Incivility, Intimidation and Unprofessional Behavior: A Hidden Threat to Safe Care

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In your professional career, have you ever

...been berated, called stupid, or belittled?

...seen someone else intimidated into doing something that you thought was unsafe?

...known of someone being removed from the medical staff because of their behavior?
In your professional career, have you ever

…been afraid or intimidated regarding a call to another about a patient issue?

…yelled at a healthcare provider?

…tried to avoid working with another physician who frequently “blew up” at the nurses

…known of someone throwing something in anger or had something thrown at you?
Agenda
July 10, 2012

• Spectrum
• Errors
• People
• Elimination
What is **NOT** Disruptive Behavior

- Healthcare professionals who disagree with policy and energetically work within existing structures for change.
- Healthcare professionals who report quality issues to outside agencies.
- Healthcare professionals who are persistent (but civil) about making points to improve patient care.
- Physicians who may use different approaches to treat patients.
What is **NOT** Disruptive Behavior

- Physicians who do not conform to the “way things are always done.”
- Healthcare professionals who adopt tough negotiating positions.
- Healthcare professionals who want the CEO of the hospital fired.
This IS About a Spectrum of Unacceptable Behavior

INCLUDING:

• Angry outbursts, rudeness, verbal attacks
• Intimidation that inhibits safety conversations
• Physical threats, harassment, actual attacks
• Noncompliance with existing policies
This IS About a Spectrum of Unacceptable Behavior

INCLUDING:

• Sexual harassment
• Idiosyncratic, inconsistent, passive aggressive orders
• Derogatory comments about the organization
• Disruption of smooth function of the healthcare team
Categories of Reported Disruptive Behaviors

**Aggressive**
- Anger outburst, verbal threats, swearing (90%)
- Physical contact and throwing objects (20%)
- Sexual Harassment (10%)

**Passive**
- Refusing to do tasks (20%)

**Aggressive**
- Derogatory comments about institution, hospital, group, etc.

**Passive**
- Chronically late, not responding to call (15%)
- Inappropriate/inadequate chart notes, not dictating (15%)

Clinical Disruptive Behavior

- MD turning up the oxytocin pump without telling nurse
- MD or RN refusal to participate in time outs
- MD rupturing membranes or inserting misoprostol in the office
- RN falsely or “dry labs” documentation in chart
- MD “disappearing” or unreachable when on call
The Spectrum of Disruptive Behavior

- American Society for Healthcare Risk Management (ASHRM) annual meeting
- Survey of 190 respondents:
  - **31** physical abuse (kicking, pushing, hitting, choking)
  - **89** verbal abuse (insults, threats, berating, tantrums)
  - **33** throwing or breaking (computers, instruments, phones, furniture)
  - **23** policy conflicts (noncompliance, hypercritical, blame shifting)
  - **14** miscellaneous (guns at work, substance abuse, leaving during surgery)

Our Best Benchmarks

• Survey of 2124 nurse and physician executives

• 97.4% saw disruptive behavior in their organization (2009) –
  • Most commonly “several times” a year (30% said “weekly”)
  • Refusal to work together- 38.4%
  • Refusing to speak to each other – 34.3%
  • Physical abuse (throwing) – 18.9%
  • Degrading comments and insults – 84.5%
  • Yelling – 73.3%

• 70% said it was recurrent problem with the same few physicians, 2-5% of the medical staff (2004)

• Disruptive healthcare professionals:
  • 45.4 % physicians; 6.8% nurses; 47.9% even mix of MDs and RNs

• Physician Executive, 2009

The Disruptive Physician

*Equal opportunity impairment*

- Time in practice
- Race, ethnicity, gender
- Specialty
- Place of training
- Often “good” doctors (good clinicians)
The Disruptive Physician: Behavioral Themes

• It is personal and usually angry
• Uses “patient care comes first” to justify behavior
• Always right about the medicine
• Insulting and power based
• Rare to have insight into effects of behavior
The Disruptive Physician: Behavioral Themes

