

# DISRUPTIVE BEHAVIOR: Why Should We Deal With Difficult Colleagues?

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# Brief Overview of Disruptive Behavior

# Defining Disruptive Behavior



- Disruptive behavior in physicians and other medical professionals is a significant concern in healthcare settings because research shows it compromises quality and may adversely affect patient safety
- Research has demonstrated multiple adverse consequences to disruptive behavior in healthcare organizations, including increased medical errors and decreased staff collaboration

# Defining Disruptive Behavior



- Often thought to be related to stress, burnout, personality factors, and/or an underlying psychiatric disorder or substance use
- In Florida, about 4% of practitioners referred to PRN are referred for disruptive behavior
- No accepted standard definition of what disruptive behavior looks like

# The Joint Commission Definition

- The Joint Commission (TJC) published a Sentinel Alert in July 2008 on disruptive behavior (revised definition in 2012)
- “Disruptive behavior” means any:
  - Verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety **could be compromised**
  - Abusive conduct including sexual or other forms of harassment
  - “Behavior or behaviors that undermine a culture of safety.”



# Disruptive Behavior IS NOT

- Constructive criticism in good faith with the aim of improving patient care or education
- Expressions of concern about a patient's care and safety
- Expressions of dissatisfaction with policies through appropriate grievance channels
- Occasional “out of character” reaction
- A “bad day” that everyone has



