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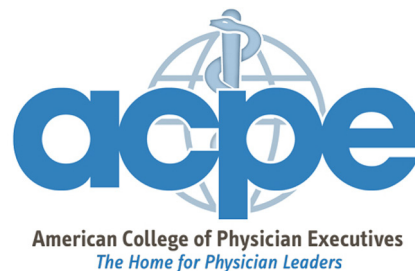
Disruptive Physician Behavior

By Owen MacDonald, Group Publisher, QuantiaMD

Foreword by Barry Silbaugh, MD, MS, FACPE, CEO, American College of Physician Executives



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Foreword

Disruptive physician behavior is the issue that just won't go away. Despite the best efforts of many, our profession is still plagued by doctors acting in a way that is disrespectful, unprofessional, and toxic to the workplace. The topic is simply too important to ignore, and I'm pleased the [American College of Physician Executives](#) is working with [QuantiaMD](#) to shine new light on this controversial subject.

This survey and the resulting white paper clearly illustrate how frequently these behaviors occur — and how they're often tolerated in the safety-critical work of health care. While a relatively small number of individuals are at the center of this dysfunction, their behavior creates a ripple effect that touches all of us: physicians, nurses, patients, and families.

Combating this phenomenon is an uphill battle. For many of us, this is behavior we learned from abusive instructors in medical school. The constant stress, long hours, and bureaucratic quagmires inherent in health care serve to exacerbate the situation. It's not getting any easier in this era of reform, where the rules seem to shift from day to day and the financial rewards may be shrinking.

The silver lining is our ability to create change. By bringing more attention to this issue, perhaps we can finally chase it from the shadowy, dark corners of our profession and into the light. This study is just the first step toward working together for solutions on how to report, address, and ultimately eliminate bad behavior.

Pilots learned that "fighting in the cockpit" was stressful and contributed to catastrophes, so they changed their behaviors — yes, behaviors. We can do the same. By tightening and defining expected communication behaviors among members of the health care team, we'll take a giant step toward improvement. We want you to help us make disruptive behavior an artifact of the past in health care.



Barry Silbaugh, M.D.

Barry Silbaugh, MD, MS, FACPE
CEO, American College of Physician Executives

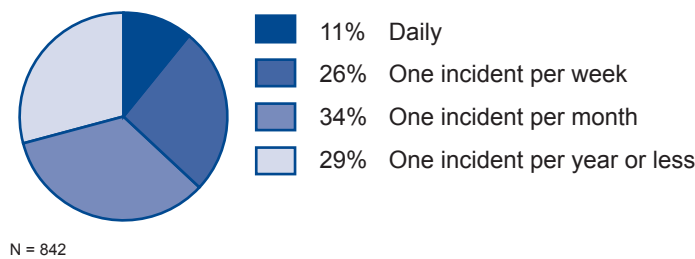
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Executive summary

More than 70% of physicians say that disruptive physician behavior occurs at least once a month at their organizations, and more than 10% say that such incidents occur on a daily basis, according to a new study of more than 840 physicians and physician leaders from QuantiaMD and the American College of Physician Executives (ACPE). (Figure 1) These findings suggest that health care organizations have an urgent need, if not obligation, to address such behavior.

Figure 1: How often do you estimate physicians at your organization exhibit disruptive behavior?

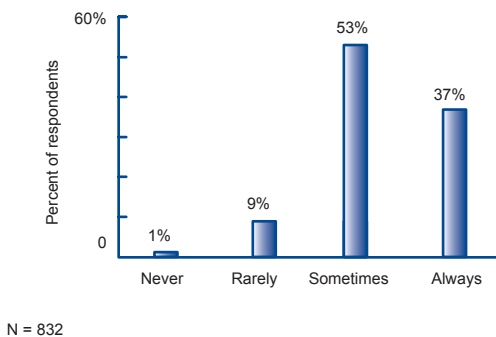


The types of disruptive behavior physicians encountered range from profanity to refusal to follow established protocols to, though rare, outright physical assault. Seventy-seven percent of respondents said they are concerned about disruptive behavior at their organizations, and 99% believe that disruptive behavior ultimately affects patient care. (Figure 2)

Such behavior can have tangible consequences — 60% of physicians said their organizations have received written complaints from patients or their families, and 50% have seen patients actually change physicians or leave a practice due to such behavior.

Perhaps most telling is the finding that 26% of physicians admitted to engaging in disruptive behavior at one time in their career. Respondents said that the two most common contributors to those incidents were workload and learned behaviors, such as those acquired at medical school, which again suggests that organizations have an opportunity to address core causes of disruptive behaviors.

Figure 2: To what extent do you believe that disruptive physician behavior affects patient care?



Although physicians expressed some confidence in their ability to confront disruptive behavior themselves, the majority said they wanted to learn more. Other needs included strategies for disciplining physicians for disruptive behavior, as well as improving culture and communication.

