




# Hierarchy in Clinical Practice

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## Perspectives and Possibilities

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# Outline

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- What is hierarchy in healthcare
  - Types of hierarchy
  - Factors contributing to hierarchy
  - Effect on outcomes
- Practitioner perspective
- Solutions/Considerations for Progress
  - Individual
  - Institutional

# What does Hierarchy in Medicine look like?

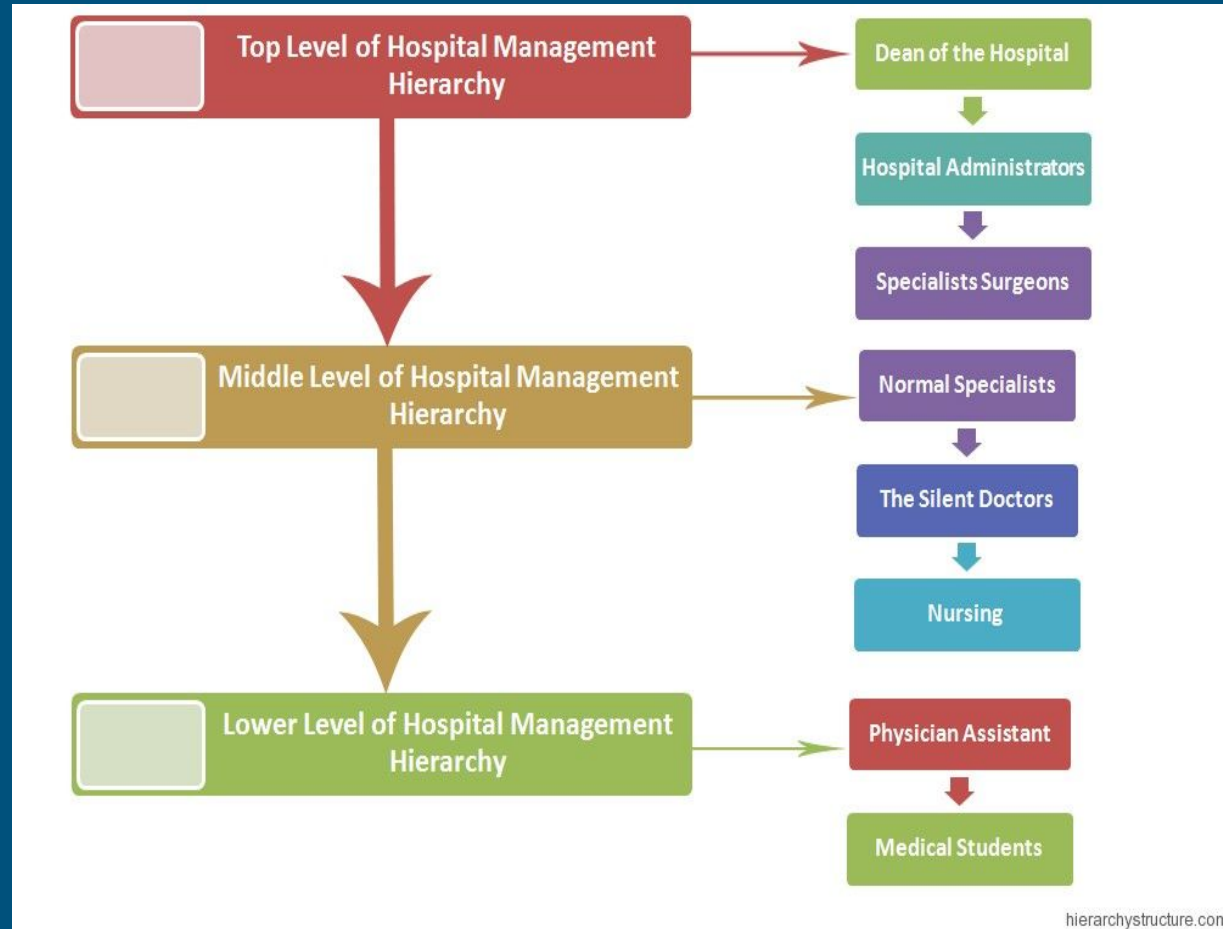


Figure 1. Hospital Management Hierarchy

# Types of Hierarchy Article Summary (1)

- 2 types of medical hierarchies:
  - **Functional** = optimizes patient care and creates a positive learning environment.
    - May ↑education & well-being + ↑patient safety.
  - **Dysfunctional** = leads to negative outcomes by creating environments that discourage voicing concerns, endorse trainee mistreatment (or “hazing”), and creating distress.
    - Can ↓patient safety, provider empathy, learning, training satisfaction + ↑stress, fatigue, & burnout.



