



Aspirant Director Alumni across Hertfordshire, West Essex and BLMK

Civility and Inclusion: Why It Matters

#OurNHSPeople

NHS England and NHS Improvement





Connecting with each other

What urgent work have you left behind to be here?

Something positive you've experienced lately.

From today I hope to come away with(1 word)

What is our agreement to make this a psychologically safe space?



Our Aim

What is civility and why it's a game changer

The power of inclusion

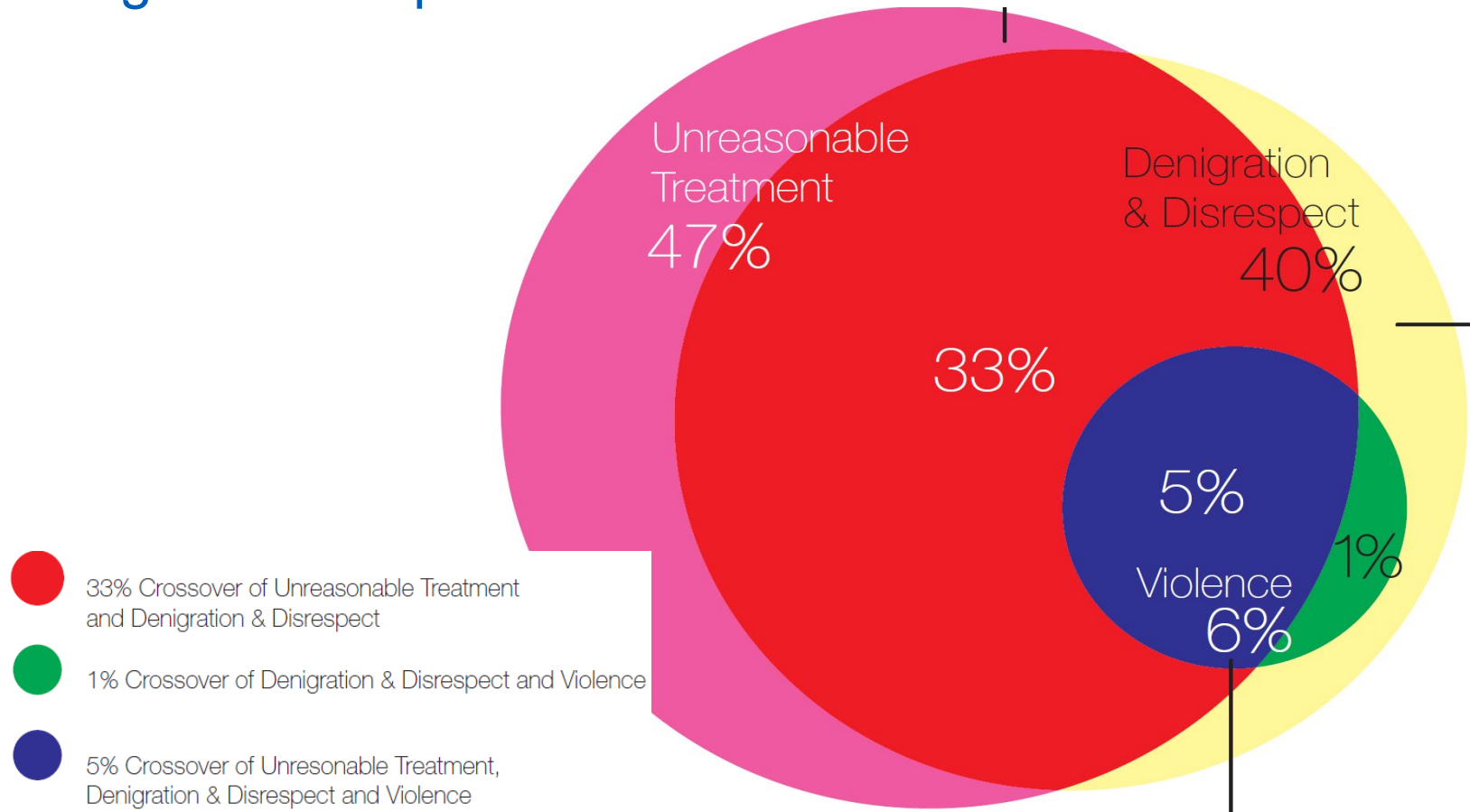
Psychological safety: framing the future



