

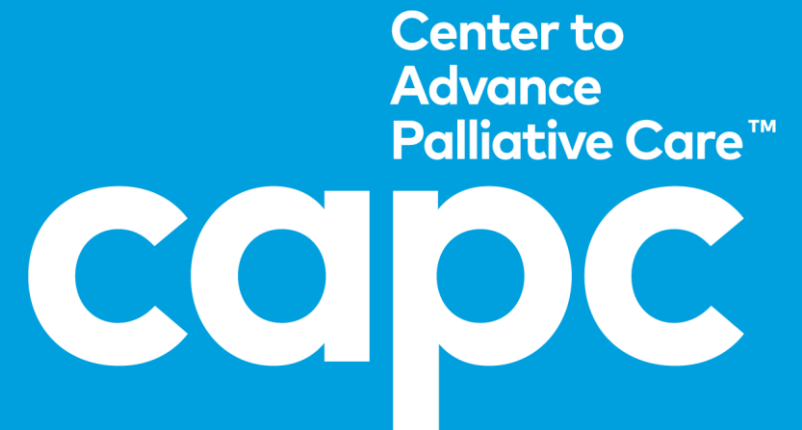
# How to Recognize and Manage Workplace Toxicity in Palliative Care

Connie Dahlin, MSN, ANP-BC, ACHPN, FPCN, FAAN

Terry Altilio, LCSW, APHSW-C

Jay Vanston, MD, FAAHPM

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# Learning Outcomes

At the end of the presentation, the learner will be able to:

- Describe the concept of toxicity
- Identify elements that allow toxicity to manifest
- Apply similar skills used with patients and families with our teams and colleagues
- Discuss strategies to address toxicity

# Defining Toxicity in the Workplace

May occur at the individual, team member, program leader, program, or system level

- Environments where harmful behaviors are normalized
- A stressful work environment which often leads to lapses in judgment and care delivery
- Systems that place blame on individuals for failures

# Implications of Toxicity

- Decreased individual well-being
- Decreased team well-being, eroded trust, high turnover rate
  - When healthcare providers leave positions, it disrupts continuity of care, adversely affecting patients.
- Decreased patient safety and continuity of care
  - Increased errors: A stressful work environment often leads to lapses in judgment and care delivery.
  - Patient dissatisfaction: Poor morale among staff can translate into negative experiences for patients, reducing satisfaction and trust.
- Financially expensive to lose staff

# The Importance of Discussing Toxicity in Serious Illness Care Now

1. Workforce shortage → Need all professionals
2. Serious illness care is interprofessional care  
→ Need all professions and personnel
3. The work is difficult → Recovery and meaning are possible
4. Enhancing sustainability of the workforce →  
Retention

# Why Serious Illness Care Teams Especially Vulnerable To Toxicity

- Emotional, moral, and spiritual demand of the work
- Chronic exposure to loss and grief
- Complex interprofessional dynamics
- Individual team members merge values, culture, and ethics with team values and ethics
- Interprofessional teams merge values, culture, and ethics within the organization and with patients and families

# Power Dynamics Within Team

- Ideal: Respect for voices across disciplines
- Understanding: Different levels of clinical responsibility
- Reality: Hierarchy shaped by roles or charisma
- Meetings: Shape of table, who sits where, how we address each other
- Disagreement: Silence or disengagement
- Recognition/Acknowledgement: Unique interprofessional contributions