# Prevalence of Disruptive Behavior

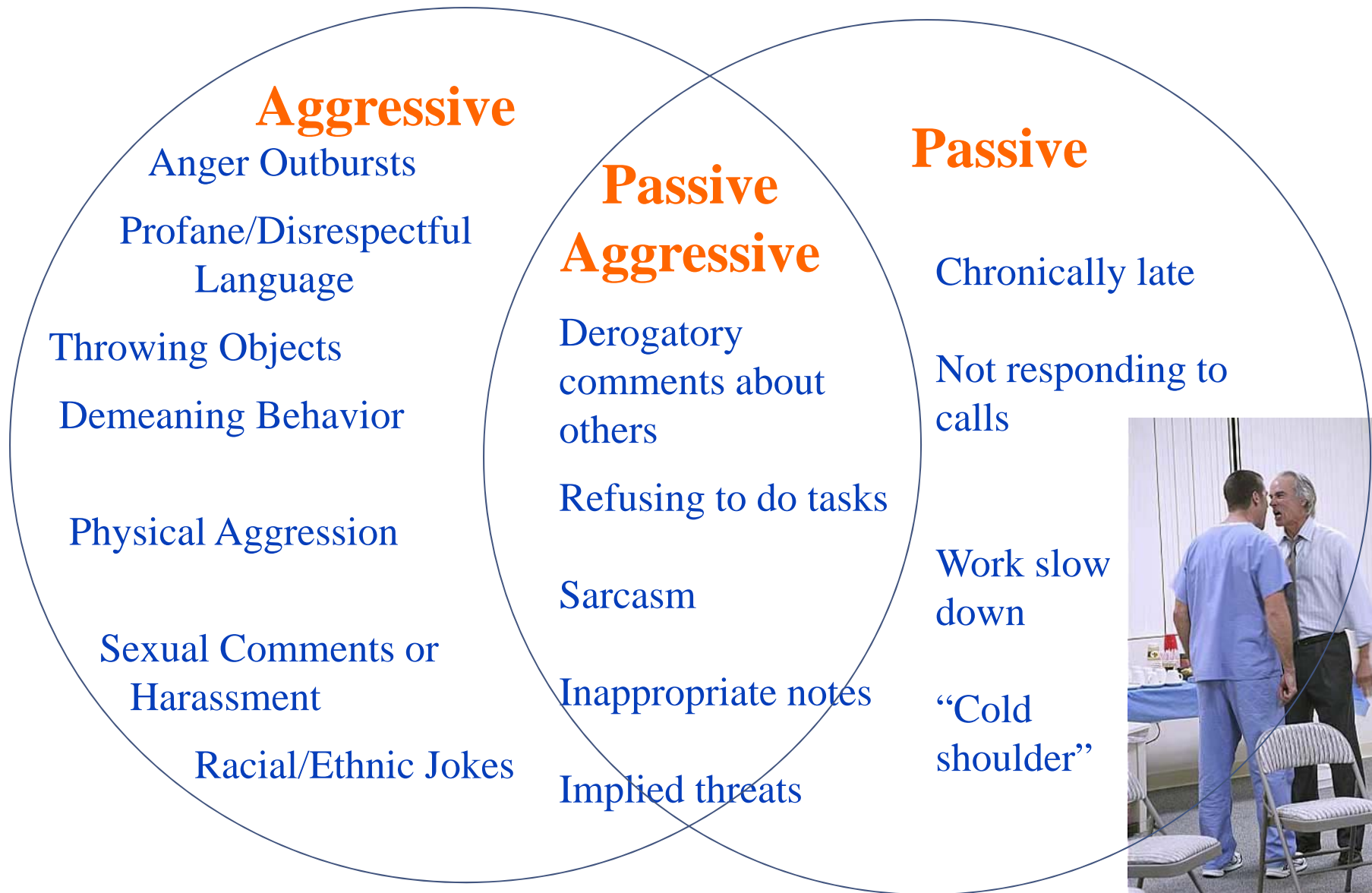
## ▪ Statistics

- 97% of physicians and nurses have experienced disruptive behavior at work
- 77% witnessed physician disruption
- 65% witnessed nurse disruption
- 40% were intimidated into silence of questionable medical practice by a disruptive physician
- 3%-5% of physicians display disruptive behavior

Rosenstein & O'Daniel (2008) Jt Comm J Qual Patient Saf. 34; 464-7



# Spectrum of Disruptive Behaviors





*We judge ourselves by our motives;  
others judge us by our behavior.*

AA saying

# Often Quoted



*“RN did not call MD about change in patient condition because he had a history of being abusive when called. Patient suffered because of this.”*

Rosenstein, A., O'Daniel, M. Impact and Implications of Disruptive Behavior in the Perioperative Arena. J Am Coll Surg. 2006;203:96-105.

# But More Common...



*“\_\_\_ came late to the meeting, then spent remaining time on a Blackberry... didn't listen to the discussion”*

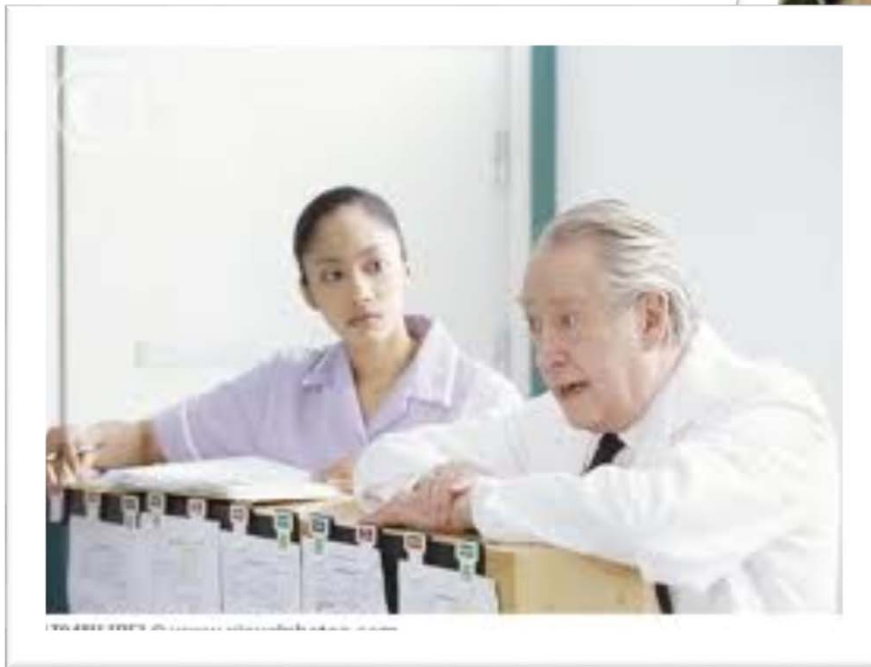
*“\_\_\_ doesn't exactly say anything you could object to, but always rolls eyes and makes faces in meetings... not helpful...later mocks the discussion...disputes wisdom of decisions”*

