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How did that get in there- it's a presentation I'm working up for Aqua in an estimated 10 years time

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Here's the correct slide.

Thank you to organisers for the invitation
My background as an anaesthetist and recovering simulation tragic

On the left a hat (not a theatre hat however) with a space for a name on it, and on the right a Legorama of Milgram's 1960s experiment in which participants complied with instructions to administer electric shocks to learners in another room. More about that in a moment

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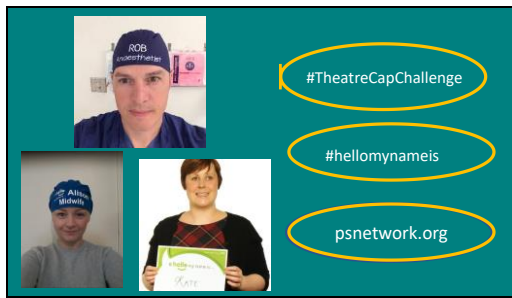


Yes these theatre hats belong to me

As per the summary of this presentation on your programme - Labelling one's hat with name and role can be surprisingly polarizing and I am to explore that a little today. There are intriguing social aspects, just as there have been with the SSC throughout its 10 year history.

I will take the opportunity to acknowledge Alan McIntic from Counties Manukau in South Auckland who gave a talk last Nov in Auckland on motivated rejection of science which inspired me to look more into this.

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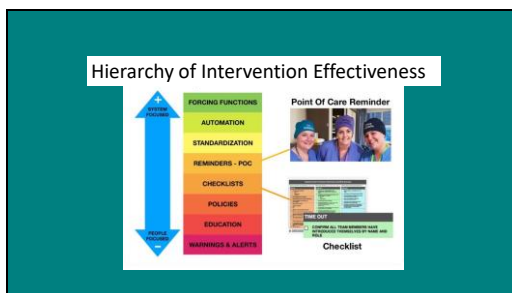
Background – some may be well aware depending on place of work and social media engagement
 Rob Hackett – works at 8 different locations – wrote name and role with a Sharpie pen, now involved with patientsafenetwork.org – social media – based network with projects/ grassroots good ideas eg standardising In- Hospital emergency numbers – 51 different numbers in Australia
 Alison Brindle student midwife in UK – social media angle - #TheatreCapChallenge
 Preceding them both - Kate Granger obstetrician gynaecologist died July 2015 husband continues – her angle very much patient experience
 Facebook and twitter very impt to these – a typical exchange

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Traction, captured mainstream media attention.
 Presented it as uncontentious that displaying name and role improved patient experience and also enhanced communication = reduced error = can expect higher quality healthcare in routine and non-routine situations.
 Numerous studies in this area – some referenced on psnetwork

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And thus in a hierarchy of interventions to improve patient safety, looks not too bad, getting into standardiation territory, I assumed it would just take is place as a useful change

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Provoked
A/Prof Nicolas Ralph

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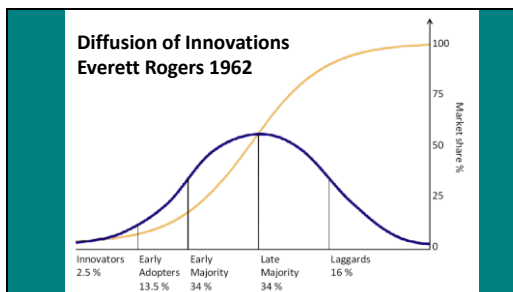


Anaesthetist in Northamptonshire
Is this one about SSC or names on hats? –
Could be either

This kind of interchange echoed what I
had personally experienced and read
about names and hats

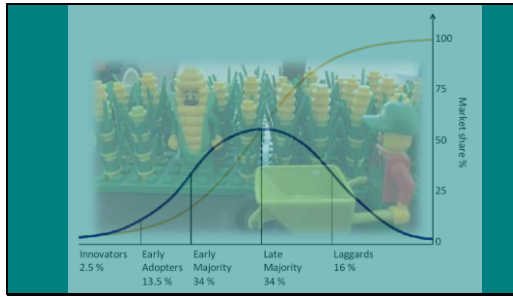
Also echoes of the reactions to SSC
introduction and now briefings
I tried to read a bit more about change
management

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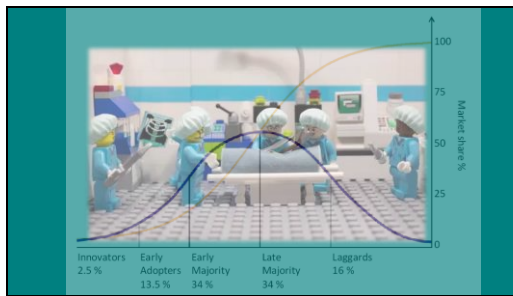
Well-known graph, exhibited in marketing
when looking new technology such as
smartphones, sounds like a nice smooth
expected path for innovations
Some people are natural experimenters,
the smart informed and connected people
adopt it the thing gets traction and off you
go

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But more consideration makes me realise an innovation with a major social aspect might be very different - original work in 1960s - Late majority and laggards poorly educated, little social contact or influence – introducing new hybrids of corn to farmers in Iowa

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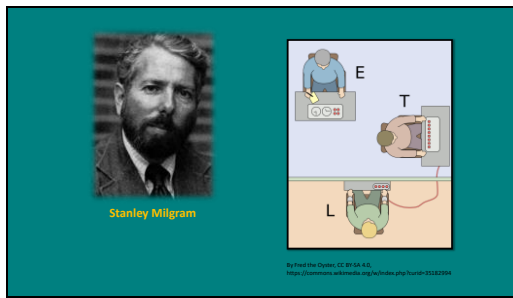
Not so for the right side of the curve with Names on hats– resisters well educated, senior, influential.

