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Disruptive Behaviors: Impact on Communication and the Bottom Line

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Disruptive Behaviors

Impact on Communication and the Bottom Line

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The ramifications of disruptive behavior are detrimental and systemic. This article defines disruptive behaviors and identifies some stressors that cause such behavior. We will also look at what impact disruptive behaviors have on hospitals economically, the emotional toll on health-care teams, and patient safety and quality. Finally, we will discuss how to successfully address and curb disruptive behaviors.

Introduction

In a typical four day hospital stay, a patient may interact with fifty different hospital employees or medical staff.¹ Thus, collaboration, teamwork, and effective communication are vital for successful patient outcomes.¹ The Joint Commission states that, “safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment.”² However, disruptive behaviors between physicians, nurses, and other health-care team members obstruct communication and collaboration, which adversely affect work relationships and patient outcomes.³ According to the Joint Commission, the root cause of nearly seventy percent of sentinel events can be traced back to communication problems.⁴

While only three to five percent of physicians and nurses truly exhibit disruptive behaviors, it still deeply impacts an organization.⁴ Organizations are starting to deal with disruptive behaviors; however, they still need to understand the “full downstream impact” of these behaviors and aggressively address this issue.⁵

To accurately address the issue and have a true impact on disruptive behaviors, an organization must first understand what disruptive behaviors are and what stressors cause such behaviors.⁵ Additionally, an organization must fully understand the influence disruptive behaviors have on their organization, specifically, financial ramifications, employee retention problems, and patient safety.⁵ Once an organization understands what stressors cause the behaviors and the full impact these behaviors cause, then the organization will be able commit to addressing disruptive behaviors.

Therefore, herein, we will discuss what disruptive behaviors are and what stressors cause such behavior. We will also look at what impact disruptive behaviors have on hospitals economically, the emotional toll on health-care teams, and patient safety and quality. Finally, we will discuss how to successfully address and curb disruptive behaviors.

Disruptive Behavior Described

Disruptive behaviors are defined as any inappropriate behavior, confrontation, or conflict, ranging from verbal abuse to physical or sexual harassment.⁵ The Joint Commission, in 2008, also singled out the following conduct as disruptive behaviors: demeaning comments, yelling, hanging up during telephone conversations, and lack of respect.⁶ Unfortunately, such behaviors have a long standing history in the health care field and it starts with traditional medical education.¹ In the eyes of most physicians, errors are equated with failure because traditional medical education emphasizes “error-free practices” through intense peer pressure.¹ Thus, the medical work environment perpetuates the suppression of fair and open discussion of mistakes.¹

In addition to being taught to suppress communication failures, disruptive behaviors have historically been accepted as a way of doing business.⁵ There is a deep rooted code of silence within the health care community against speaking out about disruptive behaviors, especially against a physician.⁵ This is due largely because of the medical hierarchy that exists within the industry.⁵ The hierarchy perpetuates the belief that organizations will not do anything about the behaviors because physicians are the money makers and are at the top of the food chain.⁵ In addition, there is the real threat of retaliation against those that do speak up.⁵

Physician disruptive behaviors tend to stand out more because they have direct control over patient care, and as a result their behavior can be more directly linked to the impact on patient safety and quality of care.³ However, physicians do not start the day out planning to be disruptive.⁷ There are a number of stressors that can occur during the course of the day which may provoke a disruptive response.⁷ For example, increased stress, fatigue, external scrutiny, decrease in autonomy, and reduction of revenue are all stressors that lead to disruptive behaviors.⁷ Therefore, it should not come as a surprise to learn that disruptive behaviors are more prevalent in “high-intensity areas,” i.e., a

surgical setting.³ In fact, disruptive behaviors in physicians occur more frequently in specialties such as general surgery, cardiovascular, neurosurgery, and orthopedics.⁴

The medical industry has an uphill battle to curtail disruptive behaviors because the practice of medicine occurs in a stressful, life and death environment which is a breeding ground for disruptive behaviors. Further, there is a deep rooted cultural acceptance of such behaviors within the industry. However, this issue is starting to be met head-on because the Joint Commission has classified what types of behaviors are disruptive.² Additionally, the Joint Commission has created a new accreditation leadership standard – Leadership LD.03.03.03 – which requires hospitals to have a code of conduct policy in place to address disruptive behaviors, and a process in place to manage disruptive individuals.² Further, we are starting to identify the stressors that cause disruptive behavior.⁷ However, a survey of nurses and physicians show that disruptive behaviors are still prevalent, seventy-seven percent of respondents reporting that they had witnessed disruptive behaviors in physicians.⁴ Therefore, the above mentioned steps towards eradicating disruptive behaviors are mute if organizations are not committed to admitting there is a problem and understand the affects that are associated with disruptive behaviors.