The results depicted in this report reflect how practicing physicians are negatively affected by disruptive physician behavior, and how such behavior can, in its worst form, trickle down to affect patient care and patient satisfaction.

However, the results also speak to an opportunity for health care organizations to improve their organizational culture; to offer education and support

to physicians affected by these behaviors; and to work swiftly and effectively to address disruptive behaviors when they arise, before they negatively impact patient care and patient satisfaction.

Demographics

Survey respondents were a mix of physician leaders and staff physicians from a wide variety of health care settings and practice types. More than 60% of survey respondents hold a leadership title at their organization, including medical director (34%), chief medical officer (12%), department chair (10%), vice president of medical affairs (4%), and president of the medical staff (3%). (Figure 3) In terms of gender, 73% of respondents were male, and 27% female. (Figure 4)

A plurality of physicians came from private practices (35%), followed by hospital-based physicians (33%) and those from academic institutions (18%). (Figure 5) Respondents were nearly evenly split between urban and suburban practice settings (44% and 43% respectively), with the remainder (13%) practicing in rural settings.

When it came to the number of physicians on the medical staff, 45% of respondents came from practices with less than 50 physicians on staff. Practices with more than 200 physicians comprised the second largest group, at 31% of respondents, with the remainder of physicians falling somewhere in the middle. (Figure 6)

Figure 3: Titles

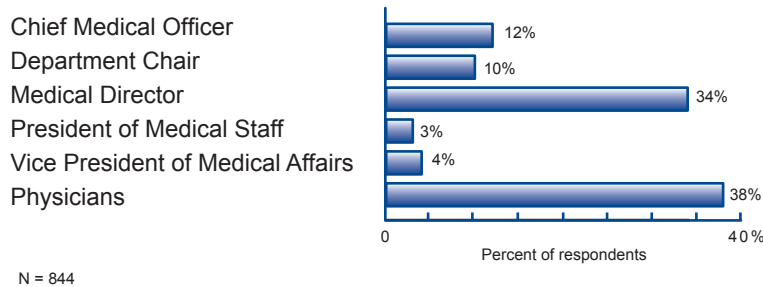


Figure 4: Male vs. female physicians

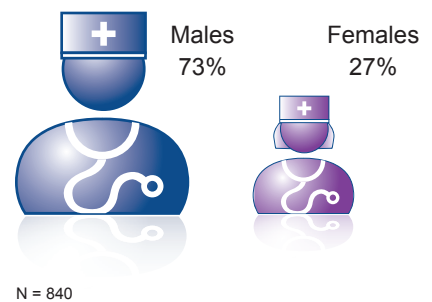


Figure 5: Practice types

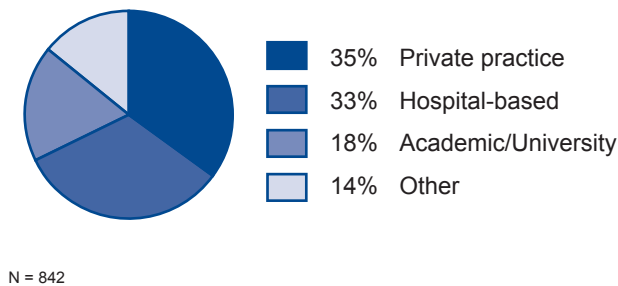
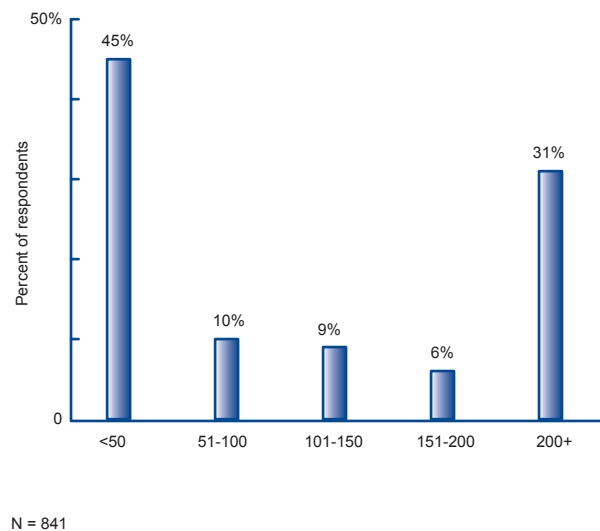