• Goes undercover for various lengths of time; can be turned on and off
• Litigious
• Disrupts the smooth operation of the organization through subverting policy, innuendo, gossip, non-compliance – "stir the pot"
Low Emotional Intelligence

Disruptive physicians quite often are:

- Competent and Intelligent
- Have good intentions
- Have a strong commitment to good patient care

Low Emotional Intelligence

But they have lower than average emotional intelligence

- Lack of insight
- Perfectionistic behavior, excessive compulsivity
- Lack of understanding of other’s perspectives
- Poor interpersonal relationships
- Poor principles to guide decision making

“And the anxiety, fear, frustration that occurs in all physicians with the practice of medicine plus the low emotional intelligence component of their personality…leads to these disruptive behaviors”

How Does This Behavior Evolve?

• In training programs, modeling teachers, attendings
  • “You haven’t had a good day unless the nurses are mad at you.”
• We don’t always know how we come across
• Poor anger management skills
• Failed expectations for perfection
• New wave of physician frustrations
  (managed care, decreased autonomy, decreased reimbursements, mergers, increased government regulations, business acumen poor)
What Could the Behavior Mean?

• Sign of other impairments (drugs, alcohol)
• Sign of diminished competence
• Sign of stress
• Sign of low emotional intelligence / overly perfectionistic personality
• Sign of mental illness
Headlines

• “Learning, Satisfaction and Mistreatment During Medical Internship”
• “New Light on How Stress Erodes Health”
• “We’re endowed with the means to be mean”
• “Mental Health Consequences and Correlates of Reported Medical Student Abuse”
• “Verbal Abuse Nationwide, Impact and Modifications”
• “PSYCHO BOSSES FROM HELL”
• “Student Perceptions of Mistreatment and Harassment During Medical School: A Survey of Ten United States Schools”
The Cascade of Disrespect

Begins with **INCIVILITY**

- “Low intensity deviant behaviors that violate mutual respect.”
- May be precipitated by stress
- Lack of insight how incivility affects others
  - We don’t always know how we come across
- Lack of accountability

Impact of Observation

• **Broken Window Theory** - when people observe that others violated a certain social norm or legitimate rule, they are more likely to violate even other norms or rules, which causes disorder to spread.

• **Observing Rudeness** – witnessing rudeness reduces observers performance, creativity, citizenship behaviors, and actually decrease concern for others in the organization.

Sources:
Impact of Past Events

- How did my last interaction go?
- How does what I observed amongst my peers effect my future actions, opinions, behavior, relationships?
The Cascade of Disrespect

If the process and the cycle is unchecked:

- May accelerate to **INTIMIDATION, BULLYING, and rarely, VIOLENCE**
- May select targeted individuals
  - Usually involves power imbalance
  - Inexperienced, unassertive, passive personalities are targets
  - Rarely peers
- May become pervasive in the organization
- Eventually, normalizes behavior: “It’s the way things are around here.”
10-Point Continuum of Disruptive Behavior

Incivility 1-2
Intimidation 3-4
Bullying 5-9
Homicide - 10

“In 2005, the dangers of putting up with it were underscored when operating room nurse Lori Dupont was stabbed to death by a doctor at Hotel-Dieu Grace Hospital in Windsor, Ontario. An internal report by the hospital described Dupont’s murder as “unforeseen,” but it wasn’t. A 2007 coroner’s inquest found that her killer, an anesthesiologist who died soon after of an overdose, had practised at the hospital despite “significant and documented complaints of serious disruptive behaviour problems.” He’d broken a nurse’s finger in the operating room, damaged equipment, verbally abused several nurses, and harassed Dupont.”
“BUFFALO, N.Y. -- A body found in thick brush Friday morning is that of a special forces soldier-turned-trauma surgeon who was the subject of a nationwide manhunt after the killing of his ex-girlfriend at a hospital, police said. Police had been searching for 49-year-old Dr. Timothy Jorden since Wednesday morning, when 33-year-old Jacqueline Wisniewski was found shot to death in a stairwell at the Erie County Medical Center. Police Commissioner Daniel Derenda said Jorden had planned to kill Wisniewski and the motive appears to be domestic. Jorden's body was found not far from his suburban home near Lake Erie. He died of a self-inflicted gunshot wound.”