Image 2:

"<https://dribbble.com/shots/6305320-The-Pros-and-Cons-of-Opting-into-MIPS>"

# Factors of Hierarchy Article Summary (2)

- Differing personalities seemed to play a big role.
  - Teams generally functioned well & showed little noticeable tribal or hierarchical behaviours
- **“Once clinicians are taken out of the workplace and put in controlled settings, tribalism, hierarchical and stereotype behaviours largely dissolve.”**
  - Workplace cultures = more likely to influence such behaviours.
  - Highlights the significance of culture & context.



Image 4: What is the Importance of Teamwork?

# Adverse Outcomes Article Summary (3)

- **Danger:** Hierarchies can create a hostile environment where individuals can be either “**us or them.**”
- Having a negative working environment is harmful to everyone involved, especially the patient.
  - **“Patients continue to be harmed, with a death rate of approximately one Boeing 737 a day (approx. 174 passengers).”**

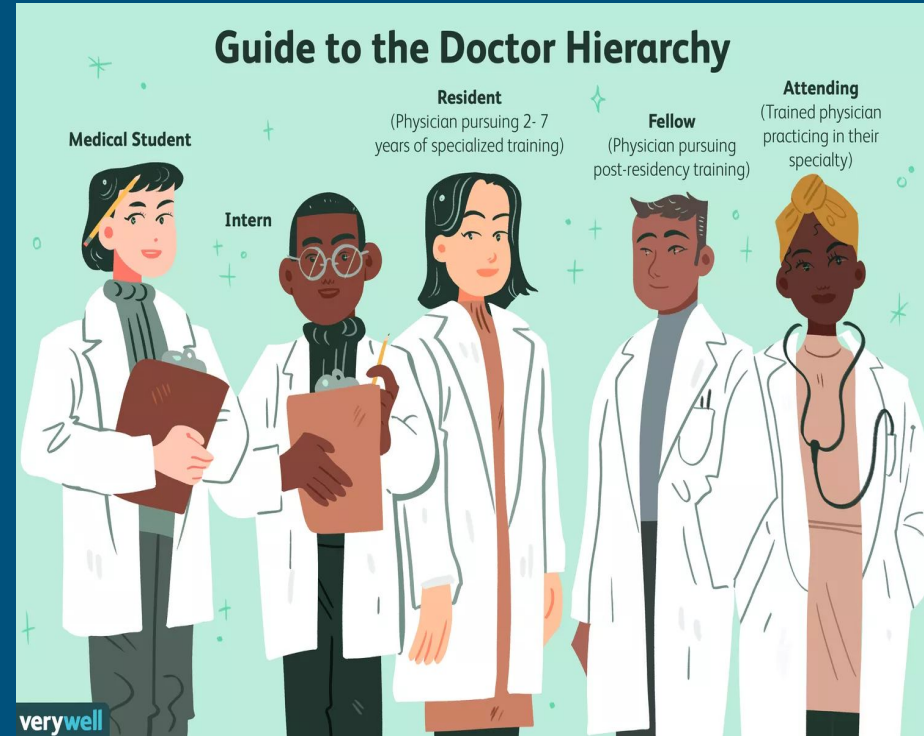


Image 3: Doctors, Residents, and Attendings: What's the Difference?

