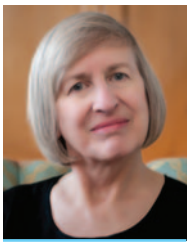

From the Editor

Judy A. Rollins, PhD, RN

When Parents Say Thank You

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Rudeness and disrespect occur in all organizations but are increasingly common in high-intensity, service-oriented organizations, such as hospitals and other healthcare facilities (Flin, 2010; Holloway & Kusy, 2011; Lewis & Malecha, 2011). Nurses and other healthcare providers are routinely exposed to rude behaviors from superiors, peers, patients, and patients' families. We know that such behaviors have adverse effects on their targets' well-being (Lim, Cortina, & Magley, 2008), but a growing body of research suggests the effects go beyond an individual's well-being to having an impact on the individual's performance (Riskin et al., 2017). Controlled studies indicate that even mildly rude behavior, such as insensitive and unexpectedly disrespectful acts or words, can affect the target's performance on cognitive tasks, and reduce creativity and flexibility, resulting in less-helpful and less-prosocial behaviors (Porath & Erez, 2007, 2009; Rafaeli et al., 2012). Further, not only is the intended target affected, individuals witnessing such behaviors are affected as well.

Research by Riskin and colleagues (2017) provides an example. They recruited 39 neonatal intensive care unit (NICU) teams to participate in a training workshop, including simulations of acute care of term and preterm newborns. For each workshop, researchers randomly assigned two teams to either an exposure to rudeness (in which the comments of the patient's mother included rude statements completely unrelated to the teams' performance) or control (neutral comments) condition, and two additional teams were assigned to rudeness with either a preventative (cognitive bias modification [CBM]) or therapeutic (narrative) intervention. Two independent judges, blind to team exposure, evaluated the simulation sessions using structured questionnaires to assess team performance. Results showed that rudeness had adverse consequences, not only on diagnostic and intervention parameters, but also on team processes (e.g., information and workload sharing, helping, and communication) central to patient care. They concluded that rudeness has robust, deleterious effects on the performance of medical teams, and exposure to rudeness debilitated the very collaborative mechanisms recognized as essential for patient care and safety.

Recently, Riskin and colleagues (2019) looked at behavior at the opposite end of the interaction spectrum: positive social interaction. In this study, 49 NICU teams, again comprising two physicians and two nurses, participated in training workshops of acute care simulations. The teams were randomly assigned to one of the following conditions: 1) maternal gratitude (in which the mother of a preterm infant expressed gratitude to NICU teams, such as the one that treated her child); 2) expert gratitude (in which a physician expert expressed gratitude to teams for participating in the training); 3) combined maternal and expert gratitude, or 4) control (same agents communicated neutral statements). Independent judges (blind to team exposure) evaluated the simulations using a structured questionnaire with a 5-point Likert scale (1 = failed and 5 = excellent). They found that mothers' gratitude positively affected teams' performances, with most of this effect explained by the positive impact of gratitude on team information sharing. Information sharing explained 33% of the variance in diagnostic performance and 41% of the variance in therapeutic performance.

Riskin and colleagues (2019) conclude that expressions of gratitude from a patient or the patient's family members appear to be both recognized and impactful, boosting critical team processes, and in turn, enhancing team diagnostic and treatment performance outcomes. They point out that medical personnel may be unaware of the tremendous effects these expressions of gratitude may have on their own functioning because their professional credo obligates them to make every effort to offer the best care possible, regardless of – and even despite – family members' response. Findings indicate that although this gratitude may not necessarily boost the motivation of medical personnel to provide high-quality care, it boosts their collective ability to do so.

As I reviewed these studies, a key element of family-centered care from three decades ago came to mind: "Sharing of unbiased and complete information with parents about their child's care on an ongoing basis in an appropriate and supportive manner" (Shelton, Jeppson, & Johnson, 1987, p. 14). According to Riskin and colleagues (2019), team information sharing was the primary driver of maternal gratitude, an identified component of best practice for caring for children in the 1980s that is apparently still valid today.

Riskin and colleagues (2019) conclude that encouragement of gratitude and other small, positive, interpersonal gestures may demand "nothing short of culture change on the part of the medical community and those they serve" (p. 7). They close with the suggestion that their findings imply the benefits may well be worth the effort.

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