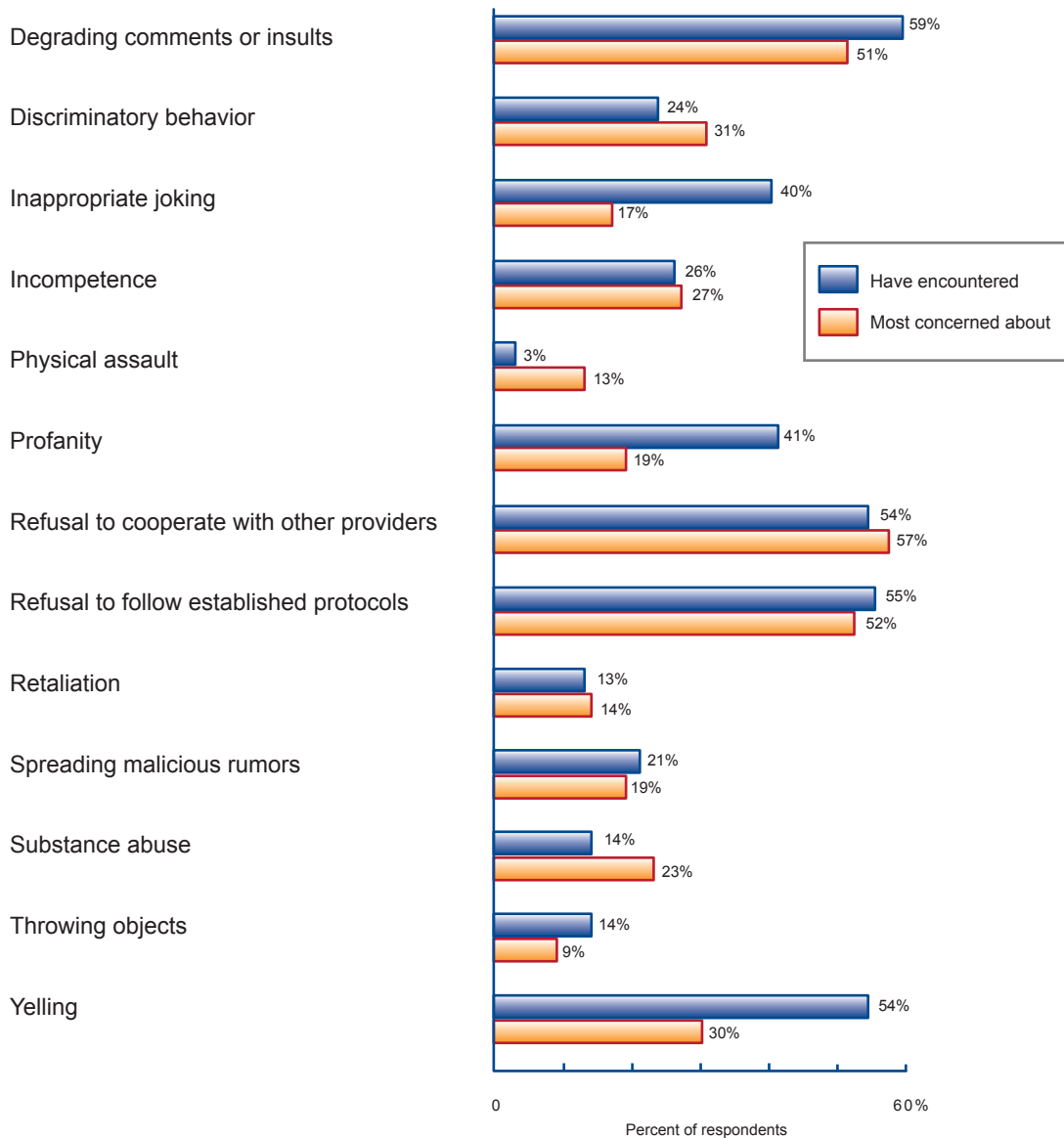
Figure 6: Number of physicians on staff



Types of disruptive behavior

Disruptive physician behavior can take many forms. Some types, such as degrading comments and insults (seen by 59% of respondents) or yelling (seen by 54%), may be fairly easy to identify. Other kinds of disruptive behavior may be more insidious, but no less concerning to physicians. For example, the majority of physicians surveyed had encountered physicians refusing to cooperate with other providers (54%) or to follow established protocols (55%). (Figure 7)

Figure 7: Which of the following disruptive physician behaviors have you encountered and are most concerned about?



N = 838

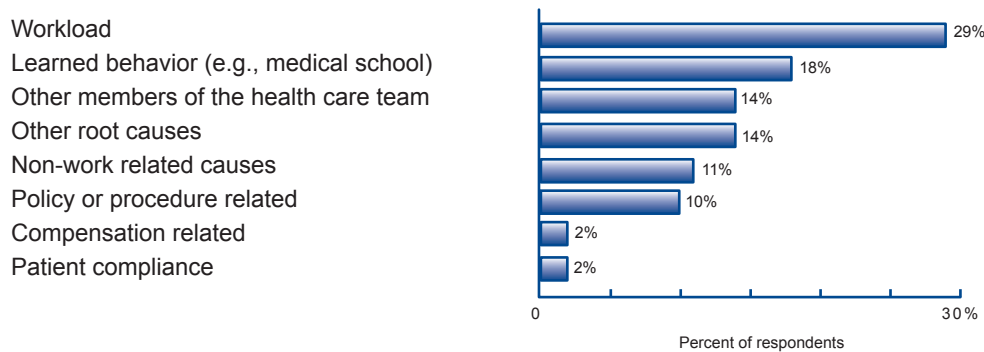
Interestingly, when it came to what behaviors physicians were most *concerned* about, refusing to cooperate with other providers topped the list at 57%. Other disruptive behaviors, such as yelling, were frequently encountered but less concerning.

