

Spectrum of climates created by clinicians

Table 1. A summary meta-narrative from positive deviance and similar qualitative studies that contrast clinician styles stratified by positive versus other outcomes.

Setting	Positive outcomes*	Other outcomes*
Collaborative work	<p>“Passion on the part of physician leaders to continually hit that mark and for the best outcomes...”¹</p> <p>“medical staff organization factors as involvement of the medical staff president with the hospital governing board, overall physician participation in hospital decision making, frequency of medical staff committee meetings... are positively associated with higher quality-of-care”²</p>	<p>“Physician presence in championing...quality improvement efforts was weak”¹</p> <p>“[T]here’s not enough physician leadership on the committee”¹</p> <p>“You should remember: I don’t care about any patients but mine”³</p>
Clinical work	<p>“...Nurses know that they are 100% supported, all the way up to the top of the organization, that they are empowered to call rapids regardless if they’re being told not to call a rapid [response]...”⁴</p> <p>“Clinicians frequently discuss difficult cases to solicit the opinions and insights of their colleagues.”⁵</p>	<p>“...A lot of them are afraid to call the physician. So sometimes the physician would be angry that they called a rapid response...”⁴</p> <p>“I gave you orders, and what are you calling me again for?”¹</p> <p>“providers...tended to practice without the benefit of their colleagues’ opinions.”⁵</p>

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