

Stanford SOCIAL INNOVATION^{Review}

Research
The Divided Hospital
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doing business with the state government. For companies caught in this maelstrom, the lesson for managers is to consider how the company interacts with its stakeholders, from customers and employees to community members. If the community thinks the company doesn't stand for what residents believe in, it could be difficult for the company to recruit new employees, retain its existing staff, or attract customers. That's what companies are doing when they respond to protests, Zhang says.

"Our study does not provide any evidence that companies are stepping beyond this basic logic of business to somehow dole out corporate resources from the pockets of shareholders to those of stakeholders," Zhang says.

One interesting finding of the Women's March research is the degree to which board members focus on the company's own headquarters location as a source of information for how people in the community are thinking about social movements and causes, even when the company has operations that are more geographically distributed, says James Westphal, a professor of business administration and strategy at the University of Michigan's Ross School of Business.

"An important contribution of this study is to show that firms—even relatively large firms—are surprisingly responsive to protests in their local communities (i.e., the location of their headquarters)," Westphal says. "Given that many of the firms in their sample have stakeholders that cover a much larger area (larger regions, multiple regions, and even multiple

countries), it suggests a kind of myopia in how firms make inferences about the social issues of concern among their stakeholders." •

Muhan Zhang, Forrest Briscoe, and Mark R. DesJardine, "Corporate Boards with Street Smarts? How Diffuse Street Protests Indirectly Shape Corporate Governance," *Administrative Science Quarterly*, vol. 68, no. 4, 2023.

HEALTH

The Divided Hospital

BY CHANA R. SCHOENBERGER

How doctors, nurses, and hospital staff get along can directly affect patient outcomes, researchers have found.

Office interpersonal dynamics are the substrate of all workplaces. In a hospital setting, the stakes are higher: Medical errors are a leading cause of death and injury. A new study examines the connection between "incivility"—medical workers being rude or disrespectful to each other—and rates of mortality and medical errors for patients under the hospital's care.

Ren Li, an assistant professor of management at the Hong Kong Polytechnic University's business school; Virginia K. Choi, a graduate student at the University of Maryland; and Michele J. Gelfand, a professor of cross-cultural management and organizational behavior at the Stanford Graduate School of Business, authored the study.

They analyzed data from a large Northeastern US hospital from 2015 and 2016, surveying 1,102 medical workers organized into 38 work groups and reviewing the records of 4,138 patients to see how group

interactions affected medical outcomes. The researchers discovered that more rancorous interpersonal dynamics among the doctors and nurses in a unit led to higher rates of death and medical errors for their patients.

"A 10% increase in unit incivility was linked to a maximum 8.87% increase in healthcare-associated infection rates and a maximum 10.59% increase in mortality rates," the researchers write.

Their study explored how the workers self-organized into homogeneous subgroups—and whether the group leaders were able to foster a culture of collaboration that broke down barriers and improved patient care.

A typical hospital work group, a team of doctors and nurses who work together on one ward or medical specialty, often includes both men and women of different racial or geographic backgrounds. Although the hierarchy is rigid—doctors are always in charge, in order of seniority, followed by nurses, then technicians and support staff—the way the team breaks down into subgroups by gender, ethnicity, or position within the leadership structure can affect the dynamics of the whole.

In some work groups, people of the same gender and ethnicity tend to hold the same professional roles and rely on their fellows for moral support when they run into issues with a different subgroup. It's not uncommon to find that many or most of the nurses on a unit are women from minority races and ethnicities, while many or most of the doctors are white men.

When people don't get along with a colleague or subgroup, they may turn to those

they feel can empathize with their situation, rather than trying to resolve the conflict. The problem can permeate the medical workforce, as the study's research assistants assigned to do observational studies at the hospital discovered, Li says. For example, a doctor told another that it was a nurse's job to remind them when they forget to wash their hands, and the nurses rolled their eyes at one another. A nurse complained to her fellow nurses that doctors were giving her conflicting orders—but wouldn't mention the issue to the doctors. Another nurse expressed hurt feelings to the other nurses when a doctor she'd worked with for years called her "Hey," having forgotten her name.

