Addressing Disruptive Behaviors in the Organizational Setting: The Win-Win Approach

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Disruptive behaviors can have a significant impact on organizational dynamics and work relationships and a profound negative effect on staff and patient satisfaction, performance efficiency, and patient outcomes. Despite the growing call for action, many organizations still have difficulty in addressing these issues in a consistent, effective manner. Presented below is a model that focuses on causes and barriers and offers solutions designed to promote a "What's in it for me?" win-win approach for improving morale, job satisfaction, and patient care.

KEY WORDS: Disruptive behavior; patient safety; staff relationships; communication.

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BACKGROUND

Disruptive behaviors have been shown to have a negative impact on staff and patient satisfaction, increase staff turnover, and promote deficiencies in care efficiency and productivity that compromise patient safety and quality of care, which can result in significant clinical, financial, and public reputation liabilities.[1] These behaviors can occur in all healthcare disciplines and across all healthcare settings. While these events are accentuated in the high-stress areas in the acute care setting, the approach is the same regardless of organizational size and structure. All organizations need to address this issue in a consistent and effective manner, and hold individuals accountable for their actions in an effort to reduce the likelihood of such events and minimize organizational and social impact when they do occur.

TAKING THE INITIATIVE

The first step in the process is to raise the level of *awareness* of what disruptive behavior is and what kind of impact it may have on the organization. Most individuals don't recognize that they are acting disruptively; and if they do, they justify their outbursts as a necessary process in directing medical care. Their perception is that their actions are well intentioned and short lived, with no harm done. These individuals need to be made aware of the longer lasting downstream consequences of their behavior and

its impact on staff performance, customer satisfaction, and patient care.

The Joint Commission defines "disruptive behavior" as any inappropriate, intimidating behavior that can potentially compromise patient safety and quality of care.[2] Individuals need to recognize that disruptive behavior is more than physical abuse and sexual harassment, with the most frequent occurrences involving rude, condescending, disrespectful, and berating behaviors. These behaviors can be present as either acute, direct, overt disturbances; passive-aggressive, behind-the-scenes sabotage; or noncompliance with following expected standards, protocols, and procedures. Disruptive incidents can lead to frustration, stress, and anxiety to the point where it affects a person's ability to concentrate and focus on the task at hand. This in turn can lead to care inefficiencies marked by communication gaps and impeded transfer of vital information, which can result in preventable medical errors, adverse events, and compromised patient safety and quality of care.[3]

The next step in the process involves *organizational commitment*. This includes administrative and clinical leadership support and endorsement that fosters a culture of zero tolerance for inappropriate behaviors. As part of the process, the organization needs to develop policies and procedures that reinforce standards of appropriate behaviors and implement a reporting, review, and follow-up system to address disruptive behaviors when they occur.

The third step is *education and training*. On one level is general education as to the nature and seriousness of

the issue. Looking at contributing factors such as age, sex, culture and ethnicity, training, hierarchy, and underlying personality traits may help focus attention on values, perceptions, and attitudes that shape individual behaviors. Performing a confidential internal organizational survey assessment will help bring meaning and relevance to the status of the situation at hand. Providing courses or training in areas apropos to the organization may include sensitivity training, diversity training, anger management, stress management, conflict management, and other relevant topics.

Special attention needs be paid to improving lines of communication and collaboration. Particularly in today's hectic, high-intensity, and highly complex medical environment, with growing public scrutiny and accountability, we all need to work together effectively as a high-performing healthcare team. Courses on assertiveness training, communication skills training, and team collaboration skills are critical components of organizational success.

One of the most crucial steps is the *intervention*. First and most important is that the organization needs to actually intervene and not simply ignore or tolerate unacceptable behaviors. Reluctance, resistance, and fears about intervening and potentially antagonizing a powerful or high-revenue-producing individual on behavioral issues need to be weighed against the negative impact on culture, personnel, reputation, performance, and outcomes of patient care. The organization needs to set the expectation and develop professional standards that need to be applied consistently regardless of individual stature. Hospitals need to have a disruptive behavior policy as part of meeting the Joint Commission accreditation standard.