Costs of Disruptive Behavior

Disruptive behaviors do not only have grave effects on patient safety and quality of care, but also negatively affect the moral of the medical team, patient satisfaction, and the reputation of the organization.⁵ Ultimately, the effects of disruptive behaviors impact the organizations financials, and directly contribute to the rise in health care costs.⁵

There is a strong connection between patient dissatisfaction and the probability of being sued.⁵ Moreover, there is a strong correlation between the occurrence of adverse events and the number of malpractice suits.⁵ Furthermore, most insurance companies will no longer pay for adverse events or

medical errors.⁵ So, what does that mean for hospitals and health care costs across the country? The simple answer is billions of dollars.⁵

There are substantial costs associated with a malpractice lawsuit. *A New England Journal of Medicine* article stated that the average cost of a medical error-based claim was \$521,560.00.⁵ Unfortunately, many of the events leading up to a lawsuit are direct results of poor communication, patient dissatisfaction, and an adverse event.⁵ Moreover, a recent report stated that ten percent of all paid surgical malpractice claims were because of inadequate team communication.⁵

It is estimated that 1.5 million medical errors occurred in 2008 across the United States, which was a total economic cost of \$19.5 billion.⁵ Additionally, it is estimated that 1.5 million preventable adverse drug errors occur each year in U.S. hospitals.⁵ An adverse drug error costs between \$2,000.00 and \$5,800.00 per event; that is a staggering annual total of \$8.7 billion.⁵ Moreover, according to the Institute for Safe Medication Practices, “7% of drug errors result from provider intimidation: the nurse or pharmacist was so antagonized by the physician that they could not get the order clarification needed.”⁵ With insurance companies no longer willing to pay for preventable adverse events the financial burden lies with the attending institution; therefore, the costs of disruptive and intimidating behavior will cost an organization millions of dollars.⁵

In addition to the costs of medical errors, many physicians who exhibit disruptive behaviors also have difficulty complying with expected standards of practice.⁵ Specifically, disruptive physicians have trouble complying with timely medical record documentation, coding inquiries, and chart completion, which has a direct impact on hospital revenues.⁵ While these types of behaviors may have a more subtle impact, the University of Maryland estimates that US hospitals waste \$12 billion a year because of poor communication, which equates to a \$4 million loss for the average hospital.⁵

Disruptive behavior also has an effect on employee satisfaction, productivity and efficiency, and the overall morale of the hospital staff.⁵ Employee stress and frustration levels rise because of

disruptive behaviors.³ Furthermore, such behaviors adversely affect employee concentration levels and overall team collaboration.³ The end result is inefficiencies, frustration, and lower team moral, which equates to lost dollars.³ Moreover, disruptive behaviors lead to a lower retention rate of qualified nurses and other medical staff.⁵ To recruit a new nurse, it costs between \$60,000.00 and \$100,000.00; in addition, there are the costs of orientation and training to get the new nurse up to speed.⁵

The bottom line, disruptive behaviors have direct financial implications. Organizations need to take a proactive approach to addressing the downstream affect that disruptive behaviors have on the organization because it is not only the moral thing to do but it can be supported by actual dollars and cents.⁵

Solutions

As demonstrated above, the medical industry has a deep rooted acceptance of tolerating disruptive behavior; therefore, the accepting culture of the industry needs to change. Thankfully, the culture is slowly starting to shift and organizations are starting to address this problem. The Joint Commission has created a new accreditation leadership standard – Leadership LD.03.03.03 – which specifically addresses disruptive behaviors.² Furthermore, in an article in the *American journal of Medical Quality*, Dr. Alan H. Rosenstein describes a ten step process necessary for implementing a program that addresses disruptive behaviors, enhances communication and team collaboration, and holds individuals accountable for their actions.⁵ In addition, Dr. Alan H. Rosenstein and Michelle O’Daniel published a similar article in the *Joint Commission Journal on Quality and Patient Safety* that provided ten recommendations to address the issue of disruptive behaviors.⁴

The Joint Commission requires that hospital/organization have a code of conduct that defines acceptable and disruptive behaviors.² In addition, organizational leaders will have to create and implement a process for managing disruptive behaviors.² Some of the process suggestions include education for all team members on what is unacceptable behavior and appropriate professional

behavior.² Further, all team members must be accountable for their behavior and there must be a “zero tolerance” standard for intimidating and/or disruptive behavior.² Finally, the organization needs to create a reporting system where reports are appropriately addressed.²