Different work groups the researchers surveyed had varying levels of incivility, but in work units that featured what the researchers called "strong faultlines," with a clear divide between subgroups of workers, a management culture that fostered collaboration in cases of conflict led to better patient outcomes. To achieve this result, the hospital would need to either train its unit leaders, usually doctors, in a collaborative management style, or hire new leaders who worked this way, Li says. In a group that uses this management practice, workers ideally consider themselves part of the hospital unit rather than part of their own particular subgroup first.

"The paper shows conclusively that the conflict culture of a team can have a life-or-death significance for medical patients when social conflicts can easily appear in teams," says Michael Frese, a professor at the Asia School of Management and Leuphana

University of Lueneburg, Germany.

The study has important implications for practitioners, according to Frese. A more diverse work group will not necessarily function better. Hospital leaders must iron out issues with how people work together before the positive effects of diverse teams on patients come to fruition. •

Ren Li, Virginia K. Choi, and Michele J. Gelfand, "Ripple Effects of Hospital Team Faultlines on Patient Outcomes," *Proceedings of the National Academy of Sciences*, vol. 120, no. 47, November 2023.

SOCIAL SERVICES

The Trouble With Heroes

BY DANIELA BLEI

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In 2020, Matthew Stanley, a postdoctoral researcher at Duke University's Fuqua School of Business, watched as his wife, a resident physician, and her colleagues performed the stressful work of treating patients during a deadly pandemic. Around the same time, Stanley noticed a trend emerging in health-care settings: signs and artwork touting the message, "Thank you health-care heroes!" Reminded of his research on military veterans, who are often lionized in American society, Stanley wondered how heroizing language shaped public perceptions of workers and their professional experiences. Did the hero designation translate into higher pay, better benefits, or new opportunities?

Stanley teamed up with his advisor, Aaron C. Kay, a

professor of management and organization at Duke's Fuqua School of Business, to investigate the hero label, asking what the consequences are for those who have it applied to them. First, the researchers established that historically, "hero" had been ascribed to individuals who carried out extraordinary deeds, not entire groups such as today's doctors, nurses, veterans, teachers, paramedics, and firefighters. Only in recent years has hero language and imagery—workers wearing capes, for example—proliferated on signs, screens, T-shirts, and posters. Investigating the effects for workers, the researchers discovered that heroization did not lead to better occupational outcomes, but instead to exploitation, even after a transition to a new career. Across nine studies of large samples of American residents, they tested how heroization influenced public expectations in ways that facilitated the exploitation of workers.

"We were interested in using naturalistic stimuli to understand what the imagery out there is doing to people," Stanley says. "We were particularly interested in what's available on the internet, messages that get pasted in classrooms in the context of teachers, that are put up in health-care centers in the context of health-care workers, and images of veterans and military personnel that show up at sporting events, on government websites, and at organizations that try to help veterans find employment."

In one study, participants observed posters depicting nurses and veterans as heroes wearing capes. Then, using image-editing software to erase

the capes, the researchers presented a control group with pictures of nurses and veterans in regular clothing. By randomly assigning the two conditions, they could determine the effects of heroization as participants made judgments about whether these workers should take on extra shifts without compensation or accept pay cuts. Since study participants believed that

inference, study participants assumed that treating heroes poorly simply allowed them to act according to their values. Warning of the effects on employers if workers acquiesce to exploitative requests from management, perhaps fearing significant harms, the researchers cite "the potential to reinforce managers' assumptions that people in



heroes are willing to sacrifice and engage in selfless behavior, they expected them to volunteer without compensation. "Selflessness and self-sacrifice are central components of heroism in Western cultures," Stanley says, "at least in 2022 and 2023."

While intended to show popular support and admiration for workers, heroization reduced public opposition to their exploitation, the researchers found. If nurses were expected to volunteer for an extra shift each month for no extra pay, then hospital systems could introduce this policy and encounter little resistance. However faulty the

heroized occupations want to be subjected to exploitation."

Social scientists have long studied negative stereotypes and their consequences for individuals and society. But positive labels, which are often broadly accepted, have received much less scrutiny. After demonstrating how positive stereotypes can result in exploitation for nurses, veterans, teachers, and other "heroes," the researchers found that heroization makes it difficult for the public to see workers as individuals with their own wants and needs.

"People assume that Americans enter the military because they want to selflessly