The Impact of Disruptive Behavior on Patients and Clinicians*

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Objectives

At the end of this presentation the participant can:

1. Define the four key concepts of the disruptive behavior construct.

2. Compare key findings from the JHH survey to perceptions of disruptive behavior from his/her organization.

3. Identify two strategies for addressing disruptive behavior concepts.
Johns Hopkins Hospital

Academic Medical Center
- 1013 beds/91 clinical units
- 9300 hospital employees
- Employment status
- Evidence the issue exists

Hospital Resources

Policies
- Code of Conduct
- Code of Ethics
- Discipline
- Workplace Anti-Violence
- Anti-Harassment
- Medical Staff By-Laws

Reporting Mechanisms
- Patient Safety Net
- Anonymous Safety Hotline
- Safety Attitude Questionnaire

Programs
- Legal/Risk Management
- Occupational Health
- Risk Assessment Team

Support
- Faculty and Staff Assistance Program
- Professional Assistance Committees (RN, MD)
Characteristics of Disruptive Behavior Issue

- Entrenched and intractable
- Undermines a culture of safety
- Decreases teamwork and communication
- Adversely affects patients and the health care team
- Erodes trust, respect and collegiality
- Violates professional ethics: *Do No Harm*

Complex Issue

- Bystanders
- Bad actors
- Collaborators
- Enablers

- Fail to respond to behavior
- Instigate the behavior
- Preserve the culture that allows behavior
- Sanction through silence or actions

Adapted from The Advisory Board Company, 2010
JHH Study Purpose and Aims

Purpose
• Understand the construct of disruptive behavior
• Develop a valid and reliable instrument to conduct an organizational assessment

Aims
• Use empirical data to target interventions and drive culture change
• Evaluate the effectiveness of interventions in creating a culture of mutual respect

Definition: Disruptive Behavior

“Personal conduct whether verbal or physical that negatively affects, or that potentially may affect, patient care; and/or interferes with one’s ability to work with other members of the health care team.”

American Medical Association (2000).
The Johns Hopkins Conceptual Model for Disruptive Clinician Behavior©

**Triggers**
- Interpersonal
- Intrapersonal
- Organizational

**Disruptive Behaviors**
- Incivility
- Psychological aggression
- Physical violence

**Responses**
- Positive
- Negative

**Impacts**
- Patient
- Clinician
- Organization

Reasons for not addressing

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Survey Administration

- Convenience sample
- Web-based only
- October 11 through November 1, 2010
- Completion time 15 minutes
Survey Response Rate

<table>
<thead>
<tr>
<th>Population/Sample</th>
<th>N</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5710</td>
<td>1559</td>
<td>(27.3)</td>
</tr>
<tr>
<td>RN</td>
<td>2759</td>
<td>987</td>
<td>(35.8)</td>
</tr>
<tr>
<td>MD</td>
<td>2481</td>
<td>496</td>
<td>(20.0)</td>
</tr>
<tr>
<td>Affiliates*</td>
<td>470</td>
<td>76</td>
<td>(16.2)</td>
</tr>
</tbody>
</table>

* NP, PA, CRNA, CNM

Sample Description

- **Demographics**
  - Female (76%)
  - White (78%)
  - Ages 32-51 years (52%)

- **Average experience in professional role**
  - RN 14.8 years
  - MD 11.3 years
  - Affiliate 10.8 years

- **RNs practicing on inpatient acute care units (48%)**
Survey Findings

Disruptive Behaviors

1. Conflict
2. Condescending language/dress down
3. Engaging in malicious gossip
4. Hazing
5. Inappropriate use of communication technology
6. Intimidation/threats/harassment
7. Passive aggressive behavior
8. Physical violence
9. Professional disregard
10. Rude/disrespectful
11. Self-centered/self-serving/egocentric
12. Verbal aggression
Think about this...

In the past year, the percent of staff in your organization who you perceive have personally experienced disruptive behavior is:

a. 1 - 25%

b. 26 - 50%

c. 51 - 75%

d. 76 -100%

e. None of the above

Disruptive Behavior is Pervasive at The Johns Hopkins Hospital

Red: % reporting disruptive behavior
A Physician Reports...

“A senior faculty member is routinely inappropriate, rude, condescending, abusive, throws things,...is publically demoralizing...yells at patients and staff...behavior is demoralizing and intimidating.”

A Nurse Reports...

“Everyday rudeness ... affects your morale, your investment, how long you are willing to work, whether you feel like coming to work.”
Think about this...

If you have experienced DB in the past year, what was the role of the person whose behavior had the most negative impact on you?

