Disruptive Physician Behavior: Our Dirty Little Secret

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Why should we care about physician disruptive behavior?
Disruptive Behavior Linked To

- Medical errors
- Adverse outcomes
- Reduced staff performance
- Reduced staff innovation
- Increased staff turnover
- Patient dissatisfaction
- Lack of information sharing
- Processing delays
What is physician disruptive behavior?
You’ve Probably Observed It!
It was NOT in our medical school curriculum!

Can you help me, Mrs. Martin? This wasn't covered in any of my education courses.
## Disruptive Behavior Examples

<table>
<thead>
<tr>
<th>Passive</th>
<th>Passive-aggressive</th>
<th>Aggressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete charting(^a)</td>
<td>Excessive sarcasm</td>
<td>Physical aggression</td>
</tr>
<tr>
<td>Failure to answer calls/pages</td>
<td>Veiled/implied threats</td>
<td>Yelling/screaming</td>
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<tr>
<td>Frequent absences</td>
<td>Backhanded compliments</td>
<td>Sexual harassment</td>
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<tr>
<td>Chronic tardiness</td>
<td>Inappropriate charting</td>
<td>Bullying</td>
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<tr>
<td>Getting behind on work</td>
<td>Refusal to complete tasks</td>
<td>Throwing objects</td>
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<tr>
<td>Delayed responding</td>
<td>Making derogatory comments</td>
<td>Physically intimidating others</td>
</tr>
<tr>
<td>Silent treatment/avoidant behavior</td>
<td>Undermining/excessively</td>
<td>Demeaning others</td>
</tr>
<tr>
<td>Ignoring e-mails</td>
<td>questioning other providers</td>
<td>Use of profanity</td>
</tr>
<tr>
<td></td>
<td>Telling inappropriate jokes</td>
<td></td>
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\(^a\) Includes failure, per compliance standards, to provide adequate documentation and/or complete necessary paperwork in a patient's medical record.
Disruptive Behavior as Defined by AMA Code of Ethics (2009)

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.

Specifically mentioned are the following actions:

- Physically threatening anyone [in the hospital]
- Making threatening or intimidating physical contact with another person
- Throwing things
- Threatening violence or retribution
- Sexual or other harassment
- Persistent inappropriate behavior, rising to the level of harassment.
Specific inappropriate behaviors outlined in the code include, **but are not limited to**, the following:

- Making belittling, sarcastic or condescending statements
- Calling people names
- Using profanity
- Blatantly failing to respond to patient care needs or staff requests
- Deliberately failing to return calls, pages, messages
How frequently does this occur in the hospital?
Witnessed Disruptive Behavior

**Figure 1**
Respondents (Nurses, Physicians, and Administrators) Who Witnessed Disruptive Behavior in Physicians and Nurses*

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Percentage (and number) responding affirmatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate</td>
<td>74% (714)</td>
</tr>
<tr>
<td>Physicians</td>
<td>68% (653)</td>
</tr>
<tr>
<td>Nurses</td>
<td>86% (583)</td>
</tr>
<tr>
<td>Administrators</td>
<td>72% (81)</td>
</tr>
</tbody>
</table>

*Respondents who did not identify themselves by job title are included only in the aggregate group; therefore, the aggregate subtotals are larger than the sums of nurse, physician, and administrator subtotals.

Frequency of Disruptive Behavior

**Figure 3**
Respondents’ Estimates of the Frequency of Occurrence of Disruptive Behavior Exhibited by Physicians and Nurses

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage of Respondents</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>11% (158)</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>8% (110)</td>
<td></td>
</tr>
<tr>
<td>Weekly</td>
<td>6% (63)</td>
<td></td>
</tr>
<tr>
<td>1–2 times per month</td>
<td>22% (315)</td>
<td></td>
</tr>
<tr>
<td>1–5 times per month</td>
<td>33% (470)</td>
<td></td>
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</tbody>
</table>

Estimated frequency of occurrence of disruptive behavior in physicians and nurses

Downstream Effect of Disruptive Behavior

Percent Exhibiting Disruptive Behavior

Psychological and Behavioral Effects

Stress + Frustration + Loss of Concentration + Reduced team collaboration + Reduced information transfer + Reduced communication + Impaired RN-MD relationship = Unsafe Work Environment

