and human. Christine Pearson, Lynn Andersson and Christine Porath's research in 2004 on the impact of toxic behaviors in organizations has shown that one person's toxic behaviors can undermine the productivity and health of those with whom they work. Some examples:

- 48 percent decrease their work effort.
- 50 percent of employees believe they are not competent to respond to verbal abuse.
- 47 percent decrease time at work.
- 68 percent report a decline in performance.
- 78 percent report less commitment to the organization.
- 12 percent of victims of abuse quit.

Even more devastating is the impact a reputation of incivility and nastiness can have beyond the walls of the organization. In 2009 studies by the Level Playing Field Institute, employees reported that the No. 1 reason for leaving an organization was being humiliated. And what did they do after they left? Twenty-seven percent would not recommend their company to potential employees, and 13 percent would not recommend its products.

With the reach of social networking sites, this negative campaign from victims of toxicity can go a long way to undermining the reputation of a health care service. Take, for example, a quote from our study of leaders who had dealt with toxic persons in their work. "This person's bad behavior caused us to go from No. 1 to No. 3 in the industry in two years!"

Our research in 2009 included in-depth interviews with leaders in organizations followed by more than 400 leader responses to our survey on toxic behaviors and leader strategies (39 percent representing health care organizations). Of those surveyed, 94 percent reported having worked with a toxic person. A critical finding was the systemic effect toxic behaviors have on teams, the culture of an organization and its reputation with customers. Surprisingly, leaders reported that they had no truly effective strategies to deal with the toxic person. Why? Primarily because the organization tolerated toxic behaviors, especially from those who were considered to have a unique expertise or were highly productive. Turning the other way when a highly acclaimed physician yells at his staff, demands special attention and humiliates anyone with a difference of opinion has been much too prevalent in health care organizations.

Health care professionals have long complained about the verbally abusive "star" physician or head nurse. But now after a decade of research documenting the effects of this disruptive behavior, the Joint Commission has mandated that all hospital organizations have policy and procedures in place that address disruptive and inappropriate behaviors among personnel. The standards recommend including interpersonal skills and professionalism in the six core competencies addressed in credentialing.

To respond to this clarion call for civil and respectful behavior at work, many health care organizations implemented programs for dealing with the toxic person by setting up codes of conduct that cover specific actions for those engaging in disruptive behaviors. However, a code of conduct is not sufficient to stop the destructive effects of incivility. Toxic behaviors and their spiraling effects on culture and customer reputation require a cohesive and comprehensive set of strategies at all levels of the organization.

Toxic Behaviors and the Systemic Effect

What are disruptive, toxic and uncivil behaviors? The labels used to describe this class of behavior have taken many guises; impropriety, interpersonal mistreatment, incivility, toxicity, rudeness and disruptive behavior. Essentially, this class of behavior refers to interpersonal acts that convey rudeness and disregard for others and that violate social norms of a specific context. Specific to health care research surveys, disruptive behaviors have included items such as yelling or raising one's voice, disrespectful interaction, abusive language, berating in front of peers and patients, condescension, insults and abusive anger.

Our research found three primary types of toxic behaviors: shaming, passive hostility and team sabotage. Unlike sexual harassment or physical abuse, incivility is often more nuanced and under the legal radar screen—making it considerably more difficult to manage and eliminate. But it can be done.

The proliferation of incivility is not just about a person acting disruptively; the behavior is highly influenced by the organization's culture. The highly stressful environment of health care is fertile ground for triggering disruptive and uncivil behaviors. The cultural shift from a physician-dominated culture to a team-based approach where all members are held accountable to the team has shifted staff's expectations and exercise of authority.

Some factors that can undermine team cohesion include pressures related to reimbursement constraints, reams of bureaucratic paperwork, transition to electronic medical records and the short supply of some professionals, particularly nurses. Power differentials within teams and highly pressurized productivity demands give rise to short tempers, misaligned expectations, miscommunications, resentments and power struggles among team members. When these behaviors by high profile employees go unchecked, toxicity spreads like a virus. Team members begin to behave differently not only to each other, but to patients and their families. The reputation of the care and culture of the institution is one of "nastiness and disrespect."

Increasingly, organizations are realizing bottom-line benefits of being recognized as "good" and "healthy" places to work, not just by doing good through acts of social responsibility for our planet, but by doing good by their employees. In the book *Firms of Endearment* (Wharton School Publishing, 2007), authors Rajendra Sisodia, David Wolfe and Jagdish Sheth identify companies that have greatly increased their bottom lines through generous and meaningful efforts in working conditions. These companies' market gains were substantially higher than their competitors' in spite of increased costs of providing fair wages, flexible working hours, daycare facilities and wellness facilities, among other benefits. Being socially responsible in the broader sense of treating all people fairly and decently has become an important marketing advantage. "Employees pumped up about their companies infect customers with their enthusiasm. Customers reciprocate with their own enthusiasm…" the authors write.

We would add that treating people fairly and decently includes creating a zero tolerance for disruptive and toxic behavior among staff. However, to achieve this goal, organizations must carefully design a strategy that includes multiple points of entry that cultivate and build respectful engagement as a norm.