- a. Staff nurse
- b. Nurse leader
- c. Physician
- d. Support staff
- e. Other

Not Just a Doctor-Nurse Game

In the past year, the role of the person whose disruptive behavior had the most negative impact on me is a (an):

<table>
<thead>
<tr>
<th>Respondent</th>
<th>RN (n=685)</th>
<th>MD (n=295)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>36.5%</td>
<td>34.5%</td>
</tr>
<tr>
<td>MD</td>
<td>22.0%</td>
<td>45.1%</td>
</tr>
</tbody>
</table>

Chi-square = 30.594; df = 4; p = 0.000
Think about this...

In the past year, the most frequent disruptive behavior that I personally experienced was:

a. Passive aggressive
b. Conflict
c. Malicious gossip
d. Rude/disrespect
e. Other

### Most Frequently Reported Subscale Items, Rank-Ordered

<table>
<thead>
<tr>
<th>Disruptive Behaviors</th>
<th>Triggers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Passive aggressive</td>
<td>• Pressure from high census, volume, patient flow</td>
</tr>
<tr>
<td>• Conflict</td>
<td>• Environmental overload</td>
</tr>
<tr>
<td>• Self-serving/self-centered/egocentric</td>
<td>• Chronic, unresolved systems issues</td>
</tr>
<tr>
<td>• Engaging in malicious gossip</td>
<td>• Personal characteristics or issues impeding job performance</td>
</tr>
<tr>
<td>• Rude/disrespectful</td>
<td>• Unit/organizational culture</td>
</tr>
</tbody>
</table>
Positive Responses to Disruptive Behavior (n=1355)

I control my response by thinking through or analyzing the disruptive behavior
I seek support from peers in response to disruptive person
I use the chain of command to resolve
I clarify the reason for the disruptive behavior
I address disruptive behavior with confidence
I seek support from manager to address the disruptive person
I report disruptive behavior through a Patient Safety Net® report

Negative Responses to Disruptive Behavior (n=1355)

I do not report deteriorating patient conditions to disruptive provider
I retaliate in like manner to the disruptive person
I do not speak up when I observe behavior that could negatively affect patients or employees
I do other people’s work to avoid dealing with their disruptive behavior
I accept disruptive behavior from others as “part of my job”
I accommodate the disruptive person’s behavior to “avoid rocking the boat”
Think about this...

I do not address disruptive behavior because:

a. Nothing gets resolved
b. No time
c. Status in the organization
d. Fear
e. Not comfortable
f. Other

Reasons for Not Addressing Disruptive Behavior (n=1317)

- Nothing ever gets resolved when I address the person engaged in disruptive behavior
- I do not have time to address disruptive behavior
- I find it difficult to address disruptive person due to their status in organization
- I avoid addressing disruptive person for fear of making situation worse
- I do not address disruptive behavior when unclear who is the instigator
- I am not comfortable addressing disruptive behavior
Impact

Think about this...

Are you aware of a disruptive behavior event that resulted in harm to a patient?

- a. Yes
- b. No
- c. N/A (not involved in direct patient care)
Patient Harm

In the past year, disruptive behavior event(s) resulted in harm to my patient:

146  Temporary harms
19   Permanent harms
24   Life-sustaining interventions

Note:
* The harm levels are not mutually exclusive.

Personal Impact

- Decreases job satisfaction
- Decreases morale
- Takes an emotional toll
- Sets a negative tone for day
- Results in patient's loss of trust
- Hinders team relationships
A Nurse Reports...

“I put myself in the firing line ... attending goes back to the resident ... then the resident walks right up to me in the middle of an open area... explodes, wonders why I went to the attending, questions me, uses profanity…”

“I feel threatened as a person...
my face turns red...
it takes my breath away...
my heart speeds up”

Impact on Organization

- Considering transfer: n=269, $8.8 m
- Considering leaving: n=292, $27.0 m
- Planning to resign: n=88, $7.7 m

n=1229
Study Limitations

- Generalizability
- Selection bias
- Variability in item response
- Response bias

Share your strategies...

- What has worked?
  - Why was it successful?

- What hasn’t worked?
  - What lessons did you learn?
Interventions

The Johns Hopkins Conceptual Model for Disruptive Clinician Behavior©

Interventions
Individual
Unit/Team
Organization

Triggers
Disruptive Behavior
Response
Impact

Reasons for not addressing

© The Johns Hopkins Hospital, 2010
JHH Strategies

**Awareness**
- First stage of learning
  - Communicate findings
  - Professionalism in Practice Committee
  - Grand Rounds
  - Publications

**Prevention**
- Norms that value mutual respect
  - Set behavioral expectations
  - Codes of Conduct
  - Reporting System
  - Accountability
  - Role Modeling

**Intervention**
- Actions to influence outcome
  - Organizational level
  - Unit or team-based
  - Individual level

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**Professionalism in Practice (PIP) Committee**