However, to implement a new program that is successful and compliant with the Joint Commission’s new leadership standard, the following key components that must be present: 1. Organizational Commitment, 2. Education and Training, 3. A Reporting Friendly Environment, 4. Policies and Procedures, and 5. Feedback/Follow Up.^{1,4,5}

Organizational Commitment

An organization must be committed to addressing the problem of disruptive behaviors from the “top down and bottom up.”³ Therefore, the board, administration, and clinical leadership must show support for the implementation of the new program by providing the necessary resources and personnel to create an adequate working structure.⁵ In addition, finding clinical champions – i.e., passionate physicians and nurses – are indispensable to driving a new program to success.⁴

Education and Training

An organization must raise awareness of the seriousness and consequences of disruptive behavior by educating all employees and medical staff.⁵ Moreover, the medical staff needs to understand and be keenly aware of what stressors that causes disruptive behaviors and the limitations of human performance.¹ Kaiser Permanente, a nonprofit American health care system, has taken a page from the aviation industries’ Crew Resource Management (CRM) program which focuses on educating crews about the limitations of human performance and the relationship between the presence of stressors (such as stress, fatigue, and emergencies) and the occurrence of errors.¹ CRM also focuses on teaching behaviors that are countermeasures to error, such as leadership, cross-checking, monitoring, and review and modification of plans.¹ Moreover, CRM places emphasis on “debriefing” to enable improvement of aircrew performance.¹

Following suit, the Veterans Affairs Palo Alto Health care System and Stanford University developed the Anesthesia Crisis Resource Management (ACRM) and the Elgin U.S. Air Force (USAF) Regional Hospital developed and implemented a patient safety program called Medical Team Management (MTM), both programs were modeled after CRM.¹ Since the implementation of MTM, Elgin USAF Regional Hospital staff considerably increased the number of reports filed and the severity of incidents has declined.¹

The staff must also be educated on how to effectively communicate with each other.⁴ Doctors and nurses have different communication styles; nurses are taught to be more descriptive and physicians are taught to be concise.¹ Therefore, standardized communication tools may be very effective in curbing disruptive behaviors.¹ Kaiser Permanent created a tool called SBAR (Situation, Background, Assessment, Recommendation) to help push through communication barriers. SBAR creates a framework and familiarity for all conversations, especially critical ones.¹ Moreover, it is an efficient way for nurses and doctors to communicate because the person initiating the conversation knows what needs to be communicated before picking up the phone or starting a conversation.¹

A Reporting Friendly Environment

In conjunction with educating and encouraging medical staff to report disruptive behaviors, the organization must create an environment that is conducive to report such conduct.³ Therefore, it is essential to provide an environment where people feel safe when they report disruptive behavior or medical errors.³ In order to do so, an organization must eliminate the fear of retaliation and increase employee confidence by taking a proactive approach.⁵ In most cases, it is more important to let people know that the organization has heard them and are actively investigating the situation rather than coming up with an immediate solution.³

Additionally, leaders should install a team building culture that fosters professionals to act professionally and hold each other accountable for reporting disruptive behaviors.⁶ Therefore,

meaningful follow-up with clear actionable implications must occur in a timely manner rather than waiting until “trends” appear.⁶ This type of culture can be fostered by creating policies and procedures that specifically address the problem of disruptive behaviors and require mandatory reporting. Moreover, a culture shift that fosters reporting and takes a proactive approach creates an environment of interdisciplinary respect and collaboration.⁶

Policies and Procedures

It is essential to have expressed and clear definitions of acceptable and unacceptable behaviors.⁴ This is also consistent with the requirements that the Joint Commission’s Leadership Standard.² In creating a behavioral standard, it is also critical to establish a zero-tolerance policy for noncompliance.⁴ Additionally, there needs to be an established process for managing disruptive events and dealing with noncompliant individuals.⁵ Furthermore, the entire process must remain confidential to protect reporting compliant individuals.⁵ These policies also need to be strictly and consistently applied across the organization.⁴

If a disruptive event does transpire, it must be addressed immediately so real time discussions can take place before harm is done.⁵ Additionally, individuals responsible for dealing with reporting and follow-up should be trained in conflict resolution skills.⁵ Furthermore, to successfully sustain these policies and procedures, a multidisciplinary team made up of trained and competent individuals needs to be in place to strictly follow a standardized process for event assessment, recommendations, and to make nonbiased decisions.⁴

Vanderbilt University School of Medicine has created a disruptive behavior pyramid for identifying, assessing, and dealing with disruptive behaviors.⁷ The pyramid consists of five levels of incidents in connection with four mandatory interventions.⁷ The foundation of the pyramid reinforces the fact that the vast majority of medical professionals do not have behavioral issues and are models of

professionalism.⁷ However, when unprofessional incidents do occur, different levels of intervention are needed and must be mandatory.⁷