How Disruptive Behavior Is A Threat To Patient Safety

- Increase stress within the healthcare team
- Decreases willingness to communicate
- Decreases overall vigilance
- Inhibits nurses and pharmacists from questioning orders or patient care plans
- Contributes to nursing shortage
- Expensive for the organization
The Cost of Disruptive Behavior

• Recruitment and Retention
  • 1% Turnover in nurses = $300,000 / year

• Adverse Events
  • $17 – 29 billion x 17% = $289 – 493 million / year

• Malpractice Costs
  • $521,560 per case; fines $25,000 – 100,000

• Communication Inefficiencies
  • $4 million / 500 bed hospital / year

The Cost of Disruptive Behavior

• Other hidden costs
  • Harassment suits, disciplinary proceedings and lawsuits from providers, damaged reputation, adverse publicity, decrease patient satisfaction, stress and increase chance for additional errors

Lawsuits
A New Term: “Bullying”

PROFESSIONAL ISSUES

Bully case verdict a warning to doctors

An Indiana jury handed a six-figure award to a perfusionist, but the physician accused of bullying is appealing the verdict.

By Damon Adams, AMNews staff. April 18, 2005.

When a jury recently ordered an Indiana heart surgeon to pay $325,000 to a hospital employee on a claim of “workplace bullying,” experts who have studied the subject said it was a significant decision in a growing, yet murky, area of law.

The case may make physicians re-examine how they interact with coworkers as the courts begin to legally define what constitutes workplace bullying.

For physicians, there remain plenty of unanswered questions: Would an employee consider a doctor a bully for yelling at him or her while the doctor is trying to save a patient’s life in the emergency department? Or is that considered acceptable behavior in a hospital during a stressful situation?
A Decreased Willingness to Communicate

Why don’t some speak up?

• “I don’t want to be called stupid.”
• “What if the doctor yells at me?”
• “I know I will pay for it.”
• “What if I’m wrong?”
• “In my culture we do not question men, especially physicians.”
Delay in Calling?

- 3:20 Admission multipara in active labor 7-8 cm
- 3:40 8-9 cm - doctor called
- 3:45 Uncontrollable urge to push
- 3:50 Baby Crowning
- 3:53 Delivery by nurse
- 3:56 Doctor arrives
Disruptive Behavior and Adverse Outcomes

17% (249)
Adverse Event As A Result of Disruptive Behavior

Disruptive behaviors linked to adverse events in survey* of hospital staff.

- Felt that disruptive behaviors were linked to medical errors: 71%
- Felt that disruptive behaviors were linked to patient mortality: 27%
- Report that they were aware of a specific adverse event that occurred because of the disruptive behavior: 18%

*Of 4530 participants: 2846 nurses, 944 physicians, 40 administrative executives, 700 "other."

Horizontal Violence
Nurse Against Nurse

“We eat our young.”

**Overt:** Name-calling, sarcasm, bickering, fault-finding, back-stabbing, criticism, intimidation, gossip, shouting, blaming, put-downs, raising eyebrows, etc.

**Covert:** Unfair assignments, eye-rolling, ignoring, making faces (behind someone’s back), refusal to help, sighing, whining, sarcasm, refusal to work with someone, sabotage, isolation, exclusion, fabrication, etc.

What Can the Organization Do?

- **Team effort**: medical staff, administration and board (No weak links!)
- **Responsibility**: medical staff leadership
- **The power**: medical staff leadership, by-laws
- **Elimination of the behavior**: The goal of the organization
“We know it’s wrong, and we really want to do something about it, but…”

• “At what point and with what formality do we intervene?”
• “Can we really change disruptive behavior?”
• Will I (we) be protected if there is a lawsuit?
When Shall We Intervene?

