Disruptive Behavior in Health Care

A Threat to Health Care Safety

What is disruptive behavior in health care?

Disruptive behavior is any behavior or conduct that interferes with safe patient care. In 2008 the Joint Commission issued a sentinel event alert to increase individual and organizational awareness of the safety risks caused by disruptive behavior in health care.

Forms of disruptive behavior in health care

Disruptive behaviors include overt and covert behaviors by any person(s) that threaten individual performance and/or performance of the health care team. The most common forms of disruptive behavior in health care are emotional-verbal abuse and intimidation. Disruptive behaviors can also negatively impact patient safety via a breakdown of communication and collaboration. Some examples of disruptive behavior are:

- Using threatening or abusive language.
- Using profane or insensitive language.
- Making demeaning or degrading comments.
- Sexual comments, racial, ethnic or socioeconomic slurs.
- Humiliation in front of team members, patients, visitors and other hospital staff.
- Comments that undermine trust.
- Rolling eyes in disgust.
- Sending nasty emails or texts.
- Refusing to help others.
- Ignoring attempts at conversation.
- Intentional failure to follow organizational policies and procedures.
- Refusal to complete tasks or carry out duties.
- Throwing items at other staff.
- Physical assault, e.g., hitting, pushing, door slamming.
- Verbal assault, e.g., yelling, screaming, name calling, outbursts.
- Intimidation of others.

Anyone can be disruptive in health care

Due to the difference in power levels of medical staff in health care, physicians are often the primary focus of disruptive behavior due to their status. However, any individual on-site can engage in disruptive behaviors, even visiting members or hospital guests. Examples of individuals who can be disruptive are:

- Administrators
- Physicians
- Nurses
- Aides
- Patients
- Vendors
- Hospital guests

Levels of disruptive behavior in health care

Acts of disruptive behavior can be categorized into three levels depending on the power status of the disruptors and victim(s): Disruptive supervision, same level/horizontal disruption and mobbing.

- Disruptive supervision—Occurs when supervisors engage in the sustained display of disruptive behavior towards staff.

Washington State Department of Labor & Industries

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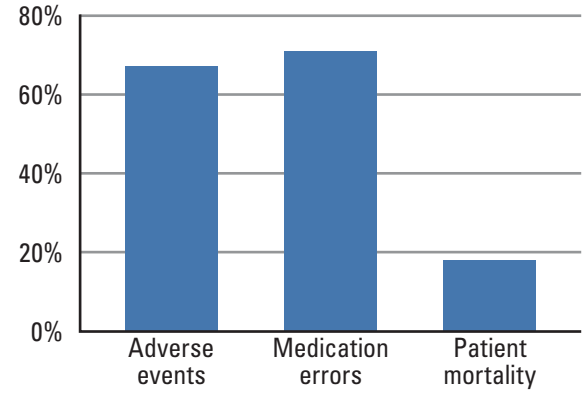
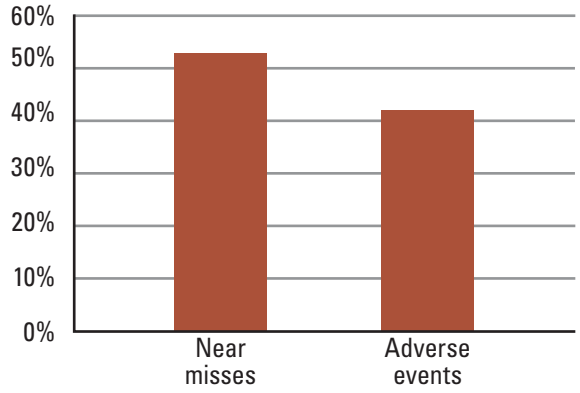
Health Care Worker Perceptions of Disruptive Behavior Outcomes



Rosenstein, A.H., and O' Daniel, M. (2008). A survey of the impact of disruptive behaviors and communication defects on patient safety. *The Joint Commission Journal on Quality and Patient Safety*, 34(8), 464–471.

Disruptive Behaviors in Labor and Delivery



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- Same level or horizontal—Disruptive behavior that is displayed towards an individual on the same power level, such as nurse-to-nurse conflict.
- Mobbing—Occurs when disruptive behaviors stem from a group targeting one individual across any power levels.

Why does disruptive behavior occur?

