Mental Health Series

Consequences of Physician Disruptive Behavior

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INTRODUCTION

The professional behavior of physicians and medical students has received and continues to be a focus of increasing attention from medical school educators, the general community of medicine, and society at large. Most healthcare institutions, state medical licensing boards, and state medical societies have policies and procedures in place for identifying, treating, and monitoring distressed professionals. In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently developed a new standard on disruptive behavior. The new disruptive behavior standard, LD 3.15, is contained within the proposed new "Culture of Safety" section of the chapter on leadership. The new standard links behavior to safety. Personal interactions are a critical part of a culture of safety and quality, and the proposed Joint Commission standards ask leaders to set expectations for behavior among those who work in the organization. Because safety and quality thrive in an environment that supports teamwork and mutual respect, the standard calls for leaders to impose expectations on everyone, regardless of their position.[1]

The increased focus on disruptive professional behaviors is due in part to the significant consequences that can result from these behaviors. These outcomes include: impaired physician personal well-being, loss of professional stature, threatened positive patient care outcomes, an unhealthy working environment for the healthcare team, and specifically negative effects on nursing retention.[2] This paper reviews disruptive professional behaviors.

WHAT IS DISRUPTIVE BEHAVIOR?

The American Medical Association (AMA) defines disruptive behavior as "a style of interaction with physicians, hospital personnel, patients, family members, and others that interferes with patient care…"[2] Some examples of disruptive behavior are: sexual harassment, racial or ethnic slurs, intimidation, abusive language, persistent lateness in responding to calls, intimidating or threatening physical contact, public derogatory comments about other staff or quality of care, inappropriate medical record entries and inadequate documentation.[3,4]

INCIDENCE

The estimated prevalence of disruptive behavior in the United States for physicians is five percent. The most recent data published by the American College of Physician Executives shows more than 95 percent of physician executives surveyed (n=1,627) reported they encountered disruptive behavior regularly.[4,5,6]

CONSEQUENCES

Significant consequences exist because of disruptive behaviors. These include detrimental effects on physician well-being and professional stature, patient care outcomes, the working environment for the healthcare team, and nursing retention.[7,8,9]

The nursing shortage has become one of the most pressing concerns for hospitals nationwide. Various reasons for the shortage have been cited. Findings of several studies have suggested a relationship between workplace stress and nurses' morale, job satisfaction, commitment to the organization and finally an intention to quit. Dr. Greenfield with the American Surgical Association stated that as many as two thirds of nurses say they've been abused by physicians at least once every two to three months. This is supported by the nursing literature.[10]

Other factors associated with disruptive behaviors in healthcare settings include services being reduced or canceled and increased medical errors. Thus, patient satisfaction, quality of care and patient safety are compromised.[10] In fact, a recent study showed support for ICU staff nurse-physician collaboration as a variable associated with favorable ICU patient outcomes. In other studies, collaboration among healthcare providers in patient-transfer situations has reduced patient or family problems.[11]

The association of disciplinary action against practicing physicians and previous unprofessional behaviors has been reviewed as well. One study found physicians who were disciplined by state medical licensing boards were three times as likely to have displayed unprofessional behavior in medical school as the control students.[12] Another study by the University of California found students in medical school who received comments about unprofessional behavior were more than twice as likely to be disciplined by the Medical Board of California when they become practicing physicians. Most actions taken against physicians are for deficiencies in professional behavior rather than incompetence. In this study, negligence was included.[13]

STRATEGIES FOR ADDRESSING DISRUPTIVE BEHAVIOR

There are many ways to address physician disruptive behaviors and among them is

to promote a work environment that emphasizes a culture of safety. A safety culture is one that does not value hierarchy and not only encourages but promotes individuals to speak up in the face of imminent danger. Striving for better nurse-physician relationships is advocating for a healthy work environment for all individuals in the workplace and ultimately results in a more positive experience and outcome for patients. This in turn enhances nursing retention. The leadership team at the highest levels of an organization needs to internalize these values and demonstrate its commitment in clearly visible and strategic ways. This commitment must include creating a culture in which respect and integrity are valued, disruptive behavior is not tolerated, and the reporting milieu is non-punitive.[9,14,15]

Strategies for addressing disruptive behavior in the workplace include:

- Perform organizational self-assessment.
- Increase staff recognition of the nature and severity of the issue.
- Create a non-threatening environment in which important issues can be openly discussed.
- Provide appropriate classes to support mutual respect among colleagues and the benefits of collaboration.[9,14,15]

Strategic approaches also include setting measurable goals for improvement. For example, every individual should have a part of his or her compensation attached to a dimension of the organization's strategic goals. The use of metrics may be used to monitor progress toward such a goal.[15] As part of this process, organizations must develop an equitable process for evaluating and intervening in staff grievances. A well articulated code of behavior that is applied uniformly to all members of the organization is essential. The organization must also formulate an effective disruptive behavior policy to confront those individuals who continue to be abusers of the system and fail to improve after education and brief counseling.[2,9]

The causes of disruptive behavior are not idiosyncratic and do not arise overnight. Rather, they are gradual in development. Common causes of disruptive behavior are medical problems, sleep deprivation/fatigue, adjustment disorder and, lastly, personality disorders/traits which characteristically are enduring. The physician with disruptive behavior is often a highly-skilled clinician; nonetheless, their self-assessment often goes beyond authenticity. Typically the physician with disruptive behavior is unaware of their effect on others. When disruptive behavior persists despite policies in place, education, and brief counseling within the organization, then it is time for referral to specialized programs designed to further address this behavior.

In the State of Tennessee, The Physicians Health Program (PHP; Medical Director Dr. Roland W. Gray), and The Program for Distressed Physicians at Vanderbilt address these problems. Their role in these cases is to serve primarily as a consultant about resources available for assessment and therapy for these physicians. For these doctors to change their behavior, the hospitals have to be the disciplinary arm. It is important to turn this experience from disciplinary to rehabilitative.

The PHP has a long history of expertise in this area and is well equipped to work with disruptive physicians to teach them to deal with the stresses and/or issues that lie beneath their troubling behavior. The Program for Distressed Physicians at Vanderbilt was organized in 2005. The vision and mission of this program is for all physicians with disruptive behavior in the United States to be afforded an opportunity to learn new behavioral skills to empower them to function properly in an increasingly complex and changing healthcare environment, authenticate specific behavioral changes, and maintain their stature and professional privileges.[16]

CONCLUSION

The distressed physician is well-known in many healthcare settings. However, their behaviors can have serious effects on patient care, staff relations and physicians' personal and professional future. Addressing the issue of disruptive behavior in a positive, strength-based manner that has the potential for significant, personal, collegial and community benefits may prevent untoward outcomes. ■

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