# Practitioner perspective

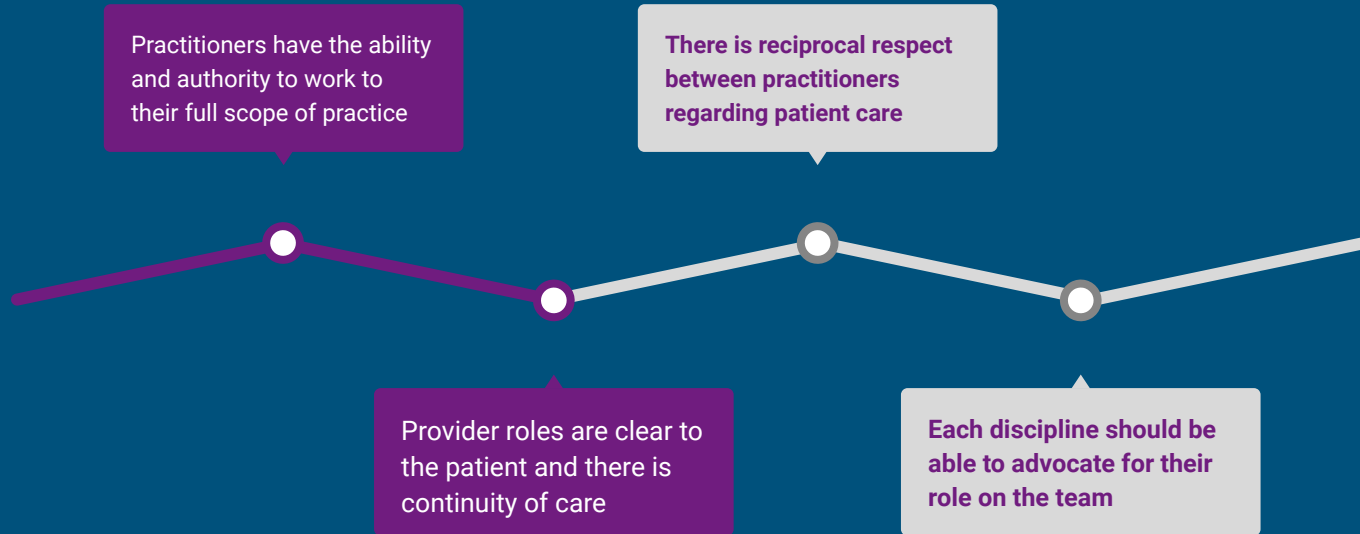
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## Certified Registered Nurse Anesthetist (cRNA)

- Experienced functional and dysfunctional hierarchy in different settings
- “Care Team Model” cRNA works directly under Anesthesiologist MD, who supervises several cRNAs
  - Only the Anesthesiologist communicates to surgeons, patient and family initially
  - Surgeons go to the Anesthesiologist directly, around the cRNA resulting in lack of direct communication and affecting patient care
- Functional hierarchy in current setting
  - Experiences more autonomy and respect from other professionals
    - Communication is more efficient
    - Allows cRNAs to advocate for patient throughout the patient’s plan of care
    - Patient knows who is taking care of them, as a result builds trust and rapport

# Functional hierarchy - considerations

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# Hierarchy Solutions

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- Goal of Solutions-identify components of dysfunctional hierarchy and rework them to create a functional hierarchy.
  - Two arenas to address dysfunctional hierarchy
    - Individual Solutions-How can the individual address hierarchy dysfunction?
    - Institutional Solutions-How can the institution minimize the risk of dysfunctional hierarchies?

