

Disruptive Behavior in Healthcare

Identifying It and Addressing the Risks

Objectives

At the conclusion of this program, participants should be able to:

- Identify three different types of disruptive behavior
- Describe the potential effects that disruptive behavior have on patient care and professional practice
- Identify behaviors in themselves, peers, and/or staff that might be considered disruptive behavior
- Implement effective strategies to address disruptive behaviors when encountered in the workplace



Definitions



Inappropriate behavior “means any conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as ‘disruptive behavior’”

Disruptive behavior “means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or nonverbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised”



Defining disruptive behavior

Disruptive behavior is an umbrella term

- The Joint Commission
 - Sentinel Event Issue 40: Behaviors that undermine a culture of safety
- Institute for Safe Medication Practices
 - Broad array of conduct ranging from aggressive outbursts to subtle patterns of disruptive behavior
- American Nurses Association
 - Position statement states nurses are required to create an ethical environment and culture of civility and kindness, and it references treating others with dignity and respect

Behaviors

Appropriate

- Encourages clear communication
- Participates in team problem-solving
- Offers respectful and constructive criticism

Inappropriate

- Belittles or berates others
- Makes inappropriate comments to staff
- Refuses to communicate

Disruptive

- Exhibits through violence and intimidation and does not self-correct

Examples of disruptive behaviors?

Disruptive behaviors

- Incomplete charting
- Avoidance
- Failure to answer calls
- Frequent absences
- Chronic tardiness
- Getting behind
- Refusing to help

Passive

- Excessive sarcasm
- Implied threats
- Inappropriate jokes
- Refusal to complete tasks
- Condescending language/tone

Passive-aggressive

- Anger outbursts
- Raised voice
- Demeaning
- Intimidation
- Public criticism
- Physical aggression
- Physical violence

Aggressive

Disrespect is the most common disruptive behavior

Contributing factors



Psychiatric conditions (symptoms, disorders)

- Depression
- Bipolar disorders

Personality disorders

- Narcissism
- Paranoia
- Passive-aggressive
- Borderline/mixed

Occasional incident

- Substance abuse

Triggers contributing to disruptive behavior

Intrapersonal

Affects job performance

Lack of competency
or fatigue

Interpersonal

Relationship between
two or more people

Lack of leadership

Questions patient care

Staff diversity

Organizational

Inhibits interaction at work

Systems

Processes

Culture



Impact of disruptive behavior

The impact on patient safety

According to The Joint Commission, disruptive behavior:

- Fosters medical errors
- Decreases patient satisfaction
- Increases preventable adverse events
- Increases the cost of care
- Drives away clinicians and others on healthcare team

The impact across the team

COVID-19 pandemic exacerbated the issue of disruptive behavior.

- In a Medscape physician study in **2022**, 41% of survey respondents said they witnessed colleagues behaving inappropriately in the workplace compared to 35% in **2021**.
- Stress and hardship were noted as triggers for the uptick in behavior.
- Damage takes many forms, including causing a negative impact on employee morale and job turnover.

“Disruptive behavior within the healthcare setting is concomitant with decreased productivity, absenteeism, turnover, and decreased patient safety.”

”

Financial implications

Nurse retention

- 60% quit within 6 months
- Direct costs: \$60,000-\$100,000

Adverse events

- 1 in 10 patients is harmed
- Average adverse drug event cost: \$2,000-\$5,800
- Average added costs for healthcare-associated infections: \$20,000-\$38,000

Medical malpractice and state fines

- Average medical error based claim: \$521,560
- Fines per hospital: \$25,000-\$100,000
- \$55 billion in medical liability system

10% of total healthcare costs on insurance and defensive medicine

Prevalence and magnitude

Best estimate is 3%-5% of physicians present with disruptive behavior

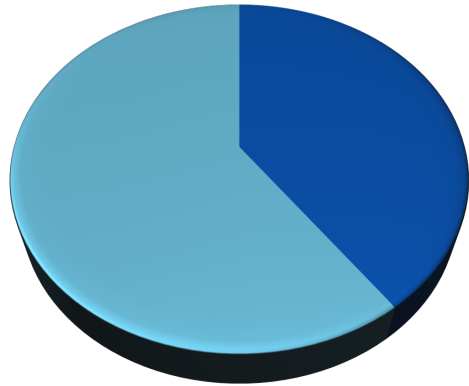


- F
- Inconsistency in resolving behavior

In a physician executive survey:

- 70% stated these disruptive behaviors are from the same physicians
- These behaviors are most common between a nurse or allied healthcare staff member and the physician
- 80% stated disruptive behavior is under-reported due to fear of retaliation

Institute for Safe Medication Practices and the impact on safety

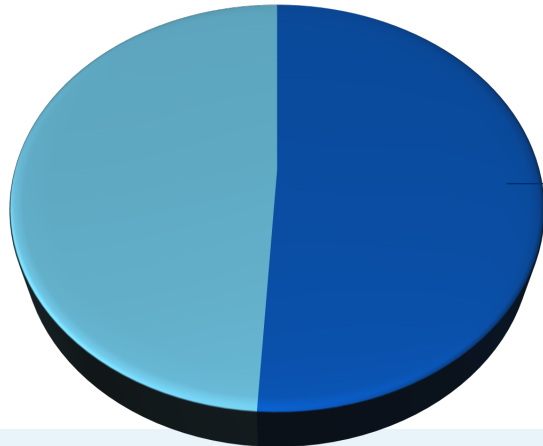
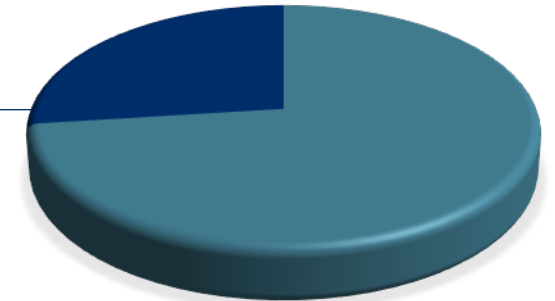


40%

Altered the way they handled order clarifications or questions about medication orders

Aware of an error in which disrespectful behaviors played a role

27%



51%

Avoided interacting with a particular provider

Medical errors

42% More mistakes in diagnosis

Performance reduced when exposed to disruptive behavior ↓

11% - 14% Higher risk of surgical and medical complications

If more than 4 behavioral reports, had 31.7% higher complication risk

Increase in malpractice claims

About 8% of physicians are sued annually

Odds of being sued at least once in one's career based on behavior



- Does not consider suggestions – 5.99
- Snaps at others when frustrated – 5.92
- Does not pay attention – 4.97
- Does not inform others of treatment plan – 4.86
- Talks down to others – 4.28



Case examples

Case example #1

A 54-year-old male suffered long-term injury following spinal surgery



ALLEGATION

Improper performance of spinal surgery with 2 retained foreign bodies; need for yearly X-rays/monitoring and subsequent care.

CONTRIBUTING FACTORS

- Verbally abusive behavior
- Improper performance

Case example #2

A 50-year-old female dies in the hospital following dose of fentanyl given during postoperative period of outpatient surgery



ALLEGATION

Improper management of anesthesia resulting in cardiac arrest and subsequent death.

CONTRIBUTING FACTORS

- Behavior
- Delay in treatment
- Documentation

Additional examples

Disruptive behavior has the potential to create a corrosive environment while both directly and indirectly affecting patient care.

An office manager has an abrupt and blunt communication style.

A physician in a group practice has been frequently absent and late for appointments.

A nurse supervisor gives nicknames to all of the nurses whom she manages.