Civility and why it's a game changer



Ill-treatment in the workplace: Negative workplace behaviours





What is Unreasonable Treatment

Percentage of respondents experiencing **Unreasonable Treatment:** Specific items

Being treated unfairly compared to others in your workplace

Your employer not following proper procedure

Being given unmanageable workload or impossible deadlines

Pressure from someone else not to claim something which by right you are entitled to

Someone continually checking up on you or your work when it is not necessary

Having your opinions and views ignored

Pressure from someone else to do work below your level of competence

Someone withholding information which affects your performance



What is Denigration & Disrespect

Percentage of respondents experiencing **Denigration & Disrespect**: Specific items

Feeling threatened in any way while at work

Intimidating behaviour from people at work

Being shouted at or someone losing their temper with you

Teasing, mocking sarcasm or jokes which go too far

Persistent criticism of your work or performance which is unfair

Hints or signal from others that you should quit your job

People excluding you from their group

Being treated in a disrespectful or rude way

Being insulted or having offensive remarks made about you

Gossip & rumours being spread about you or having allegations made against you

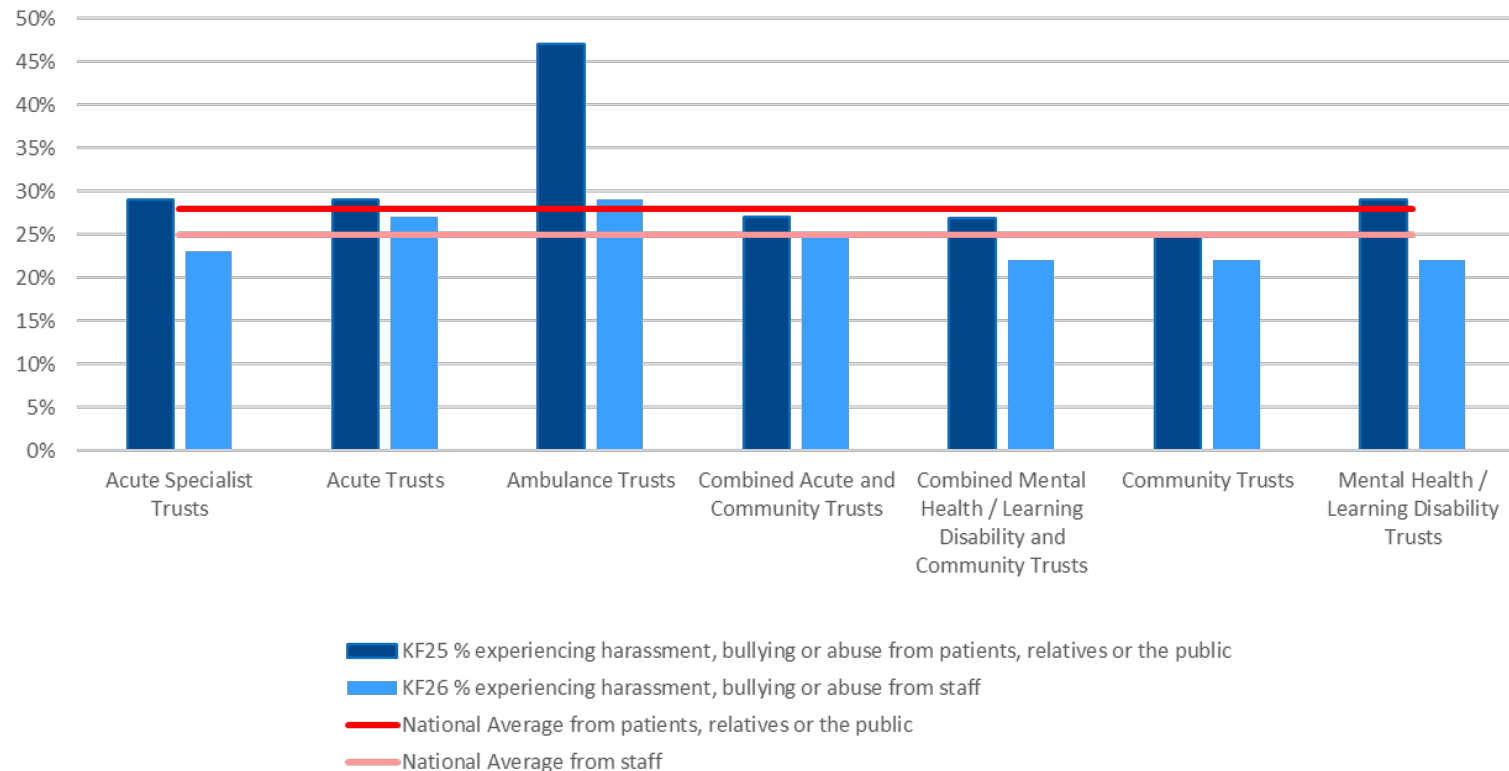
Being humiliated or ridiculed in connection to your work



