The Negative Impact of Nurse-Physician Disruptive Behavior on Patient Safety: A Review of the Literature

Rebecca Saxton, MSN, RN, Tina Hines, PhD, RN, and Maithe Enriquez, PhD, RN

Objective: To review what is known about the impact of nurse-physician disruptive behavior on patient safety to inform appropriate intervention programs to address this health care problem.

Methods: A systematic review of the literature using the key words "disruptive physician behavior" and "physician verbal abuse" was conducted.

Results: Ten articles were reviewed. All were descriptive in nature and used a nonexperimental approach to measure the incidence of disruptive behavior and/or verbal abuse in various health care settings via self-report surveys. All studies confirmed the alarming prevalence of disruptive behavior.

Conclusions: A standard definition of "disruptive behavior" is needed, as is a valid and reliable measure of the phenomenon before interventions to address the problem can be developed.

Key Words: disruptive behavior, verbal abuse, intimidation

(*J Patient Saf* 2009;5: 180–183)

In 2000, the Institute of Medicine (IOM) estimated that between 48,000 and 98,000 hospitalized Americans die each year from preventable medical errors.[1] Since that time, health care organizations have devoted significant efforts to redesigning work processes (i.e., medication administration and documentation) and spaces (design of patient care units) in an effort to increase patient safety. However, after 8 years, there has been no significant decrease in the number of preventable medical errors.[2]

In 2004, the IOM identified the organizational culture, including the relationship between nurses and other health care providers, as one source of potential threat to patient safety.[3] In 1 study conducted in the emergency department setting, between 70% and 80% of errors were found to be related to dysfunctional interpersonal interactions.[4] Therefore, dysfunctional interpersonal interactions between nurses and physicians are of particular interest, as these 2 health care providers share the primary responsibility for patient care.

Dysfunctional interpersonal interactions between nurses and physicians are considered 1 form of "disruptive behavior."[5] Although there is no universal definition for the phenomenon of "disruptive behavior" among health care providers, several comparable definitions have been published. Wilhelm and Lapsley[6] defined a disruptive physician as one who exhibits repeated episodes of sexual harassment, racial/ethnic slurs, verbal abuse, and/or failure to respond to phone calls/pages. Pfifferling[7] defined the disruptive physician as one who occasionally or repeatedly shows disrespect for others, especially for those with less power. Piper[8] broadened the definition to include any interpersonal interaction that might negatively impact patient care and the organization's mission.

The negative impact of disruptive behavior on patient safety was recently brought to the forefront when The Joint Commission (TJC) issued a sentinel event alert entitled *Behaviors That Undermine a Culture of Safety.* A sentinel event alert is issued when the reporting of unexpected events that result in patient death or injury (i.e., patient death associated with a medication error, procedure on the wrong patient) signifies an alarming trend. In addition to the alert, a new leadership standard was introduced that became effective January 2009. This standard, LD 3.10, requires all accredited health care organizations to define disruptive behavior and include the definition in a written code of conduct and create and implement processes for managing disruptive behavior. Eleven recommendations have been made by TJC to help organizations implement the standard[5] (Table 1).

The purpose of this literature review was to identify and examine the published research studies that have focused on nurse-physician disruptive behavior since 2000. The time frame 2000 to 2008 was selected to encompass the literature that has been published since the IOM's initial report on patient safety, *To Err is Human*.[1]

METHODS

The search engines Medline and PubMed were used to identify peer-reviewed original research studies on the topic of disruptive behavior between nurses and physicians. Search terms used were *disruptive physician behavior* and *physician verbal abuse*. The search, limited to publications in English between the years 2000 to 2008, yielded 112 articles. The search was further limited by excluding articles that addressed disruptive behavior and/verbal abuse by patients, leaving 51 articles. The search was again limited by excluding reviews, commentaries, and letters to the editor. In addition, articles that described studies conducted outside of North America were excluded based on the assumption that a significant difference may exist between the nurse-physician relationships in these countries and those in the United States. Surprisingly, this left a total of only 10 research articles, which are the focus of this review.

RESULTS

All articles reviewed were descriptive in nature and used cross-sectional approaches to examine the incidence of disruptive behavior and/or verbal abuse in a particular health care setting. Descriptive data were collected from a variety of health care providers including nurses, physicians, pharmacists, and hospital administrators (Table 2). Incidence of disruptive behavior and/or verbal abuse varied; however, all studies confirmed the alarming existence of disruptive behavior (Table 3).

Studies of various types of disruptive behavior, including 2 studies on verbal abuse,[9,10] 1 study on disruptive behavior,[11] and 1 study on intimidation,[12] were reviewed and concluded that the

From the University of Missouri–Kansas City School of Nursing, Kansas City, Missouri.

Correspondence: Rebecca Saxton, MSN, RN, University of Missouri–Kansas City School of Nursing, 2464 Charlotte, Kansas City, MO 64108 (e-mail: rajr29@umkc.edu).

