A Practical Guide to Preventing and Solving Disruptive Physician Behavior

Richard A. Sheff, MD & Todd Sagin, MD, JD
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Define the Disruptive Behavior Epidemic

Disruptive physician behavior seems to have sprung up as one of the most common and difficult challenges facing physician leaders and hospitals today. But why the sudden notoriety for this problem? Is it a new issue?

Hardly. Inappropriate, hostile, impulsive, and difficult physician behavior has been a part of the healthcare system from the very beginning.

Take Ignaz Semmelweis, MD—one of the heroes of modern medicine—as an example of just how long disruptive physician behavior has played a role in healthcare. In the mid-nineteenth century, Semmelweis’ pioneering work identified hand-washing as the way to prevent puerperal fever in birthing women. This discovery stands as one of the greatest breakthroughs in medicine. However, although most people know the names of Pasteur, Lister, and Koch, very few have heard of Semmelweis. This disparity could very well be attributed to the fact that Semmelweis demonstrated disruptive behavior.
When Semmelweis published his research methods and results, his peers responded by attacking his methods and his character. Rather than addressing the substance of these statements, however, Semmelweis responded with vitriolic, polemical, and personal attacks against his critics. As a result, he was discredited as a physician and ultimately suffered a nervous breakdown and died in a psychiatric institution. One can’t help but wonder what would have happened if Semmelweis had been more professional and less hostile and disruptive. Perhaps he would be remembered as a break-through thinker and his handwashing methods would have been accepted far sooner, saving thousands of lives. Instead, his disruptive behavior made him many enemies and undermined his success.

Disruptive behavior is an epidemic

But if disruptive physician behavior isn’t a new development, why are we suddenly hearing so much about it?

The primary reason is that the healthcare industry and the general public have decided that they won’t tolerate certain behaviors that were accepted in the past.

This change in thinking was spurred, in part, by the increase in “hostile workplace” lawsuits. What is currently happening with disruptive physician behavior is parallel to what happened with sexual harassment—industry standards no longer tolerate such behavior. This evolution will require extensive education, as did changing attitudes about sexual harassment in the healthcare industry. This education helped healthcare professionals identify the behaviors that would be acceptable going forward, which helped the industry overcome the inevitable resistance the change engendered.
Your organization must take these same steps when addressing disruptive physician behavior. You must dedicate time and resources to explain to physicians—especially those manifesting the disruptive behaviors—that your hospital will no longer tolerate disruptive behavior. Medical staff leaders must be prepared for the inevitable push back from physicians and have ready answers to the challenges they are sure to face.

This change in the rules has been accompanied by fundamental changes in medicine that have increased physician frustration. Rising overhead costs and complexity, managed care constraints and paperwork, reduced reimbursement, and increased regulations have all proved frustrating to physicians. In addition, medicine has welcomed a more diverse population of physicians over the past 30 years. This diversity embraces gender, culture, ethnicity, and race differences that can create misunderstandings. For example, behavior that is considered perfectly acceptable by one culture may be regarded as disruptive or hostile by another. Therefore, medical staff leaders must be careful to distinguish between cultural bias and truly disruptive behavior. (See Chapter Ten for more information.)

Finally, the increasing frequency and size of malpractice suits—and the devastating effects such suits have on a physician’s practice and inner world—raise the stakes in every clinical and administrative conflict that involves physicians, especially when physicians perceive a risk to quality care.

**Defining disruptive physician behavior**

Now that we’ve determined that disruptive physician behavior is an ever-present challenge for medical staff and hospital leaders, we must develop a systematic approach to eliminating such behavior.
The first step in this process is defining what constitutes disruptive behavior. Such a definition is essential when a disruptive physician on your staff launches into a long and impassioned argument about why their behavior is not disruptive. The physician will likely retort with some variation of the following:

- *What’s so disruptive about advocating for my patient to get good care? That’s the least I owe to my patient.*

- *This is the only way anything changes. It’s the squeaky wheel that gets the grease around here.*

- *That nurse was so incompetent she was going to kill my patient. What do you expect me to do, turn my back and let it happen?*

- *Somebody’s got to have the spine to stand up for what’s right.*

In other words, problem physicians may assert that “disruptive behavior” is in the eye of the beholder. Therefore, to define disruptive behavior, start with the dictionary for clarification of what exactly the term means.

When you do so, you’ll find words like

- troublesome
- troublemaking
- unruly
- disorderly
- upsetting
- disturbing
Do these descriptions apply to disruptive behavior in your organization? You bet. Physicians do not have a right to act in a manner that brings these words to mind because those who do so “disrupt” hospital operations. Such behavior adversely affects the ability of others in the hospitals to do their jobs, creates a hostile work environment for hospital employees and other medical staff members, and lowers the community’s confidence in the hospital’s ability to provide quality patient care.

The starting point for eliminating disruptive physician behavior to define the behavior in a policy. You like the model physician behavior policy in the appendix, can begin by stating the goal of your policy in a positive manner. For example,

*It is the policy of this hospital to treat all individuals within its facilities with courtesy, respect, and dignity. To that end, the board requires that all individuals, employees, physicians, and other independent practitioners conduct themselves in a professional and cooperative manner in the hospital.*

Having established the goal of positive behavior, it is important that your policy define with some specificity what constitutes disruptive behavior and the behaviors that violate your policy. Do not be overly specific; it could limit you. Instead, include a description of how a physician’s behavior can disrupt the operations of the organization. The list will be similar to the potential adverse outcomes we identified above. Unacceptable behavior includes behavior that

* • disrupts hospital operations*
• affects the ability of others to do their jobs

• creates a hostile work environment for hospital employees or other medical staff members

• interferes with an individual’s ability to practice competently

• adversely affects the community’s confidence in the hospital’s ability to provide quality patient care

But these descriptions aren’t specific enough. It is helpful to add examples of unacceptable behavior to your policy, including but not limited to

• personal, irrelevant attacks—verbal or physical—leveled at other medical staff members, hospital personnel, and patients and their families, beyond the bounds of fair professional conduct

• impertinent and inappropriate comments (or illustrations) made in patient medical records or other official documents that impugn the quality of care in the hospital or attack particular physicians, nurses, patients, or hospital policies

• criticism leveled at the recipient in such a way that it intimidates, undermines confidence, belittles, or implies stupidity or incompetence

• refusal to accept medical staff assignments or to participate in committee or departmental affairs professionally and appropriately
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