Physicians were least likely to have encountered substance abuse (14%), throwing objects (14%), retaliation (13%), or physical assault (3%). These behaviors were also the least concerning to physicians, with the exception of substance abuse, which rose slightly to 23%.

About 1 in 4 physicians said they themselves had exhibited disruptive behaviors. Percentages did not change dramatically based on demographics, but did indicate that women were slightly less likely than men to exhibit such behavior (23% vs. 27%), and 34% of physicians at mid-sized practices (those with 101-200 physicians on staff) admitted to committing past incidences of disruptive behavior, higher than the average.

The plurality of physicians who exhibited such behavior in the past attributed such incidents to workload, and slightly less said learned behavior played some role. Only a small number of respondents said that compensation or patient compliance played a role in their disruptive behavior. (*Figure 8*)

Figure 8: What do you feel was the root cause of the disruptive physician behavior at the time?



N = 214

Some incidents of disruptive behavior shared by survey respondents underscored the potential negative impact that even seemingly innocuous behavior can have on organizational culture, established protocols and, ultimately, patient safety and satisfaction.

“A physician with a long history of abrupt and rude behavior with patients and nursing staff was being monitored [when the physician] again yelled at a nurse, and this resulted in a significant medication error and harm to a child,” described one survey respondent.

Another respondent gave this example: “A prominent surgeon transitioned from being merely demanding to extremely demanding to voicing degrading comments at nursing and other support staff who did not comply with his demands. Things degraded to the point that shoving and pushing occurred in the OR. The culture was definitely ‘degraded.’ The surgeon remains in the community but has minimal presence at the hospital currently.”

Another wrote that they witnessed the “creation of an intolerable work environment for a female physician by a male colleague who was condescending, bullying, and refused to acknowledge her supervisory role in the practice.”

Organizational insights

Survey respondents had mixed responses when asked how well their organizations deal with incidents of disruptive behavior when they occur. Physicians most strongly agreed that there are opportunities to learn about disruptive behavior, and that there is a structured method to report such behavior at their organizations. (Figure 9)

Figure 9: How well does your organization deal with incidents of disruptive physician behavior?

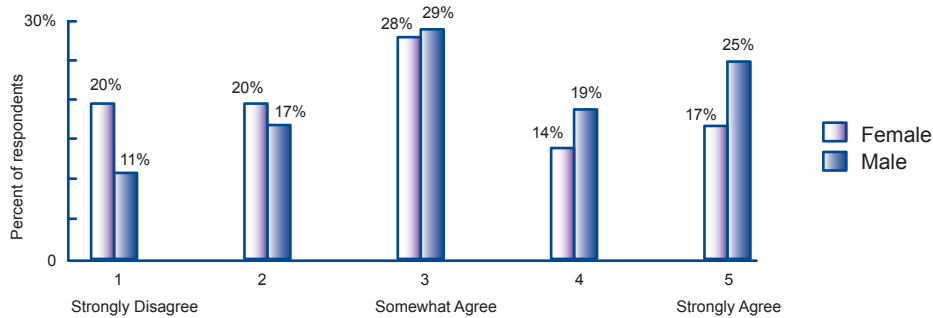


When asked whether their leadership was highly engaged on the topic, the weighted average of respondents was 3.0, or “somewhat agree.” A closer look, however, reveals deeply divided subsets of respondents at both ends of the spectrum, with 15% strongly disagreeing that their leadership was highly engaged, and 17% saying they strongly agree.

Interestingly, female respondents were overall less confident than their male counterparts about how their organization deals with disruptive behavior. For example, 20% of female respondents strongly disagreed that their organization has a clear, well-enforced policy on disruptive behavior, compared to only 11% of male physicians. (Figure 10)

