Invited Commentary

Physician mistreatment and toxic teams: Incivility in clinical learning environments

Compromised employee wellness and the relationship to workplace culture have received increased attention across all industries and economic sectors, and healthcare should be no exception.[1] In this important study, Grover and colleagues evaluate and characterize the incidents of mistreatment at their institution experienced by residents and faculty.[2] A critical self-study of this nature provides a cornerstone for understanding workplace culture at any healthcare organization. Among members of the Department of Surgery, the authors discovered that nearly half of all residents and more than one-quarter of faculty surgeons experienced some form of mistreatment, and that reporting of mistreatment was low for a variety of reasons.[2] In a larger context, the findings of this study draw a concerning relationship between individual "bad" behaviors such as public humiliation and embarrassment, and the tolerance for these transgressions within this workplace and learning environment. Although this study summarizes the experiences of individuals within one Department at one center, they are emblematic of implicit issues and explicit challenges facing healthcare teams across contexts.[3,4]

Experiences from being part of a toxic team or learning in a malignant culture are indelible. A toxic workplace or learning environment negatively shapes the well-being of one or more team members, ultimately provoking a ripple effect from individuals to the larger organization.[5] It is important to note that a toxic work environment is not one thing; it is embedded in policies, interactions within teams, and individual behaviors. We focus our discussion on incivility, a common form of workplace mistreatment that is bred in toxic work and learning environments. Common examples of incivility include a faculty surgeon belittling a trainee for not answering questions in the operating room correctly or a resident tuning out and not listening to a medical student's presentation on morning rounds. Although these exchanges are seemingly inconsequential, incivility leads to tremendous costs to an organization.[6] For example, in response to incivility experiences, 48% of workers reported intentionally decreasing their work effort, 66% reported a decline in work performance, and 78% indicated a lower commitment to their organization.[6] In addition, incivility stifles creativity, altruism and teamwork,[7] all of which are qualities valued in high-performing surgical teams.

After acknowledging incivility and mistreatment in the environment, it is important to critically identify aspects of the workplace and learning culture that enable these bad behaviors to go unrecognized, unreported, potentially covered up, and even normalized. In the hierarchical surgery culture, we must ask ourselves if using belittling comments or ignoring disparaging jokes towards a team member in the operating room (e.g. anesthesiologists, residents,

medical students, nurses, scrub technicians, etc.) who takes direction from us has been normalized simply because it is viewed as a rite of passage in our profession. And for those of us who have not engaged in these bad behaviors but have stood by, dismissing the interactions in the name of stress or efficiency, have we been complicit in passively enabling incivility in the workplace?[8] This could take the form of a resident witnessing and later excusing the aggressive pimping of a faculty surgeon towards a medical student in the operating room, stating "That's just the way they are." Another group of individuals may be active enablers, individuals who observe bad behaviors but fail to act for a variety of reasons such as lack of status to report the concern or fear of repercussions.[8] For example, this could be used to describe the medical student, junior or mid-level resident, nurse, scrub technician and/or other team member who fails to call out a faculty surgeon exchanging sexist jokes with the senior resident in the operating room and who later remarks to the female intern, "Toughen up, princess."

Regardless of whether we are passive or active enablers, or how our power is perceived in our team, we all bear the responsibility for civility in the workplace culture and promoting organizational wellness. Although identifying individual offenders and supporting the well-being of individuals to buffer the effects of incivility are helpful,[7,9] changing the culture of a team and promoting organizational wellness require the commitment of leaders and organizations.[7] First, as the authors propose, leadership within a healthcare organization should take responsibility to develop, maintain, and endorse a reporting system for incidents of incivility and other types of workplace mistreatment, and should enforce a "no-tolerance" culture of transgressions regardless of the offender's status in the organization.[2] Second, organizations should provide opportunities for active engagement in professional and leadership programs that endorse growth in important areas that are not traditionally taught in medical school or residency.[2,10] These can include topics such as innovation in medicine, operations management, fostering positive learning environments, diversity and inclusion and culture building among others. Third, recognizing that we all are leaders in some capacity, we should set expectations and norms for civility noting that modeling good behavior has powerful implications on clarifying social norms and influencing others to follow suit. For example, a study to encourage environmental conservation found that hotel guests who had learned that most other guests reused their towels were 26% more likely to do so than guests who were only exposed to a standardized environmental message.[11] Fourth, organizations can be intentional about recruiting and selecting for civility and other attributes that contribute to more positive learning environments.[7] Fifth, organizations

should consider rewarding civil behavior instead of solely relying on correcting incivility as these values enact team members to reinforce civility.[7]

Grover and colleagues begin an important conversation regarding incivility and workplace mistreatment in surgery.[2] Admitting to incivility on an individual or organizational level is certainly challenging, but this critical and thoughtful self-study is necessary to ensure that we build high-performing surgical teams that excel in creativity, resiliency, and collaboration. Because promoting individual civility and organizational wellness are not only morally and ethically responsible, but also fiscally responsible to any healthcare organization, it is paramount that we all take immediate action towards building workplace cultures that are civil and allow all team members to thrive.

Declaration of competing interest

The authors declare there is no conflict of interest.

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8 May 2020