Staff Survey (18/19)

- 25% of staff have personally experienced bullying and harassment
- 1 in 5 have experienced bullying from colleagues

Staff Survey 2018 - Bullying & Harassment by Sector

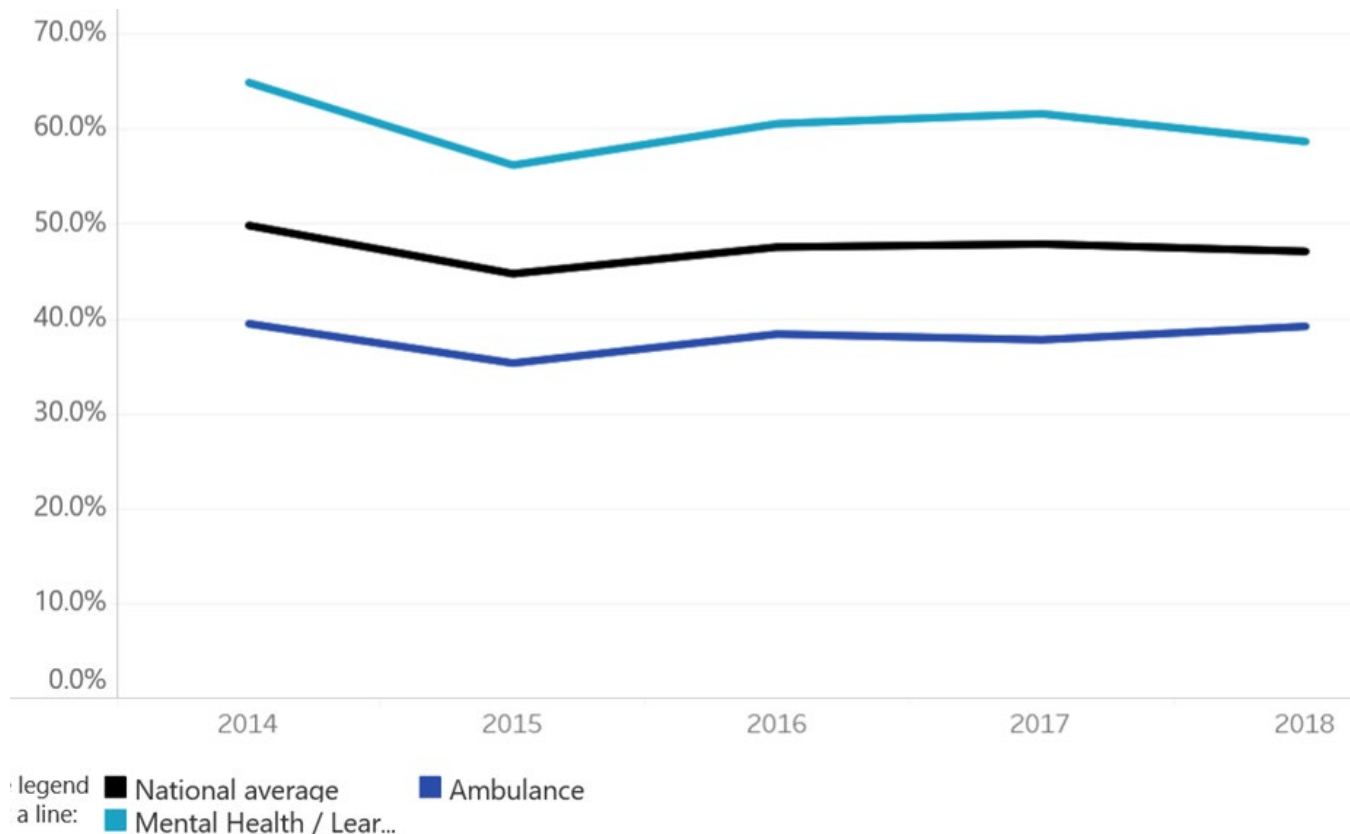




Reporting Bullying Statistics

47% of NHS staff have reported their experience of bullying

- Highest (best): Mental Health and Learning Disabilities Services at 58.6%
- Lowest (worst): Ambulance Services at 39.2%





Differences in Employee Experience

19% of employees experiencing bullying from colleagues in the NHS

Increased likelihood of experiencing bullying and harassment in the workplace if you are:

- Disabled 26.6%
- Black, Asian and Minority Ethnic (BAME) 23.5%
- LGBTQ+ (as a comparison Heterosexual is 18.4%)
 - Bisexual 25.8%
 - Gay (men) = 24.5%
 - Lesbian = 20.4%



Civility Saves Lives

VICTIMS OF INCIVILITY

@civilitysaves

- 1) the recipient average 61% reduction in cognitive ability
- 2) bystanders average 20% reduction in cognitive ability and 50% less likely to help others
- 3) patients and relatives 75% reduction in net promoters of your organisation
- 4) the team Overall reduction in cognitive capacity and creativity. On average, worse outcomes across all clinically significant measures

Incivility is a crime against good healthcare. civility saves lives.



The financial cost

Item	Cost per annum
Cost of sickness absenteeism	£483.6 million
Cost of sickness absence to employer	£302.2 million
Impact and cost of bullying to employee turnover	£231.9 million
Impact of bullying on productivity	£575.5 million
Impact of bullying on sickness presenteeism	£604.4 million
Industrial relations, compensation and litigation cost	£83.5 million
Total	£2.281 billion

