

Embracing respect and dignity as the next frontier in preventing patient harm

June 19 2018, by Lindsey Diaz-Macinnis

Even when health care experiences go well, patients and their families can still suffer harm. To date, organizational efforts to reduce harm have focused primarily on physical harm, but other forms of harm are both prevalent and equally as important. These "non-physical" harms can be framed using the concepts of respect and dignity with the overarching goal of eliminating disrespect in health care. Health care organizations have an obligation to "do no harm" and should incorporate non-physical harms into organizational harm prevention programs.

Now, a group of national leaders in quality and safety, led by researchers at Beth Israel Deaconess Medical Center (BIDMC), has developed a consensus statement—a document developed by an independent panel of experts about a particular issue—intended to embrace an expanded definition of patient harm that includes non-physical harm, with the goal of improving the practice of respect across the continuum of care. The set of six recommendations, published online by the Joint Commission Journal on Quality and Safety, provides a roadmap for [health care](#) organizations and professionals interested in the practice of respect.

"When patients and families experience disrespect, it can cause harm—which is actually a novel concept," said Lauge Sokol-Hessner, MD, Associate Director of Inpatient Quality at Beth Israel Deaconess Medical Center. "Up until this point, most of the work around safety and the patient-family experience has focused on preventing physical harms and improving satisfaction. However, as that work has progressed, there's been an evolution. We've realized there's another important group

of harms out there which we call 'non-physical harm' that refers to the emotional, psychological, socio-behavioral and financial impacts that people can suffer as a result of their interaction with the healthcare system."

In June 2016, an interdisciplinary panel of experts gathered to discuss how to embrace an expanded definition of patient harm that includes both physical and non-[physical harm](#). Subsequently, the panel developed a guide to strengthen [health](#) care's approach to the practice of respect.

After five rounds of surveys, participants reached the predefined metrics of consensus among the panelists spanning a variety of backgrounds. The group identified a total of 25 strategies associated with six high-level recommendations that articulate a roadmap for [health care organizations](#) seeking to engage in the practice of respect.

Sokol-Hessner and colleagues' recommendations build upon the work of those who have highlighted the importance of respect in health care. These include the American College of Healthcare Executives (ACHE) and the National Patient Safety Foundation's Lucian Leape Institute (NPSF's LLI), which emphasizes the critical role of leaders in establishing a practice of respect in their organizations and suggests strategies and tactics for health care leaders.

"When the patient-family experience doesn't go well, it has many downstream effects," said Patricia Folcarelli, Vice President of Health Care Quality at Beth Israel Deaconess Medical Center. "For example, disrespect is associated with a lower likelihood of perceiving care as high quality and a lower likelihood of seeking care again in the same facility. We had to ask ourselves, 'how do you build a better, more reliable practice of respect?'"

"The practice of respect is a new frontier in preventing harm," said

Sokol-Hessner. "We are excited to have made our work freely available so others may benefit from our guide and incorporate it into their own organization's work. With humility and a commitment to continuous learning, we encourage others to join us in the [practice](#) of respect."

More information: Lauge Sokol-Hessner et al. A Road Map for Advancing the Practice of Respect in Health Care: The Results of an Interdisciplinary Modified Delphi Consensus Study, *The Joint Commission Journal on Quality and Patient Safety* (2018). [DOI: 10.1016/j.jcjq.2018.02.003](#)

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