

Policy Statement

Title:	Practitioners Exhibiting Disruptive Behavior	Number: MD2012-01
References:		
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Effective Date:	February 24, 2012	
Supersedes:		
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Conclusion: Disruptive behavior by physicians and physician assistants is a threat to patient safety and clinical outcomes. The Medical Quality Assurance Commission will take appropriate action regarding practitioners who engage in disruptive behavior.

Background. Disruptive behavior by physicians has long been noted but until recently there has been little consensus that such behavior has an adverse effect on patient safety or clinical outcomes, and therefore the behavior has often been tolerated. This was particularly true when the physician appeared to be clinically competent. However, in the past ten years it has been generally recognized that disruptive behavior poses a potential threat to patient safety.¹ The Joint Commission has said that "intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators and managers to seek new positions in more professional environments."²

Definition and examples. The American Medical Association has defined disruptive behavior as "Personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care. (This includes but is not limited to conduct that interferes with one's ability to work with other members of the health care team.)"³ The Joint Commission describes intimidating and disruptive behaviors as including 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.

Dr. Kent Neff, a psychiatrist and recognized expert in this field, describes disruptive behavior as "an aberrant style of personal interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to interfere with the process of delivering good care."⁴ Examples of disruptive behavior may include:

- *Profane or disrespectful language
- *DemEANing behavior
- *Sexual comments or innuendo
- *Inappropriate touching, sexual or otherwise
- *Racial or ethnically oriented jokes
- *Outbursts of anger
- *Throwing instruments or charts
- *Criticizing hospital staff in front of patients or other staff
- *Negative comments about another physician's care
- *Boundary violations with staff or patients
- *Comments that undermine a patient's trust in a physician or hospital
- *Inappropriate chart notes, e.g., criticizing a patient's hospital treatment
- *Unethical or dishonest behavior
- *Difficulty in working collaboratively with others
- *Failure to respond to repeated calls
- *Inappropriate arguments with patients, families
- *Poor response to corrective action

Most health care professionals enter their discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The majority of physicians carry out their duties professionally and maintain high levels of responsibility. However, several studies and surveys identify the prevalence of disruptive behavior among physicians as somewhere between 1 and 5%.⁵ "The importance of communication and teamwork in the prevention of medical errors and in the delivery of quality health care has become increasingly evident."⁶ Such behavior disrupts the effectiveness of team communication and has been shown to be a root cause in a high percentage of anesthesia-related sentinel events.⁷ The consequences of disruptive behavior include job dissatisfaction for staff, including other physicians and nurses, voluntary turnover, increased stress, patient complaints, malpractice suits, medical errors, and compromised patient safety. Moreover, disruptive behavior may be a sign of an illness or condition that may affect clinical performance. Studies have shown that physicians demonstrating disruptive behavior have subsequently been diagnosed with a range of Axis I and II psychiatric disorders, major depression, substance abuse, dementia, and non-Axis I and II disorders such as anxiety disorder, attention-deficit hyperactivity disorder, obsessive-compulsive disorder, sleep disorder, and other illnesses, most of which were treatable.⁸

Policy. When the practitioner exhibiting disruptive behavior is part of an organization where the behavior can be identified, the organization should take steps to address it early before the quality of care suffers, or complaints are lodged. The best outcome is frequently accomplished through a combination of organizational accountability, individual treatment,

education, a systems approach and a strong aftercare program.⁹ The Joint Commission has developed a leadership standard that addresses disruptive and inappropriate behaviors by requiring a code of conduct that defines unacceptable, and disruptive and inappropriate behaviors and a process for managing such behaviors.¹⁰

When the Medical Quality Assurance Commission receives a complaint concerning a practitioner exhibiting inappropriate and disruptive behavior, the Commission will consider such behavior as a threat to patient safety that may lead to violations of standards of care or other medical error. The Commission may investigate such complaints and take appropriate action, including possible suspension, to promote and enhance patient safety.

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- 1 Williams, B. W., and Williams M.V., The Disruptive Physician: A Conceptual Organization, Journal of Medical Licensure and Discipline, Vol. 94, No. 3, 12-20, 2008.
 - 2 The Joint Commission, Sentinel Event Alert, Issue 40, July 9, 2008.
 - 3 American Medical Association, E-9.045 Physicians with disruptive behavior (Electronic Version). AMA Policy Finder 2000. Cited in Williams and Williams, J. Med. Lic. & Disc. Vol. 94, No. 3, p.12, 2008
 - 4 Neff, K., Understanding and Managing Physicians with Disruptive Behaviors, pp. 45 – 72,
 - 5 Op. cit., Williams and Williams, p. 13
 - 6 Ibid.
 - 7 Ibid.
 - 8 Williams and Williams, p. 14.
 - 9 Williams and Williams, p. 17.
 - 10 Op. cit.,The Joint Commission.