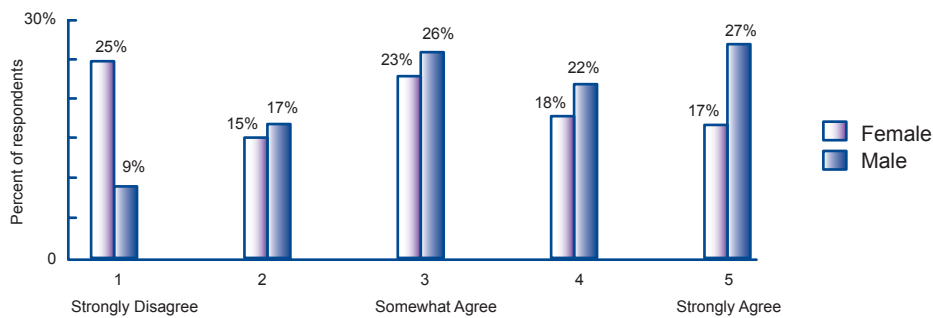
And although more than a quarter (27%) of male respondents strongly agreed that there was a structured method to report incidences of disruptive behavior, only 17% of females answered similarly. (Figure 11)

Figure 10: There is a clear, well-enforced policy on disruptive behavior



N = 829

Figure 11: There is a structured method to report incidents of disruptive behavior

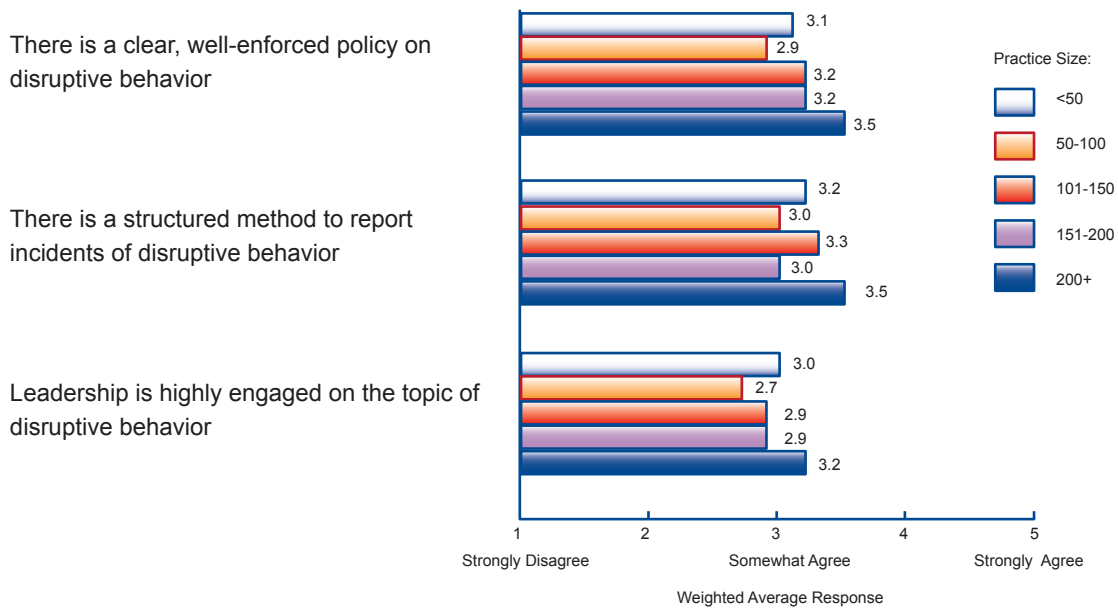


N = 828

Practice size—the number of physicians on staff—also seemed to be a factor in how physicians felt about their organizations’ approach to disruptive physicians. For example, practices with more than 200 physicians on staff were more likely to agree that there are clear, well-enforced policies, a structured method to report incidences of disruptive behavior, and that leadership is highly engaged on the topic. (Figure 12)

Practice setting (e.g., rural) and practice type (e.g., academic hospital) did not yield significant variance on how organizations handled disruptive physician behavior.

Figure 12: How practice size impacts incidents of disruptive physician behavior



N = 829

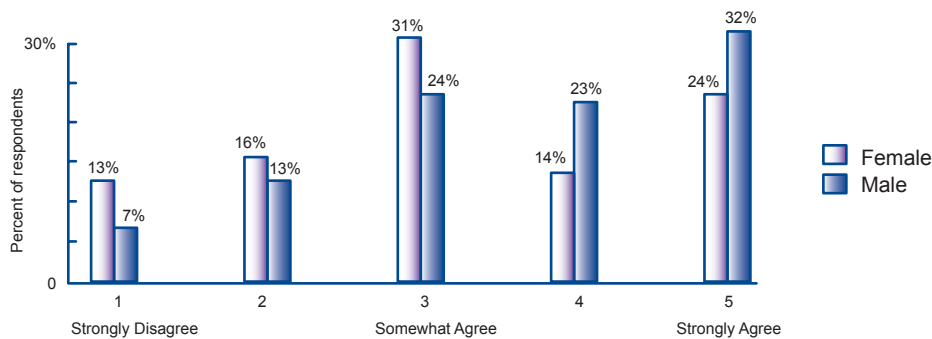
Physician insights

The physicians surveyed also provided insights into their own ability to deal with disruptive physician behavior, showing a mixed level of confidence about how individual physicians cope with this issue. Over half of respondents (51%) agreed that they were comfortable reporting incidences of disruptive behavior; while slightly less (47%) agreed that they were comfortable directly confronting it.