• Intervene early
• Do you have a tiger by the tail?
• It is OK to be informal at the onset, BUT stay ahead of the curve or you risk a chronic problem
Example of Levels of Intervention

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Collegial, informal, usually the department chair, letter of expectation</td>
</tr>
<tr>
<td>Level 2</td>
<td>“Collegiality at the edge”, may involve several people, requirements, warnings, recommendations for assessment, letter in file</td>
</tr>
<tr>
<td>Level 3</td>
<td>Formal, statement of one more event will involve disciplinary action</td>
</tr>
<tr>
<td>Level 4</td>
<td>Disciplinary action</td>
</tr>
</tbody>
</table>
Can We Really Change the Behavior?

How Deeply Entrenched is the Behavior?

How Frequent is the Behavior?
Are You Protected?

Health Care Quality Improvement Act of 1986:

“(D) any person who participates with or assists the body with respect to the action, shall not be liable in damages under any law of the United States or of any State…”

Source: 42 USC 11111(a)(1).
Eliminating Disruptive Behavior

The Joint Commission

• Sentinel Event Alert
• Issue 40, July, 2008
• Behaviors that undermine a culture of safety

Eliminating Disruptive Behavior

1. In conjunction with the administration, the medical staff leadership announces zero tolerance and means it
2. Have effective bylaws; have a disruptive behavior policy
3. Establish a hierarchy of responsibility to deal with the problem
4. Leadership trained for effective intervention style
5. Use standard reporting mechanisms
6. Make appropriate referrals
7. Denial of privileges
Eliminating Disruptive Behavior: #1 - Zero Tolerance

• In conjunction with the board, administration, and the medical staff announce zero tolerance for disruptive behavior and prepare to enforce the policy
• This is best verified with a behavioral contract signed with appointment or reappointment
• It applies to new physicians (part of orientation)
• And it applies to established physicians: 
  
  *EVEN IF THE PHYSICIAN IS A BIG PRODUCER!
  *EVEN IF HE/SHE IS A MEDICAL STAFF LEADER!
  *EVEN IF IT HAS BEEN TOLERATED FOR YEARS!*
Eliminating Disruptive Behavior: #2 - Bylaws, Policy

*Medical Staff membership is dependent on:*

- working in harmony with others
- hospital and medical staff operating in an orderly manner
- behavior that affects the quality of patient care
Disruptive Behavior Policy

- Define the spectrum of behavior
- Define which medical staff leaders will take responsibility
- Defines the level of formality
- Defines necessity of documentation
- Defines the scope of disciplinary options when the behavior continues
Eliminating Disruptive Behavior:
#3 - Hierarchy of Responsibility

- Department directors
- Medical director/Chief of staff
- Medical executive committee
- Credentials committee
- Board of trustees
- Physician’s well-being committees often ineffective and frustrated with this problem
Eliminating Disruptive Behavior: #4 – Training for Intervention

*For the medical staff leadership:*

- Training is critical
- Intervene early, control environment and numbers
- The focus is always on the *behavior*; don’t get trapped arguing about the medicine or conditions in the hospital
- Have quotations, times, dates, specifics
Eliminating Disruptive Behavior: 
#4 – Training for Intervention

For the medical staff leadership:

• Be firm, not angry
• Know what you want to have changed; work toward specific behavioral agreements or contracts
• Make sure the message sinks in
  • “In most instances, behavioral change occurs with consequences, not with gaining insight.”
(Kent Neff, MD)
“Hot Spot” Events That Precipitate Disruptive Behavior

Nurses said:
• When questioning or seeking to clarify orders
• When physicians felt orders were not carried out in a timely fashion
• After perceived delays in delivery of care
• After a sudden change in patient status

Physicians said:
• When orders were not carried out correctly
• With ill-timed calls
• When need to question or clarify orders
• If perceived a general communication breakdown
• When calls occurred without gathering appropriate information

Eliminating Disruptive Behavior: #5 - Documentation

You have to write it down!
Example to Enhance Reporting of Behavioral Issues

Sample Identification Tag with Code of Professionalism

Department of Obstetrics, Gynecology and Reproductive Science & Maternal and Child Health

Code of Professionalism

“We will ensure that all patient care, employee interpersonal communications, and other day to day operations are conducted with the utmost professionalism and compassion.”

