Every individual sees the world through their own lens. In healthcare, the perspectives of patients and families are often different from those who deliver care. Anywhere you see the “eyeglass” icon, enjoy a companion resource written through the lens of patients and families.

INTENTION

The intention of reflecting on this white paper through the lens of patients and families is to support patients, families and PFAs by providing a more relatable entry point for The Beryl Institute’s resources. This accessibility through a peer voice enables patients, families and PFAs to be more effective and engaged members of the PX Community.

Each of these reflections fits within the Experience Framework. This reflection falls under the following Strategic Lens(s):

STAFF AND PROVIDER ENGAGEMENT

The “Why”
The care of and support for those giving and supporting the delivery of care is fundamental to the successful realization of any positive experience.

The “Impact”
When staff and clinicians are supported and engaged, patients and families experience a personal connection, joyful teamwork and mutual respect that contributes to the patient feeling well cared for, safe, and confident in the team.
ABOUT THE AUTHOR: Aimee Williamson

Prior to 2000, my healthcare experiences were limited to well check-ups and an occasional sick visit for me or a family member. This changed overnight when my second child, a daughter, was born with spina bifida. Looking back, I knew that first conversation with a neurosurgeon was life changing, but I didn’t have a strong understanding of what the future would hold for her and for us. Over these last 20 plus years, we have depended on the healthcare system far more than I ever imagined. While we have been driven by the desire for top notch medical care, we were struck by the compassion and experience that came along with it to help us navigate the journey. In 2014, I joined the Boston Children’s Hospital Family Advisory Council, motivated by the desire to give back to the hospital that had done so much for my family. I currently serve as the Parent Co-Chair of that council and recently joined the Global Patient and Family Advisory Board of The Beryl Institute. Professionally, I am a public administration professor at Suffolk University in Boston, Massachusetts, where I teach courses on organizational change, leadership, and the intersection among business, government, and society.

AUTHOR’S PERSPECTIVE

It saddens me that there is even a need for this white paper, “Restoring Safe Workplaces in Healthcare: A Commitment to the Human Experience.” As I reflect over decades of interacting with health care professionals, the most common characteristics I’ve seen have been selfless motivation to help others, an incredible work ethic under challenging situations, and levels of kindness and compassion that I’ve never seen anywhere else. To think they regularly face incivility, or even violence, as they fulfill their dedication to their patients is alarming.
As a parent and caregiver, I cannot overemphasize the threat this poses to us all. The industry that we rely on for our quality of life and sometimes even our lives, faces burnout, turnovers and threats to future recruitment. As a patient and family advisor, I stand ready to offer any help I can to support the healthcare workforce, albeit humbly.

Patient and family advisors bring the voices of patients and families to healthcare organizational decision making. It is clearly and deliberately our role to think about and communicate the needs of patients and families. This does not mean that we should not also think about the needs of the healthcare workforce. While there may be tension among competing needs, a zero sum game between patients and healthcare workers will not lead to the best outcomes and experience for anyone. I have tried to keep this close to my heart throughout my years as a patient and family advisor. This white paper brings this human component of healthcare front and center, calling on all of us to support the healthcare workforce in advancing psychological and physical safety, and reminding us that we are all part of the healthcare ecosystem.

The magnitude of this white paper is not lost on me, and I feel woefully inadequate to comment on the role patients and families can take to improve workplace safety in healthcare. The thoughts provided here are simply my own reflections on this article, which was an eye-opening and thought-provoking read into the breadth and depth of this issue.

GENERAL SUMMARY

This white paper highlights the increase in incivility and physical violence faced by healthcare professionals today, demonstrating the critical importance of workplace safety to the human experience in healthcare. It recognizes the increased strains on society more broadly, and how that broader societal tension has led to further incivility within healthcare—to the point of threatening the quality of healthcare overall. The paper poses an urgent call to action to commit to workplace safety, both psychological and physical, as part of the effort to transform the human experience in healthcare.
The report cites anecdotal evidence, interviews with healthcare organizations in the US and Brazil, US Bureau of Labor statistics, and data from The Beryl Institute’s PX Pulse survey—all supporting the need for increased commitment to workplace safety. Data suggest that the issue is not new, but rather magnified and escalated under current circumstances.