Interventions can occur at several different levels.

Many organizations require that the disruptive behavior policy be signed by employees as part of their employment or application/credentialing agreement. All incidents need to be evaluated in a nonbiased professional manner. The follow-up intervention should be conducted by someone with the necessary skill set that will lead to an effective outcome. This includes the ability to be respectful, set the right tone, objectively discuss the situation, and help resolve conflict in a nonbiased productive manner.[4,5]

Interventions can occur at several different levels. The first level is the informal discussion. Holding this conversation at a convenient place and time free from distractions, and approaching the incident in a nonconfrontational manner will allow an opportunity to discuss the perceptions and implications of the event. This discussion will raise awareness and provide a better understanding of what happened and what could be done to prevent future occurrences. In many cases, individuals, particularly

Disruptive Behavior Model

1. Raise awareness:
   - Definition
   - Impact on patient care
2. Organizational commitment:
   - Leadership endorsement
   - Cultural expectations
   - Policies and procedures
3. Education and training:
   - General education
   - Contributing factors (age, sex, culture, ethnicity, training, personality)
   - Internal assessment
   - Special courses (sensitivity, diversity, stress and conflict management)
   - Special training (assertiveness, communication, team collaboration)
4. Intervention:
   - Skill set/technique
   - Informal
   - Formal
   - Disciplinary
   - Support services
5. The win-win approach:
   - Mutual goals
   - Trust and respect
   - Job satisfaction
   - Patient care

physicians and other "privileged" individuals who have low levels of "emotional intelligence," are unaware of how they are being perceived by their colleagues; and once they recognize this fact, will take steps to correct the behavior. This level of intervention has the highest chance for success.

Always consider the possibility of underlying substance or alcohol abuse.

The second level requires a more formalized process. In these situations, there are usually more deep-seated problems involved, and the intervention team needs to be able to assess the situation and make appropriate recommendations for improvement. Depending on the situation, recommendations may include courses in sensitivity or diversity training and/or stress-, time-, anger-, or conflict management. Some individuals will benefit from coaching or counseling services. Some may have behavioral or personality disorders that require therapy. Always consider the possibility of underlying substance or alcohol abuse. Working under a positive, supportive, "we're here to help" focus, the goal is to partner with the individual to help him or her address these issues and improve the work environment.

The third level deals with the more chronic, resistant offender. In these cases, the organization needs to be prepared to offer assistance and hold the individual accountable for meeting these requirements. In some cases, failure to comply needs to be backed by appropriate sanctions or termination.

RECOMMENDATIONS

A final word of advice. We need to look at physicians, nurses, and other healthcare professionals as a precious resource. They are just trying to do their job. While all healthcare professionals need to take responsibility for their behaviors, at the same time we need to try to help them better adjust to the growing complexity and changing pressures in today's healthcare environment. Changing models of care, changing job responsibilities and priorities, growing time demands and accountabilities, increased costs, and reduced revenues have dramatically increased the amount of fatigue, stress, burnout, depression, and behavioral disorders that are taking a toll on the physician and nursing population.[6]

The problem, particularly for physicians, is that they either don't recognize that they're under stress or won't admit it, or if they do recognize it, think they can take care of it by themselves, but never get around to doing anything about it. The groups, organizations, or employers working with these individuals need to recognize this and proactively reach out and provide healthcare personnel with the clinical, administrative, emotional, and life-balance-wellness support services they need to help them better adjust to the pressures in the environment and be able to do their job more efficiently, effectively, and enjoyably.

In summary, addressing disruptive behaviors is difficult but it can be done effectively so that everyone wins. In the end, it's all about meeting the goals of job satisfaction, improving operational and clinical performance, and providing best-practice care. Recognizing the importance of organizational and individual needs; understanding differing perceptions, values, goals, and priorities; addressing the causes and barriers that lead to conflict; instilling an environment of mutual understanding, trust, and respect; and focusing on career intent to reenergize the ideals of enjoying what you do and making a contribution to improve patient care is the *win-win* for all. ▦

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