# Individual Issues/Solutions

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- Patient-Provider Relationship
  - Issue-Traditional relationship is often paternalistic with the patient subordinate.
  - Proposed Solution-Shared-Decision making where decisions are made based on clinician expertise AND patient needs, values, and preferences.
    - Requires patient partnership-the provider invites patient participation and provides a space where patients feel comfortable providing their perspective
      - Example concrete practices on the part of the provider to convey patient partnership
        - Open body language
        - Active listening
        - Turning away from the computer
        - Not interrupting
        - Asking open questions
        - Investigating for reasons behind the patients decision making process
- Management-Subordinate Relationship
  - Issue-questioning and accountability from subordinate to manager are often, whether implicitly or explicitly, discouraged
  - Proposed Solutions
    - Management-Encourage assertiveness from those who are “subordinate”
    - “Subordinate”-Identify and report errors or potential issues without recourse
    - Example Concrete steps
      - Intentional errors-One provider had an innovative exercise where during rounds he said he would make a medical error and that he expected someone to point it out.
        - Likely more than the intended errors are addressed.
      - Discuss the situation leading to errors using neutral language and focussing on how it affects the patient, not who was wrong.

# Institutional Solutions for Functional Hierarchies

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- Goal-Support a culture of strong interdisciplinary teams
- Potential issue-members of the group are unsure of the function of others in the group. This leads to misinterpretation of others role and influences the way individuals that act and interpret collaboration within the group.
  - Proposed Solution-members of an interprofessional team must first have an understanding of other team member
    - Example Concrete step-Pre Workplace education
      - Encourage interprofessional education with shared modules and faculty
      - Teaches students to respect each others expertise and contributions.

# 10 Characteristics of a Good Interdisciplinary Team

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1. Clear, Democratic Leader
2. Communication-individual skills and positive communication structures
3. Personal rewards, training and development
4. Appropriate resources and procedures to ensure vision follow-through
5. Balanced Skill mix, replaced quickly if absent
6. Workplace climate nurtures a culture of trust and consensus
7. Individual team members should have expertise, aware of their strengths/weaknesses, listeners, aligned with the team goal
8. Team aligned with a clear vision
9. Quality and outcome of care should be patient centered, invite feedback and evaluate feedback in order to improve care quality
10. Clear roles and interdisciplinary respect

# Summary

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- Both functional and dysfunctional hierarchies exist in healthcare
- Hierarchy influences patient care and outcomes, efficiency, and level of provider satisfaction or stress
- Institutions can foster collaborative and supportive team culture to create functional hierarchies
- Individuals can work within team structures to acknowledge areas for improvement
- Every healthcare provider has a responsibility to advocate for patient care!!

# References

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1. “Consequences of Medical Hierarchy on Medical Students, Residents, and Medical Education in Otolaryngology”  
<https://journals.sagepub.com/doi/10.1177/0194599820926105>
2. “The basis of clinical tribalism, hierarchy and stereotyping: a laboratory-controlled teamwork experiment” <https://pubmed.ncbi.nlm.nih.gov/27473955/>
3. “Hierarchy and medical error: Speaking up when witnessing an error”  
<https://www.sciencedirect.com/science/article/abs/pii/S092575352030045X>
4. Figure 1. “Hospital Management Hierarchy”  
<https://www.hierarchystructure.com/hospital-management-hierarchy/>
5. Image 2. “The Pros and Cons of Opting into MIPS”  
<https://dribbble.com/shots/6305320-The-Pros-and-Cons-of-Opting-into-MIPS>
6. Image 3. “Doctors, Residents, and Attendings: What's the Difference?”  
<https://www.verywellhealth.com/types-of-doctors-residents-interns-and-fellows-3157293>

# References

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7. Image 4. "What is the Importance of Teamwork?" <https://leverageedu.com/blog/teamwork/>
8. Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P, Roots A. Ten principles of good interdisciplinary team work. *Human Resources for Health*. 2013;11(1):19. doi:10.1186/1478-4491-11-19
9. PatientEngagementHIT. Understanding the Power Hierarchy in Patient-Provider Relationships. PatientEngagementHIT. Published July 23, 2018. Accessed November 7, 2021. <https://patientengagementhit.com/news/understanding-the-power-hierarchy-in-patient-provider-relationships>
10. Walton MM. Hierarchies: the Berlin Wall of patient safety. *Qual Saf Health Care*. 2006;15(4):229-230. doi:10.1136/qshc.2006.0192