Just culture: what influences veterinary practitioners' response to adversity and accusation?

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Background

- Just culture is a component of safety culture recognising that a fair organisational response to adverse events is conducive to positive workplace attitudes and behaviors.
- There is a volume of conceptual debate surrounding what constitutes a 'fair' organisational response – in reality it is a shifting ideology.
- To be 'fair', those affected by adverse events must have their needs met. In the veterinary sector this includes practitioners, practices, clients and the wider profession.
- The need to reduce error and continually learn and improve have been highlighted in the veterinary patient safety literature.
- Although the emotional impact of adverse events on practitioners has been recognised, their specific needs have not yet been explored.

Aim

A large study is being conducted to build a sociological understanding of how adverse events are currently responded to in the veterinary profession, in order to define areas for improvement. Practitioners' experiences of adverse events, complaints and investigative processes form part of this understanding. The results presented are from one emergent category in the study: 'influences on veterinary practitioners' response to adversity and accusation'

Methodology and methods

Design: A grounded theory methodology, defined by iterative, simultaneous data collection and analysis, inductive reasoning and constant comparison is being employed. Qualitative techniques are being used in order to capture rich data produced by participants experiences.

Data collection: A purposive sample of veterinary practitioners participated in 10 focus group discussions regarding how adverse events are responded to in practice. 8 individuals with experience of an adverse event resulting in a complaint which escalated to the level of RCVS involvement were also interviewed. Recruitment was via the VDS.

Data analysis: All focus groups and interviews were audio recorded and transcribed verbatim by the first author. Line by line coding was performed to produce gerund codes. Progressive categorisation will continue as further data is collected and analysed.

Figure 1 Methodological pathway

Take homes

- ☐ a need to explore whether resilience training interventions may prepare veterinary practitioners for involvement in adverse events and complaints.
- ☐ a need to improve what support is available to individuals who are emotionally affected by adverse events and complaints.
- ☐ a need to review investigatory processes at both a practice and professional level, including adverse event review, complaints processes and disciplinary procedures.

Findings

"I feel like potentially we used to have a blame culture that came maybe from the bosses and then they've then changed their opinions of that to try n move forwards with the times and more, you know, better for people's mental health but its almost gone too much the other way"

"I try to manage the communication for some of the younger vets in the same way I'd try and discuss it with them but I don't necessarily see that structure being replicated these days. I think it is something that needs to be looked at"
"I think really a proper reflective conversation cos the thing is sometimes you make a mistake and you can't go to someone and have a proper conversation"

"I feel like it's easy for someone in an official position to sit in an office and make a judgement on something and they have absolutely no idea what it is like at ground level and the kind of difficult decisions and dilemmas you have on a daily basis and sometimes your decision is going to fall on the wrong side erm....of what someone else thinks would have been appropriate"

Individual Factors

Participants reported relying on personal efforts to resolve emotional difficulties, placing responsibility for how they 'coped' on themselves. They alluded to the fact that individual resilience is a factor in how individuals respond to adverse events and complaints. Due to the privileges associated with professional membership, individuals had a strong sense of personal accountability, which hindered their willingness to seek support for any emotional consequences.

Organisational support

A relational approach during the response to adverse events was identified as important. Where participants felt workplace relationships were positive, they felt supported. However, many participants were concerned that social connection was not prioritized. They also perceived that a non-judgmental understanding of why they may have acted as they did, and open communication of this, may mitigate some of the detrimental emotional effects.

Investigative processes

Investigatory processes at both a practice and regulatory level were largely perceived to be unjust, impacting the emotional response of individuals involved. They reported feeling indignant about the time taken for complaints to be resolved and a lack of transparency between stakeholders. Many voiced frustration that those in a position to investigate clinical actions, at both a local practice and wider professional level may not be best placed to do so.