

Promoting Psychological Safety for Physicians

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Doctors of BC Position

Doctors of BC commits to working with the BC Ministry of Health, health authorities, and other stakeholders to implement policies and practices that promote psychological safety for physicians and all health care providers.

To promote psychological safety, Doctors of BC makes recommendations and commitments in four areas:

Supporting Advocacy by Physicians

- Doctors of BC commits to continuing to support educational opportunities aimed at developing the skills of physicians to effectively advocate, both for individual patients and for system change.
- Doctors of BC recommends that:
 - Language be incorporated into medical bylaws and/or relevant conduct policies to consistently acknowledge advocacy as an integral component of medical practice.
 - Health authorities, in collaboration with stakeholders (including Doctors of BC) review practices, processes, and oversight of “disruptive behaviour” policies.
 - Health authorities and other stakeholders challenge the discourse of “disruptive behaviour” in favour of promoting psychological safety for all health care providers.

Promoting Inclusive Management Practices

- Doctors of BC commits to continuing to support educational opportunities aimed at improving the leadership skills of physicians as a way to promote psychological safety in health care teams.
- Doctors of BC recommends that health authorities continue to invest in developing the feedback skills (both giving and receiving) of administrative leaders as a way to promote psychological safety in health care teams.

Enhancing Provider Experience and Quality Improvement

- Doctors of BC recommends that health authorities include provider experience of care as a metric in all quality improvement initiatives.
- Doctors of BC commits to continuing to support education and training opportunities aimed at developing the quality improvement skills of physicians.

Supporting Fairness in Dispute Resolution Systems

- Doctors of BC recommends that:
 - Language be incorporated into medical bylaws to ensure disciplinary and appeals processes be undertaken in a transparent, impartial, and evidence-based manner.
 - A graduated and proportional approach be taken to remediation. This approach should prioritize education and support before escalating to punitive actions.

Defining Psychological Safety

In this policy statement, psychological safety is defined as “the degree to which people view the environment

as conducive to interpersonally risky behaviours like speaking up or asking for help”.⁽¹⁾ Without

psychological safety, physicians (and others) are less likely to suggest new ideas, offer feedback, or seek assistance for fear of reprisal or embarrassment.

Research suggests psychological safety is a critical element in high performing teams. In health care, psychological safety not only contributes to the well-being of health care providers, but is also crucial for organizational efforts aimed at reducing medical errors, enhancing care coordination, and increasing cost effectiveness.⁽¹⁾

Doctors of BC commits to working with the BC Ministry of Health, health authorities, and other stakeholders to implement policies and practices that promote psychological safety for physicians and all health care providers. Although this policy statement primarily addresses psychological safety for physicians, Doctors of BC is committed to supporting psychological safety for all members of the health care team.

In BC, there is a growing commitment from the BC Ministry of Health and health authorities to implement the Canadian Standards Association's Standard on "Psychological Health and Safety in the Workplace" (the "CSA Standard") for all health care providers. The CSA Standard defines a psychologically healthy and safe workplace as one that "actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways, and promotes psychological well-being".⁽²⁾

Doctors of BC strongly supports the aim of promoting psychological health and safety in the workplace. However, it should be noted that the front-line application of the CSA Standard as currently defined, has the potential to undermine psychological safety in unintentional ways. Unlike physical hazards (which can be objectively identified and measured), psychological hazards are socially constructed and subject to individual interpretation. In front-line application, the elimination of psychological hazards is at times interpreted to mean the identification and/or removal of particular *people* for their perceived offensive or "disruptive" behaviour. In an environment where this

type of action is taken regularly, interpersonal trust decreases, people become less likely to speak out for fear of reprisal, and psychological safety is unintentionally reduced. As a result, Doctors of BC believes that psychological safety should be defined and operationalized as an approach goal rather than a hazard elimination objective.

Supporting Advocacy by Physicians

Doctors of BC considers the ability to advocate, both for individual patients and for system change, to be essential for the professional autonomy of physicians.⁽³⁾ Indeed, both the *CMA Code of Ethics* and the *CanMEDS 2015 Physician Competency Framework* recognize advocacy as a core responsibility of both physicians individually, and the medical profession collectively.

For physicians, advocacy can take on multiple forms. Physician advocacy activities may be supportive – calling attention to policies and practices that (from the perspective of physicians) work toward the Triple Aim*; or they may be critical – focusing on policies and practices that (from the perspective of physicians) work against the Triple Aim.⁽⁴⁾ Effective advocacy by physicians should balance both supportive and critical voices to motivate positive change in the health system.

Doctors of BC acknowledges that tensions inevitably occur when physicians prioritize advocacy for patients while health authorities prioritize distribution of scarce resources. Moreover, Doctors of BC believes that advocacy (by physicians, leadership, or others) should be conducted in a manner that does not reduce psychological safety for others on the health care team.

*The Triple Aim is a framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance. According to the IHI, the three dimensions of the Triple Aim are to improve the patient experience of care, improve the health of populations, and reduce per capita cost of health care.

To foster effective advocacy by physicians, Doctors of BC commits to continuing to support educational opportunities aimed at developing the skills of physicians to effectively advocate, both for individual patients and for system change.

