Disruptive Behavior: Understanding Factors that Cultivate a Code of Silence

Sigma theta Tau International
41st Biennial Convention

Grapevine, Texas
October 31, 2011

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Funded by the Maryland Health Services Cost Review Commission
After the presentation today, you will take with you:

1. Understanding of the complex nature of disruptive behavior

2. Awareness of the harm experienced by patients, clinicians, and the organization due to disruptive behavior

3. Knowledge of 3 vital behaviors to build a culture of mutual respect and break the code of silence in your workplace
The Johns Hopkins Hospital

Academic Medical Center
- 1013 beds/91 clinical units
- 9300 hospital employees
Study Purpose and Aims

Purpose

- Understand the phenomenon 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**
- Intrapersonal
- Interpersonal
- Organizational

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

**Response**
- Positive
- Negative

**Impact**
- Patient
- Clinician
- Organization

**Reasons for not addressing**
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.”

“Junior staff is afraid to report on clinical activities due to fear of being dressed down. Behavior is well known to all.”
Sample Description (n = 1559, RR = 27%)

- White (76%) females (78%)
- 51 years of age or younger (72%)
- In professional role an average of 15 years (RN) to 11 years (MD, Affiliate)
- Employed at Hopkins an average of 11 years (RN, MD, Affiliate)
- RNs practicing on inpatient acute care units (48%)
Limitations

- Generalizability
- Response bias
- Cross-sectional data
- Unmeasured cognitive factors
- No data on non-responders
- Social desirability bias
- Missing demographic data
Survey Results
Disruptive Behavior is Pervasive at The Johns Hopkins Hospital

Red: % reporting disruptive behavior
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</th>
<th>MD</th>
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</thead>
<tbody>
<tr>
<td>RN (n=685)</td>
<td>36.5%</td>
<td>34.5%</td>
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<tr>
<td>MD (n=295)</td>
<td>22.0%</td>
<td>45.1%</td>
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</tbody>
</table>

Chi-square = 30.594; df = 4; p = 0.000
## Top 5 Behaviors and Triggers

<table>
<thead>
<tr>
<th>Disruptive Behaviors</th>
<th>Triggers</th>
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</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 impeding job performance</td>
</tr>
<tr>
<td>Rude/disrespectful</td>
<td>Unit/organizational culture</td>
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</tbody>
</table>
Negative Responses to Disruptive Behavior (n=1355)

1. I do not report deteriorating patient conditions to disruptive provider
2. I retaliate in like manner to the disruptive person
3. I do not speak up when I observe behavior that could negatively affect patients or employees
4. I do other people's work to avoid dealing with their disruptive behavior
5. I accept disruptive behavior from others as "part of my job"
6. I accommodate the disruptive person's behavior to "avoid rocking the boat"
The Code of Silence

_Silence Kills_ (2005)

- Less than 1 in 10 speak up
- Most don’t believe it is their responsibility to speak up

_The Silent Treatment_ (2010)

- Nurses are more likely to take their concerns to their NM's
- Once NM's had information to act on, only 41% or less did so

Maxfield, Grenny, et al.
Impact of Disruptive Behavior

Patient

Personal

Organizational
Patient Harm

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

146  Temporary harm

19   Permanent harm

24   Harm requiring life-sustaining intervention

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

- Completely Agree
- Generally Agree
- Generally Disagree
- Completely Disagree
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”
Cognitive Impact

- Variables in work environment may precipitate transient changes in one's emotional state (Croskerry, et al., 2010; Porath, C. & Ezer, A., 2007)

- Incivility and rudeness may alter performance and cognitive function (Cortina, L. & Magley, V., 2009)

- Clinicians may experience a double impact – an emotional toll and becoming a “second victim” (Wu, A., 2000)
Impact on Organization

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

n=1229
Addressing Disruptive Behavior

Interventions
Individual
Team
Organization

Triggers
Disruptive Behavior
Response
Impact

Reasons for not addressing
## Six Sources of Influence

<table>
<thead>
<tr>
<th>Source of Influence</th>
<th>Motivation</th>
<th>Ability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Get staff to care</td>
<td>Overinvest in success</td>
</tr>
<tr>
<td>Structural</td>
<td>Get peer pressure to work</td>
<td>Exploit formal and informal opinion leaders</td>
</tr>
<tr>
<td>Organizational</td>
<td>External rewards</td>
<td>Make metrics transparent</td>
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## Intervention Resources

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Structural (Organization)</th>
<th>Social (Unit/ Team)</th>
<th>Personal (Individual)</th>
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</thead>
<tbody>
<tr>
<td>Crucial Conversations</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Influencer Model</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Cognitive Rehearsal</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>TeamSTEPPS®</td>
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<td>X</td>
<td></td>
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<tr>
<td>Conflict Resolution</td>
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<td>X</td>
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<td>Resiliency Training</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>AHRQ Patient Safety Network</td>
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Vital Behaviors*

- Make it safe for staff to speak up
- Hold self and peers accountable
- Build staff competencies to address behavior when it happens

*Patterson, K, et al., 2008
A Call to Action
Transform Your Culture

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

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

- Personally commit to:
  - Making it safe to speak up
  - Holding others accountable
  - Developing skills to address disruptive behavior
Thank you

Questions and Comments

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