

VitalSmarts, AORN, & AACN present:

The **Silent** Treatment

Why Safety Tools and Checklists Aren't Enough to Save Lives

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Research and regulatory bodies have long confirmed that poor communication in healthcare is harmful at best and deadly at worst.

A 2005 study called *Silence Kills*, conducted by VitalSmarts and the American Association of Critical-Care Nurses (AACN), found that among 1,700 nurses, physicians, clinical-care staff, and administrators, more than half witnessed their coworkers break rules, make mistakes, fail to support others, demonstrate incompetence, show poor teamwork, act disrespectfully, or micromanage.

Specifically, 84 percent of doctors observed colleagues who took dangerous shortcuts when caring for patients and 88 percent worked with people who showed poor clinical judgment. Despite the risks to patients, less than 10 percent of physicians, nurses, and other clinical staff directly confronted their colleagues about their concerns.

With upwards of 195,000 people dying each year in U.S. hospitals because of medical mistakes, the *Silence Kills* study suggested that creating a culture

where healthcare workers speak up before problems occur was a vital part of the solution.

Aware of the risks communication breakdowns have on patient safety and employee morale, the healthcare community has made substantial investments in the past five years to operating systems designed to reduce unintentional slips and errors such as handoff protocols, checklists, and computerized physician order entry systems.

While these safety tools are an essential part of the formula for solving avoidable medical errors caused by poor communication, a new study called *The Silent Treatment*, conducted by VitalSmarts, AACN, and the Association of periOperative Registered Nurses (AORN), has found that **silence still kills**.

The study of more than 6,500 nurses and nurse managers conducted in 2010 builds on the findings from the *Silence Kills* study to reveal that safety tools fail to address a second category of communication breakdowns: “undiscussables”—risks that are widely known, but not discussed. The results suggest that without support from physicians, nurses, and administrators, these system improvements cannot guarantee patient safety. Tools don't create safety; people do.

The Silent Treatment examines the calculated decisions healthcare professionals make daily to not speak up—even when safety tools alert them to potential harm.

Specifically, the study shows that healthcare professionals' failure to raise the following three concerns when risks are known undermines the effectiveness of current safety tools:

1. Dangerous shortcuts
2. Incompetence
3. Disrespect

ABOUT THE STUDY

The Silent Treatment study collected data from more than 6,500 nurses and nurse managers from health systems around the United States during 2010. All research participants were members of the American Association of Critical-Care Nurses (AACN) and/or the Association of periOperative Registered Nurses (AORN). The study used two research instruments: a Story Collector and a Traditional Survey. The Story Collector generated rich, qualitative data; the Traditional Survey produced purely quantitative data.



The American Association of Critical-Care Nurses

is the largest specialty nursing organization in the world, joining together the interests of more than 500,000 acute and critical care nurses. AACN strives to create a healthcare system driven by the needs of patients and their families, one that optimizes the contributions of acute and critical care nurses. www.aacn.org



The Association of periOperative Registered Nurses

representing the interests of more than 160,000 perioperative nurses, provides nursing education, standards, and services that enable optimal outcomes for patients undergoing operative and other invasive procedures. AORN's 40,000 registered nurse members facilitate the management, teaching, and practice of perioperative nursing, are enrolled in nursing education or engaged in perioperative research. www.aorn.org

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The Silent Treatment found that 85 percent of respondents have been in a situation where a safety tool warned them of a problem. Thirty-two percent said this happened at least a few times a month—confirming that safety tools work. Checklists, protocols, and warning systems are an essential guard against unintentional slips and errors.

However, the research also documented that the effectiveness of safety tools is undercut by undiscussables. Of the nurses who had been in situations where safety tools worked, 58 percent had also been in situations where they felt unsafe to speak up about the problems or where they were unable to get others to listen.

The Silent Treatment examined just how “undiscussable” the previously mentioned concerns were when it came to patient care:

Dangerous shortcuts: 84 percent of respondents say that 10 percent or more of their colleagues take dangerous shortcuts. Of those respondents, 26 percent say these shortcuts have actually harmed patients. Despite these risks, only 17 percent have shared their concerns with the colleague in question.

Incompetence: 82 percent say that 10 percent or more of their colleagues are missing basic skills and, as a result, 19 percent say they have seen harm come to patients. Shockingly, only 11 percent have spoken to the incompetent colleague.

Disrespect: 85 percent of respondents say that 10 percent or more of the people they work with are disrespectful and therefore undermine their ability to share concerns or speak up about problems. And yet, only 16 percent have confronted their disrespectful colleague.

Fortunately, not all survey respondents remained silent. The study identified a small minority of nurses who spoke up when they observed dangerous shortcuts, incompetence, or disrespect. By studying these successful outliers, the research uncovered the high-leverage behaviors all healthcare practitioners should master in order to change the trajectory of harmful patient care.

The authors suggest that when it comes to creating healthy work environments that ensure optimal quality of care, individual skills and personal motivation won't be enough to reduce harm and save lives unless speaking up is also supported by the social and structural elements within the organization. Changing entrenched behavior in healthcare organizations will require a multifaceted approach and, to this end, the authors provide a series of recommendations leaders can follow to improve people's ability to hold crucial conversations.

The Silent Treatment concludes that while safety tools are one part of the solution to improving patient care, they do not compensate for crucial conversation failures in the hospital. Silence still kills. It's time for healthcare systems to make candor a core competence.

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Visit www.silenttreatmentstudy.com to download the full report along with other useful resources to improve communication in your team or organization.