Disruptive Behavior: An Overview and Risk Management Strategies

MedPro Group Patient Safety & Risk Solutions

Most healthcare providers acknowledge the importance of personal codes of conduct. Regardless of their areas of specialty or professional titles, providers typically receive ethics training in their formal classes as well as opportunities to take continuing education courses that address issues like team building, dispute resolution, and management of disruptive behavior.

All providers, as well as other members of the healthcare team, should recognize the importance of ethical and personal codes of conduct and comply with them. Failure to do so can have a negative effect on workplace culture and the quality of patient care.

What Is Disruptive Behavior?

Typically, disruptive behavior starts as one incident but rapidly expands into a pattern of ongoing and inappropriate comments, actions, and attitudes. Many healthcare providers have witnessed or been victimized by disruptive behavior, which includes myriad behaviors that stem from a lack of respect.

Verbal abuse is a common form of disruptive behavior and might manifest as inappropriate language, yelling, gossiping, badgering, berating, lying, sexual innuendos, criticism, or degrading and/or intimidating statements.

Disruptive physical behavior can play out as ignoring others, physical boundary violations (e.g., getting into someone’s face), inappropriate touching and gestures, or throwing, pounding, or slamming objects.

Some individuals exhibit disruptive behavior through retaliation, failing to follow rules, or failing to carry out their duties.

Certainly, disruptive behavior is not limited to healthcare providers; any member of the healthcare team can exhibit behaviors that, no matter how expressed, can have significant and sometimes catastrophic consequences.

The Impact of Disruptive Behavior on Staff Morale and Patient Care

The damage from disruptive behavior is multifaceted, but one of the most cited consequences is its negative impact on employee morale and job turnover. Staff members who experience verbal abuse may have feelings of low self-esteem and worthlessness.
Further, disruptive behavior adversely affects staff morale, focus and concentration, collaboration, communication, and information transfer — all of which can lead to substandard patient care. Consider the following examples of the indirect impact of disruptive behavior on patients.

**Case Example 1**

Carol, a medical assistant to Dr. Stevens, was aware that she had two patients with the same name; however, she failed to check for a second identifier and erroneously labeled a lab specimen.

The error was found before the wrong patient received the results; however, Pat, the office manager — who had an “in your face” management style — loudly and angrily told Carol, “This had better never happen again if you want to work here!”

Shortly thereafter, Carol was instructed to give an allergy shot to a patient. Distracted and upset, she chose a vial that had been reserved for another patient and injected the wrong solution. The patient suffered a severe anaphylactic reaction requiring transfer to a local hospital emergency department.

**Case Example 2**

Dr. Jones and Dr. Kent have been in practice together for 2 years. For the last 6 months, Dr. Kent has been “ill” on several occasions, necessitating rearrangement of the schedule. On one occasion, the office manager called Dr. Jones at home because Dr. Kent was more than 30 minutes late for her first appointment and hadn’t responded to repeated phone calls.

Staff noticed that Dr. Kent often appeared distracted and irritable. She had also been notified by the state licensing board that a complaint had been filed relative to the quality of care she provided to her patients.

Dr. Jones, concerned that Dr. Kent’s behavior might jeopardize the practice, reviewed several of Dr. Kent’s patient charts and noticed many discrepancies and incomplete documentation. Soon after, Dr. Kent and the corporation that both doctors shared were named in a malpractice suit.

**THE IMPACT OF DISRUPTIVE BEHAVIOR**

In a survey of 2,500 physicians, nurses, and senior level administrators from acute care hospitals, more than one-third of participants said that they were aware of at least one nurse who had left a job because of disruptive behavior.iii

Another survey of multiple healthcare facilities found that disruptive behavior is strongly related to patient violence, healthcare provider injuries, burnout, low quality of patient care, and staff turnover intentions.iv
Patient Safety Implications

An Institute for Safe Medication Practices (ISMP) study on intimidation and disruptive behavior found that 49 percent of clinicians surveyed changed how they addressed medication order clarifications or questions because of a disruptive provider.

Additionally, 40 percent of respondents who had concerns about a medication order either kept quiet or asked another practitioner rather than confront the intimidating doctor. Not surprisingly, 7 percent of respondents said that they had been involved in a medication error in which the intimidating actions of another member of the healthcare team played a role.

ISMP’s study is one example of how disruptive behavior can influence staff interactions and compromise patient safety. Staff who are forced to deal with disruptive providers learn to cope by avoidance; as a result, they may fail to provide timely communication about concerns and patient problems.

