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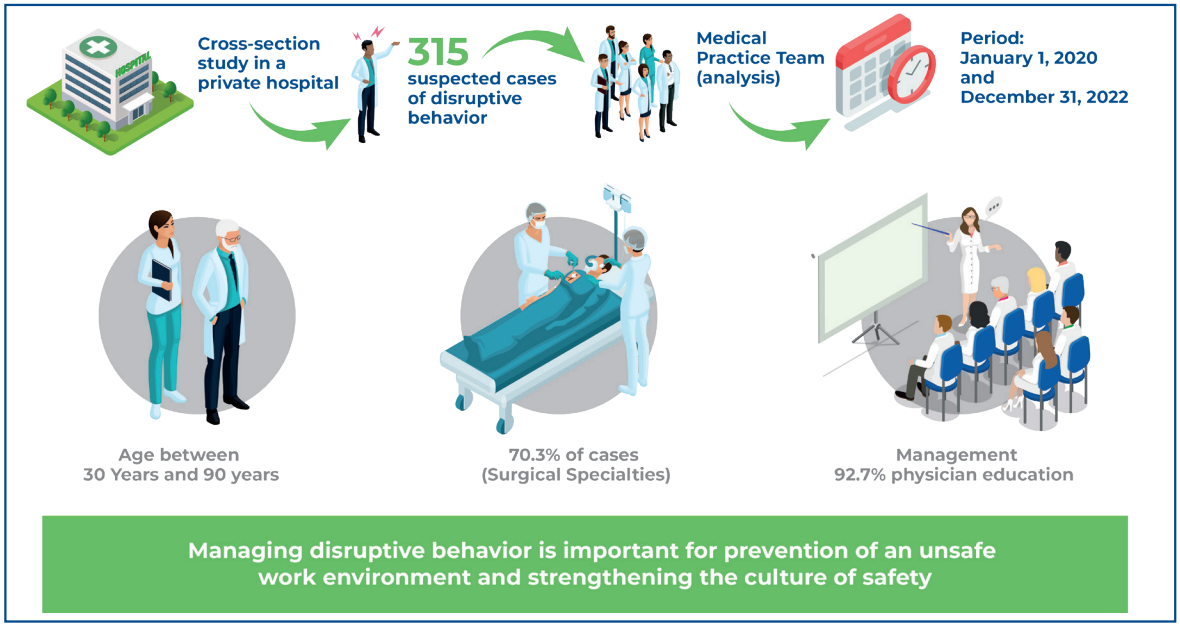
SPECIAL ARTICLE

Addressing disruptive medical staff behavior: a 3-year experience



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In Brief

Menezes et al. describe their experience with the diagnosis and management of disruptive medical staff behavior in a private hospital between 2020 and 2022. Surgical medical specialties were found to demonstrate the highest prevalence of such behavior, and continual education of physicians regarding appropriate workplace behavior was found to be the most important management strategy to prevent unsafe work environments and strengthen an appropriate culture of safety.

Highlights

- Disruptive medical staff behavior potentially affects patient care.
- Surgical specialties have the highest incidence of disruptive medical staff behavior.
- Proper diagnosis and management is key to the mitigating disruptive medical staff behavior.

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SPECIAL ARTICLE

Addressing disruptive medical staff behavior: a 3-year experience

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ABSTRACT

Objective: To describe the 3-year long experience of addressing disruptive events by medical staff in a private hospital. **Methods:** The cross-sectional study that was conducted between 2020 and 2022, involved collection, analysis, and management of suspected cases of disruptive behavior by medical staff. **Results:** Relevant information was collected from reports issued by health care leaders (69%), anonymous reports accessed from the health institution's intranet tool "SINAPSE" (19%), the compliance center (5%), customer attendance service (3.7%), the hospital board (2.3%), and the medical practice department (1%). Surgical specialties were responsible for 70.3% of the disruptive incidents, and the average time to outcome was 24.5 days, with most solutions involving guided education of physicians (92.7%). **Conclusion:** Management of disruptive behavior by medical staff is essential for the prevention of unsafe work environments and strengthening a culture of safety.