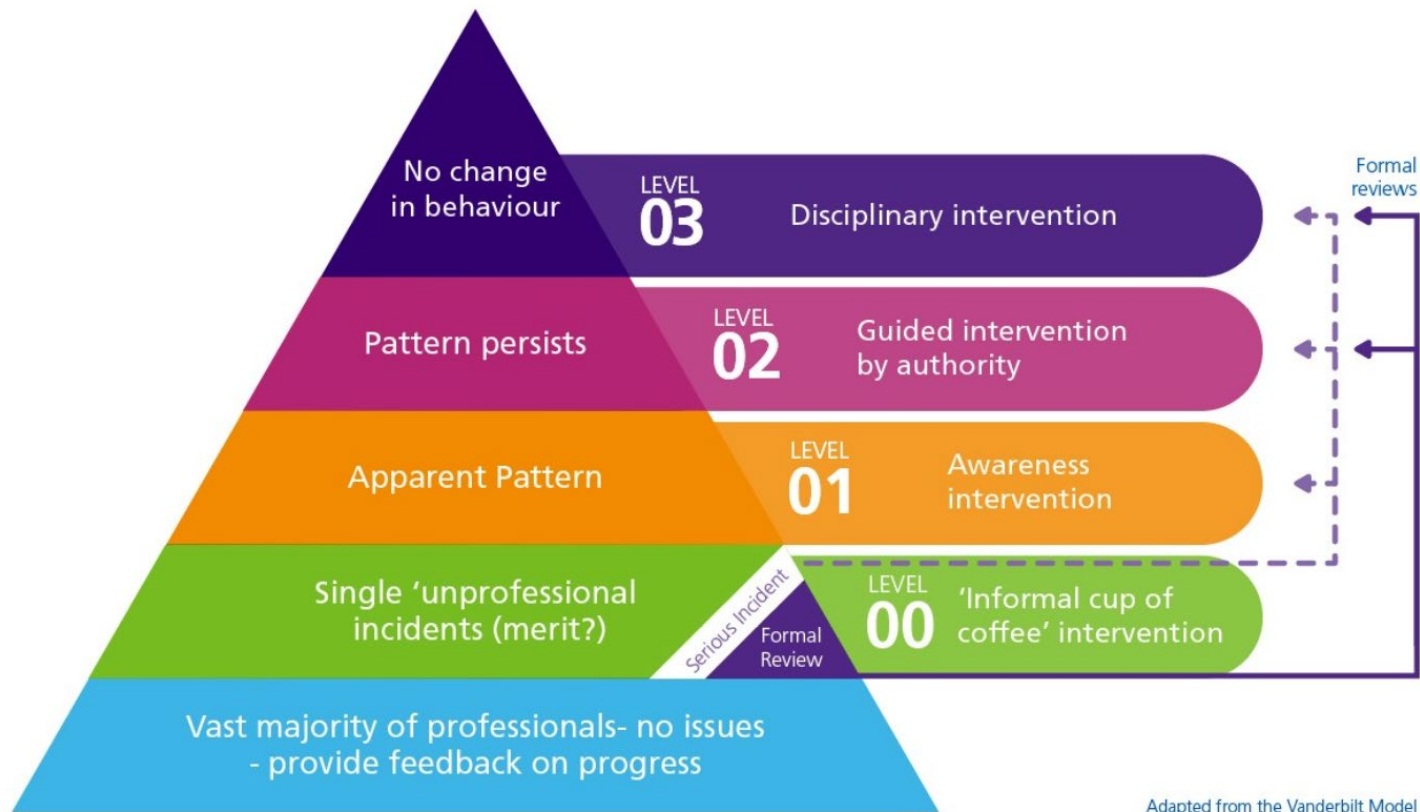


Understanding the system impact on incivility





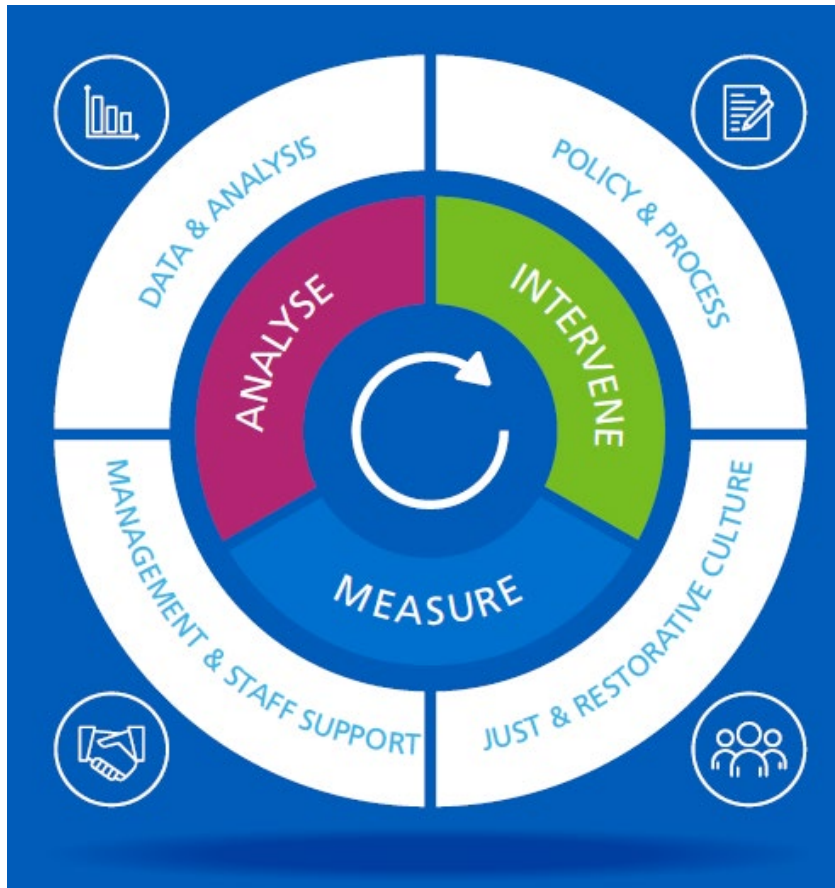
Using the Professional Pyramid to create behavioural change



Adapted from the Vanderbilt Model



Civility & Respect Framework and AIM Model



Civility and Respect Framework:

1. Data and Analysis
2. Policy and Process
3. Management and Staff Support
4. Just and Restorative Culture

AIM Improvement Model:

Analyse

Intervene

Measure

Some background on equality, diversity and inclusion

Definitions

- **Equality** means equal rights and opportunities are afforded to all. To achieve equality requires action to address existing inequality
- **Diversity** refers to differences within a group, say at team or organisational level. Those differences (they overlap) may be
 - **demographic** ones e.g. gender, disability, race, sexual orientation, social class – or
 - **cognitive** i.e. people who have different ways of thinking, different viewpoints and different skill sets in a team or business group
- **Inclusion** is the extent to which staff believe they are a valued member of the work group, in which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of that group
- The NHS Workforce Race Equality Standard, for example, seeks to ensure equality which in turn will increase demographic diversity
- Research suggests that the full benefits of such **diversity** are only leveraged in workplaces and teams that are also **inclusive** (and allow both demographic and cognitive diversity to flourish).

Discrimination in the NHS

- Bias in recruitment with a seniority gradient linked to ethnicity, gender and disability with differential success at interview and in access to career development (Kline, R 2014)
- Disproportionate disciplinary action and referrals to regulators with overseas staff particularly vulnerable (West, E 2017; Atewologun, D and Kline, R 2018)
- Bullying, harassment and incivility, disproportionately impact on LGBT+, disabled, BME (NHS staff survey 2015-18)
- The staff survey item that was most consistently strongly linked to patient survey scores was discrimination, in particular discrimination on the basis of ethnic background. Dawson, J. (2009)
- The percentage of staff reporting their trust provides equal opportunities for career progression was related to CQC ratings of quality of care provided and use of resources as well as with levels of staff absenteeism. West, M and Dawson, J. (2011)
- Ethnicity a factor in whistleblowing victimisation (Francis 2015)

The impact of discrimination

Minority group members experience higher levels of workplace anxiety linked to exclusion, discrimination, harassment, and incivility as well as lowered access to resources required for job performance, fewer role models, lack of access to networks, pay inequality, and fewer opportunities for career progression.

Research reports that women experience lower levels of psychological safety compared with men.

Race discrimination is associated with

- coronary artery calcification (Lewis et al., Psy Med, 2006)
- C-reactive protein (Lewis et al., Brain Beh Immunity, 2010)
- blood pressure (Lewis et al., J Gerontology: Bio Sci & Med Sci 2009)
- lower birth weight (Earnshaw et al., Ann Beh Med, 2013)
- cognitive impairment (Barnes et al., 2012)
- poor sleep [object. & subject.] (Lewis et al, Hlth Psy, 2012)
- mortality (Barnes et al., J Gerontology: Bio Sci & Med Sci, 2008).
- visceral fat (Lewis et al., Am J Epidemiology, 2011)

Inclusion

- Inclusion, compassion, staff engagement and psychological safety within teams are crucial to effectiveness, safety and staff well being
- Inclusion is the extent to which staff believe they are a valued member of the work group, in which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of that group. *Shipton H, Armstrong C, West M, et al. (2008)*
- Inclusive organisations are more likely to be ‘psychologically safe’ workplaces where staff feel confident in expressing their true selves, raising concerns and admitting mistakes without fear of being unfairly judged. *Shore LM, Cleveland JN, Sanchez D. (2018)*
- Managing staff with respect and compassion correlates with improved patient satisfaction, infection and mortality rates, CQC ratings and financial performance as well as lower turnover and absenteeism. *Dixon-Woods M, Baker R, Charles K, et al. (2014)*

From diversity to inclusion

- The potential of improved representativeness is only fully achieved in a climate of inclusion within team and at leadership level
- Inclusive and compassionate leadership helps create a psychologically safe workplace where staff are more likely to listen and support each other resulting in fewer errors, fewer staff injuries, less bullying of staff, reduced absenteeism and (in hospitals) reduced patient mortality
- *Carter M , West M , Dawson J . Developing team-based working in NHS trusts. Report prepared for the Department of health; 2008.*
- Inclusive leadership is more likely to encourage the patient and carer involvement associated with higher levels of innovation and improvement, and to promote higher staff engagement—itself a good predictor of patient satisfaction, patient mortality, quality of care and staff well-being is higher and also helps create inclusion.