Like the SSC history.

I believed – yes a belief- for a long time that people would be happy to accept changes once they knew the good reasons behind the change –but “correcting knowledge deficit “ falls down in many areas – in fact some recent work that providing more information to climate change deniers or reluctant vaccinators may backfire by making rejection more likely and more trenchant, because humans like us don’t make decisions based on logic alone.

I don’t wish to put anyone down for responding in a normal human way - and I have to accept my decisions are influenced by my personal beliefs and sociocultural influences.

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Back to social experiments - a *social experiment* is a type of research done in fields like psychology or sociology to see how people behave in certain situations or how they respond to particular policies or programs. It is also loosely and informally used to refer to pranks and even inappropriate behavior – to see how people react.

The SSC and I would say names on hats have been social experiments in our workplace that have flushed out reactions revealing our belief systems. And they've been awkward at times, something that goes with social experiments in popular culture

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Writing my name on my hat have been surprisingly awkward and I have been joshed repeatedly by certain individuals “have you forgotten your name Jane”. Go to #Theatrechallenge to read more on the negative responses and awkwardness

This is balanced by staff remarking on what a good idea it is ...but very few have translated this approval into action.

I went looking for another framework for change

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An equation!
Has some use to me conceptually
Any factor close to zero then cannot overcome any resistance

Please note I am assuming that improving communication is a good thing and knowing someone's name improves communication – is not contentious

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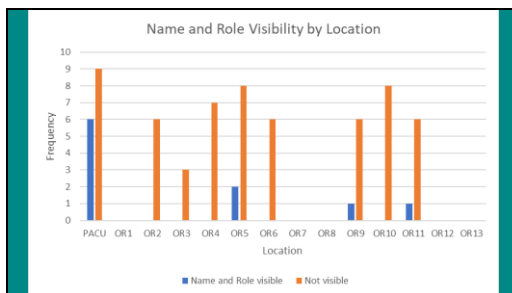
$C = D \times V \times F > R$
Dissatisfaction



Common to feel everything is awesome
Everyone knows who I am – quote from paper
We all know each other
Sadly, Noone needs to know who I am

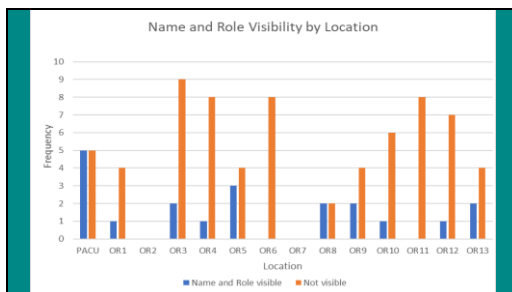
look at one of these statements - we do that anyway SSC - We wear name badges anyway

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Spot check in ORs on my floor
Explain

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Next day

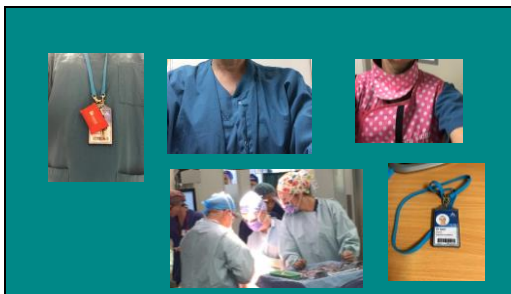
So where were the name badges? I have carefully documented here some of the anatomical variation, and named them in mock scientific style

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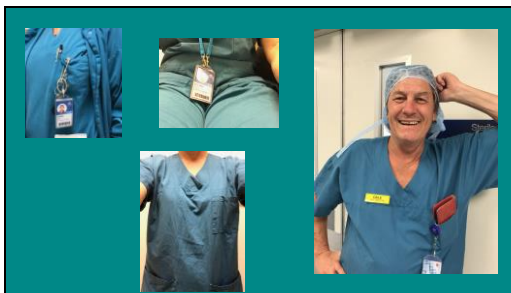
Ventral obverse
Ventral lanyard obverse
Superior sac
Inferior sac
Dorsal lanyard obverse

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Ventral lanyard obscura
Frigus obscura often seen in the same cold operating room as
Plumbum obscura
Very common Sterilis obscura often associated with the free floating name badge

