

AMSUS Abstract—60-minute lecture

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Experiences of Institutional Betrayal and Institutional Courage in Health Care among Veterans Exposed to Airborne Hazards: Implications for Providers (20 words)

One Paragraph Summary: (350 words)

Patients' feelings of betrayal and mistrust may be one of the strongest barriers we face in providing health care, yet they are largely underexplored. To address this, The VA's War Related Illness and Injury Study Center (WRIISC) at the New Jersey VA Health Care System embarked on a qualitative quality improvement project to examine themes of institutional betrayal and institutional courage among Veterans exposed to airborne hazards. The term institutional betrayal describes experiences where institutions fail to protect members from wrongdoing that are perpetrated within the institution. Institutional courage represents action taken by organizational members, administrators, and policy makers to protect those who depend on the institution. WRIISC project staff presented the notion of institutional betrayal to Veterans in semi-structured individual interviews. Interviews were transcribed and coded using accepted qualitative methodology. Veterans described experiences of institutional betrayal during their military service, in health care, in seeking Veteran benefits, and in other settings (e.g., the workplace). Within the context of health care, Veterans shared individual provider and policy level experiences of institutional betrayal and courage. Veterans described provider level experiences of feeling lied to or deceived, lack of humility, animosity, passivity, and not being believed. Veterans shared system level experiences that included the perception of information being hidden from them, a lack of accountability, and being refused services. Themes also pointed to descriptions of inconsistencies and contradictions, system level failures, and inefficiencies. Participant reactions to these experiences included feeling belittled, disrespected, and alone as well as other responses (e.g., lack of trust in health care, reducing health care, pleading for support or action, self-advocacy, and pursuing accountability). Veterans reported themes of resilience and communing with other Veterans as coping strategies. While these themes feel daunting, there are ways to address institutional betrayal in health care. This session will highlight patient voices and engage participants in a discussion of how providers, administrators, and policy makers can respond to institutional betrayal with institutional courage.

Objectives: (3-5)

1. Following this presentation, participants will be able to define and provide examples of institutional betrayal and institutional courage in health care.
2. Participants will be able to connect experiences of institutional betrayal and institutional courage to the patient-provider relationship.
3. Participants will be able to discuss both clinical and administrative strategies to mitigate past experiences of institutional betrayal as a means of demonstrating institutional courage.