Potential indicators of disruptive behavior

Frequent job changes

Employed in jobs inappropriate for their qualifications

Reluctant to provide references or permission to contact

History of voluntary or involuntary relinquishment of licensure or medical staff membership

History of limitation, reduction, or loss of clinical privileges

Excessive claims resulting in final judgments against them

History of investigations or disciplinary actions

Poor performance evaluations

Identification of behaviors

Overt

- Screams
- Uses physical intimidation

Covert

- Ignores phone calls
- Refuses to communicate
- Disregards policy & procedure



Lateral

Vertical

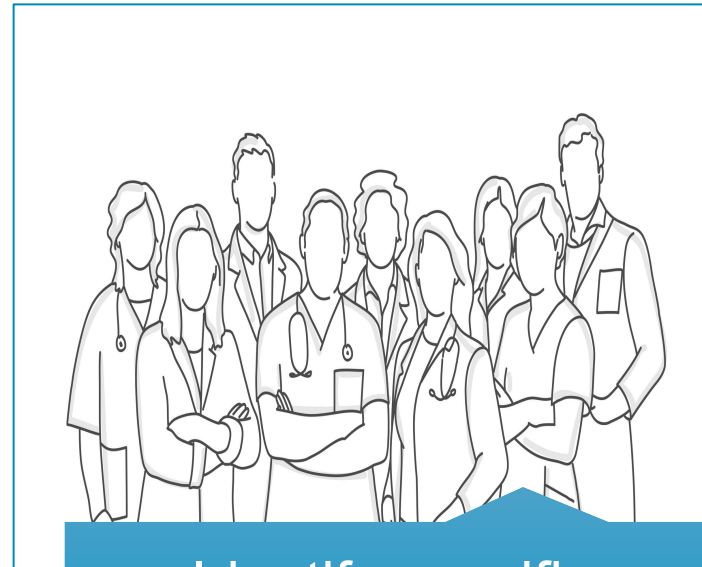


Strategies to address disruptive behavior

Organizational risk strategies



Develop and enforce a code of conduct



Identify specific behaviors that are disruptive or inappropriate

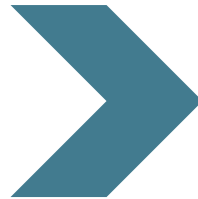


Seek organizational leadership and executive committee support

Organizational risk strategies (continued)



Include information about the code of conduct in arrangements, agreements, contracts, and other documents.



Develop a process to report, evaluate, and document behavior incidents.



Implement a process for notification of team members and providers who receive behavior complaints.

Organizational risk strategies (continued)

Develop a tiered corrective action plan commensurate with the type of behavior and the frequency with which it occurs.

Implement a process to monitor individual's behavior following corrective action for behavioral incidents.

Develop an approach for managing behavior that is a result of substance abuse or behavioral health issues.

Organizational risk strategies (continued)



Identify standards for confidentiality related to reporting behavioral incidents, evaluating incidents, and taking disciplinary action.



Educate, educate, and re-educate.



Conduct culture of safety surveys.

Targeted risk strategies

Education: policy and procedures

Compliance: policy and procedures

Compliance: partnership agreement (financial incentives)

Individual performance: monthly review meetings

Workflow intervention and stress reduction

Chain of command/ referral

Summary

➤ Disruptive behavior threatens patients, teams, and organizations



Culture of fear and intimidation

Low staff morale

Staff turnover

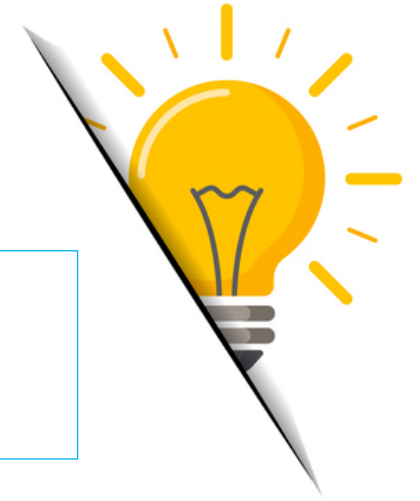
Erodes collaboration

Erodes communication

Patient safety and harm

Litigation

Resources



Directory of Physician Assessment and Remedial Education Programs (Federation of State Medical Boards):
<https://www.fsmb.org/siteassets/spex/pdfs/remedprog.pdf>

Med Pro Group:
www.medpro.com

Apprentice management programs

Employee/physician assistance programs

Volunteer programs

Professional associations

State medical boards

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