A Roadmap for Advancing the Practice of Respect in Health Care: the Results of an Interdisciplinary Modified Delphi Consensus Study

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Introduction/Problem

Most health care organizations' efforts to reduce harm focus on physical harm, but other forms of harm are both prevalent and important. These "non-physical" harms can be framed using the concepts of respect and dignity; disrespect is an affront to dignity and can cause harm. Organizations should strive to eliminate disrespect to patients, families, and among health care professionals.

Aim/Goal

This research came out of an initial convening of a diverse, interdisciplinary panel of experts to discuss strategies to guide health care systems to embrace an expanded definition of patient harm that includes non-physical harm. Subsequently, we used a modified Delphi process to develop a guide for health care professionals and organizations to improve the practice of respect across the continuum of care.

Examples of Disrespect

A patient with limited English proficiency is scheduled for an elective procedure. The day of the procedure, the patient's family drops her off at the hospital, and it is discovered that no interpreter has been arranged. No interpreters are available on short notice, so informed consent cannot be performed, and the procedure has to be canceled. The family is angry and frustrated.

A patient had a procedure that required her to stay overnight in a semi-private room. Her doctor comes in to talk with her about how the procedure went and mentions the fact that she has HIV in his description of her condition. The doctor speaks loudly enough for the roommate to hear. The roommate yells, "I am not going to share my room with an AIDS patient!" The patient is outraged that her privacy has been violated.

The Interventions

- After the convening, three of the 32 convening participants formed a steering committee along with two research staff and another content expert. The remaining 28 convening participants were invited to participate in a modified Delphi process.
- We underwent separate rounds of surveys until we reached saturation and each statement had achieved the predefined level on consensus or had been eliminated. Saturation was achieved after five rounds.
- In our initial phase, we defined consensus as 50%+ agreement among participants, but ultimately raised that threshold to 75%+. Statements that did not meet this threshold were eliminated.

The Team – Practice of Respect Delphi Study Group

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- Ronen Rozenblum, PhD, MPH, Div of Gen Internal Med, Brigham and Women's Hospital and HMS
- Kathleen Turner, RN, University of California San Francisco Medical Center

Results

Recommendations and Strategies to develop the Practice of Respect

No.	Strategy	% Agreement
Leaders must champion a culture of respect and dignity		**100**
1	Engage leaders to confirm and strengthen their commitment to a culture of respect and dignity.	100
2	Leaders must model respectful behavior for all members of the health care team, patients and families, and for the organization.	94
3	Leaders must communicate that the values of respect and dignity are fundamental to the success of the organization.	94
4	Leaders must take action to promote health equity as an integral component of their organization's practice of respect.	86
5	Leaders must develop and support the people, processes, and systems that will create a culture of respect and dignity	80
6	Leaders must set expectations for professionals about behavior as well as the processes that will be used to pursue accountability when those expectations are not met.	100

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More Results/Progress to Date

Recommendations and Strategies to develop the Practice of Respect (continued)

No.	Strategy	% Agreement
Promote Accountability		**94**
7	When expectations about respect and dignity are not met, leaders must champion transparency, fairness and a just culture, rejecting a culture of shame or blame.	80
8	Board members and chief executives must remain actively involved in ensuring accountability throughout their tenure.	87

No.	Strategy	% Agreement
Engage and support the health care workforce		**100**
9	Foster a healthy work environment by addressing individual and system factors that promote respect among professionals and reduce burnout.	100
10	Support health care professionals who experience disrespect from other health care professionals, patients and/or family members.	100
11	Engage health care professionals in understanding the connections among respect, dignity, safety, quality, outcomes, and the experience of care.	87

No.	Strategy	% Agreement
Partner with patients and families		**100**
12	Set the expectation that patients and families have a right to always be treated with respect by health care professionals; they should likewise treat health care professionals with respect.	100
13	Organizational leaders should partner with patients and families to develop a shared vision of the practice of respect.	86
14	Since what constitutes respect may vary among patients and families, health care professionals at the point of care must partner with them to learn how best to honor their goals, values and preferences.	94
15	As part of the practice of respect, promote health equality by engaging and partnering with individuals and communities that experience disparities.	80

No.	Strategy	% Agreement
Establish systems to learn about and improve the practice of respect		**94**
16	Recognize, celebrate, and learn from respectful behavior and positive experiences.	100
17	Ensure the episodes of disrespect are acknowledged and addressed in a timely fashion, supporting all involved parties.	87
18	Learn from episodes of disrespect by recognizing, capturing, categorizing, and analyzing them, as is done through incident analysis.	94
19	Beyond incident analysis, develop and utilize other methods of learning about the practice of respect.	93
20	Embed organizational systems for learning about and improving the practice of respect in operational structures to ensure their success and sustainability.	94
21	Within organizations, develop methods for effectively sharing what is being learned about the practice of respect to broaden engagement and promote improvement.	94
22	Prevent future harm by designing and implementing changes based on what is learned about the practice of respect.	100

No.	Strategy	% Agreement
Expand the research agenda and measurement tools, and disseminate what is learned		**93**
23	Expand the research agenda to define the nature, scope and connections among the topics of non-physical harm, respect, and dignity.	93
24	Further develop measures to guide improvement towards, and demonstrate success in, the reliable practice of respect.	87
25	Identify, compile, and share successful strategies at all sites, including non-health care sites.	

Next Steps

Organizations can take this consensus statement and use it as a roadmap for developing a more reliable practice of respect through their organizations.

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