Although some physicians said they were well-prepared to deal with this issue, others were less confident, with the plurality of respondents falling squarely in the middle (34%). Interestingly, physicians were slightly more likely to agree that they needed training and information on how to deal with disruptive behavior.

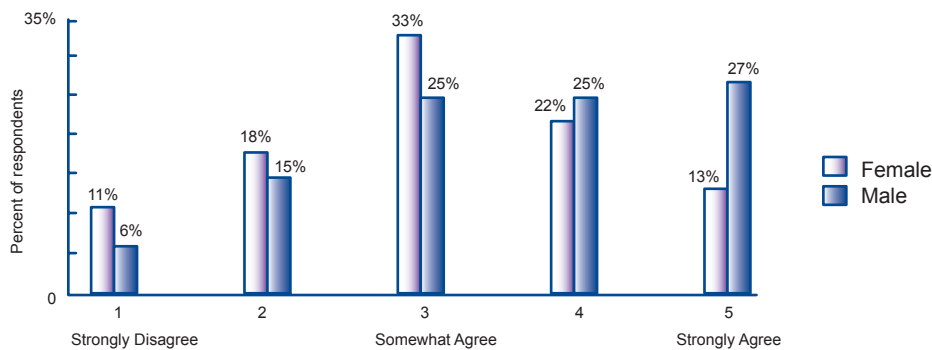
Gender may also factor into physicians' comfort level when it comes to disruptive behavior, according to the survey results. Females were less comfortable than their male counterparts with both reporting and confronting incidences of disruptive behavior, and were less likely to feel well prepared to deal with such incidents. (Figures 13-16)

Figure 13: I am comfortable reporting incidents of disruptive behavior



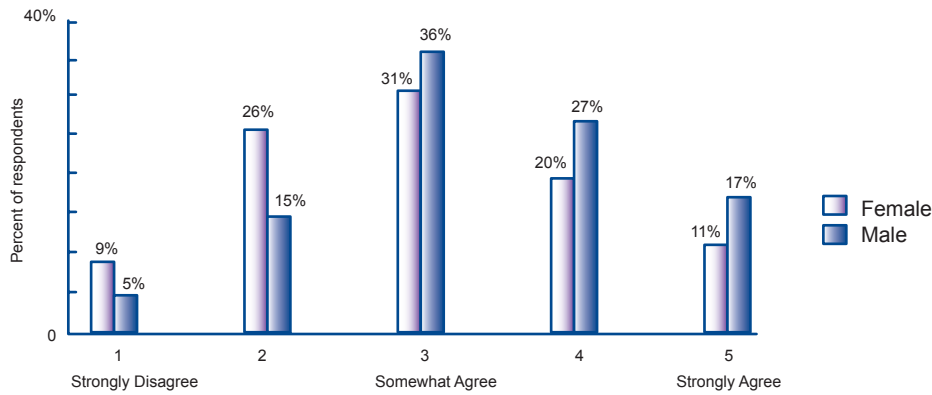
N = 828

Figure 14: I am comfortable directly confronting incidents of disruptive behavior



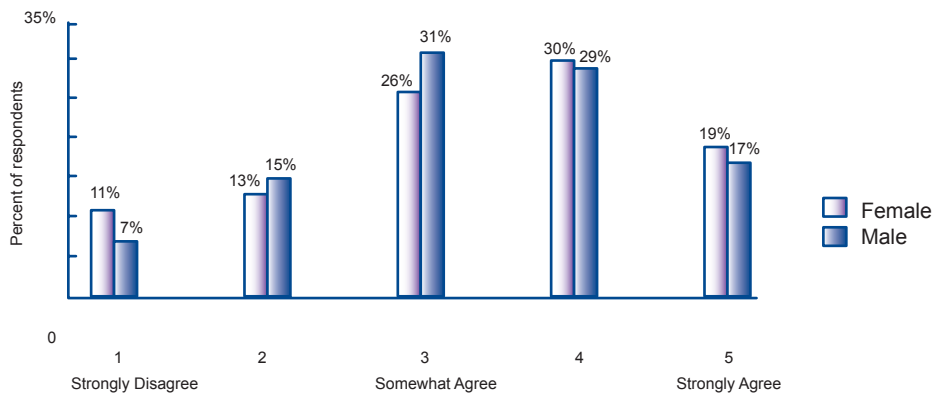
N = 828

Figure 15: I am well prepared to deal with disruptive behavior when I encounter it



N = 828

Figure 16: I need training and information on how to deal with disruptive behavior



