



Disruptive Clinician Behavior:

A Persistent Threat to Patient Safety

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Key Points

- **A culture of safety is necessary in order to achieve lasting systemic changes that promote safety in an organization.**
- **A culture of safety has specific attributes, including a non-punitive approach to error management, emphasis on learning and minimal authority gradient.**
- **Disruptive clinician behavior violates the principles of a culture of safety and endangers patients.**
- **Disruptive clinician behavior must be managed with a comprehensive approach that includes setting expectations, training and progressive discipline.**





Case Study A

A neurosurgeon is called to see a trauma patient admitted through the ED. The patient has been seen by two other surgeons, who agreed that the patient's injuries were not life-threatening. On arrival in the OR, the surgeon is informed that the surgery cannot proceed until instruments borrowed from another hospital are sterilized. The surgeon becomes irate and demands that the surgery proceed without completion of the sterilization process but the OR nurse refuses. The surgeon begins yelling and threatening the nurse, who leaves the area and walks into the women's locker room. The surgeon follows her, still yelling, and pokes her repeatedly. Another staff member becomes alarmed and calls 911. Two Sheriff's deputies are required to subdue the physician, who is arrested and removed from the premises. There are reports of alcohol on the surgeon's breath, but breathalyzer tests are inconclusive.





Case Study A (cont'd)

The hospital suspends the surgeon's privileges, and he is reported to the state licensing board, which temporarily suspends his license pending a hearing. The licensing board also refers the surgeon to a psychiatrist, who finds the surgeon competent. At the hearing, the judge reinstates the physician's license, and the licensing board takes no further action. The hospital then reinstates the physician's privileges, and the district attorney drops all charges. The physician is currently practicing at the hospital again and the licensing board's website shows no negative findings for him.

The patient had the surgery performed uneventfully the following day.





Case Study B

A 58-year-old man is admitted to the telemetry unit for observation after presenting to the ED with chest pain, which was controlled with medication. The patient is assigned to Nurse A, a very experienced telemetry nurse who is known to be abrasive to colleagues, particularly those who are inexperienced. On duty with Nurse A are two other nurses, both of whom have less than 2 years' experience. During the course of the night, both of these nurses observe a worrisome pattern on the patient's telemetry reading but are afraid to speak to Nurse A about this. They assume that she has everything under control and focus instead on their own patients.

In the morning, the patient's attending physician arrives and becomes alarmed when he learns that the patient has had chest pain all night accompanied by EKG changes. The patient is transferred to the CCU with an MI.

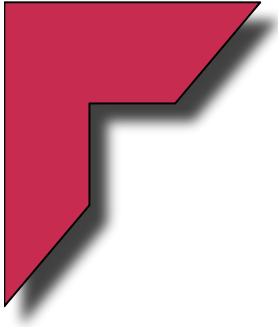




Common Organizational Responses

- **“This isn’t a problem in my organization. I never get reports about this.”**
- **“We have a code of conduct for the medical staff.”**
- **“When we have a problem, we refer it to our peer review committee.”**
- **“Our nurse managers know how to deal with this.”**
- **“This isn’t a big deal – people should just learn to deal with it.”**





Normalization of Deviance

“It’s no big deal – that’s just the way he/she is. We’ve just learned to work around him/her.”





What is disruptive behavior?

● Behavior that:

- *interferes with ability of everyone on the team to provide safe and effective care.*
- *undermines the confidence of any member of the healthcare team in effectively caring for patients.*
- *undermines patients' confidence in the healthcare team or organization.*
- *causes concern for anyone's physical safety.*
- *undermines effective teamwork.*





Examples of Disruptive Behavior

- Profane or disrespectful language
- Name-calling
- Sexual comments
- Racial or ethnic jokes
- Outbursts of anger
- Throwing objects
- Criticizing other providers in front of patients
- Failure to respond to concerns about safety voiced by another provider
- Intimidation that suppresses input from other providers
- Deliberate failure to adhere to organizational policies without adequate evidence to support actions
- Retaliation against any provider who raises concerns about safety, conduct or culture issues





What drives disruptive behavior?

