Disruptive Behavior Between Physicians & Nurses: Building the Interdisciplinary Toolkit for Change

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Objectives

• To describe the evidence related to disruptive behavior between physicians and nurses, including trends, causes, and consequences

• To discuss evidence based strategies and best practices to eliminate disruptive behavior in the healthcare environment

• To identify next steps needed to build the evidence related to disruptive behavior
Current Evidence

• Focus on perception of disruptive behavior between and within the professions
• Emerging body of literature on influence of disruptive behavior on clinical variables, behavioral and psychological effects, and professional issues
• Limited evidence related to effect of interventions on changing culture and addressing disruptive behavior
Disruptive Behavior Evidence: Trends

• Physicians & nurses agree that disruptive behavior occurs
• Nurses tend to perceive it occurs at higher rate than physicians
• Differences in perception of influence of gender on disruptive behavior in physicians and nurses
• Awareness that disruptive behavior potentially influences patient outcomes
Causes of Disruptive Behavior

- Power gradient
- Physician-nurse relationship history
- Displaced oppression
- Expectations not met conflict
- Normalized or acceptance of disruptive behavior
- Lack of understanding or acceptance of the problem
Consequences: Clinical

• Medication errors
• Patient safety
• Adverse events
• Mortality
• Patient satisfaction
• efficiency
Consequences: Behavioral & Psychological

- Stress
- Frustration
- Poor communication
- Inability to concentrate and/or focus
- Ability to transfer information
- Teamwork compromised
- Decreased morale
Consequences: Professional

- Leave workplace or profession (retention)
- Less engagement/satisfaction with work and with profession
- Teamwork and communication negatively influenced
Strategies for Change

Building the Toolkit
Strategies for Change

Evidence Based versus Best Practices
Assess the Situation

• Acknowledge disruptive behavior exists
• Quantify the extent of problem, including all the Ws
• Identify causes and drivers
• Conduct an organizational self-assessment to include:
  – commitment
  – policies and procedures
  – education/training
  – support services
Model & Enforce Zero Tolerance

- Recognize the viral nature of the issue
- Hold EVERYONE accountable
  - set expectations & be clear about the behaviors
  - educate about the expectations, coach & mentor
  - ensure process consistency and cultural integrity
- Address situations that undermine patient safety or quality immediately
- Codes of conduct, policies, and procedures
  - developed & agreed upon by interdisciplinary group
  - raise awareness via policy education
  - monitor compliance and report findings widely
Leadership Matters

• Responsible for creating culture of respect and action
  – zero tolerance
  – strong values
  – high integrity and fairness with process
  – nonpunitive reporting

• Clarity re: definition of disruptive behavior

• Navigate the political and cultural terrain

• Set expectations (behaviors and reporting)

• Deal with resistance
Leadership Matters (cont.)

• Identify and address barriers related to reporting and intervening
  – intimidation
  – fear of retaliation
  – “nothing ever changes” perspective

• Develop processes for dealing with disruptive behavior and apply to ALL

• Care for and support the victim

• Share data – successes and opportunities
Promote Partnerships

• Identify champions
• Create interdisciplinary forums for dialogue and collaboration
• Conduct interdisciplinary education and training
Education and Training

• Conduct survey to identify organizational perception about disruptive behavior & integrate results into training
• Educate on definition of disruptive behavior and code of conduct, policies, & procedures
• Offer education on wide range of topics, such as mutual respect, diversity, team collaboration, handling conflict, anger management, & effective transfer of information
Education and Training (cont.)

• Make the connection between handling disruptive behavior and promoting culture of safety and supporting positive outcomes
• Teach and reinforce reliability culture and error prevention tools
• Teach *Crucial Conversations*
Research Potential

• Evaluate effectiveness of strategies for changing culture and addressing disruptive behavior
• Studies with a focus on different practice settings and disruptive behavior, for example, medical-surgical areas vs. specialty areas or inpatient vs. outpatient
• Observational studies to identify cultural characteristics that support or do not support disruptive behavior
• From an international perspective, how is disruptive behavior manifested and addressed in other cultures?