Keywords: Disruptive behavior disorders; Case management; Medical assistance; Governing board; Specialties, surgical

INTRODUCTION

The issue of disruptive behavior by medical staff in modern medicine is not new, and severely impacts the image of an institution and the morale of the multidisciplinary teams it employs. Further, the demonstration of disruptive attitudes has financial and safety implications, and negatively impact patient experiences.[1-3]

The American Medical Association (AMA) defines a disruptive physician as one who engages in behavior that potentially or effectively affects patient care negatively.[2-6]

In 2008, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) detailed descriptions of acceptable and unacceptable medical staff behavior. Aggressive verbal attacks and physical threats are as harmful as neglecting to study guidelines and protocols, refusing to follow universally accepted routines, or non-adherance to the patient's treatment strategy. The JCAHO document was revised in 2012, and the term disruptive was replaced by "behavior that defeats the safety culture."[4,5] Accordingly, health institutions have to overcome the challenges associated with creating and implementing internal policies to address this problem.

This article presents the 3-year long experience of a private hospital located in the City of São Paulo (Brazil), in its quest to address disruptive events consequent to inappropriate behavior by medical staff.

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OBJECTIVE

To describe the 3-year long experience of a private hospital in addressing disruptive medical staff behavior.

METHODS

This cross-sectional study was conducted between January 1, 2020, and December 31, 2022, and describes disruptive behavior by medical staff in a tertiary healthcare institution with 600 beds in São Paulo, Brazil.

The notification system comprised customer attendance service, anonymous reports on the health institution's intranet tool "SINAPSE," reports from health care leaders, the compliance center, the board, and the medical practice department. The reports had no standardized format, and were merely descriptions of the disruptive event from each information source. A team of nurses, doctors, and technicians compiled and analyzed the information in these reports, which involved interviewing those involved, and discussing the cases with the board during weekly meetings. The board comprised hospital directors and the medical practice team who determined the outcomes, which included relevant behavioral guidance, issuing and recording warnings in the hospital records, or suspension of the physician's activities. The medical practice team comprised doctors, psychiatrists, physiotherapists, and nurses.

Healthcare professionals implicated in the disruptive events received suitable psychological assistance from healthcare institutions.

The study was approved by the Research Ethics Committee of *Hospital Israelita Albert Einstein* CAAE: 60444922.1.0000.0071; # 5.540.769 and SGPP: 5214-22.

RESULTS

A total of 315 suspected cases of disruptive behavior by medical staff were reported between January 1, 2020, and December 31, 2022, of which 55% met the criteria defined by the American Medical Association.[2;6] The remaining reports (45%) were classified in to the following categories: concerns regarding older doctors and their professional practices, appropriate indication of hospitalization, use of off-label medications, and suspicion of over testing.

The cases of disruptive behavior by medical staff involved 82% males and 18% females, between the ages of 30–90 years, with an average age of 55.7 years.

The incidences were collected from reports from health care leaders (69%), anonymous reports on the health institution's intranet tool "SINAPSE" (19%), the compliance center (5%), the customer attendance service (3.7%), the board (2.3%), and the medical practice department (1%).

The distribution of the medical specialties involved in incidents of disruptive behavior is shown in figure 1. Surgical specialties were responsible for 70.3% of the total incidents, and recurrence occurred in 5.7% of all cases.

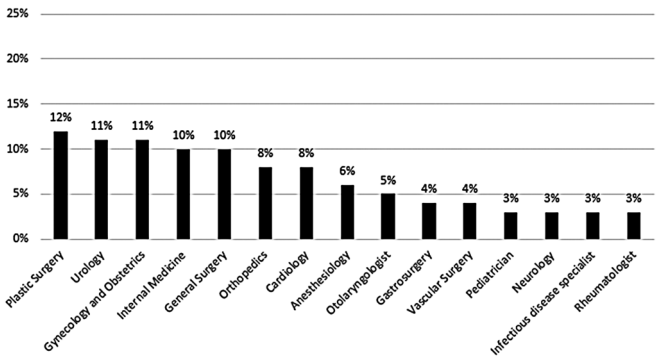

Figure 1. Distribution of disruptive incidents by medical specialties (2020 – 2022)

The average time to outcome was 24.5 days, with the outcomes being suitably guided education of physicians (92.7%), issuing and recording warnings in the hospital records (2.1%), and suspension of the concerned physician's activities within the hospital premises (5.2%).