# Poll

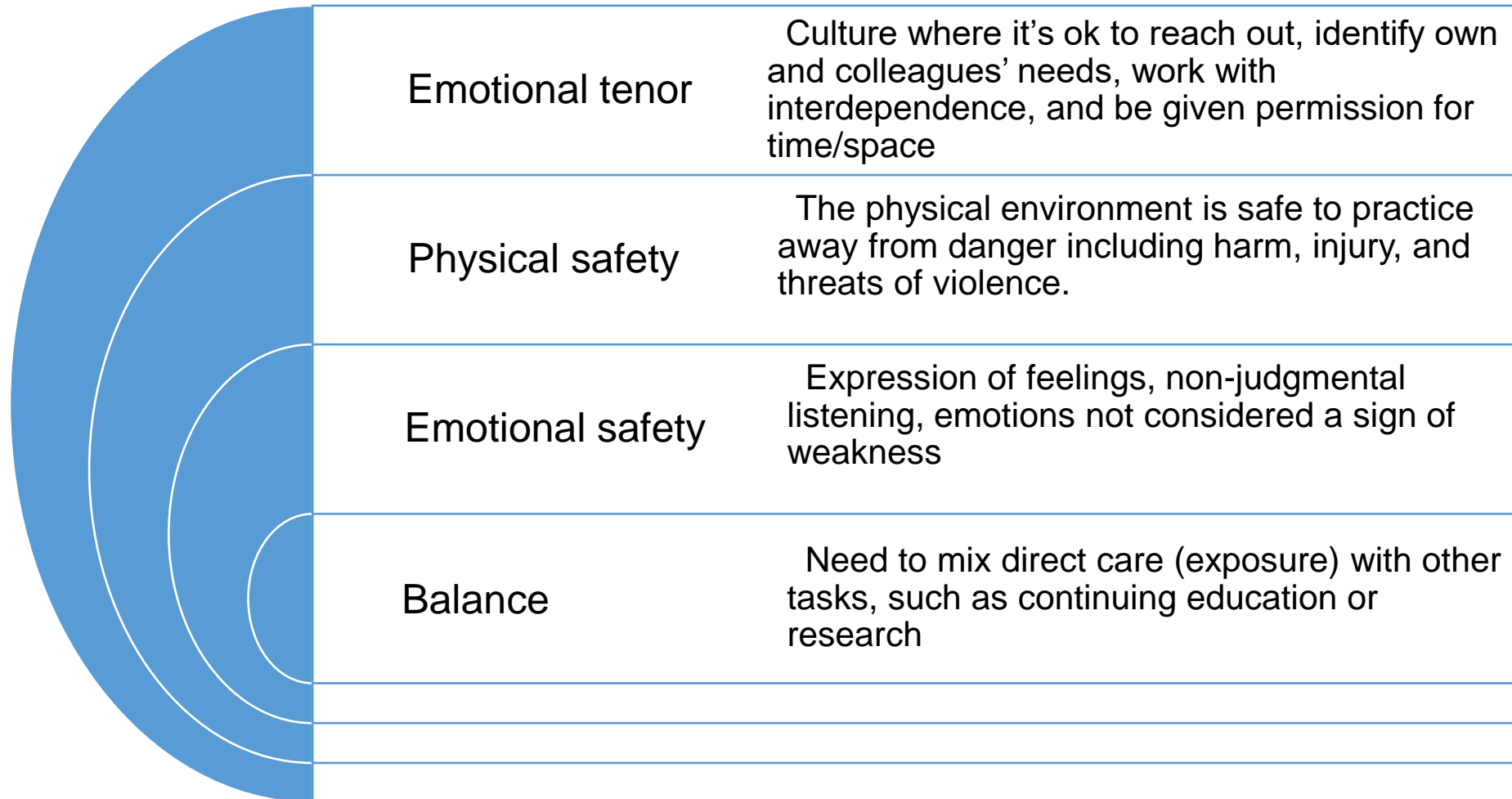
Have you been part of a toxic team?

Are you currently part of a toxic team?

Are you trying to mitigate a toxic team?



# Ideal Work Environment



# Psychological Safety

- Confidence to speak up without fear
- Built on trust, inclusion, and respect
- Linked to better communication and outcomes

Healthy Team  
Benefits  
and  
Unhealthy  
Team  
Consequences

Benefits for Team	Consequences to Team
<ul style="list-style-type: none"><li>· Maximizes opportunity for optimal patient and family care</li><li>· Promotes team productivity</li><li>· Promotes individual job satisfaction and self-enrichment</li><li>· Increases creativity and problem-solving ability</li></ul>	<ul style="list-style-type: none"><li>· Loss of clinical effectiveness and productivity</li><li>· Absenteeism and staff turnover</li><li>· Dysfunctional intrateam behaviors</li><li>· Blunting of empathy, moral distress, compassion, fatigue, and burnout</li></ul>

