Hot Topics in Patient Safety: Disruptive Behavior and Lateral Violence in the Workplace

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2015 MPA Annual Meeting
Objectives

• Identify three elements of disruptive behavior as described by the Joint Commission
• Describe common examples of lateral violence
• List 2 strategies to manage disruptive behavior and lateral violence
• Describe why prevention of disruptive behavior and lateral violence is important to patient safety
Definitions

• Disruptive behavior: Is the general term used to describe behaviors that lead to erosion of teamwork and stress in the workplace.

• Lateral violence (also called horizontal violence) is the more specific term used to describe behaviors targeted at coworkers

• They are all part of a negative culture in the workplace
The timeline

• The issue has been around forever – just not well described, appreciated or managed

• 2008 The Joint Commission issued a sentinel event alert on disruptive behaviors
  – To warn organizations of the safety risks posed by disruptive behaviors and
  – To increase awareness of this risk for both individual workers and healthcare organizations
Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can foster medical errors,\(^\text{1,2,3}\) contribute to poor patient satisfaction and to preventable adverse outcomes,\(^\text{1,4,5}\) increase the cost of care,\(^\text{4,5}\) and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. \(^\text{1,6}\) Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions.\(^\text{2}\) Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients.\(^\text{7, 8, 11}\) All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

Intimidating and disruptive behaviors in health care organizations are not rare.\(^\text{1,2,7,8,9}\) A survey on intimidation conducted by the Institute for Safe Medication Practices found that 40 percent of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator.\(^\text{2,10}\) While most formal research centers on intimidating and disruptive behaviors among physicians and nurses, there is evidence that these behaviors occur among other health care professionals, such as pharmacists, therapists, and support staff, as well as among administrators. \(^\text{1,2}\) Several surveys have found that most care providers have experienced or witnessed intimidating or disruptive behaviors.\(^\text{1,2,8,12,13}\) These behaviors are not limited to one gender and occur during interactions within and across disciplines.\(^\text{1,2,7}\) Nor are such behaviors confined to the small number of individuals who habitually exhibit them.\(^\text{2}\) It is likely that these individuals are not involved in the large majority of episodes of intimidating or disruptive behaviors. It is important that organizations recognize that it is the behaviors that threaten patient safety, irrespective of who engages in them.

The majority of health care professionals enter their chosen discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The preponderance of these individuals carry out their duties in a manner consistent with
Disruptive behavior timeline:

• Although disruptive behaviors have long been a concern among healthcare workers, they have often gone unchecked, or even worse accepted as part of the system.

• Those exposed to disruptive behaviors can experience stress, frustration, and physical and psychological disorders. Nurses have been reported to leave a particular place of employment due to disruptive behaviors and this drain on resources can further compromise care.
Disruptive behavior timeline:

• In order to address this threat in January of 2009 the Joint Commission instituted a leadership standard mandating that facilities seeking accreditation institute policies to address disruptive behaviors among healthcare workers.

• For everyday workers, this means the healthcare organization MUST have an explicit process to manage these risks.
Disruptive Behavior

- Disruptive behaviors are a set of acts that include overt and covert actions that are displayed by any healthcare worker and that threaten the performance of the healthcare team (TJC, 2008).
  - The most frequently reported type of behaviors includes emotional-verbal abuse
  - For nurses this verbal abuse is frequently reported as coming from other nurses
ISMP Survey 2009

• In a survey of 1,565 nurses, intimidation by physicians was found to have a negative impact on patient care.
  – 39% of the nurses reported that they sometimes encountered reluctance or refusal to answer questions or return phone calls or pages;
  – 40% reported condescending language or voice intonation; and
  – 42% reported impatience with questions on the part of physicians.
Otherwise known as:

- Other terms in the literature that describe emotional, verbal, and/or physical disruptive behaviors between workers include:
  - Workplace bullying
  - Horizontal or lateral violence
  - Mobbing
  - Emotional or verbal abuse

- All of these phenomena share one common theme, namely that they can cause a breakdown in the relationships among healthcare personnel thereby threatening patient and staff well being.
Bullying:

Generally the term bullying is used to describe situations of repetitive harassment that occur between one person who has some type of authority over another, such as a manager to a staff member (Bray, 2001).

