

Addressing Disruptive Behavior Among Healthcare Professionals

Disruptive behavior is a persistent problem among healthcare workers that can undermine a culture of safety.¹ It may cause medical errors, preventable adverse outcomes, poor patient satisfaction, higher costs, and turnover of qualified healthcare leaders and providers.²

In a recent survey of healthcare professionals at an academic hospital in the United States, 63 percent of participants experienced unprofessional behavior at least once a month.³ Another survey showed that

53 percent of healthcare professionals see disruptive behaviors as predictors of adverse outcomes, and 25 percent think those behaviors may contribute to mortality.⁴

Addressing disruptive behavior can be challenging, but doing so is critical for patient and staff safety and well-being. The following strategies may help enhance healthcare organizations' efforts to combat disruptive behavior and create a safe workplace.⁵

1

Develop and enforce a code of conduct that establishes expectations for professionalism, respect, and dignity in the healthcare organization.

2

Identify in the code of conduct specific behaviors that are disruptive or inappropriate and that require disciplinary action. Examples include overt disruptive behaviors (e.g., yelling, intimidation, and [sexual harassment](#)) and covert behaviors (e.g., refusing to follow protocols, ignoring phone calls, and delaying attention to patient needs).

3

Seek organizational leadership and executive committee support for the code of conduct, professional standards, and early intervention when incidents of disruptive behavior occur.

4

Include information about the organization's code of conduct in employment arrangements, partnership agreements, and business contracts.

5

Develop processes for reporting, evaluating, and documenting incidents of disruptive behavior. Clearly establish evaluation roles and responsibilities, what information should be documented, and who is responsible for documentation. Include peer review policies for evaluating disruptive behavior complaints.

6

Identify standards for confidentiality related to reporting disruptive incidents, evaluating incidents, and taking disciplinary action. Make sure an anonymous reporting option is available.

7

Implement a process for notifying providers or staff members who receive disruptive behavior complaints, and establish a mechanism that allows them to respond to or dispute allegations.

8

Create a tiered corrective action plan commensurate with the type of disruptive behavior and the frequency with which it occurs (e.g., an initial incident of covert behavior might result in an informal verbal warning, but repeat episodes might escalate to formal disciplinary measures).

9

Implement a process to monitor individuals' behavior following corrective action for disruptive incidents.

10

Establish an approach for managing disruptive behavior that is a result of substance abuse or behavioral health issues. Identify organizations and resources to support individuals (e.g., the state medical association, an employee assistance program, or other local support programs).

11

As a condition of employment arrangements or partnership agreements, require "for cause" alcohol and drug testing.

12

Educate both clinical and administrative staff about the organizational code of conduct, professional standards, and consequences of disruptive behavior as part of orientation and ongoing training efforts. Extend support to healthcare providers and staff members with various resources, such as counseling or coaching, wellness initiatives, and behavioral modification programs.

13

Conduct culture of safety surveys to gauge healthcare providers' and staff members' perceptions of professionalism within the organization, and address any areas of vulnerability as part of ongoing improvement efforts.

Resources

For more information about inappropriate behaviors and incivility in healthcare, see MedPro's [Risk Resources: Disruptive Behavior](#).

Endnotes

¹ American College of Obstetricians and Gynecologists. (2017). *Committee opinion number 683: Behavior that undermines a culture of safety*. Retrieved from www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/01/behavior-that-undermines-a-culture-of-safety

² The Joint Commission. (2021, June 18 [Last Updated]). *Sentinel event alert: Behaviors that undermine a culture of safety*. Retrieved from www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-disruptive-behaviors-final2.pdf

³ Dabekaussen, K. F. A. A., Scheepers, R. A., Heineman, E., Haber, A. L., Lombarts, K. M. J. M. H., Jaarsma, D. A. D. C., & Shapiro, J. (2023). Health care professionals' perceptions of unprofessional behaviour in the clinical workplace. *PLoS one*, 18(1), e0280444. doi: <https://doi.org/10.1371/journal.pone.0280444>

⁴ Moreno-Leal, P., Leal-Costa, C., Diaz-Agea, J. L., Jimenez-Ruiz, I., Ramos-Morcillo, A. J., Ruzafa-Martinez, M., & De Souza Oliveira, A. C. (2021). Disruptive behavior at hospitals and factors associated to safer care: A systematic review. *Healthcare*, 10(1): 19. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC8775368/

⁵ The risk tips in this publication are based on the following resources: Fibuch, E., & Robertson, J. J. (2019, March 8). *Bringing value: Dealing fairly with disruptive physicians*. American Association for Physician Leadership. Retrieved from www.physicianleaders.org/articles/bringing-value-dealing-fairly-disruptive-physicians; American Medical Association. (n.d.). Opinion 9.4.4: Physicians with disruptive behavior. In *Code of Medical Ethics*. Retrieved from <https://code-medical-ethics.ama-assn.org/ethics-opinions/physicians-disruptive-behavior>; Cascella, L. M. (2022 [last updated]). *The corrosive effect of disruptive behavior on staff morale and patient care*. MedPro Group. Retrieved from www.medpro.com/disruptive-behavior-staff-morale

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