DISCUSSION

Disruptive behavior increases risk to the patient and may result in inadequate clinical outcomes. Additionally, inappropriate attitudes affect relationships between members of multidisciplinary teams and their ability to work cooperatively. It also leads to stress, low satisfaction with the work environment, and high employee turnover, especially among nursing professionals. Finally, it increases the risk of malpractice, litigation, and accusations of moral and sexual harassment.[7-11]

Disruptive behavior may be the consequence of an underlying disease or condition that affects a physician's clinical performance and the professional activities of their colleagues in a multidisciplinary team. Given the autonomous nature of medical practice, this behavior, once evident, must be investigated for mitigation and prevention.[12]

Several studies have reported the initiatives undertaken by institutions to create a culture of zero

tolerance for disruptive behavior via the implementation of codes of conduct, which are policies that lead professionals to take responsibility for their attitudes and actions.[13-15] Training programs tailored to individuals with non-technical skills from other industries, such as, in crew resource management in the aviation industry, have shown significant results and benefits in teamwork and have had positive outcomes. However, despite a certain degree of progress, a complete solution to this problem is far from being achieved.

Review of literature revealed that disruptive behavior has been most extensively studies in the medical field, and suggests that despite the lack of standardization of criteria for evaluation, disruptive behavior is seen in fewer than 10% physicians, and varies between 6% and 18%.[4,16-18]

The available data does not conclusively indicate the prevalence of disruptive behavior, with incidences of verbal abuse reaching up to 91% in surgical centers, depending on the type of disruptive attitude evaluated. As much as 80% of healthcare professionals report loss of concentration, reduced ability to communicate and collaborate, or impaired interpersonal relationships due to disruptive behavior in operating rooms. in concurrence, we demonstrated that 70.3% of such incidents were reported from surgical specialties.[19,20]

A total of 57% respondents reported disruptive attitudes from physicians, and 52% from nurses in emergency rooms. Importantly, 33% of professionals who answered the questionnaire associated this behavior with adverse events, including, errors in medical care (35.4% of responses), risk to patient safety (24.7%), low-quality care (35.8%), and mortality (12.3%).[21,22]

The association between disruptive behavior and adverse events has economic and financial consequences. Critical monetary losses to the tune of approximately 4 million dollars per year are incurred by hospitals due to the financial risks associated with recruiting and retaining professionals (especially nurses), bad practices, fines and legal processes, errors related to care and adverse events, and communication failures.[23,24]

This study is limited by its design, which may have resulted in underestimation or overestimation of disruptive incidents. Additionally, the subjectivity of analysis and outcomes of cases by the board, for instance, that due to the lack of unique forms and validation at the different information sources may have influenced the results. Further, since the study period coincided with the COVID-19 pandemic, the ongoing stress may have increased reports of disruptive behavior, which should be addressed by comparative studies spanning the periods before and after the pandemic. Finally, the impact of disruptive behavior from financial and legal perspectives was not investigated.

CONCLUSION

Disruptive medical staff behavior must be analyzed and managed by health institutions, especially in surgical centers, to promote and strengthen a culture of safety.

AUTHORS' CONTRIBUTION

Fernando Gatti de Menezes: conceived and designed the analysis, and wrote the manuscript. Hélio Minoru Samano: designed the study. Mauro Dirlando Conte de Oliveira and Miguel Cendoroglo Neto: conceived and designed the study. Adriana Leme de Campos da Silva, Carin Ferreira Lopes, and Amanda Lindsay da Silveira: collected data. Debora da Costa Marques: contributed data and analysis tools. Giancarlo Colombo: conceived and designed the analysis.

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