Inclusion can brings a range of benefits.....

- Team **creativity** improves (Yu & Frenkel, 2013);
- **Innovation** is more likely (Lorenzo and Reeves 2018; Hewlett et al 2013; Nathan and Lee (2013);
- Triggers **more careful information processing** than homogeneous groups. (Bourke (2016);
- Women in leadership **moderate extreme behaviour and improve risk awareness** (Grant Thornton 2017) and are more questioning (Liswood, L (2015);
- Inclusive workplaces are likely to be **more productive** (Harter, 2003)
- Companies with the most ethnically diverse executive teams are 33% percent more likely to outperform their peers on **profitability** (Hunt et al (2018); Companies with inclusive talent practices in hiring, promotion, development, leadership, and team management generate up to 30 percent higher revenue per employee and greater profitability than their competitors. (Stacia Sherman Garr et al 2015);
- **Turnover** intentions decline (Olkkonen & Lipponen, 2006);
- Where the organisational leadership better represents the ethnicity of staff, there is more trust, stronger perceptions of **fairness** and overall better **morale** of staff (King et al 2017) ;

Diversity of thought

- “research reveals that high-performing teams are both cognitively *and* demographically diverse. Demographic diversity, for its part, helps teams tap into knowledge and networks specific to a particular demographic group. More broadly, it can help elicit cognitive diversity through its indirect effect on personal behaviours and group dynamics. For example, racial diversity stimulates curiosity, and gender balance facilitates conversational turn-taking” (*Eight powerful truths. Deloitte Review, Issue 22*)
- New people stimulate the thinking of the established team members because “the mere presence of socially distinct newcomers and the social concerns their presence stimulates among old-timers motivates behaviour that can convert affective pains into cognitive gains” (*Phillips, KW et al (2009)*).
- Homogeneous groups don’t come to better solutions, but are convinced that they have whereas heterogeneous groups, do come to better solutions – but tend to think that they haven’t (*Bourke and Dillon, 2018*).

Micro-behaviours and inclusion

Verbal cues	Behavioural cues	Environmental cues
<ul style="list-style-type: none">• Being greeted by name by a senior leader (or not)• Being invited to join the conversation when quiet or on the outskirts of the group (or not)• Being thanked for sharing a different view that is outside of that of the norm (or not)• Anglicizing a name (e.g. calling Juanpa “John”) without the person’s say-so• Being called to speak and thanked and given credit even if you said something challenging	<ul style="list-style-type: none">• Being copied into important email exchanges (or not)• Eye contact and nodding to encourage even during halting or hesitant speech (or not)• Being greeted with a smile and warmth (or not).• A limp handshake or facial expression, signalling disappointment or surprise when you walk in the room• Being expected to do more menial tasks and missing out on stretch opportunities	<ul style="list-style-type: none">• Observing wide demographic diversity in a room of senior leader• Pictures of a diverse range of customers around the office• Office layout where individuals are seated in groups of mixed demographics/level• Informal, relationship building only happening in the pub after work when some individuals (e.g. working mothers or those who do not drink) have limited access to those settings.

What might “good” look like?

- “R is senior manager for a team where progress has been made on diversity. R nearly left after less than a year due to poor team culture and a lack of opportunity to progress. She explained that the team already had some BME staff in it when she joined but that this diversity has continued to grow.
- “R believes there are several reasons for this. The first is to get the recruitment process right. Panels make sure that when shortlisting and appointing candidates they only use information contained in the application form and demonstrated by candidates in the assessment process. Any other information – informal messages or information gained outside the application process – is not considered. In the interview process, panels use a “mock” answer for written assessments which they devise themselves so they know what a good answer looks like. We look for diversity in panels and involve managers from other departments”
- “We ensure honest quality feedback in appraisals and after interviews or key events to help staff think through how they can do better next time, including what development opportunities might be appropriate. I have seen people develop in ways that I couldn’t have imagined, in the last five years.
- “Discussions between managers and their direct reports happen regularly and all team members feel they can approach anyone else in the team including their peers, including the Director, who has an annual one to one with every member (32) of staff. The team has managed to find ways to be honest in difficult discussions including those around race and diversity; and they bring this honesty to how they recruit. We try to make our team feel they can bring themselves to work. We try to have a working culture in which staff feel able to raise concerns and speak – and they do”. This change is reflected in engagement scores and turnover.”