## **And Increasingly Common**

*“\_\_\_ writes an online Blog with implied criticisms of some of our units”*

*“\_\_\_ (resident) puts feelings about patients on Facebook - unnamed, but potentially identifiable”*

# Why Bother Dealing With Disruptive Behavior in Professionals?



# Failure To Address Disruptive Conduct Leads To:

- ❑ Perceptions of inequality when members of the team compare their contributions to those of the disruptive member (Kulik & Ambrose, 1992)
- ❑ Lessened trust among team members can lead to lessened task performance (always monitoring disruptive person)... effects quality and patient safety (Lewicki & Bunker, 1995; Wageman, 2000)
- ❑ Team members may adopt disruptive person's negative mood/anger (Dimborg & Ohman, 1996)

Felps, W et al. 2006. How, when, and why bad apples spoil the barrel: negative group members and dysfunctional groups. *Research and Organizational Behavior*, Volume 27, 175-222

# Failure to Address Disruptive Conduct Leads To:



- ☑ High staff turnover
  - ☑ Pearson et al, 2000 found that 50% of people who were targets of disruptive behavior thought about leaving their jobs
  - ☑ Found that 12% of these people actually quit
- ☑ These results indicate a negative effect on return on investment

# Staff and Institutional Consequences

- ❑ Staff disharmony and poor morale<sup>1</sup>
- ❑ Staff turnover<sup>2</sup>
- ❑ Incomplete and dysfunctional communication<sup>1</sup>
- ❑ Heightened financial risk and litigation<sup>3</sup>
- ❑ Reduced self-esteem among staff<sup>1</sup>
- ❑ Reduced public image of hospital<sup>1</sup>
- ❑ Unhealthy and dysfunctional work environment<sup>1</sup>
- ❑ Potentially poor quality of care<sup>1,2,3</sup>
- ❑ Staff role confusion

1. Piper 2000; 2. Rosenstein, 2002; 3. Hickson, 2002

# Patient Consequences of Disruptive Behavior

- ☑ Disruptive Behavior Leads to Communication Problems...Communication Problems Lead To Adverse Events<sup>1</sup>
- ☑ Communication breakdown factored in OR errors 50% of the time<sup>2</sup>
- ☑ Communication mishaps were associated with 30% of adverse events in OBGYN<sup>3</sup>
- ☑ Communication failures contributed to 91% of adverse events involving residents<sup>4</sup>

1. Dayton et al, J Qual & Patient Saf 2007; 33:34-44.

2. Gewande et al, Surgery 2003; 133: 614-621.

3. White et al, Obstet Gynecol 2005; 105(5 Pt1):1031-1038.

4. Lingard et al, Qual Saf Health Care 2004; 13: 330-334



# Patient Consequences of Disruptive Behavior

- ☑ In one study of 4,539 healthcare workers<sup>1</sup>
  - ☑ 67% reported link with an adverse event
  - ☑ 71% reported link to medication errors
  - ☑ 27% reported link to patient mortality
- ☑ 64% of pharmacists assumed an order was correct rather than interact with a disruptive physician<sup>2</sup>

1. Rosenstein & O'Daniel, 2008; 2. Institute for Safe Medical Practices, 2009

# Issues When Professionals Behave In Ways That Are Disruptive

1. Substance use disorders and psychiatric issues
2. Narcissism, perfectionism, or other personality traits/disorders
3. Poorly controlled anger/Snaps under heightened stress, perhaps due to:
  - Poor clinical/administrative/systems support
  - Poor management skills
  - Family problems

