

Author

Sivanthi Sivanadarajah

Introduction

Organisational culture is determined by a complex combination of shared values, behaviours, attitudes, assumptions, expectations, and practices. The Emergency Medicine environment is highly stressful and challenging, with negative behaviours more likely to surface and permeate. These behaviours have a direct and indirect impact on patient care and safety, along with staff morale, sickness, and retention. When colleagues are treated compassionately, fairly and with respect they are more likely to feel safe, valued, be innovative and deliver high quality emergency care to their patients.

Standards

1. All patients and staff must be treated fairly and with dignity and respect, irrespective of their social identity or background.
2. All hospitals must have accessible departments and systems. Staff with temporary or permanent disabilities and those who are neurodivergent must have timely and accurate risk assessments and must be offered aids and adjustments to enable them to fulfil their work and educational contracts.
3. Recruitment policies and processes must be fair and transparent, and diverse representation must be reflected in all staff roles and levels.
4. If staff raise concerns, these must be responded to quickly via a transparent and accessible policy and recorded clearly, objectively and confidentially.
5. Staff must be actively encouraged and empowered to speak up if they have concerns over clinical care or patient safety. Investigation of incidents must be systematic and transparent. Open, honest and timely communication of the incident and outcomes must be shared with patients and their families. Learning and remedial training must be provided to staff to reduce repeated incidents and ongoing harm.
6. Induction systems must be comprehensive and robust, ensuring that they are tailored to the needs of staff e.g. international staff who have not worked in the UK.
7. At induction, staff must be clearly signposted to reporting mechanisms for raising concerns including how to report bullying, harassment, or discrimination.
8. All staff must strictly adhere to their professional Codes of Conduct. This includes acting with honesty and integrity and maintaining high standards of professionalism, both inside and outside of work. If staff are found to be in breach of these, appropriate action must be taken.

Recommendations

1. EM leaders should practice and promote inclusive and compassionate leadership by listening to staff, encouraging representation wherever possible, being aware of and respecting individual challenges and cultural differences, offering equal access to opportunities, and supporting staff to achieve their full potential and be able to bring their true selves to work.
2. Staff should be actively encouraged and empowered to speak up if they have concerns that they are being bullied, harassed, or being treated unfairly.
3. If not included in standard organisational requirements, all staff should have training in EDI, Civility (including Bullying and Harassment) and Conflict Resolution via e-learning modules, ideally supplemented by in-person workshops.
4. It is further recommended that departments should provide Active Bystander Training and Civility Saves Lives Training (if not already provided by organisations)
5. Clinical and educational supervisors should commit to continuous training and self-reflection to ensure that they are challenging and mitigating bias and being as inclusive and equitable as possible to ensure fairer training outcomes.
6. All Emergency Medicine services should appoint an Inclusion & Civility champion, to foster and facilitate a culture of open honest communication and to encourage a team-based approach to culture, civility and EDI (Equity, Diversity and Inclusion).
7. There should be a zero-tolerance policy to violence, threatening behaviour or abuse of staff by members of the public who have capacity; and immediate and appropriate action should be taken via an easy to access and follow trust policy. The police should be contacted where appropriate.

Background

Organisational culture in Emergency Medicine has emerged as a significant contributory factor to workplace behaviour and performance, including patient outcomes, and patient and staff experience. A commissioned report by Mary Dixon-Woods from the Thirlwall Enquiry highlights how complex and deeply entrenched toxic cultures can directly impact patient safety.

Health discrimination and inequalities have been well documented for years. The statistics however remain relatively static with minoritised and vulnerable patients continuing to suffer significantly worse outcomes.

The Work Force Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) show that BME staff and staff with disabilities suffer worse experience and career outcomes as a result of bullying and discrimination. The Breaking the Silence Report and Surviving in Scrubs campaign have highlighted the issue of gender based discrimination, harassment and sexual assault in healthcare. The GMC Survey 2024 has shown that EM is the second worst specialty for Sexual Safety.

Worsening crowding, diminishing resources and unmanageable workloads are contributing to frustration, exhaustion and moral injury. EM has the highest level of burnout compared to other specialties, with more than one-third of EM trainees at high-risk of burnout.

Reducing burnout, addressing discrimination, eliminating negative interpersonal behaviours, and improving culture and safety will be incredibly challenging due to the wide range of complex individual, systemic, and structural factors that currently contribute to it, however ignoring them will result in a broken and abandoned specialty.

Compassionate, inclusive, and insightful leadership, self-awareness and education, and transparency and accountability, will be key to understanding and overcoming the barriers to change. Embodying the change that we would each like to see is a good first step.

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