There are multiple factors that may contribute to engagement in disruptive behaviors, such as organizational factors and interpersonal factors. Listed below are some examples of specific organizational and interpersonal factors that may contribute to disruptive behavior.

Organizational Factors

- Organizational change or disruption.
- Organizational constraints (i.e., broken equipment).
- Lack of policies about disruptive behavior.
- High rate and intensity of work.
- Staff shortages.

Interpersonal Factors

- Dissatisfaction with co-worker task performance quality or efficiency.
- Interpersonal conflict.
- Role ambiguity.
- Role conflict.
- Worker characteristics (e.g., age gender, parental status, ethnicity, seniority).

Consequences of disruptive behavior in health care

Multiple studies have demonstrated that health care workers report a link between disruptive behaviors and patient safety. In a study of roughly 4,500 health care workers, 67% felt there was a linkage between disruptive behaviors and adverse events; 71% felt there was a link between disruptive behavior and medication errors; and 27% indicated a link between disruptive events and patient mortality. In a separate study that surveyed health care workers in a labor and delivery unit, 53% reported a link between disruptive behaviors and near-misses, and 41% could identify specific adverse events caused by disruptive behaviors.

Exposure to disruptive behaviors can cause negative, draining, emotional effects that can result in compromised patient care and negative impacts on employee health and safety. A few examples are:

- Decreased psychological well-being
- Frustration
- Anxiety
- Fear
- Mental distraction

In addition to the emotional and mental impact disruptive behavior can have on employee health and safety, employees can also experience a host of negative physical symptoms. A few examples are:

- Headaches
- Tiredness, fatigue and exhaustion
- Gastrointestinal distress

Disruptive behavior can also result in compromised worker relationships resulting in:

- Poor adherence to policy and practice guidelines.

- Stressful working climate for all staff.
- Decreased sense of team cohesion and camaraderie.
- Less collaboration and communication.
- Decreased information transfer.
- Less attention to patient care.

In 2012, SHARP conducted a survey study in multiple health care facilities and found:

- Disruptive behavior was statistically and strongly related to patient violence, care provider physical injury, burnout, low quality of patient care and staff turnover intentions.
- Witnessing coworker-to-coworker mistreatment had negative stress-related vicarious effects on care providers and was statistically and strongly related to physical injury from patient violence, care provider burnout, lowered patient quality of care and job dissatisfaction.

In addition to detriments in employee and patient health and safety, disruptive behavior can also result in monetary cost to the organization through:

- Harm to the organization's reputation.
- Costs associated with investigation and potential legal action from medical error or employee lawsuits caused by disruptive behavior.
- Workers leaving the organization due to disruptive behavior experiences.
- Increased absenteeism.
- Decreased productivity.
- Increased turnover.
- Disruptive behavior is often unreported

A few reasons why employees may be hesitant to report disruptive behaviors are:

- Lack of information on how to report experiences of disruptive behavior.
- Lack of managerial or organizational response to reported behaviors.
- Lack of information on policies around disruptive behavior.
- Fear of retaliation (especially when a power dynamic is involved).
- Fear of job loss.
- Concerns for confidentiality.

What can be done about disruptive behavior?

Organizations can intervene to build a collaborative safety culture by directing attention to safety and creating contexts where people speak up and problem solve together:

- Define a framework for understanding and addressing disruptive behavior.
- Create a Code of Conduct that defines professional behaviors and unacceptable behaviors and includes policies and procedures for response.
- Ask employees agree to abide by the Code of Conduct.
- Encourage reporting; conduct regular surveys and focus groups.
- Follow-up; analyze and respond to data to improve policy, procedures and response.
- Provide training for leaders, managers and all hospital staff on how to respond.
- Form an interdisciplinary committee to oversee and modify the Code of Conduct as needed.

Accredited health care organizations are required to take steps to develop a healthy working environment where disruptive behaviors are unwelcome and unacceptable. The Joint Commission standard for addressing disruptive behavior involves **two critical components to combating disruptive behavior in health care: establishing a code of conduct and a process to manage violations of this code of conduct.** The framework below was developed by Dr. Gerald Hickson and colleagues at the Vanderbilt University School of Medicine and represents a graduated-level, peer-involved intervention. This intervention has strong potential for changing the safety culture because many individuals in the organization are actively involved in carrying out the intervention. The approach to intervening through Level 2 should be supportive rather than punitive.