Survey of VHA Member Hospitals

- 102 participating VHA hospitals
- January 2004 – March 2007
- 4,5030 total participants:
  - Nurses 2846
  - Physicians 944
  - Administration 40
  - Other 700

Survey Responses (N = 4,530), January 2004–March 2007

a. Have you ever witnessed disruptive behavior from a physician at your hospital?

b. Are there any particular specialties where disruptive events occur most often?

c. Have you ever witnessed disruptive behavior from a nurse at your hospital?

d. How often do you think disruptive behavior results in the following at your hospital? (Sometimes, Frequent, and Constant)

e. How often do you think there is a link between disruptive behavior and the following clinical outcomes at your hospital? (Sometimes, Frequent, and Constant)

f. Are you aware of any specific adverse events that did occur as a result of disruptive behavior?

VHA Hospitals Survey – Open Comments

- DB results in patient dissatisfaction, errors, staff dissatisfaction, and lack of teamwork. Some nurses are afraid to call some physicians . . .
- Most nurses are afraid to call Dr. X when they need to, and frequently won’t call. The patient’s safety is always in jeopardy because of this.
- DB results in medication errors, slow response times, and treatment errors.
- DB caused increased stress and lack of concentration, which caused a nurse to make a mistake.
- Poor communication postop because of a disruptive reputation, resulted in delayed treatment, aspiration, and the patient’s eventual death.
- My concern is that the new nurses are afraid to call about patient problems and issues that truly need to be addressed in a timely manner.
- Physicians become close minded to suggestions by nurses for different treatment, and so on, after becoming upset with staff for other reasons or insulted by nurses’ ideas.

What exactly is “Disruptive Behavior”?  

- Justice Potter Stewart wrote (about pornography): "I shall not today attempt further to define the kinds of material I understand to be embraced within that shorthand description; and perhaps I could never succeed in intelligibly doing so. But I know it when I see it . . . “
Disruptive Behavior

- Bullying
- Similar to being an “Asshole”: the Asshole . . .
  1. Allows himself to enjoy special advantages and does so systematically
  2. Does this out of an entrenched sense of entitlement
  3. Is immunized by his sense of entitlement against the complaints of other people

Use of oral, written or gestured language that may include disparaging or derogatory terms directed to another person.

Engaging in harassment of any employee, patient, physician, visitor, volunteer or other person on the basis of the individual’s race, sex, color, national origin, religion, age, marital status, sexual orientation, disability status or otherwise, including verbal harassment, non-consensual or unwelcome physical contact.
Disruptive Behavior (2)
Definition in Medical Staff Bylaws

- Non-constructive criticism addressed to an individual in such a tone or content so as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence, or disparage the name and reputation of a person.

- Blatant profanity or similarly offensive language while in the Hospital and directed at medical staff, nurses, other Hospital personnel, or patients and visitors.
Inappropriate medical record entries concerning the quality of care being provided by the Hospital or any other individual or otherwise critical of the Hospital, other Medical Staff members or personnel
Recommendations

1. Recognition and Awareness
2. Cultural Commitment/Leadership/Champions
3. Policies and Procedures
4. Standardized Incident Reporting
5. Consistent Uniform Structure and Methodology
6. Understand Initiating Factors
7. Implement Education and Training
8. Implement Communication Tools
9. Initiate Discussion Forums
10. Intervention Strategies
The Five Fundamentals of Civility

1. Respect others and yourself
Treat everyone in the workplace, regardless of role, with respect — even those you barely know, disagree with or dislike. Respect for others requires being inclusive while also observing healthy boundaries. Self-respect is key.

2. Be aware
Civility is a deliberate endeavour, requiring conscious awareness of oneself and others. Mindfulness and reflective practice enhance awareness.

3. Communicate effectively
Civil communication is about how we say something as much as what we say. Effective communication is critical at times of tension or when the stakes are high.

4. Take good care of yourself
It’s hard to be civil when personally stressed, distressed or ill.

5. Be responsible
Understand and accept personal accountability. Don’t shift the blame for uncivil behavioral choices you have made. Intervene when it’s the right thing to do.

https://www.docsmb.org/rounds-february-2016/the-5-fundamentals-of-civility-for-physicians
Disruptive Physician Behavior
References