- Usually not drug or alcohol abuse.
- Complexity and interaction of larger groups?
- Production pressure?
- Lack of familiarity among team members – temporary staff, etc.?
- Cultural differences?
- Perceived loss of autonomy?
- Stress?
- Secular trends – TV shows, etc.?



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Are Physicians the worst offenders?

- **Probably...**
 - *Severity*
 - *Impact*
 - *Surgeons (Rosenstein 2006)*
- **Physicians as “customers”...**
- **“Normalization of deviance”...**
- **Systemic rewards for disrupters**
- **Organization failure to respond**





Frequency of Disruptive Behavior

- **Involves less than 5% physicians. (Weber)**
- **Experienced by 64% of nurses. (McMillin)**
- **23% nurses report something thrown. (McMillin)**
- **Reported by 96% of nurses. (Rosenstein 2002)**
- **68% reported disruptive nurses. (Rosenstein 2005)**





Types of Disruptive Behavior

- **Disrespect**
- **Subtle intimidation**
 - *Condescending language or tone*
 - *Impatience with questions*
 - *Reluctance/refusal to answer questions or phone calls*
- **Overt intimidation**
 - *Strong verbal abuse*
 - *Threatening body language*
 - *Physical abuse*
- **Physical violence**
 - *This is a crime in all 50 states!!*





Impact of Disruptive Behavior

- **Reluctance to question:**

- *49% respondents to ISMP survey reported pressure to administer drug despite serious unresolved safety concerns.*
- *40% kept quiet about a safety concern rather than question a known disrupter.*

- **Avoidance:**

- *Failure to call (Diaz, Rosenstein)*
- *Avoid making suggestions*



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Impact of Disruptive Behavior (cont'd)

- **Tolerance of substandard care:**

- *No pre-op time-outs*
- *No surgical site marking*
- *No hand-washing*

- **Productivity:**

- *Re-dos*
- *Lost time*
- *Delays in care*
- *Re-processing*
- *Morale*
- *Administrative time*



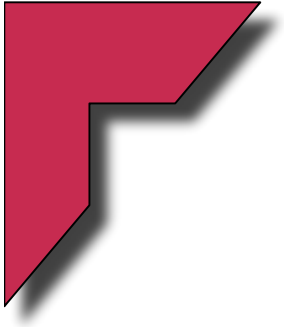


Impact of Disruptive Behavior (cont'd)

● **Workforce:**

- *Low self esteem, worthlessness*
- *Single biggest factor in job satisfaction for nurses*
- *31% knew at least one nurse who left because of it (Rosenstein, 2005)*
- *18% turnover attributed to verbal abuse (Cox, 1987)*
- *Gen Y response – good-bye!*





Patients!!!!



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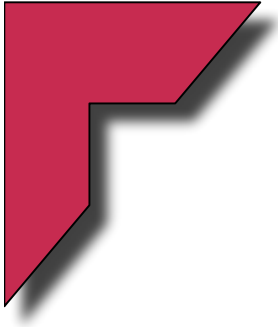
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A Mandate to Act

- **Joint Commission leadership standards:**
 - **LD.3.10 - “Leaders create and maintain a culture of safety and quality throughout the hospital.”**
 - **Elements of performance for LD 3.10:**
 - Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
 - Leaders create and implement a process for managing disruptive and inappropriate behaviors.





The Roadmap

- **Joint Commission Sentinel Event Alert**
 - Released July 9, 2008
 - The journey:
 - Is it really a problem?
 - How bad is it?
 - What is the impact on patient safety?
 - What can we do?





Resources

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Resources (cont'd)

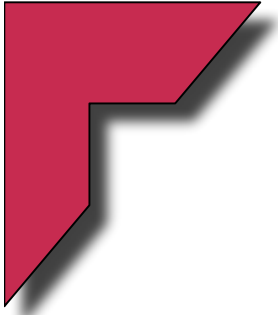
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