Workplace safety is connected to employee well-being and teamwork. Conversely, issues related to workplace safety lead to negative outcomes, including burnout, sick calls, turnover, reduced morale and confidence, increased errors, and emotionally driven decision-making.

The author includes numerous practical steps healthcare leaders and organizations can take to address these issues and restore safe workplaces; organized around prevention, education, and intervention. The author also points out the need to take action beyond the organization into the community to acknowledge and address issues of equity, diversity, and inclusion, and the mental health crisis as a means to help build connections and trust.

**Key Points to Consider as a Patient or Family Caregiver**

This white paper highlights a number of actions that organizations and their stakeholders—including patients and families—can take to help this effort. They specifically call on patients and families to take responsibility for their individual actions and be held accountable for disruptive, aggressive, uncivil or even violent behaviors. This is a fundamental responsibility for each and every patient and caregiver—to be responsible for our own behaviors and ensure we consistently act with civility and respect.

Many of the authors’ recommendations are directly related to patients and caregivers, including:

- Advertise your Patient Rights & Responsibilities document
- Improve communications with families
- Revamp how you communicate to misbehaving patients
- Create organizations that have no tolerance for workplace violence
- Be willing to hold our communities, patients and care partners accountable
While these recommendations focus on the steps organizations and leaders can take, we can derive the following as related steps patients and families can take:

- Treat our providers and staff with the same respect and empathy that we ask to be treated with. Always remember that healthcare providers and staff are humans helping humans.
- Recognize that we are part of the healthcare ecosystem and culture. Our behaviors and actions contribute to the well-being and quality of this arena both positively and negatively.
- Patients and care partners should be informed consumers of healthcare and do their part to be aware of and review any patient rights and responsibilities documentation, definitions of incivility, or other patient related policies and procedures provided.
- Ask clarifying questions. This report highlights the role communication challenges play in escalating incivility. Patients and families also play important roles in maintaining effective communication.
- Check our stress, our tension, and our expectations while interacting with healthcare workers. I do not say this lightly, as I know nothing more stressful than a loved one in medical crisis. We do have a tendency to expect healthcare workers to be miracle workers, and while there are times they earn that title, we need to remind ourselves that they are humans too.
- Take time to attend to our own mental health, including utilizing available resources as needed more broadly. Healthcare crises are draining experiences for both the patient and family members. It is common to put your energy into the physical issues without addressing the psychological issues that come along with a major health concern.
- Find ways to show appreciation and support our healthcare workers. At times, that may mean standing up to friends and family to encourage the behaviors noted above.
CONCEPTS, IDEAS OR PRACTICES WORTH SHARING WITH YOUR ORGANIZATION AS A PFA

This white paper provides a call to action and specific recommendations worth sharing with organizations as patient and family advisors to support the healthcare workforce. The overarching message itself is critical for PFAs to understand—incivility and violence in healthcare threatens quality of care, outcomes, and experience. As we partner with organizations, we must keep this interconnectedness in mind and strive to understand and support the needs of both patients and healthcare workers to truly advance the human experience. They are intricately linked.

FINAL THOUGHTS

This paper and the circumstances of the times are stark reminders that as patients, family members, and advisors, it is every bit as critical for us to consider the needs of healthcare professionals as for them to consider the needs of patients and families. It is only through mutual respect, compassion, trust and understanding that we can ensure the best quality of care and a truly human experience for all.

As patients and families, we must take individual and collective responsibility to improve civility in healthcare—even in the face of extraordinary stress. As advisors, we should support organizational efforts to advance workplace well-being and safety, asking ourselves and our organizations what we can do to help.

In sum, we should all accept the author’s ultimate call to action “to reinforce and stand for the humanness on which healthcare is built” and do our part to restore and improve workplace safety.