# Issues When Professionals Behave In Ways That Are Disruptive



4. Physical Illness, especially cognitive problems
5. Training or poor social skills entering into medicine
6. Well, it seemed to work pretty well and the system reinforced it
7. May ignore feelings and problems
  - Often has burnout
  - May be unaware of impact of their behavior on others

# Psychiatric Conditions Affecting Physicians With Disruptive Behavior

Published in *Psychiatric Times*, November 18, 2014

By Lisa J. Merlo, PHD, MPE, Jill A. Sutton, MA, Tish  
Conwell, and Martha E. Brown, MD

# PRN Study



- Our study sought to examine the prevalence of psychiatric disorders among physicians referred to PRN because of disruptive behavior
- IRB approval was obtained and charts for past and current participants were reviewed to identify individuals referred for disruptive behavior
- DSM-IV Axis I and Axis II diagnostic information was collected from evaluations conducted by board-certified psychiatrists or licensed psychologists who were approved by PRN

# Methods

- Chart review of 54 records from professionals referred to PRN due to disruptive behavior
  - ▣ 37 completed contracts (69%)
  - ▣ 16 active contracts (30%)
  - ▣ 1 *unknown*
- Assessed demographics, professional specialty, and psychiatric diagnoses



# Characteristics of Disruptive Professionals

- 92.6% Male
- Ranged in age from 29-65 years
  - ▣ Mean = 46.96 years
  - ▣ Standard deviation = 8.18
- Racial/Ethnic Breakdown:

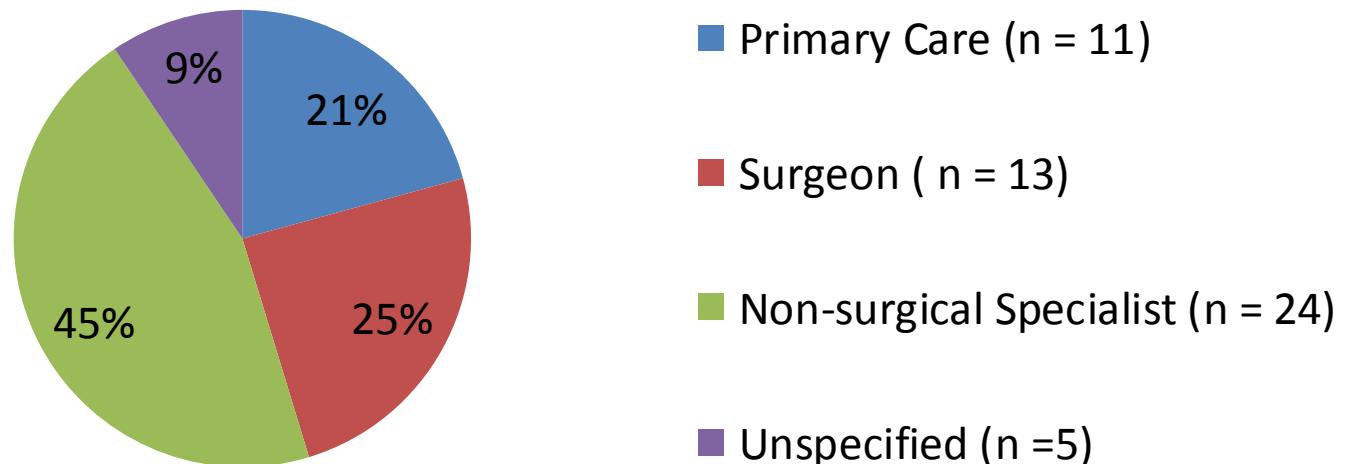
Race/Ethnicity	N	%
African American	1	1.9%
Asian	3	5.6%
Caucasian	18	33.3%
Hispanic/Latino	1	1.9%
Unknown	31	57.4%



