

# Managing Disruptive Behavior



**A**n anesthesiologist yells at a nurse during surgery. A surgeon throws a sponge at a colleague in anger. A senior nurse berates a junior nurse in front of her peers. All these are obvious examples of disruptive behavior that occur in health care organizations across the country.

In addition to these overt displays, disruptive behavior can also be more subtle. Consider a pharmacist who sits in meetings and does not pay attention because he or she is returning e-mails via his or her Blackberry; or consider a surgeon who is chronically late to surgery, causing frequent delays in the operating room schedule. What about a physician who does not return pages, a surgeon who refuses to participate in the organization-mandated preprocedure briefing, or a nurse who constantly criticizes other members of the patient care team? Aren't these individuals also engaging in disruptive behavior?

At its most fundamental level, disruptive behavior is any behavior that

interferes with communication, team performance, or safe patient care. It can include but is not limited to verbal abuse, harassment, condescending or berating behavior, lack of respect, or physical abuse. "Fortunately, physical abuse is not that prevalent in health care settings," says Alan H. Rosenstein, M.D., M.B.A., vice president and medical director for VHA West in Pleasanton, California. "However, more common behaviors such as condescending or berating behaviors can be just as damaging to patient and staff safety, health, and morale."

## The Prevalence of Disruptive Behavior in Health Care Settings

The majority of health care professionals enter their chosen discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The preponderance of these individuals perform their duties in a manner consistent with this idealism and maintain high levels of

professionalism. However, intimidating and disruptive behaviors in health care organizations do occur, and these behaviors can create an unhealthy or even hostile work environment—one that is readily recognized by patients and their families.

Several surveys have found that most care providers have experienced or witnessed some form of disruptive behavior at some point in their career.<sup>1</sup> While most formal research focuses on intimidating and disruptive behaviors among physicians and nurses, evidence shows that these behaviors also occur among other health care professionals, such as pharmacists, therapists, support staff, and administrators.<sup>2</sup>

## The Consequences of Disruptive Behavior

Disruptive behavior has both immediate and long-term consequences. An incident has an immediate effect on the individual on the receiving end of the behavior. He or she may feel embarrassed, stressed, frustrated, angry, and so forth, and this may affect his or her performance in providing patient care. In the long term, disruptive behavior can lead to medical error, ineffective care, and adverse outcomes. "After an incident, disruptive behavior may impede communication, relationship building, and information transfer, which in turn can compromise safety and quality and ultimately affect patient mortality<sup>3</sup>," says Rosenstein.

Disruptive behavior can not only impede patient safety but also negatively affect patient and family satisfaction. "If a patient feels that a health care provider is not respectful or is condescending, the patient may choose not to follow treatment or return for follow-up visits, thus affecting

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clinical outcomes,” says Gerald Hickson, M.D., associate dean for clinical affairs and director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Centers Nashville. “In addition, such patient dissatisfaction with physician communication has been shown to drive unnecessary litigation.” Several studies have linked patient complaints about unprofessional, disruptive behaviors to physicians with high malpractice risk.<sup>4,5,6</sup>

Disruptive behavior can also impede staff retention. “If staff members don’t feel respected by their colleagues, they have less job satisfaction and may choose to seek employment elsewhere,” says Hickson. “Such turnover can affect the quality and safety of the care provided by the organization as well as the financial bottom line.”

### **Addressing Disruptive Behavior**

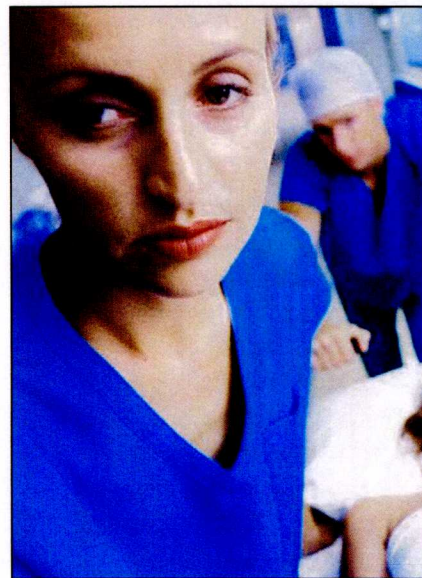
While it is easy to say that organizations must deal with disruptive behavior, no simple or short-term approach exists. “Addressing this issue takes a long-term commitment from clinical and administrative leadership and involvement of the entire staff,” says Hickson.

Despite the complexity of the issue, organizations can take some specific actions to address the problem:

- **Acknowledge the problem.** As with any other issue, before you address disruptive behavior, you must acknowledge that it exists. To help with this effort, organizations should conduct a cultural assessment survey in which they gather staff perceptions

on teamwork and communication and the presence of disruptive behavior. “Organizations must recognize that reducing and eliminating disruptive behavior can only occur in a culture that supports safety and quality,” says Rosenstein. “Consequently, getting an assessment of your culture and its strengths and weaknesses is an important first step in solving the problem.”

- **Establish comprehensive policies that address disruptive behavior head on.** These policies should establish what is appropriate behavior in the workforce and outline a zero-tolerance policy for disruptive behavior, including an organizational response employees can expect if disruptive behavior occurs (see “Creating a Code of Conduct” on page 10). In addition, policies should also protect those who report or cooperate in the investigation of intimidating, disruptive, and other unprofessional behavior. Non-retaliation clauses should be included in all policy statements that deal with this issue.
- **Create a surveillance system for disruptive events.** The only way to know if disruptive behavior is occurring in your organization is to collect data on that behavior. “A surveillance system allows you to gather information on disruptive incidents, analyze that information, and implement an effective response,” says Hickson. Such a surveillance system may include disruptive event reports, patient complaints, results from staff, and patient satisfaction surveys. As part of the surveillance system, organizations must assign responsibility for receiving event reports and addressing them. “Depending on the event, the surveillance system



*All team members should be held accountable for modeling desirable behaviors in the workplace.*

should allow for analysis by a multidisciplinary group, including physicians, nurses, human resources personnel, and administrators,” says Rosenstein.

- **Take a proactive approach to education.** The best way to address disruptive behavior is to prevent it in the first place. Employees should be trained on the consequences of disruptive behavior and the impact on patients. Proactive education and training on topics such as teamwork, relationship building, conflict resolution, diversity, and linguistics can help prevent negative situations and further emphasize an organization’s commitment to professional behavior. “Providing training to staff at all levels on how to have conversations about disruptive behavior is also critical,” says Hickson. “Oftentimes staff members don’t have the tools to have an effective conversation about behavior which can cause situations to escalate.”

*(continued on page 10)*