## Healthy Program Benefits and Unhealthy Program Consequences

Benefits for Program	Consequences to Program
<ul style="list-style-type: none"> <li>· Promotes well-being in relationships among clinicians, referring clinicians, and other staff</li> <li>· Promotes synergy of goals between palliative care and health-setting</li> <li>· Fosters recruitment and retention of palliative care staff</li> <li>· Promotes program expansion to new clinical/educational /system change activities</li> </ul>	<ul style="list-style-type: none"> <li>· Loss of respect peers and administrators</li> <li>· Reduction in patient referrals</li> <li>· Inability of program to meet hospital /health system goals</li> <li>· Expenses related to staff turnover: disruption of team equilibrium, financial, emotional implications</li> </ul>

# Black–Box Warning of Team Toxicity

- One or more team members who are: disruptive, frequently absent, apathetic, dispassionate, sarcastic, hopeless, and/or who express constant emotional/physical exhaustion, report frequent illnesses, or exhibit signs of palliative care “martyrdom”<sup>14</sup>
- Chronic poor attendance at team meetings
- Chronic poor follow-through on assigned tasks
- Team member(s) repeatedly staying beyond normal work hours
- Intrateam conflicts or differences that are consistently unresolved
- “Junior high school” behaviors: cliques, gossiping, and similar behaviors by team subgroups—a sign of poor team communication, feelings of disenfranchisement, and dissatisfaction
- Frequent high clinical workload that precludes nonclinical activities (e.g., teaching, scholarly work, quality-improvement projects, team care activities)

# Quick Assessment

Scoring: 1 = Poor 2 = Fair 3 = Excellent

Score (1–3)	Item
	There is open communication and trust to share personal feelings between team members.
	Every team member knows the program mission and goals for the coming 12 months.
	Team members work well together to achieve team goals in a timely manner.
	Team members have a high degree of accountability to each other to complete clinical and nonclinical tasks.
	Individual roles and responsibilities are well understood.
	Conflicts between team members are quickly aired and resolved.
	Team administrative meetings are well organized, with clear outcomes and good follow-through.
	Team members are receptive to self-care and team care activities.
	Individual performance expectations are clearly defined.
	Team members handle workload stress professionally.
	<b>TOTAL SCORE</b>

- **Score Interpretation (range 10–30)**
- **< 20** = Poor, improvements definitely needed
- **20–25** = Fair, some improvements needed
  - **> 25** = Excellent

# Palliative Care Lens of Toxicity

How is it we offer and role model grace and compassion in working with patient and families, yet we do not do this with team members?

- Taking action may be a form of integrity, and inaction may be a form of abandonment
- Protect your well-being and set boundaries
- Silence can perpetuate harm

# Steps for Addressing Toxicity

## Step 1

### Self – Reflection

- How do you interpret what occurs in team as toxic ?
- Do others see it that way?



# Steps for Addressing Toxicity

## Step 2

- Find a safe person to discuss situation

# Strategies for Dealing with Toxic Team Members

- Maintain professionalism and boundaries
- Minimize unnecessary contact
- Anchor to purpose and seek allies

# Strategies for Dealing with Toxic Leaders

- Offer feedback, if safe
- Document interactions
- Consult mentors
- Stay professional and protect your energy
- After clear consideration, consult HR

# Decision Making

## How to stay?

- Review culture, what can change vs what cannot
- Revisit early signs
- Review the individual self and what we bring
- Review our responsibilities
- Staying can empower one to feel less trapped and taking control

# Take Aways

- Palliative care is not immune to toxicity
- Toxicity undermines teamwork and patient care but can be addressed
- Psychological safety is essential
- Need to ponder how to address the situation
- Use a similar discovery mindset with grace and compassion as you do with patients and families for self and others

# Discussion and Reflection

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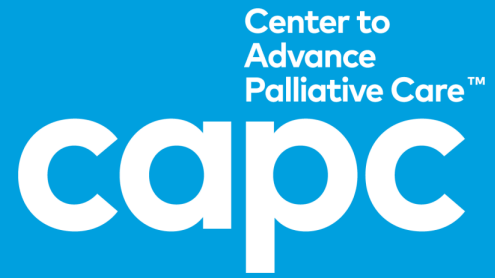
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55 West 125<sup>th</sup> Street  
13th Floor  
New York, NY 10027  
347-802-6231  
**capc.org**