Label of “Disruptive Physician Behaviour”

Doctors of BC is concerned about management practices that undermine psychological safety by discouraging patient advocacy. For example, there is an increasing trend toward the application of the label “disruptive physician” to physicians who are exercising their right (and duty) to advocate for improvements to patient care. In some cases, this has led to interventions and proceedings that have resulted in physicians leaving their communities, or exiting medical practice entirely. Recognizing the need to protect the right of physicians to advocate for patient care, international jurisdictions such as the United States and New Zealand have moved away from the language of “disruptive behaviour”.^(5, 6)

To protect and encourage patient advocacy by physicians, Doctors of BC recommends language in medical bylaws and/or relevant conduct policies that consistently acknowledges advocacy as an integral component of medical practice. In addition, Doctors of BC recommends that health authorities, in collaboration with stakeholders (including Doctors of BC), review practices, processes, and oversight of “disruptive behaviour” policies. Finally, Doctors of BC recommends that health authorities and other stakeholders (including the Canadian Medical Protective Association, College of Physicians and Surgeons of BC, and BC Ministry of Health) challenge the discourse of “disruptive behaviour” in favour of promoting psychological safety for all health care providers in the workplace.

* The Joint Commission, which accredits and certifies health care facilities in the US, uses the term “behaviours that undermine a culture of safety” and the Medical Council of New Zealand, which regulates the medical profession in New Zealand, uses the term “unprofessional behaviour in the health care team”.

Promoting Inclusive Management Practices

Doctors of BC believes that effective physician leadership can contribute to psychological safety in the health care workplace. Because of their medical expertise, physicians are often looked upon as leaders in health care teams, regardless of whether they hold such a position formally.

Research suggests that team members are highly attuned to the actions of leaders. As such, physician leaders (whether formal or informal) can strongly influence psychological safety in health care environments.⁽⁷⁾ More specifically, studies indicate that physicians and other leaders who actively and overtly solicit, provide, and show appreciation for timely feedback are associated with higher levels of psychological safety on health care teams.⁽⁷⁾ In this regard, Doctors of BC recommends that health authorities continue to invest in developing the feedback skills (both giving and receiving) of administrative leaders as a way to promote psychological safety in health care settings.

Moreover, Doctors of BC commits to continuing to support training and education to improve the skills of physicians to effectively lead and manage diverse health care teams. In particular, skills in areas such as coaching, providing/receiving timely feedback, and conflict management are critical for successful leadership. In Canada, the CMA’s Physician Leadership Institute provides a variety of accredited leadership and management programs and resources for physicians.⁽⁸⁾ In BC, the UBC Sauder School of Business delivers a ten day Physician Leadership Program for senior physicians focusing on particular leadership and management skill areas.⁽⁹⁾

Enhancing Provider Experience & Quality Improvement

A psychologically safe health care workplace requires quality improvement metrics that are not restricted to a

narrow definition of the Triple Aim. Doctors of BC recommends that health authorities add a fourth dimension of health care provider experience to quality improvement metrics. Indeed, evidence suggests that health care provider dissatisfaction is associated with lower patient satisfaction, reduced health outcomes, and increased costs.⁽¹⁰⁾

Furthermore, effective quality improvement systems must provide processes for physicians to communicate their concerns relating to any or all dimensions of the Triple Aim, including provider experience. Physicians must have a high degree of confidence that their concerns will be heard and meaningfully considered. To promote psychological safety, organizations must seek to fully understand the experiences (positive and negative) of health providers, rather than merely assigning blame for undesirable events. For example, behaviours that are labelled as “disruptive” may be symptoms of deeper problems adversely affecting various aspects of the Triple Aim.

Doctors of BC believes that physicians must play a key role in health system improvement and continues to support education and training opportunities aimed at developing the quality improvement skills of physicians. For example, the Specialist Services Committee and the Shared Care Committee’s Physician Leadership and Quality Improvement Training program provides scholarship funding to support the development of quality improvement skills for physicians.⁽¹¹⁾

Supporting Fairness in Dispute Resolution Systems

In a psychologically safe workplace where advocacy is encouraged, where leaders and team members provide and receive timely feedback, and where there is a strong culture of quality improvement, the use of formal dispute resolution or disciplinary procedures should become increasingly limited. Furthermore, formal proceedings should not be used to penalize

patient advocacy as long as this advocacy is carried out in a manner that does not reduce psychological safety for others.

When the need for formal procedures arises, decisions should be made in a transparent, impartial, and evidence-based manner. In this regard, Doctors of BC recommends language in medical bylaws that aligns disciplinary and appeals processes to the principles of natural justice. The main principles of natural justice include:⁽¹²⁾

- *Right to be heard* - Individuals must have a fair opportunity to present their case where their interests may be adversely impacted by a decision.
- *Freedom from bias* - The decision must be made by someone free of bias or conflict of interest.
- *Decision based on evidence* - The judgement must be based on evidence, not on speculation or suspicion, and the decision must be communicated in a way that makes clear what evidence was used in making the decision.

Once a decision is rendered, Doctors of BC recommends a graduated and proportional approach to remediate the matters in question, if such remediation is required. Any approach should first prioritize education and support before escalating to punitive action (e.g., suspension of privileges).

Conclusion

Doctors of BC is committed to working collaboratively with government, health authorities, and other health care professionals to improve patient and provider experience, enhance the health of populations, and reduce per capita cost.

To further these aims, Doctors of BC commits to promoting psychological safety for physicians and all health care providers. To foster psychological safety in the health care workplace, Doctors of BC supports

patient advocacy, inclusive management practices, enhanced quality improvement, and fair dispute resolution systems.

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History

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