# Professional Characteristics

- 52 Medical Doctors (96.3%)
- 1 Osteopathic Doctor (1.9%)
- 1 Massage Therapist (1.9%)

**Physician Specialties (N = 53)**





Specialty	Frequency	Percent
Anesthesiology	2	3.8%
Cardiac Surgery ^	1	1.9%
Cardiovascular Disease	7	13.2%
Family Practice or Geriatrics *	2	3.8%
Gastroenterology	3	5.7%
General Surgery ^	6	11.3%
Internal Medicine *	5	9.4%
Neonatology/Perinatal	1	1.9%
Nephrology	1	1.9%
Neurological Surgery ^	2	3.8%
Neurology	3	5.7%
Obstetrics/Gynecology *	1	1.9%
Orthopedic Surgery ^	2	3.8%
Osteopathic Medicine *	1	1.9%
Pediatrics *	1	1.9%
Pulmonary Disease	3	5.7%
Psychiatry	1	1.9%
Radiology	2	3.8%%
Resident Physician	1	1.9%
Trauma Surgeon ^	1	1.9%
Urology	1	1.9%
Vascular Surgery ^	1	1.9%
Unspecified	5	9.3%

**Note:**

\* = Included as “Primary Care”

^ = Included as “Surgeon”

# Axis I Psychiatric Diagnoses Per Evaluator Report

- Only 13 professionals (24.1%) had no Axis I diagnosis
  - Excludes V62.2 Occupational Problems
- 11 professionals (20.4%) had multiple Axis I diagnoses

Diagnosis	Frequency	Percent
Mood Disorder	13	24.1%
Anxiety Disorder	6	11.1%
Adjustment Disorder	16	29.6%
Impulse Control Disorder	16	29.6%
Sexual Disorder	1	1.9%
Substance Use Disorder	3	5.6%
Occupational Problems	37	68.5%

# Axis II Personality Diagnoses

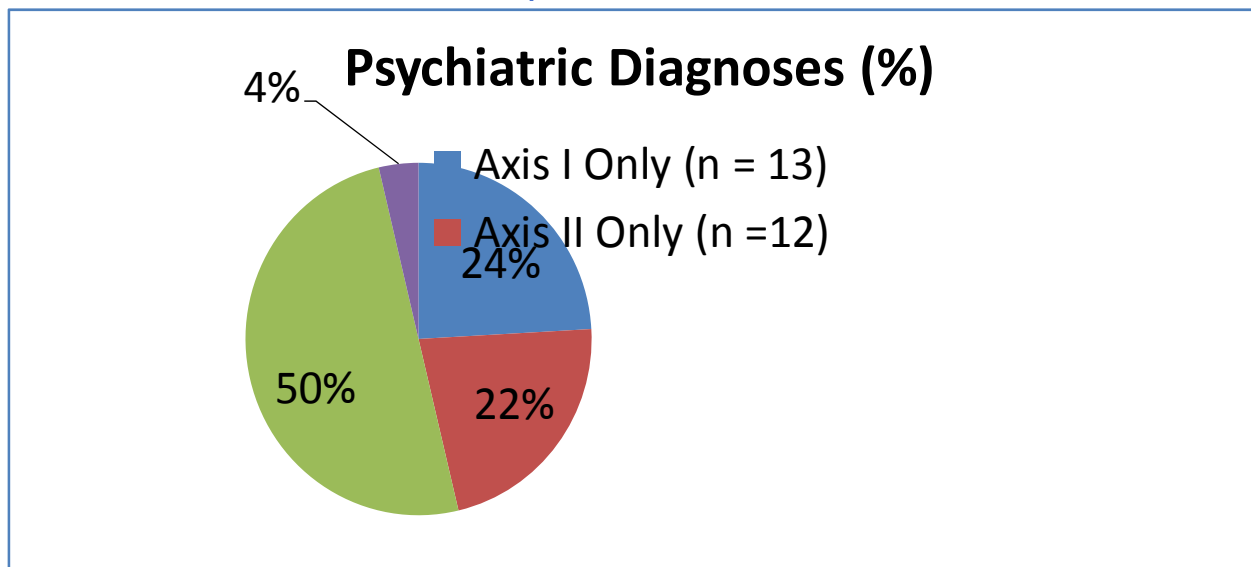
Per Evaluator Report

- Only 15 professionals (27.8%) had no Axis II diagnosis, traits, or features noted
- 21 professionals (38.9%) had Axis II diagnoses, traits, and/or features noted for multiple personality disorder clusters

