

The Elephant in the Room - Disruptive Behaviour by Healthcare Professionals in our Local Hospitals

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- The behaviours we turn a blind eye to are as powerful as the behaviours we actively encourage or discourage -

Background

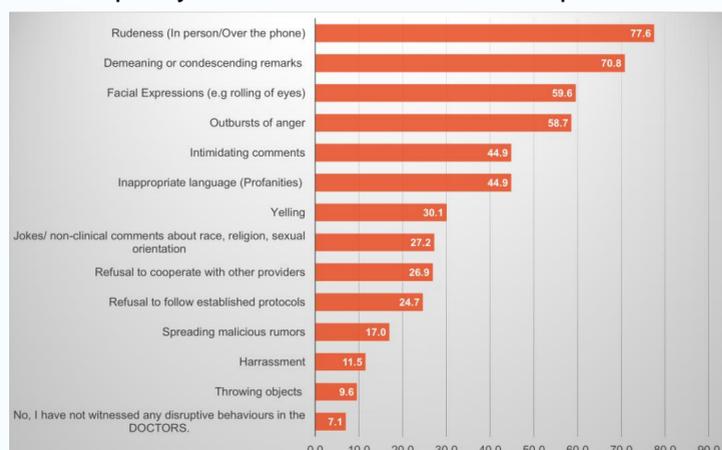
Disruptive behaviour (DB) in healthcare can be defined as any form of inappropriate conduct which interferes with, or has the potential to interfere with, quality health care delivery. DB distracts attention, increases medical errors, hinders open communication, and lowers the quality of care. DB tends to operate below the radar masked by perceived cultural norms and ambiguity associated with discerning the perpetrator's true motive and target, making it difficult to report. Additionally, hierarchical power distance may bias one's interpretation of (un)acceptable conduct and inflate a fear of retribution from speaking up about uncivil conduct. When these behaviours go unsanctioned, they become more common and the workplace grows increasingly "toxic" with negative effects on a host of operational and patient-related outcomes. Thus, understanding the prevalence, attitudes and challenges of tackling DB are important steps for promoting safe and professional care, and designing practical interventions aimed at addressing DB in the health systems.

Methods

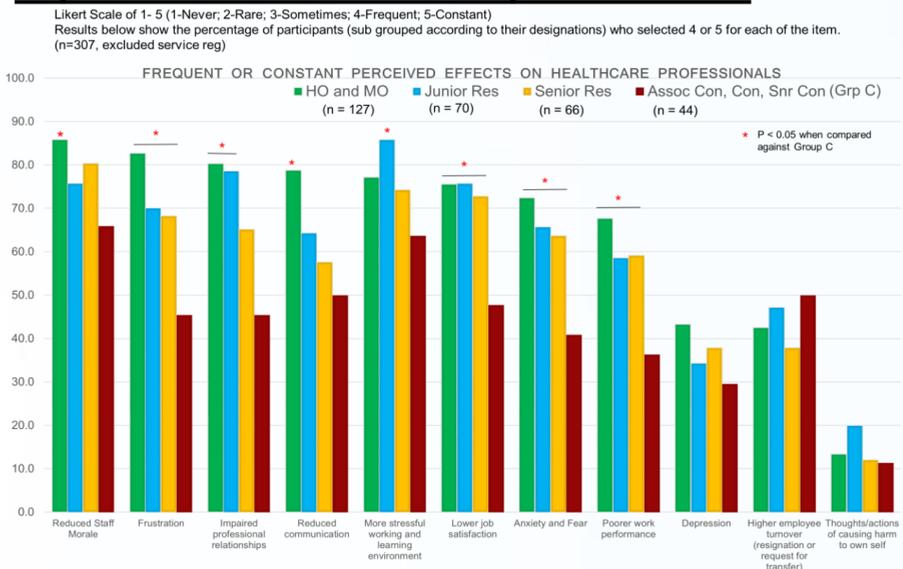
We performed a nationwide cross-sectional study in Singapore as part of a broader campaign to improve workplace culture and behaviour in the local public health system. We used an adapted version of the Nurse-Physician Relationship Survey¹, customized to the local context and disseminated as an e-survey to doctors working in a hospital setting through major medical associations and healthcare organizations. 312 doctors working in government restructured hospitals completed this survey.

Results

- 91.2% of all doctors have witnessed DB at their workplace in the preceding one year. 40% of respondents report witnessing DB at their workplace on a weekly/daily basis.
- Stress, frustration, work overload, arrogance, and poor communication skills were perceived to be the key drivers of DB.
- Majority of respondents **cited a lack of** confidentiality, and feedback on the how the complaint is handled, and a 'feeling that nothing will change' as barriers to reporting DB. Junior doctors further cited fear of retaliation as a barrier to reporting DB.
- 92% of the respondents were either unaware or stated that there was no policy to address DB at their workplace.



Impact of DB on healthcare professionals



15% of respondents reported having witnessed specific patient-related adverse events due to DB.

Selected quotes from respondents describing the observed adverse events.

'Junior staff seeking clarification was met with condescension, leading to an execution of the order when junior was unsure, leading to wrong drug/wrong dose of drug being given.'

*'Delay in treatment - **** did not prepare the emergency medicine I requested because I was a very junior doctor.'*

'Surgeon threw a sharp and injured staff- He was not punished but protected by the institution'

Combatting DB in our healthcare system

Respondents suggested

- Greater training and support in areas related to handling stress, communication skills and in responding to individuals who are disruptive.
- Awareness campaigns to highlight the impact DB has on others. These campaigns could help promote mindful behaviour and nurture a respectful workplace.
- Accountability and punishment. Respondents would like their institutions to take firm, fair and decisive actions against **ANY** disruptive individual regardless of his/her power or status.
- Improvement of the feedback management process to develop a confidential, fair and non-punitive system.

Conclusion

Healthcare institutions need to combat DB systematically to limit its carry over effects on our healthcare workers and their patients. Pertinent first steps would include **recognizing and raising awareness to the existence, and impact of DB** on healthcare workers and their patients followed by implementing systematic, firm and decisive actions to prevent/address it. These measures can pave the way to clamping toxic work cultures and nurturing a positive working environment for our healthcare workers.

1. Rosenstein. A. H., A Survey of the Impact of Disruptive Behaviors and Communication Defects on Patient Safety, The Joint Commission Journal on Quality and Patient Safety, vol 34:8, pp 464, 2008.

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