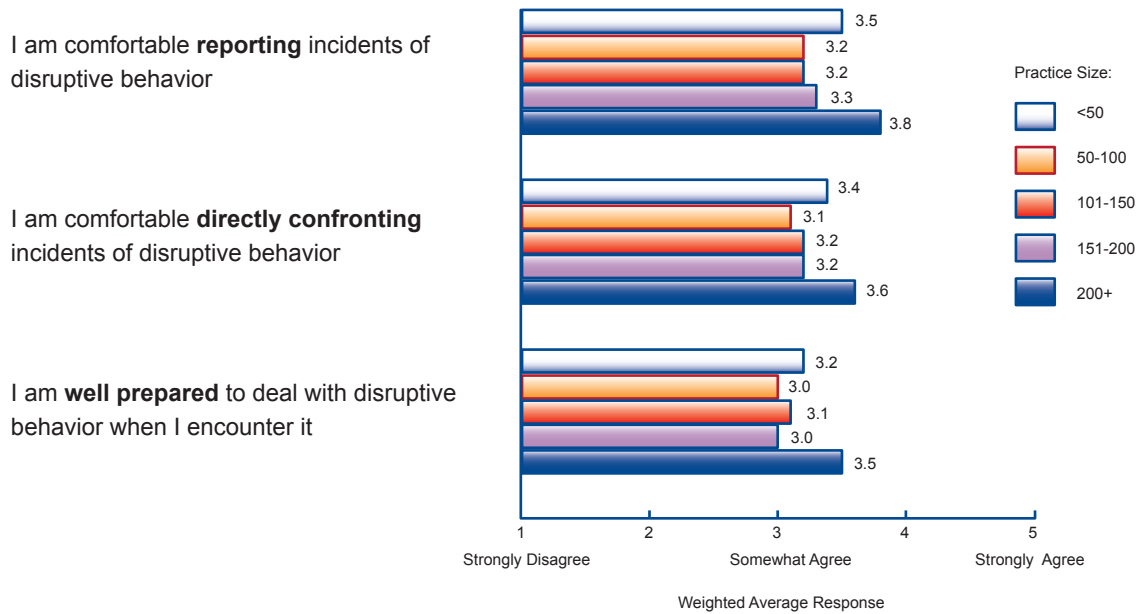
N = 828

Practice size also appears to be a factor in physicians' comfort level. Physicians at practices with more than 200 physicians on staff were more comfortable reporting and confronting disruptive behavior than their smaller counterparts, and were more likely to say they were well-prepared to deal with such behaviors. (Figure 17)

Overall, physicians were least confident that disruptive physicians will change their behavior if confronted, although many offered examples of how systematic approaches to some unwanted behaviors can yield results.

One respondent gave this account: "A physician was rude and adversarial with a specialist because he disagreed with the specialist's recommendations. We arranged for both of them to meet with our HR chief and Chief of Medicine. They both worked out the problem, and were happy with each other and the outcome."

Figure 17: Physicians in larger organizations have higher comfort levels when dealing with disruptive behavior



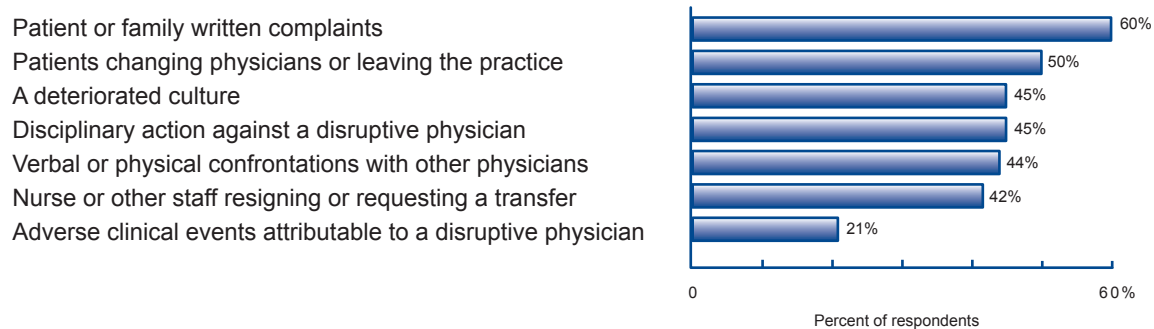
N = 829

Consequences and opportunities

As discussed at the outset, there was little disagreement among respondents that disruptive behavior can affect patient care at least some of the time, with only 1% of respondents saying that patient care is never impacted. In addition, patient-related issues topped the list of consequences from disruptive behavior that respondents had experienced.

Sixty percent said that their organization, practice, or department had experienced a patient or family written complaint related to disruptive behavior, and half had actually had patients change physicians or leave the practice due to disruptive behavior. And perhaps most compelling is that 21% of respondents directly attributed an adverse clinical event to a disruptive physician—tangible evidence that patient care can be compromised by such behaviors. (*Figure 18*)

Figure 18: Has your organization, practice, or department experienced any of the following related to disruptive physician behavior?