The second level of the pyramid addresses the occurrence of a single unprofessional incident. A single unprofessional event should trigger an informal intervention, described as a “cup of coffee conversation.”⁷ However, when a pattern of disruptive behavior becomes apparent, which is the next level on the pyramid, the organization needs to intervene and make the individual aware that his or her conduct is inappropriate.⁷ In order to correctly do this, the organization needs to compile unsolicited complaint data.⁷ In most cases, the individual responds in a professional manner and will make the necessary practice and behavioral adjustments.⁷ The next level of the pyramid addresses when the disruptive behavior patterns still persists. In such cases, leadership must intervene and utilize their authority to develop and improvement plan with ongoing accountability.⁷ This intervention must detail the consequences of noncompliance. However, the organization ultimately has to be willing to cut ties with individuals who are not willing to conform, which is the intervention tool for the top of the pyramid.⁷

Feedback/Follow Up

New programs are not perfect from the onset; rather they need to be continually monitored and adjusted.⁵ Therefore, an organization must solicit feedback from their staff and act accordingly to viable information.⁵ A good way to create relationships and solicit feedback is to create feedback committees made up of physicians, nurses, and other staff.⁴ Being able to consistently assess and adjust the course of a behavioral program is vital for its long term viability.

Conclusion

Disruptive behaviors negatively affect work relationships, communication efficiency, and team collaboration, which can adversely affect patient safety and quality of care.³ However, the Joint Commission and other medical industry professionals are starting to take action. Still, organizations

need to be committed to create a zero tolerance culture from the “top down and bottom up.”⁴ The organization also needs to be committed to developing and implementing policies and procedures that define disruptive behavior and hold individuals accountable for noncompliance. Moreover, the organization has to take an active approach in educating and training its staff to understand the stressors that trigger disruptive behavior. The education model needs to take a more team oriented approach and instill a culture that encourages and expects individuals to report incidents of disruptive behavior. To aid in improving communication an organization may want to implement a standard communication tool like SBAR. Improving communication will improve staff and patient satisfaction, which would ultimately reduce the occurrence of preventable medical errors.⁴ Finally, the key to any program is to continually solicit feedback and make adjustments where needed.

¹ Michelle O’Daniel & Alan H. Rosenstein, Chapter 33 Professional Communication and Team Collaboration, Patient Safety and Quality: An Evidence-Based Handbook for Nurses (July 13, 2011, 2:07 PM) <http://www.ncbi.nlm.nih.gov/books/NBK2637/>.

² The Joint Commission, Behaviors that Undermine a Culture of Safety, (July 13, 2011, 2:15 PM) http://www.jointcommission.org/assets/1/18/SEA_40.PDF.

³ Alann H Rosenstein, MD, MBA & Michelle O’Daniel, MHA, MSG, Impact and Implications of Disruptive Behavior in the Perioperative Arena, American College of Surgeons, Elsevier Inc. (July 13, 2011, 2:24 PM) <http://www.mdconsult.com/das/article/body/266730549-5190/jorg=journal&source=&sp=16283303&sid=0/N/538157/1.html?issn=1072-7515#h0600341301>

⁴ Alan H. Rosenstein, MD, MBA & Michelle O’Daniel, MHA, MSG, A Survey of the Impact of Disruptive Behaviors and Communication Defects on Patient Safety, The Joint Commission Journal on Quality and Patient Safety, Volume 34 Number 8, 464 (August 2008).

⁵ Alan H. Rosensteing, MD, MBA, The Quality and Economic Impact of Disruptive Behaviors on Clinical Outcomes of Patient Care, American Journal of Medical Quality xx(x) 1-8, (July 13, 2011, 2:57 PM) <http://ajm.sagepub.com/content/early/2011/04/27/1062860611400592>.

⁶ Kathleen Rice Simpson, PhD, RNC, FAAN, & Audrey Lyndon, PhD, RNC, CNS, Clinical Disagreements During Labor and Birth: How Does Real Life Compare to Best Practice?, MCN Vol. 34 Number 1, 31-39 (January/February 2009).

⁷ Alan H. Rosenstein, MD, Disruptive Physician Behavior: Strategies for Addressing the Cause and Effect, Healthcare Executive, Jan/Feb 2011 Vol. 26 Issue 1, at 78-79, <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=57a4b0b9-26d0-46ef-9701-96c122f28a02%40sessionmgr110&vid=2&hid=112>