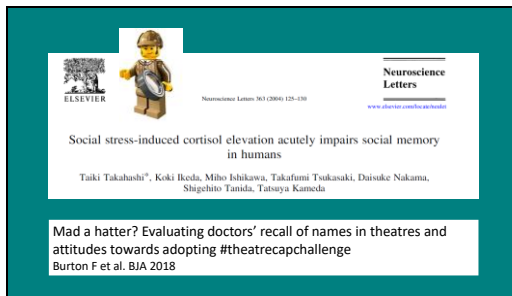
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For completeness
Name visible but in a location where its awkward to look closely
and the very common congenital absence of namebadge strongly associated with the "everyone knows me" statement

No fault ascribed or punitive action- name badge design in 2019 in my institution and probably yours is not fit for purpose
Gratuitous picture Dale HCA proudly wearing very visible namebadge – recent initiative that makes him very happy

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Throw in here some research around recall of names – **special difficulty for humans** humans only recall 30% of names after first introduction (Cohen & Faulkner 1986).

Its not easier to remember unusual names
Its easier to remember names of those of similar social group and ethnicity

Stress makes it harder to remember names

Repeating the name doesn't help because names are meaningless labels that do not reveal information about the person to whom they refer

It is easier to remember a person's occupation as a baker than his name as Mr. Baker

Names are also more likely to result in a tip-of-the-tongue

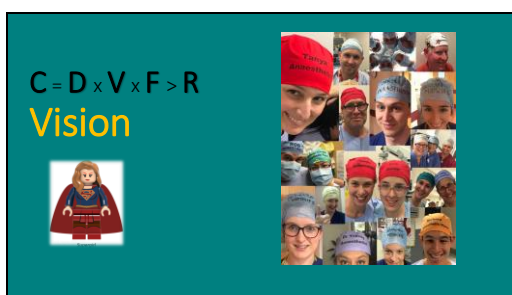
(TOT) state, a frustrating inability to produce a known

word (Burke, MacKay, Worthley, & Wade, 1991).

Tend to remember names in semantic categories - that's why as a child your parents are likely at some stage to have called you by your sibling's name or by the name of your family pet. And the Moses phenomenon - classically demonstrated by answers to the question "how many animals did Moses take on the Ark?"

Dunbars number 150

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Aspects of Quality in healthcare: patient centred, efficiency, safety through sharing info, knowing staff and able to speak up to watch each other's backs Mary Dixon - voice - -

Plus Reduce reuse recycle
Positive environmental effect

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$C = D \times V \times F > R$
Vision



Vision is 0 or negative number

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$C = D \times V \times F > R$
First Step




My experience – busy life, go to shop, get to local embroiderer, thrown a couple out

Starship applied to charitable fund for one-off and on going funding

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$C = D \times V \times F > R$
Resistance



Disadvantages

Infection with reusable cloth hats– dodgy

Cost

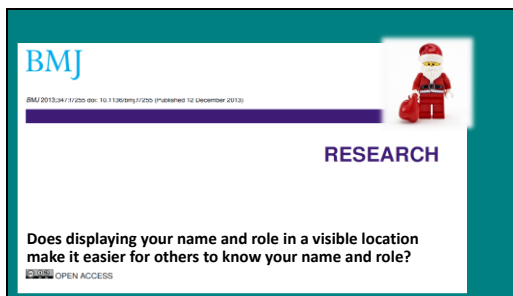
Show me the evidence - wondered if good topic for christmas edition of BMJ

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Give us evidence this will make a difference

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$C = D \times V \times F > R$

Resistance

- World views
- Conspiratorial ideation
- Vested interests
- Personal identity expression
- Social identity needs
- Fears and phobias



Hornsey 2017 American Psychologist

Motivated rejection of science, moral foundations
the scientific basis is just part of the picture for all humans –Worldview is impt in resistance or support for any change
Hornsey groups these attitude roots within 6 themes—
worldviews, **conspiratorial ideation, vested interests, personal identity expression, social identity needs, and fears and phobias—**
Hornsey 2017
A little more closely at world view
Compare Harm/care, Fairness/ reciprocity, Ingroup/loyalty, Authority/respect, and Purity/sanctity – Moral foundations

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World views

- Hierarchical vs egalitarian
- Social dominance
- Individualistic vs collective
- System justification

Hornsey 2017 American Psychologist



Compare Harm/care, Fairness/ reciprocity, Ingroup/loyalty, Authority/respect, and Purity/sanctity – Moral foundations

World views of patients and family - they like names on hats and checklists

Overall greater negativity from more senior staff who are comfortable in a hierarchical system of status quo and / or a more individualistic orientation.

"more to lose"?

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Names, Hats and Social Experiments

Hello
my name is

Change

→



Dr Jane Torrie
j.torrie@auckland.ac.nz

AQUA 2019

Some background on a nascent social change in our workplace, with a strong link to social media use.

Bring out some similarities to other social changes we have lived through like the introduction of the SSC and some indication of hat is behind our very human reactions to change

“Barndoor – always going to be implemented”

Narratives rather than facts but mythbust
Emphasise the consensus

Greater trust in like minds – get local leaders to send message

Empathy and common ground – tailor the message to the group eg vanity, future of children, biblical stewardship of the land.

Engage and permit some choice with in the initiative