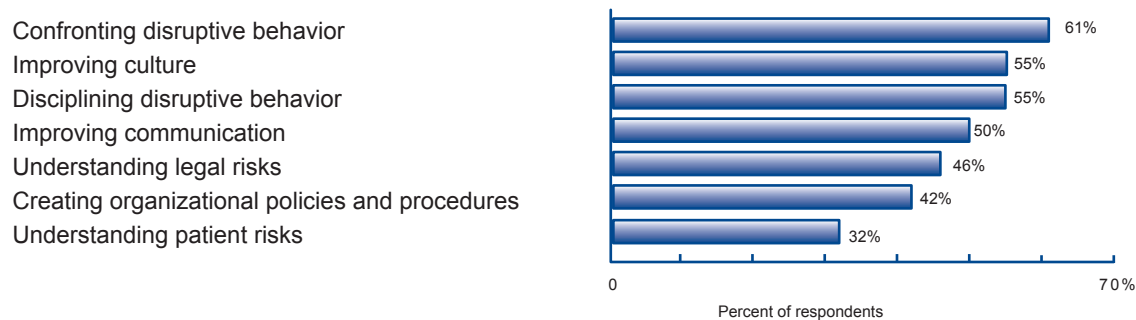


N = 828

Other consequences of disruptive behavior have more internal-facing consequences for health care organizations, including a deteriorated culture, disciplinary action against offending physicians, verbal and physical confrontations between physicians, and nurses or other staff resigning or transferring in the face of such behavior.

From a demographic perspective, hospital-based physicians were more likely than their private practice or academic counterparts to believe that disruptive behavior “always” affected patient care (41% vs. 31% and 32% respectively.) They were also more likely to have experienced written complaints, verbal confrontations, disciplinary action, and a deteriorated culture.

Survey respondents also weighed in on what topics related to disruptive behavior they wanted more education on, with most physicians (61%) saying they were interested in methods to confront disruptive behavior. Other topics included education on improving culture and disciplining disruptive behavior (both at 55%), as well as improving communication (50%), indicating that healthcare organizations have ample opportunity to address disruptive behavior from a cultural and systematic perspective. (*Figure 19*)

Figure 19: Which topics related to disruptive behavior are physicians most interested in learning more about?

N = 828

Physicians surveyed also offered anecdotal insights on how the topic can be addressed, with many suggesting that cultural changes should begin in medical school and be carried forward in well-defined policies by individual organizations.

“[We need to] develop professional conduct policies that are clear, understandable, and incorporate clear pathways to resolution,” said one respondent.

Others reminded that disruptive behavior is not just a physician issue—nurses, administration, regulatory bodies, and even patients all play a role in affecting the health care environment.

“The system cannot continue increasing expectations of physicians, stress level on them, and decreasing reimbursement without seeing consequences such as outbursts. Physicians are only humans. Unless physicians are heard and feel that the system cares about them, too (which it almost never does!), they may respond to the mounting pressures inappropriately, and in ways they themselves regret,” said one respondent.

Conclusions

There is no disputing that disruptive physician behavior is a difficult topic to address on both the individual and the institutional level. The complicated nature of the health care environment coupled with the many outside stressors physicians and other clinicians endure make it increasingly difficult to discover the root causes of disruptive behavior.

Nonetheless, as these survey results show, disruptive behavior is neither infrequent nor uncommon for the majority of physicians, and the consequences can be dire. Serious adverse clinical events are of immediate and utmost concern, but the deterioration of culture and communication may ultimately be even harder to confront and have more lasting consequences.

While this issue is certainly real and problematic, there appear to be many steps that healthcare organizations can take to turn the tide. Physicians shared clear ideas about what needs to be improved, including systematic frameworks for confronting disruptive behavior, strategies for disciplining that behavior, and ultimately, improving culture and communication to provide a safe, professional environment to provide care.

Methodology

The survey for the “Disruptive Physician Behavior” white paper was fielded between February 16, 2011 and March 24, 2011, using QuantiaMD as the platform for gathering responses. The American College of Physician Executives invited 6,500 members to participate via e-mail and QuantiaMD invited 3,400 members of its Leading Physicians special interest group via e-mail, which yielded a total of 840 respondents for a response rate of 8.5%.

Study participants self selected as respondents from among a large group invited. Thus it is possible that the respondent group was either more interested in or more likely to have experienced or witnessed disruptive physician behavior than non-responders. In addition, the study was fielded electronically, so only physicians with access to and comfort with computers and/or mobile technology have responded.

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Quantia Communications, Inc.

52 Second Avenue, Waltham, MA 02451 Phone: 617.219.6100 Email: support@quantiamd.com