Narcissism, lack of self-regulation, lack of remorse and lack of conscience have been identified as traits displayed by bullies.
Types of Bullying

• predatory bullying - the bully just enjoys bullying and tormenting vulnerable people for the sake of it

• instrumental bullying - the bullying is for a purpose, helping the bully achieve his or her goals.
There is overlap and commonality

Disruptive Behaviors
- Verbal / Emotional Abuse
- Intimidation / Threats
- Lateral / Horizontal Violence
- Bullying / Harassment
- Mobbing

All of these phenomena share one common theme, namely that they can cause a breakdown in the relationships among healthcare personnel thereby threatening patient and staff well being.
Horizontal or Lateral Violence

Horizontal or lateral violence has been associated with displays of aggression towards someone on the same hierarchical level, such as staff nurse to staff nurse. Examples include: gossiping, rumors, sabotaging and back-stabbing.
Examples of lateral violence:

• Using threatening or abusive language
• Making demeaning or degrading comments
• Humiliating someone in front of others, including staff and patients
• Rolling eyes in disgust
• Sending nasty emails
• Refusing to mentor
• Refusing to help others
• Ignoring attempts at conversations; throwing items
• Physically assaulting team members and
• Intimidating others
Mobbing

When these same behaviors stem from a group and impact one individual, this behavior is termed mobbing.
Continuum of Incivility

Distracting, annoying, irritating behaviors → Low Risk → Disruptive Behaviors → Threatening Behaviors → High Risk → Bullying, aggressive, potentially violent behaviors

Behaviors range from:
- eye-rolling
- sarcastic comments
- taunting
- racial/ethnic slurs
- intimidation
- physical violence

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Real Life Examples in Past:

• Ophthalmic surgeon threw ampules of generic epinephrine at the pharmacy staff because he wanted “Adrenalin”
• OB/GYN physician squeezes a placenta and splatters tissue and blood all over the delivery room
• Chief of surgery threw Mayo Clinic Proceedings book at pharmacy intern (me)
• Chief of Anesthesia picked up ICU director by lapels of his suit and shook him
• Staff pharmacist sends death threat to another staff pharmacist by email (over the schedule)
• Chief of ID gets in altercation with clinical pharmacist over streptococcus-pneumonia issue
• Older male pharmacy director tries to intimidate young female assistant director to resign (nothing in writing) Hospital administration stepped in.
Real Life Examples – More Recent

• Chief of family practice leans over the desk and shakes finger in the face of pharmacist about non-formulary drug issue disagreement
• Medical staff committee members have “pseudo discussion” with known outcome – nodding to each other as they try to intimidate ancillary (non-physician) member
• Mother of employee calls daughter’s supervisor to threaten her about employee / HR issue
• Husband of employee threatens his wife’s coworker on Facebook
• National vice president of pharmacy operations calls non-urgent meeting at 3 pm West coast local time and keeps staff there past 9 pm (some participants traveling that day were on East Coast time so they got up at 5 am for travel). Meeting also included a work restricted female pregnant with twins. Nothing was that urgent to require the extended hours. “It was just his way”.

Participant Exercise:

• As you listen to the definitions, please think of a situation you have observed.
• Using the index card on your seat, fill in a story about disruptive behavior that you have experienced or observed in your workplace.
• Keep it short - just a few lines.
• Do NOT identify yourself, the participant or the institution (this is anonymous).
• Do describe the health professionals involved.
• Hand them in if you feel comfortable.
Incidence:

• 2008: Rosenstein and O’Daniel studied hospital workers, including medical and nursing staff members, administrators, and other healthcare disciplines.
  – 77% of the participants reported witnessing disruptive behaviors in physicians, and
  – 65% of the participants identified disruptive behaviors in nurses.
• 2008: Hader reported a study in which nurses were recognized as displaying disruptive behaviors more frequently than physicians (51.9% vs. 49%).
• 2007: Unlicensed assistive personnel have also been reported to display these behaviors (Stanley et al)
Bottom line:

Rather than blaming one group of healthcare professionals, all healthcare workers need to claim accountability for these behaviors.
Consequences of disruptive behaviors

• Erosion of teamwork
• Low morale
• Fear
• Lack of coworker or corporate communication
• Absenteeism
• Stress related illness
• Increased “churn” in the workplace (grievances, transfers, discipline, etc.)
• Increasing adverse events
Contributing Factors

• Physician specific factors
  – Possessing power / Yielding to power
    • Contributes to authority gradient being biased toward physicians as revenue generators and decision makers
    • More recent recognition of the perils of disruptive behavior can lead to their further frustration due to loss of autonomy
    • Often the disruptive ones are the most clinically talented and valued by hospital administration or administration may have been giving in to their demands
Contributing factors

• Nursing specific factors
  – Lateral violence more common in nursing
  – Lateral violence is often seen with “oppressed groups” (Aboriginals, Native Americans, etc)
  – Nurses are often seen as “oppressed”
    • Primarily female
    • Under the dominance of patriarchal / male physicians and hospital administrators
    • Marginalized nurse managers
  – Displaced frustration from perceived oppression is manifest toward coworkers
  – Studies document that male nurses feel more valued by male physicians than female nurses do
  – Acknowledgement of issues could lead to improved relations
  – Power re-balance could lead to improved relations
Contributing Factors

- **Conflict:** defined as differences about how expected needs will be met, usually manifesting in emotional tension and relational separation or combative behavior.
- **Physician / Nurse conflict** is the most common cause of disruptive behavior.
- **Frequently:**
  - Orders not carried out timely or correctly
  - Staff or equipment not available at bedside
- **My question:** Is this why Pharmacy is dragged into the drama or why the nurse behaves that way towards pharmacy?
- **My other question:** How often are substance abuse or mental disorders at the root cause?
Excellent Book!

- They describe psychopathy as a “spectrum disorder”
- There are great discussions about coworkers and family members with these tendencies
- Describes why psychopathic tendencies can lead to promotions in business and politics
- Workplace psychopaths – generally charming to peers and above but tyrannical to subordinates
- Often political leaders, managers and CEOs
- Some question if corporate psychopaths were responsible for the 2008/2009 melt down on Wall Street
Negative Workplace Personalities

• The **dark triad** of personality traits in the workplace
  – Psychopathy
  – Narcissism
  – Machiavellianism

• **Successful psychopaths** – corporate high climbers from privileged backgrounds and little risk of legal penalties for their actions

• **Unsuccessful psychopaths** – engaged in regular crime but generally underprivileged and more at risk for legal penalties for their actions
Organizational Psychopaths

• **Screening:**
  – From an organizational perspective, organizations can insulate themselves from the organizational psychopath by taking the following steps when recruiting:
    • conduct behavioral type interviews
    • verify information contained in the application and CV
    • conduct reference checks
    • obtain work samples
    • carry out criminal reference checks.

• **The following tests could be used to screen psychopaths:**
  – Psychopathy Checklist: Screening Version (PCL:SV)
  – Psychopathy Measure - Management Research Version (PM-MRV)
  – Business-Scan (B-SCAN) test.
Which careers have high proportions of psychopaths?

- According to Dutton, the ten careers that have the highest proportion of psychopaths are:
  1. CEO
  2. Lawyer
  3. Media (TV/radio)
  4. Salesperson
  5. Surgeon
  6. Journalist
  7. Police officer
  8. Clergyperson
  9. Chef
  10. Civil servant
Why psychopaths get promoted:

• Corporate psychopaths within organizations may be singled out for rapid promotion because of their polish, charm, and cool decisiveness.

• They are also helped by their manipulative and bullying skills.

