

Managing Disruptive Behavior in the Medical Environment

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Unprofessional or disruptive behavior is a disrespectful conduct exhibited by a healthcare professional toward colleagues or patients. The spectrum of this behavior extends from a passive aggressive attitude to an overt insulting verbal attack. While physical harm has been reported in the early days of the 20th century it is unheard of in the present era. Examples of disruptive behavior [1] include refusing to answer calls or pages, sarcasm, name calling, dismissive comments, profanity, callous behavior. On the other hand, good faith criticism, demand for immediate action in life threatening situations and well-meaning patient advocacy are not considered disruptive. In addition, according to some experts [2] a clinician who exhibit a single event of disruptive behavior should not be labeled as a disruptive person.

The prevalence and incidence of disruptive behavior are difficult to measure especially that a significant number of the incidents are never reported. Moreover, occasional well-meaning firm remarks to guide patient care may be wrongfully construed as unprofessional. The available information is derived from disciplinary reports and surveys. A 2018 survey of the American College of Surgeons Governors found that 7% of the Governors were described as disruptive and that 41% of them knew a disruptive colleague [3].

The source of disruptive behavior is rather complex. It results from a combination of personality disorders or psychological pathologies intensified by professional stresses and enhanced by a status of social power [1,4,5]. Narcissism, antisocial personality and drug or alcohol dependence have been shown to be present

in a significant number of clinicians referred for remediation for their disruptive behavior. The professional stress is related to the nature of the specialty. That is why most of the reported cases of disruptive behavior occur in the operating room, the emergency room or the intensive care unit. The social power stems from the hierarchal structure of the healthcare system where the physicians are perceived as the leaders with highest level of education and expertise. This position combined with the factors discussed above allow for this unchecked abusive behavior toward the "less educated" healthcare team members.

Disruptive behavior imposes a financial burden on institutions that allow this behavior to be widespread and unchecked [2,5]; it also compromises patient safety [3,6].

In response to unprofessional treatment by their colleagues [1] the clinicians develop a sense of disgust, anger, fear or distraction which will lead to job dissatisfaction, poor commitment to the institution and low job retention. This will result in low productivity, high rate of absenteeism, excessive employee turnover and increased cost of care due to increased errors and adverse events imposing a financial pressure on the institution [1].

Disruptive behavior may undermine patient safety in different ways [6]. Healthcare workers who are subject to mistreatment will communicate less with the instigator for fear of further mistreatment. This will limit or delay the transfer of information among the team members. A study [7] in a neonatal intensive care unit showed that rudeness compromised the diagnostic and procedural

performance of the clinical team. A poor relationship between the team and the disruptive clinician may spiral into a dangerous behavior of deceit and miscommunication. In other scenarios the relationships evolve into adversarial and retaliatory interactions that further threaten the patient's wellbeing. Several studies including one by the Joint Commission [8] found that poor communication and leadership failure may lead to poor patient outcome.

Disruptive behavior also disrupts patient and family satisfaction leading to complaints to the medical staff office or to the medical board. Furthermore, it increases the risk of liability claims [9,10].

Healthcare institutions must provide a healthy and a safe environment for the healthcare workers and must ensure a culture of safety for their patients. Any behavior that compromises patient safety or disrupt the professional atmosphere within the institution must be rejected. The leadership must provide the resources necessary to allow the healthcare workers to perform their duties. The leaders must set the example of professional communication in their behavior. The rules of engagement among the stakeholders must be documented as part of the bylaws to define and describe what is a professional behavior as well as what consists of a disruptive behavior; to establish a zero-tolerance policy for disruptive behavior and to set up a reporting mechanism with a "no retribution" rule. The bylaws will also describe a step-by-step response mechanism to reports of disruptive behavior. The rules applied to disruptive clinicians must be transparent and must be applied equally to all instigators.

We must recognize that healthcare are humans who hold weaknesses and defensive mechanisms that may precipitate the disruptive behavior. Healthcare institutions must hold educational seminars to educate their stockholders in the proper form of communication, the appropriate response to disruptive behavior as well as in their rights to be treated respectfully by the clinical team.

A handful of disruptive healthcare professionals may harbor deep personality or psychological conditions that need professional referrals. Different states provide a high level of confidential professional counselling to such individuals; for example, the

Massachusetts Medical Society provides the service through the Physician Health Services, Inc [11]. The Vanderbilt Comprehensive Assessment Program (V-CAP) is another program that is "designed for adult professionals experiencing emotional or behavioral concerns that affect their work behavior or quality, such as addiction, burnout, disruptive conduct and stress" [12].

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