Diagnosis	Frequency	Percent
Cluster A	6	11.1%
Cluster B	26	48.1%
Cluster C	27	50.0%
Personality Disorder NOS	1	1.9%

# Psychiatric Disorders & Disruptive Behavior

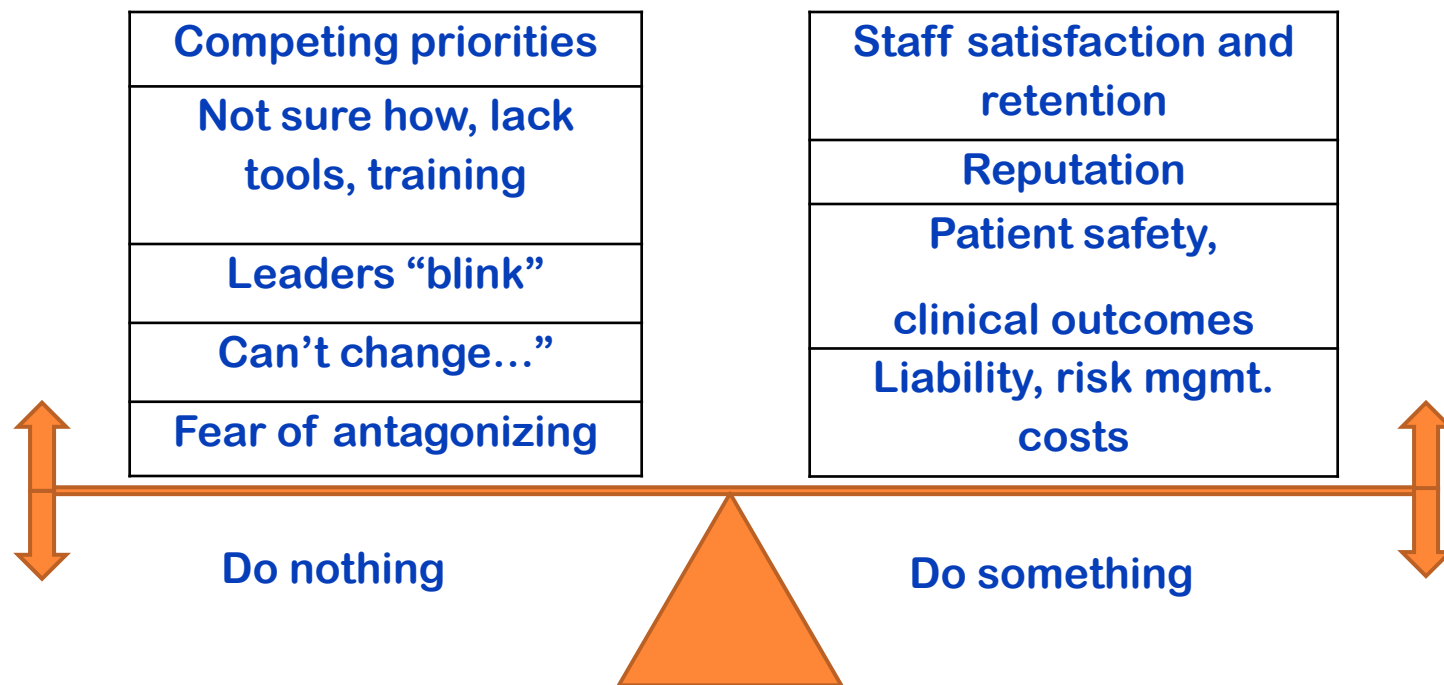
- Only 2 professionals (3.7%) referred for disruptive behavior had no Axis I diagnosis (except V62.2 Occupational Problem) and no Axis II diagnosis
- On the other hand, 27 professionals (50%) referred for disruptive behavior had both Axis I diagnosis and Axis II diagnosis, traits, and/or features noted