• They create confusion around them (divide and rule etc.) using instrumental bullying to promote their own agenda.
Corporate Psychopaths:

• 29% of corporate psychopaths are also bullies
• A corporate psychopath uses instrumental bullying to further his goals of promotion and power as the result of causing confusion and “divide and rule” tactics.
Snakes in Suits: When Psychopaths go to Work

The authors describe a five phase model of how a typical workplace psychopath climbs to and maintains power.
5 steps of psychopathic promotion
How a typical workplace psychopath climbs to and maintains power

The authors of the book *Snakes in Suits: When Psychopaths Go to Work* describe a five phase model of how a typical workplace psychopath climbs to and maintains power:

- **Entry** - psychopaths may use highly developed social skills and charm to obtain employment into an organization. At this stage it will be difficult to spot anything which is indicative of psychopathic behavior, and as a new employee one might perceive the psychopath to be helpful and even benevolent.

- **Assessment** - psychopaths will weigh one up according to one's usefulness, and one could be recognized as either a pawn (who has some informal influence and will be easily manipulated) or a patron (who has formal power and will be used by the psychopath to protect against attacks)

- **Manipulation** - psychopath will create a scenario of “psychopathic fiction” where positive information about themselves and negative disinformation about others will be created, where one's role as a part of a network of pawns or patrons will be utilized and will be groomed into accepting the psychopath's agenda.

- **Confrontation** - the psychopath will use techniques of character assassination to maintain their agenda, and one will be either discarded as a pawn or used as a patron

- **Ascension** - one's role as a patron in the psychopath's quest for power will be discarded, and the psychopath will take for himself/herself a position of power and prestige from anyone who once supported them.
Numerous excellent resources
Steps to Combat Disruptive Behaviors

1. Adopt a zero tolerance stance
2. Develop a code of conduct that defines acceptable and unacceptable behaviors and that clearly identifies the actions to be taken when there is a breach of the code. These must be enforced uniformly throughout the organization
3. Provide education regarding communication skills, the willingness to communicate, the code of conduct, the process to report a breach in the code, and skills to use in confronting disruptive behavior
4. Provide coaching and mentoring as needed to help improve behaviors
5. Provide mediation services in instances of unresolved disputes between parties
6. If well-documented efforts at changing the behaviors are not adequate, take disciplinary action.
10 recommendations to deal with disruptive behaviors

1. Recognition and awareness - assess the frequency and significance of disruptive behaviors.

2. Cultural commitment/leadership/champions – Commitment and endorsement from the board, administration and clinical leadership

3. Policies and procedures – establish a zero-tolerance policy, code of conduct agreement as part of their employee contracts

4. Incident reporting – adopt a uniform approach to event reporting

5. Structure and process – uniform methodology for addressing the issues. Trained multidisciplinary team approach.
10 recommendations to deal with disruptive behaviors (cont)

6. Initiating factors – to understand the background as to why these events might occur

7. Education and training – raising awareness, role play

8. Communication tools – Body language and voice intonation have a greater impact. Provide scripted messages.

9. Discussion forums – encouraging staff interaction during patient rounds or joint conferences.

10. Intervention strategies – implement a “code white” or debriefing to discuss constructive suggestions
Team Stepps

- Leadership
- Communication
- Situation Monitoring
- Mutual Support

Performance

Knowledge - Skills - Attitudes

Patient Care Team
Destructive Conflict Behaviors

- With most people, our initial reaction in a conflict situation is rarely our final response.

- With high-conflict people, their initial reaction often escalates and becomes more rigid rather than becoming less defensive.
What characterizes someone with a high-conflict personality?

High-conflict people are those individuals who have a life-long pattern of high-conflict behavior and who typically exhibit long-term traits of those with personality disorders and who engage in ongoing high conflict thinking. A majority of high-conflict people have a number of characteristics in common. For high-conflict people, the ability to self-reflect and self-correct is limited or nonexistent. They default to destructive conflict behaviors, and they seem unable to make different choices.
HPRP

• Health Professional Recovery Program
• Manages the professionals dealing with:
  – Chemical dependence
    • Drug abuse
    • Alcohol abuse
    • Dual diagnoses
  – I knew that!
• I did not know:
  – Mental disorders (behavioral)
In Summary:

- Disruptive behavior is everywhere!
- We are all responsible for working to resolve it.
- Discuss this in meetings and learn about your organization’s policy.
- Read more / download additional information.
- The safety of your patients and your coworkers depends on awareness and dealing with it!