- Johns Hopkins Hospital and JHU School of Medicine
- Interdisciplinary
- Physician and Nursing Leaders
- Faculty, House Officers, Mid-Level Providers, Clinicians
- Legal Counsel and Ethicist
- Organizational Development and Training
- Faculty and Staff Assistance Programs
- Service Excellence
- Patient and Family Advocates
Foundations for Interventions

- Bridges Transition Model
- The *Influencer* Model
- Use of informal opinion leaders
### Six Sources of Influence*

<table>
<thead>
<tr>
<th></th>
<th>Motivation</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Make the undesirable desirable</td>
<td>Surpass your limits</td>
</tr>
<tr>
<td>Social</td>
<td>Harness peer pressure</td>
<td>Find strength in numbers</td>
</tr>
<tr>
<td>Structural</td>
<td>Design rewards and demand accountability</td>
<td>Change the environment</td>
</tr>
</tbody>
</table>


### Use of Informal/Opinion Leaders

- Positive psychology
- Tipping point for change
Interventions by Source of Influence: Personal

<table>
<thead>
<tr>
<th>Source</th>
<th>Motivation</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal (individual)</td>
<td>• Storytelling</td>
<td>• Anger and Conflict Management Training</td>
</tr>
<tr>
<td></td>
<td>• Internal and External Publications</td>
<td>• Communications Training</td>
</tr>
<tr>
<td></td>
<td>• Unit-based Code of Mutual Respect and Civility</td>
<td>• Resilience Training</td>
</tr>
<tr>
<td></td>
<td>• Patient Safety Reporting System</td>
<td>• Leadership/Management Development</td>
</tr>
<tr>
<td></td>
<td>• Hickson Professional Accountability Model</td>
<td>• Simulations/Role Play</td>
</tr>
<tr>
<td></td>
<td>• Professional Assistance Programs</td>
<td>• Scripting Tools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Coaching/Mentoring</td>
</tr>
</tbody>
</table>

Pyramid for Promoting Reliability and Professional Accountability*

## Interventions by Source of Influence: Social

<table>
<thead>
<tr>
<th>Source</th>
<th>Motivation</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social (Unit/Team)</td>
<td>• Leadership commitment</td>
<td>• Team Training</td>
</tr>
<tr>
<td></td>
<td>• Professionalism in Practice Steering Committee</td>
<td>• PROPEL®</td>
</tr>
<tr>
<td></td>
<td>• Testimonials</td>
<td>• Simulations</td>
</tr>
<tr>
<td></td>
<td>• Grand Rounds</td>
<td>• Code Word</td>
</tr>
<tr>
<td></td>
<td>• Engaging informal leaders</td>
<td>• C.U.S.P.</td>
</tr>
<tr>
<td></td>
<td>• Event debriefing</td>
<td>• Mentoring/Coaching</td>
</tr>
</tbody>
</table>

## Interventions by Source of Influence: Structural

<table>
<thead>
<tr>
<th>Source</th>
<th>Motivation</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural (Organizational)</td>
<td>• Appreciation/Recognition Programs</td>
<td>• Cue Cards</td>
</tr>
<tr>
<td></td>
<td>• Code of Conduct</td>
<td>• Posters</td>
</tr>
<tr>
<td></td>
<td>• Code of Ethics</td>
<td>• Re-designing Work flow/Processes</td>
</tr>
<tr>
<td></td>
<td>• Performance Management</td>
<td>• Benchmarking Data</td>
</tr>
<tr>
<td></td>
<td>• Professional Accountability Model</td>
<td></td>
</tr>
</tbody>
</table>
The First Step

“They say that time changes things, but you actually have to change them yourself.”

(Andy Warhol)

A Call for Personal Action

Transform Your Culture

- Reflect on how your actions or inactions contribute to disruptive behavior

- Hold self accountable to set expectations and role model your core values of mutual respect and collegiality

- Gain the communication skills required to
  - Make it safe to speak up
  - Hold self and others accountable
  - Address disruptive behavior
Recast the Characters

Leaders not bystanders
Positive role models, not bad actors

Team members
not collaborators
Supporters not enablers

Addressing the Problem

Summary
Complex Issue
Chronic Pervasive Persistent
Significant within MD and RN groups
Harms patients and clinicians
Costly to organizations
No one intervention is the “magic bullet”
Requires a personal commitment to be part of the solution

Adapted from The Advisory Board Company, 2010
A nurse reports...

“Threatening behavior does not feel good...people internalize it...it destroys an effective work environment...it absolutely leads to distraction...jeopardizes quality and safety of patient care”

Resources


ISMP. (2012). Raising the index of suspicion: Red flags that represent credible threats to patient safety. ISMP Medication Safety Alert!, Retrieved February 13, 2013, from [link]


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Thank you

Questions/Comments/Reactions?

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