Another example of how disruptive behavior affects patient safety occurs when providers fail to follow established rules and protocols. For example, a surgeon who refuses to participate in a preoperative timeout and surgical site marking requirements may unnecessarily put a patient at risk for an adverse outcome. If the surgeon is intimidating or belligerent, other members of the surgical team may hesitate to voice concerns.

In general, a healthcare provider’s or staff member’s behavior can be viewed as disruptive if it compromises an organization’s culture of safety and increases the risk of adverse events and poor patient outcomes.

Financial Implications

In addition to affecting staff morale and jeopardizing patient safety, disruptive behavior can have serious financial implications. For example, staff turnover is a multilayered loss to the organization. Direct costs are incurred when the organization must pay overtime to remaining employees or obtain the services of temporary staff. Also, the organization must factor in replacement costs such as recruitment fees, credentialing and hiring processes, orientation, and work-start monitoring.

Indirect costs include the loss of employee expertise that might not be recouped for several years. Productivity suffers as administrative time is required for “damage control” and remaining staff figure out workarounds. Rescheduling of patient appointments, procedures, and treatments; patient transfers; and complaints all take a financial toll.

Further, because disruptive behavior can directly and indirectly affect patient safety and satisfaction, it also can potentially increase the risk of liability and costly malpractice claims.
Unfortunately, the costs associated with staff turnover, poor patient outcomes, and medical errors have a significant financial impact not only the provider involved, but also on the organizations and business entities with whom they are affiliated.

**What Causes Disruptive Behavior?**
The exact causes of disruptive behavior are difficult to pinpoint, but multiple causes have been suggested. Disruptive behavior might be linked to:

- Drug or alcohol impairment
- Mental health issues, such as depression, bipolar affective disorder, dementia, and delusional disorders
- Belief that one is above the rules and excused from the niceties of social etiquette
- Poor interpersonal, coping, and conflict management skills

Stressful clinical environments and other concerns related to fast-paced changes in healthcare and evolving care delivery also may contribute to disruptive behavior issues.

**Identifying and Confronting Disruptive Behavior**
Identifying overt disruptive behavior, such as yelling or throwing items, is easy. Covert behavior, however, such as a pattern of ignoring phone calls or refusing to communicate with other members of the team, can be just as problematic.

Confrontation is a major challenge for staff and colleagues due to barriers that include:

- Reluctance to confront ("It’s not my problem.")
- Fear of retaliation and retribution ("I need my job!")
- Lack of confidential reporting systems ("They will know I’m the one who complained.")
- Apathy ("Nothing ever changes!")
- Cost ("Don’t upset the rainmaker.")
- Acceptance of the disruptive behavior ("We just have to learn to deal with it.")

Regardless of the size or type of healthcare organization, it is essential that leadership be willing to confront disruptive behavior.

**Establishing a Code of Conduct**
A code of conduct is the foundation to creating a culture intolerant of disruptive behavior. A code of conduct should embody a philosophy of respect and dignity, but it also should be specific in identifying disruptive and inappropriate behavior necessitating action.
Essentials of a code of conduct should include:

- A clear mission to ensure a professional care setting and workplace
- A listing of the types of behavior that will trigger action
- A process to document the behavior
- Identification of the person in the organization who will receive the documentation
- A process by which more than one individual, if possible, will review documentation of incidents
- A communication process to notify the person with the alleged disruptive behavior and provide a mechanism for response
- A tiered corrective action and evaluation process commensurate with the disruptive behavior
- A process to monitor compliance with the code of conduct
- Standards for confidentiality throughout the process
- Peer review policies, which also should be triggered for evaluation of disruptive behavior complaints

Both clinical and administrative staff at an organization need to be aware of the code of conduct and its provisions. Information about the code of conduct should be incorporated into employment arrangements, partnership agreements, and business contracts. Additionally, education about professionalism and the organization’s standards should occur during orientation and periodically thereafter.

**Conclusion**

Disruptive behavior undermines the relationships, communication, and teamwork needed to provide quality patient care, and it can precipitate clinical errors and dissatisfaction for both patients and staff. Further, disruptive behavior can be costly as a result of employee turnover costs, coverage duplication, administrative costs, and substandard care.

The stakes are too high for healthcare organizations to ignore providers and staff members who have disruptive behaviors. Strong leadership support and enforcement of a well-devised code of conduct can provide the framework for managing disruptive behavior and facilitating quality patient care.
Endnotes


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