# **Barriers To Intervention And Clinical Approaches To The Disruptive Professional**

# The Balance Beam For Institutions



June 2009, Unprofessional Behavior in Healthcare Study, Studer Group and Vanderbilt Center for Patient and Professional Advocacy; Hickson GB, Pichert JW. Disclosure and Apology. National Patient Safety Foundation Stand Up for Patient Safety Resource Guide, 2008; Pichert JW, Hickson GB, Vincent C: "Communicating About Unexpected Outcomes and Errors." In Carayon P (Ed.). Handbook of Human Factors and Ergonomics in Healthcare and Patient Safety, 2007

# Staff Barriers For Not Dealing With The Problem

- 18% fear reprisal or career jeopardy
- 20% try to “cover” for the person with disruptive behavior
- 35% did not believe it would have a positive outcome
- 46% believe administration not to committed to addressing behavior
- 60% believe disruptive behavior is ignored in “high value” professionals



# Other Barriers



- Inability to recognize the symptoms
- Reluctance to “harm” careers
- Fear of being sued or getting into trouble, especially if threats have been made in the past or the person is perceived as powerful within the medical organization/practice
- Lack of policies or resources
- Hospitals and medical practices not wanting to deal with the issues



# Recommendations For Working with Disruptive Professionals

- Recommendations for the hospital/medical practice:
  - ▣ Facts are confirmed
  - ▣ Extensive documentation of the behaviors and incidents
  - ▣ Talked with the professional about the issues and closely followed up and monitored their behavior
  - ▣ Are they willing to take action from the hospital and/or medical practice side

# Recommended Protocol



- The first time incident of disruptive behavior that is relatively “mild” and not egregious (i.e., routinely failing to complete records in timely manner, being chronically late, not answering pages) should be handled by the executive committee or wellness committee (not PHP) with consideration of:
  - ▣ Mentoring
  - ▣ CME course on disruptive/distressed behavior
  - ▣ Behavior closely watched by committee according to that institution/ practice’s protocol

# Recommended Protocol



- Repeated behavior that disrupts the healthcare system or if 1st incident is particularly egregious (throwing objects, continual/demeaning language), then the behavior must be addressed more formally by:
  - ▣ Call PRN to discuss whether a formal assessment is warranted at this time
  - ▣ If behavior does not meet criteria for PRN yet (not yet enough to require a formal evaluation), then a mandatory referral to a CME course and/or counseling done by appropriate committee
  - ▣ Contract with professional outlining expectations and requirements

# Recommended Protocol



- If the behavior reaches a level that there is an immediate risk of harm to patients or staff, then a more formal procedure need to happy
- The professional should be directed to contact PRN immediately and cooperate with intake process
- Strong consideration should be given to suspension of privileges until PRN deems the professional safe to practice again

# PRN Protocol



- The referral usually results in a 3-5 day outpatient or residential evaluation
- The professional has to be sent to an evaluator that specializes in evaluating disruptive professionals
- PRN requests the evaluation include a psychiatric evaluation, substance abuse evaluation, medical workup, extensive neuropsychological testing, multiple collaterals, and drug testing

# What We Have Learned



- Medical student/resident training cultivates disruptive behaviors, as they learn from their mentor's behaviors
- Many professionals come to training “predisposed” to having behavioral problems
- We need to continue to increase educational efforts about this important issue
- An appropriate plan of addressing the behavior must be developed, documented, and implemented
- Everyone has the right and needs to be empowered to express their opinion, concerns, or questions in a non-disruptive manner
- Disruptive behavior and communication issues are a patient safety issue and need to be quickly addressed