Disruptive Behavior Organizational Intervention Guide

Informal Intervention

A "cup of coffee conversation" for single "unprofessional" incidents. A peer or supervisor selects a private setting for a brief review of the event with the disruptive person, pauses for a response, listens and invites the perspective of the person who behaved unprofessionally. The person may be defensive, minimizing or rationalizing. The response to this is, "Despite the situation, there are professional and unprofessional ways to respond and we expect a professional response." Conclude with discussing options for professional responses.

Level 1: Awareness Intervention

Takes place after an apparent pattern develops and is identified by the surveillance system or reporting when there is a threat to quality and safety. An authority figure or peer shares a compilation of patient complaint data or report data from staff in a supportive manner. Most individuals respond professionally and adjust behavior, reducing patient and staff complaints.

Level 2: Authority Intervention

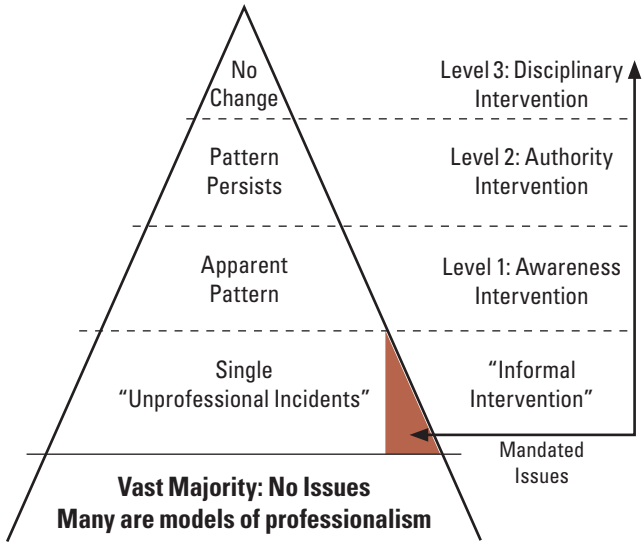
When the pattern persists and the person is unable or unwilling to respond to the awareness intervention and change their behavior, the authority intervention is implemented. At this level, leaders develop an improvement and evaluation plan with accountability built in. Leaders specify what behaviors need to improve, what support services are needed, a timeline and what the outcome will be if the improvement and evaluation plan is not successful. This intervention should be supportive rather than punitive. Most individuals want to improve but may be hindered by lack of knowledge, work or family stress, substance abuse problem or mental health issues.

Level 3: Disciplinary Intervention

A lack of response to the authority intervention leads to the disciplinary intervention. This includes restriction or termination of privileges, reporting to government entities, and other actions related to the Code of Conduct policies and procedures, as do all levels of the Disruptive Behavior Pyramid Intervention framework.

Health care organizations may use employee confidential surveys to learn about the extent of and type of incidents related to disruptive behavior. The data from these surveys can be used to select training and other interventions to prevent and address the problem.

Disruptive Behavior Pyramid



Hickson, G.B., Pichert, J.W., Webb, L.E., and Gabbe, S.G. (2007). A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine, 82*, 1040–1048.

Benefits of addressing disruptive behavior

- Improves patient safety and quality of care.
- Greater staff willingness to speak up on patient care problems.
- Models appropriate behavior expectations to staff.
- Creates a culture of professionals.
- Enhanced reputation for the organization.
- Improved staff satisfaction and retention.

Resources and contacts

The Washington State Employee Assistance Program (EAP) (**www.des.wa.gov/services/HRPayroll/eap/Pages/default.aspx**) has representatives available to help Washington State government employees with personal or work-related problems that may be impacting work performance. EAP services are available only to state employees and are confidential, voluntary, free of charge and accessible. EAP services are available across the state. For information, or to schedule an appointment or consultation, please call the EAP toll-free at 877-313-4455.

The following websites/organizations have put together valuable information about their code of conduct:

- American Nurses Association Code of Conduct: **www.nursingworld.org/codeofethics**
- American Medical Association Code of Conduct: **www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page**

SHARP — Research for Safe Work

This document was produced by the Safety and Health Assessment and Research for Prevention (SHARP) Program, a research program within the Washington State Department of Labor & Industries. SHARP's researchers and scientists partner with business and labor to identify industry-wide hazards and then develop sensible, effective solutions to eliminate those hazards.

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