What is our role?

- How do we create psychological safety in the our own teams?
- What would get in the way?
- Who do I need on my side?
- What questions do I need to ask?
- How would I know if I've created a safe and inclusive team?

WHAT'S THE DIFF?

Trust and Psychological Safety

Psychological safety is the belief that your environment is safe for interpersonal risk-taking. It's similar, but slightly different from, trust.

TRUST

Will **YOU** give others the benefit of the doubt when you take a risk?



"Bob is probably going to freak out if I disagree with him."

PSYCHOLOGICAL SAFETY

Will **OTHERS** give you the benefit of the doubt when you take a risk?



"My team expects me to speak up. It's how we do things."

Sources: Edmondson, A. C. (2002). Managing the risk of learning: Psychological safety in work teams. Boston, MA: Division of Research, Harvard Business School. and Frazier, M. L., Fainshmidt, S., Klinger, R. L., Pezeshkan, A., & Vracheva, V. (2017). Psychological safety: A meta-analytic review and extension. *Personnel Psychology*, 70(1), 113-165.

ANTECEDENTS & OUTCOMES

PSYCHOLOGICAL SAFETY



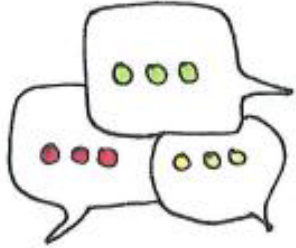
*Antecedents and outcomes that had a large effect size at both the individual and group level of analysis.

Source: Frazier, M. L., Fainshmidt, S., Klinger, R. L., Pezeshkan, A., & Vracheva, V. (2017). Psychological safety: A meta-analytic review and extension. *Personnel Psychology*, 70(1), 113-165.

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BENEFITS of PSYCHOLOGICAL SAFETY

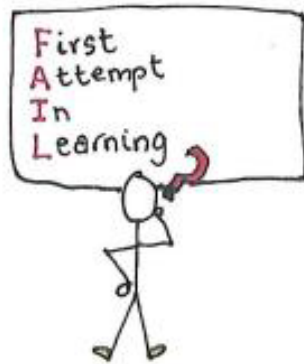
Sketchnote by @Hayspsych



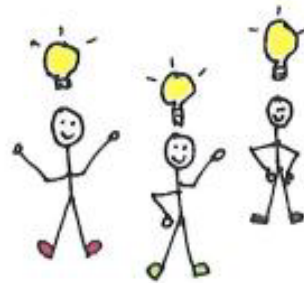
✓ better levels of communication, sharing of knowledge and levels of engagement



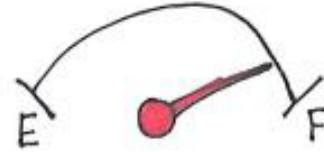
✓ more openness to learning, including learning from failure



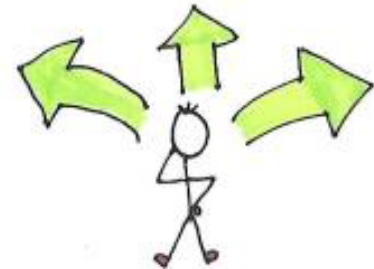
✓ improved performance with more creativity and innovation



✓ positive employee attitudes, including more commitment to the organisation



✓ increased levels of initiative, such as identifying ways to work around processes that impact performance



SOURCE: Newman, A., Donohue, R. & Eva, N. (2017). Psychological safety: A systematic review of the literature. Human Resource Management Review, 27(3), 521-535.

5-MINUTE PSYCHOLOGICAL SAFETY AUDIT:

- If you make a mistake in this team, will it be held against you?
- Are the members of this team able to bring up problems and tough issues?
- Do people on this team sometimes reject others for being different?
- Is it safe to take a risk on this team?
- Is it difficult to ask other members of this team for help?
- Would anyone on the team deliberately act in a way that undermines efforts?
- Working with member of this team, are unique skills and talents valued and utilised?

Edmondson, A. (1999) Psychological Safety and Learning Behaviour in Work Teams. *Administrative Science Quarterly*, 44: 350-383.