Differences in Disruptive Behaviors

Re: "Behave Yourself," an interview with Sharon A. McNamara, director of surgical services at WakeMed Health & Hospitals in Raleigh, N.C., in the January *H&HN*:

As the author of the article in which Ms. McNamara refers to where we reported the striking incidence of disruptive behaviors and in both

physicians and nurses and its negative impact on patient outcomes of care, I would like to add the following comments. Ms. McNamara did a good job in giving an overview of the problem of disruptive behaviors, but I would like to take it to another level.

On one level there is the difference in the types of disruptive behaviors between physicians and nurses. With physicians, the behavior is usually direct, overt and in your face. You know exactly what you're getting at the time it occurs. With nurses, the behavior is more passive-aggressive, where more of the damage is done post-event through subversive undermining and bickering.

In both cases, the impact is the same. A deterioration of staff relationships, communication inefficiencies, voluntary or involuntary lack of vital information transfer, and compromised patient care. But the approaches to solution may be a little bit different.

The question is what you can do about it. Individual behaviors are a result of a complex process. The more we understand why people behave the way they do, the better the opportunity for a successful intervention.

I don't think that any individual starts the day planning to be disruptive. It's just that they get caught up in what they are doing and don't think about how they are behaving and the impact on their colleagues. Low "emotional intelligence."

Deep-seated influences affecting one's behavior include values, attitudes and personality traits molded by experiences affected by one's age and generation, gender, culture and ethnicity, family/life experiences, and the influences of professional training. These issues are particularly relevant in the health care setting. Surface level issues include stress, frustration, dissatisfaction, burnout, depression and/or substance abuse. The more we understand what motivates people to act the way they do, the greater the chance for success.

Early intervention is the key. It is crucial to have in place expected standards of professional behavior and a disruptive behavior policy, but once an event has occurred, the intervention often takes on more of a confrontational, punitive approach. Providing educational courses and training workshops on diversity training, stress, anger or conflict management, assertiveness training, and improving communication and team collaboration skills will all help in the process. The added advantage of such programs is to not only reduce the incidence of disruptive events, but to also improve overall communication efficiency.

The second component of early intervention is to identify individuals at risk. Physicians, nurses and other health care professionals, due to the nature of their positions, are working under increasing stress and complexity, which can lead to fatigue, burnout, depression and even suicidal ideation.

Identifying high-risk individuals and providing early assistance in the way of coaching or counseling services will increase their satisfaction, productivity and relationships in both the home and work setting. With the growing shortage of physicians, nurses and other health care professionals, those already in the profession need to be recognized as being a precious resource. Take time to work with them and discuss their personal issues in a confidential, supportive, nonthreatening manner. That's the way to reduce disruptive behaviors.

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