To Report Code Incidents

By Phone: (212) 659-9333
On the Intranet: http://intranet1.mountsinai.org

Achieving Excellence/Code of Professionalism

Our Shared Values

Integrity
Compassion
Respect
Excellence

Standard Reporting Form

- Date, time, patient, witnesses, others
- Circumstances that precipitate behavior
- Factual objective description of behavior
- Consequences (actual or potential)
- Action taken to remedy situation
Eliminating Disruptive Behavior: #6 - Referrals

Appropriate referrals:

- Anger management
- Psychiatric evaluation and treatment
- Professional assessment programs
- In-house ongoing monitoring after assessment
Sooner Or Later: It’s Time To Decide!

Are you trying to remedy the problem?

OR

Do you need to *eliminate* the problem?
Eliminating Disruptive Behavior: #7 Deny Privileges

• Need to have your processes in order
  • Documents
  • Bylaws
  • Disruptive behavior policy
  • Fair hearing policy

• Need an experienced attorney

• Need to all be at this point in thinking

• Is the time right for this battle?
Legal Decisions

- **Georgia**: “A doctor’s ability to work with others…is a factor that could significantly influence the standard of care his patient received.”
- **New Jersey**: “a hospital may adopt a bylaw providing that the inability of a doctor to work with nurses and other doctors as a ground for denying or terminating staff privileges…”
- **Oregon**: “member who, because of personality or otherwise, is incapable of getting along, could severely hinder the effective treatment of patients.”

Disruptive Behavior Defenses

- Americans with Disabilities Act
- Intermittent Explosive Disorder
- Whistle Blowing
Is Disruptive Behavior A Disease?

Intermittent Explosive Disorder

Source: Archives General Psychiatry, June 2006.
Whistle Blowing

Can Disruptive Behavior Improve Safety?
The Disagreeable Physician: Disruptive or Disputative?

• The disruptive physician will claim he or she is disputative (a champion for patient safety)
• Several courts have distinguished the difference
  • Evan v. Longmont United Hospital Association 629 P.2d 1100 (Colo. App 1981)
  • Yunus v. Department of Veterans Affairs
  • Wieters v. Roper Hospital, Inc (No. 01-2433 (4th Cir., Feb. 27, 2003))

Sources:
Yunis v. Department of Veterans Affairs, available at: http://www.ll.georgetown.edu/federal/judicial/fed/opinions/00opinions/00-3051.html
The Disruptive Physician vs. The “Disputative” Physician

- A thorn in the administration’s side
- Advocates for safety within hospital committee structure
- Tries to meet with medical staff leaders and administration to remedy safety concerns
- Is passionate and vocal at such meetings
- May write letters to administration about a variety of concerns
- May notify outside organizations or regulatory agencies (e.g., OSHA, JCAHO)
Checklist For Management of Disruptive Behavior

- Does the medical staff have code of conduct and sexual harassment policy?
- Are the medical staff bylaws adequate to provide authority to take necessary action including mandating a psychiatric examination?
- Do your chief of staff and administrator talk regularly to share ideas on how to handle problem personalities?
- Does the administration provide leadership training for your present and potential medical staff leaders to enable them to develop effective communication and management skills to deal with disruptive behavior?

(Modified from Mary Powers Antoine, Esq., Robert Sullivan, Esq.)
Checklist For Management of Disruptive Behavior

- Does the hospital have adequate insurance and resources to cover outside consultants?
- Does the medical staff take a proactive role in educating medical staff members about disruptive behavior? Do they establish a link with this behavior and patient safety?
- Do you have a good health law attorney (not necessarily your favorite malpractice defense attorney)?

(Modified from Mary Powers Antoine, Esq., Robert Sullivan, Esq.)
Nine “Cs” for the Organization and Its Leadership

• Concern about the problem
• Connection to patient safety
• Commitment to take this on
• Confidence that this is solvable

• Courage to face a colleague
• Confrontational skills
• Consistent and fair approach
• Confidentiality
• Compassion for the physician who may be struggling
Disruptive Behavior Poster Children

Insert your picture here

Insert your picture here
Questions