Building Cultures of Respect

We developed a systemic approach to disruptive behaviors particularly suited to the health care setting because of the complexity of health care delivery, issues of professional privilege and the necessity of team collaboration. Our cohesive model of intervention, The Toxic Organization Change System (TOCS), tackles incivility at three levels of the organization: the organization, team and individual. At each level of intervention, specific strategies can be employed both preventively and remedially. Preventive strategies developed with representative stakeholders help to inoculate the organization from inadvertently facilitating toxic behaviors. On the remedial side, strategic interventions with instigators, targets and teams are created after careful analysis of the system characteristics that have supported the behavior.

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Leaders using the TOCS model can identify vulnerable areas and design strategies that coordinate their actions across policy, leadership education, performance management systems and team-building. This is a significant shift from the earlier and, unfortunately, still popular view of simply dealing with the "problem person" with warnings, reprimands and coaching.

So What's a Marketing Executive to Do?

One of the primary strategies is to ensure your organization not only has concrete values, but that those values are integrated into your performance management system. It is not enough to have stated values. Values must be concrete and behaviorally specific. For example, rather than the value of just "integrity," it's important to state what integrity looks like (e.g., not talking behind someone's back, treating others the way one would like to be treated).

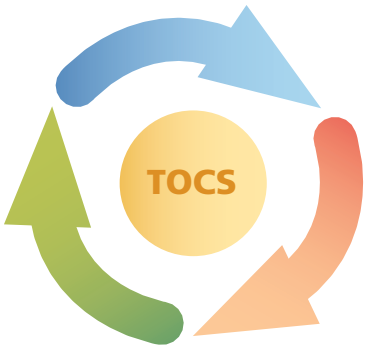
Toxic Organization Change System

ORGANIZATIONAL STRATEGIES

- Policy of respectful engagement
- Values are core benchmarks in:
  - Performance management
  - Leadership development

INDIVIDUAL STRATEGIES

- Performance evaluation with 60% (Task) and 40% (Values)
- **T.O.T.A.L.** systemic feedback



TEAM STRATEGIES

- Civility part of team norms
- Identification of toxic protectors
- Identification of toxic buffers

Even the clearest values may be useless if not integrated into your performance management system through performance appraisals, performance management discussions, 360-degree feedback and leadership development. To make sure these values have "teeth," we suggest a 60-40 split between the "task" work (60 percent of the focus) and the "values" work (40 percent). Staff are provided feedback—and, in some organizations, compensation—based on their achievement of both the task and values.

A core team strategy is to provide feedback to both the toxic protector and toxic buffer. Toxic protectors are those who protect the toxic individual because he has something to gain from them. In our research the protector's special interests fell into three categories: special social relationships, productivity and unique expertise. Toxic buffers differ from the protectors because their motivation is to protect the team from toxic behaviors. They become interpreters for the toxic team leader, soften the blow of the message and make excuses for the leader's disruptive behavior.

Health care—with its hierarchical structure often based on professional power and a guild mentality—is fertile ground for protectors and buffers. Unfortunately, people in these roles only prolong the toxic situation by making it difficult for others who have the authority to take action, for those who are experiencing the abuse to report it without retaliation and for organizations to recognize where toxicity is festering. Because people in these roles often are unaware of their behavior and its effect on the team, it is effective to give them feedback on how their protecting and buffering strategies are prolonging the problem behaviors. If the toxic person finally quits because he or she no longer has a sponsor, the protector or enabler may want to set aside a time for team healing. Because teams often have spiraled into a dysfunctional, toxic way of operating, the leader may need to engage an internal or external facilitator to help the team to establish healthy, functional communication strategies and team norms.

The third core strategy focuses on the toxic individual. Specifically, it addresses feedback. We found feedback in and of itself to be largely ineffective. However, when placed within parameters of the organization's values, it now has power. We designed a specific feedback mechanism that we call the T.O.T.A.L. model. First, feedback should focus on third-party data. Here, the person offering feedback uses as much data from others as possible. This may include 360-degree feedback, anonymous comments from others and observations at meetings. The first time this feedback is given, it should be one on one, without others. If this doesn't work, the second time the feedback is conducted together with others present (e.g., your boss or an HR representative). When addressing this feedback, focus on how their behaviors affect their professional ambitions. For example, does it mean that if they continue this behavior, it's likely to affect their ability to ever become VP of marketing at your organization? Finally, pose a challenge to them. For example, if you believe they may not be able to make this change, tell them so. Many high-achieving toxic individuals are narcissistic and will fight tooth and nail to prove you wrong.

It's in Your Court

If toxic behaviors are tolerated, they will quickly spread to patient care and community perception. It's up to you take action to make your organization a place of respectful engagement. Begin with those areas where you have some authority. Is it integrating the organizational values into feedback discussions? Might it be stopping your enabling toxic protector or buffer? Or could it be giving direct feedback to the toxic person within the context of a performance appraisal that has "teeth" when it comes to civility? **MHS**

About the Authors

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