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## Disruptive Physician Behavior

*Strategies for addressing the cause and effect.*

Disruptive behaviors have been shown to adversely affect staff relationships, communication efficiency and information flow, which may result in compromises in patient safety and quality of care. Despite this fact, many organizations still have difficulty addressing the problem in a consistent, effective manner.

While they can occur among many types of caregivers, issues related to the fear of antagonizing a staff physician, potential conflicts of interest, the lack of necessary skillsets and an overall lack of willingness to intervene often lead to organizational inertia. But organizations can no longer afford to look the other way. The heightened risk for the occurrence of preventable adverse events and the negative impact of disruptive behavior on staff satisfaction, productivity and efficiency, patient satisfaction and hospital reputation have pushed the call for action. Below is a list of strategies to help guide the process.

### **Raise Awareness**

The first step is to raise the level of awareness of what disruptive behavior is and the impact it can have on patient care. Providing general educational sessions to staff members either at a general session or at department-specific meetings can

define and highlight the adverse consequences of disruptive behaviors and appeal to provider pride and commitment to deliver high-quality care. If the organization can share specific data (through a variety of internal survey assessments or satisfaction surveys), that will help establish accountability and bring a sense of reality to the situation.

### **Foster a Committed Culture**

Organizations should be committed to developing and endorsing a culture of patient safety and best practice care. The commitment needs to come from the top, extend through middle management and involve frontline staff. The culture should reflect an intolerance for unprofessional/disruptive behaviors and be backed by a nonpunitive reporting environment. All policies and actions need to be applied consistently and in an equitable fashion across all disciplines. Leaders need to be committed and visible and possess the necessary leadership, communication and conflict-resolution skills to help promote and facilitate the program. Having a respected physician champion the program is helpful in fostering support.

### **Develop Structure and Process**

In accordance with The Joint Commission accreditation standard,

the organization needs to develop a disruptive-behavior policy and provide services to support its intent. As part of their staff privileges, physicians need to agree to abide by this policy and be made aware of any ramifications of noncompliance.

When disruptive incidents occur it is important to have a standardized incident reporting process. There should be a multidisciplinary committee established to review all complaints and make the appropriate recommendation for follow-up action. Informal complaints should be discouraged to avoid individual biases and inequities in follow-through.

### **Provide Advanced Training**

Given the changing dynamics of today's work force in regard to gender, age (generation), culture and ethnicity, providing more in-depth training courses on such topics as diversity training, sensitivity training, linguistics, assertiveness training, conflict management, enhanced communication skills and team collaboration have been extremely successful in helping to promote a better understanding of individual styles and preferences and improve efficiencies in staff interactions.

### **Understand Physician Behaviors**

It's not like the physician starts the day out planning to be disruptive. A number of chronic and acute phase stressors can occur during the course

of the day that may provoke a disruptive response. A growing amount of research attests to the increasing levels of stress, fatigue, burnout and depression in physicians, which often can lead to substance abuse and thoughts of suicide.

In some physicians, particularly among those who are older, an overall dissatisfaction with the practice of medicine is increasing. Some of this results from frustrations caused by increasing levels of bureaucracy, growing external scrutiny, restrictions in autonomy, reduced revenues and the business stresses of running a practice. Recognizing this situation, identifying physicians under stress and working with them in a proactive, supportive manner by listening to their concerns, offering practice support, or providing coaching and career counseling services can help physicians adjust to the pressures of the environment. The goal is to reduce their levels of stress and improve their levels of satisfaction, which will enhance their work and home-life relationships.

### Use Interventions

Interventions can be made at different stages. Disruptive events might be avoided by raising levels of awareness and providing appropriate education and training programs to provide skillsets to improve relationship building and communication efficiency. For high-risk physicians, working with them by using the practice support and coaching models discussed previously will often reduce the likelihood that a disruptive event will occur. Early intervention programs like these have a much greater chance of success than a post-event

interaction, which often takes on more of a confrontational tone.

When acute events do occur, it's best to deal with them in real time. Team collaboration skills, assertiveness training, empowerment and institutional support are key factors designed to enable individuals to speak up in real time and intervene to avoid a potentially adverse outcome.

After disruptive events occur the situation needs to be addressed. These conversations are best conducted by experienced individuals who have skillsets in conflict management, communication and facilitation. At one end of the spectrum is the physician who is the first-time offender who wasn't aware that he was being disruptive, didn't mean it and, once the behavior is brought to his attention, will do what it takes to self-correct it. (Informal discussions work well in this context.)

More-intensive interventions are necessary for physicians who have a chronic pattern of disruptive behaviors. Some of these physicians will need more-structured training and education, which may include courses in sensitivity training, anger management, stress management or the like, or will benefit from individualized coaching or counseling. One should always consider the possibility of underlying substance abuse or physical illness and address this problem accordingly. Some physicians may have more deep-seated emotional or personality problems, which require psychiatric therapy.

At the other end of the spectrum is the physician who refuses to comply. In these cases suspension or

termination of privileges may be the only viable option. Every effort should be made to work with the physician and get him to return as a productive member of the work force.

### Integrate Efforts

Efforts to address disruptive behavior should be incorporated into the organization's overall patient-safety, quality-management and risk-management programs. The opportunity to improve hospital-physician relationships, lines of communication and collaboration and to enhance compliance with medical staff responsibilities and standards of care exists in well-structured and comprehensive efforts to address disruptive behaviors.

Gaining a better perspective of the pressures and stresses affecting physician behaviors will help organizations develop appropriate supportive, educational and interventional programs that can help physicians adjust to the complexities of today's practice environment. Programs that address disruptive behaviors as an opportunity for improvement have a greater potential for physician acceptance and compliance than those that take more of a punitive approach. ▲

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**Editor's note:** Read the ACHE policy statement "Preventing and Addressing Workplace Abuse: Inappropriate and Disruptive Behavior" in the Policy Statements area of [ache.org](http://ache.org).