TABLE 1. The Joint Commission Recommendations

1. Educate all team members on appropriate behavior defined by the organization's code of conduct
2. Enforce the code of conduct consistently and equitably among all staff
3. Develop and implement policies that address
   - "Zero tolerance" for disruptive behavior
   - Complementary policies for physicians and nonphysicians
   - Nonretaliation clauses
   - Response to patients and/or families who experience or witness disruptive behavior
   - Disciplinary actions
4. Develop a process for addressing disruptive behavior with input from medicine, nursing, administration, and other employees
5. Provide training in conflict resolution
6. Assess staff perceptions of disruptive behavior and threat to patient safety
7. Develop a reporting/surveillance system for identifying disruptive behavior
8. Support surveillance with tiered strategies—move toward discipline if pattern persists
9. Conduct interventions with a commitment to well-being of all staff
10. Encourage interprofessional dialogues
11. Document all attempts to address behavior

most common form of verbal abuse and/or disruptive behavior was condescending language. Other common types of disruptive behavior included disrespect [11,13,14] and failure to return phone calls/pages.[12] Descriptions of the measurement tools that have been used to assess disruptive behavior along with examination of the impact of such behaviors on patient safety and nurse retention follow.

Measurements of Disruptive Behavior

All studies reviewed used self-report survey tools to measure the phenomenon of disruptive behavior (Table 4). However, no 2 studies used the same survey tool or survey items.

Three studies used surveys of verbal abuse[9,10,15] with the number of survey items ranging from 40 to 70. Six studies were based on surveys of disruptive behavior,[11,13,14,16–18] with the number of items ranging from 11 to 25. The remaining study used a 22-item survey of workplace intimidation.[12,19]

The surveys of disruptive behavior were administered to a variety of participants (Table 2). Four surveys were administered exclusively to nurses[9,10,15]; 3 to nurses, physicians, and hospital administrators[11,16,18]; 1 to perioperative personnel[13]; 1 to physician executives[14]; and 1 to nurses and pharmacists.[12]

Impact on Patient Safety

Seven studies reported a relationship between disruptive behavior and patient safety. Findings will be discussed in terms of studies of verbal abuse, disruptive behavior, and intimidation.

In a study that explored the influence of verbal abuse on nurses' intent to leave an organization, 51% of respondents reported that an increase in patient errors occurred as a result of such abuse.[15] In a similar study of verbal abuse among pediatric nurses, 66.7% reported an inability to concentrate on the task at hand, whereas 57.6% reported a decreased ability to engage in critical thinking.[9]

In studies of disruptive behavior, 94% of respondents reported a link between disruptive behavior and negative patient outcomes.[13,16] Between 46% and 60% of respondents reported being aware of an adverse event to which disruptive behavior could have contributed, whereas between 17% and 41.9% reported a specific adverse event that occurred as a result of disruptive behavior.[13,16,17] More than 80% of perioperative personnel reported loss of concentration, reduced communication/collaboration, and impaired relationships with other team members as a result of disruptive behavior.[13]

In an online survey conducted by the Institute of Safe Medication Practice to explore the impact of workplace intimidation on medication practices, 7% of respondents reported being involved in a medication error in which intimidation played a role, which accounted for nearly 150 errors. Of note, 49% of respondents reported that past experiences with an intimidating physician had influenced the way in which they handle medication order clarifications; 75% reporting having a colleague interpret an order rather than interacting with an intimidating physician.[19]

Impact on Nursing Satisfaction/Retention

Four studies identified a relationship between disruptive behavior and nurse satisfaction and retention. Findings will be discussed in terms of studies of verbal abuse and disruptive behavior.

In a study that explored the experience of verbal abuse among pediatric nurses, 84.9% reported a decrease in job satisfaction and 66.7% reported a reluctance to go to work as result of verbal abuse.[9] In a similar study of verbal abuse, researchers found a significant correlation between verbal abuse and looking for a new job and between verbal abuse and considering resignation within 6 months. In addition, more than 60% of respondents reported a belief that verbal abuse contributes to the nursing shortage and increased nursing staff turnover.[15]

TABLE 2. Source, Participants, and Sample Size

Source	Participants	Sample Size
Cook et al[10] (2001)	Perioperative nurses	78
Rosenstein[11] (2002)	Nurses Physicians Administrators	1200
Sofield and Salmond[15] (2003)	Nurses	461
Weber[14] (2004)	Physician executives	1627
Pejic[9] (2005)	Pediatric nurses	35
Rosenstein and O'Daniel[16] (2005)	Nurses Physicians Administrators	1509
Smetzer and Cohen[12] (2005)	Nurses Pharmacists	2095
Rosenstein and O'Daniel[13] (2006)	Perioperative personnel	244
Veltman[17] (2007)	Labor/delivery nurse managers	56
Rosenstein and O'Daniel[18] (2008)	Nurses Physicians Administrators	4350

TABLE 3. Incidence of Verbal Abuse/Disruptive Behavior

Source	Type	Incidence
Cook et al[10] (2001)	Verbal abuse	91% reported experiencing at least 1 episode in previous year
Rosenstein[11] (2002)	Disruptive physician behavior	92.5% reported witnessing or experiencing
Sofield and Salmond[15] (2003)	Verbal abuse	67% reported experiencing between 1 and 5 incidents in previous month*
Weber[14] (2004)	Disruptive physician behavior	95.7% reported knowledge of disruptive physician behavior within organization
Pejic[9] (2005)	Verbal abuse	94.3% reported experiencing at least 1 episode in previous 3 months*
Rosenstein and O'Daniel[16] (2005)	Disruptive physician behavior	86% of nurses and 49% of physicians reported witnessing or experiencing
	Disruptive nurse behavior	72% of nurses and 47% of physicians reported witnessing or experiencing
Smetzer and Cohen[12] (2005)	Intimidation	Did not report
Rosenstein and O'Daniel[13] (2006)	Disruptive behavior	75% of attending physicians, 64% of anesthesiologists, and 59% of nurses reported witnessing
Veltman[17] (2007)	Disruptive behavior	60.7% of nurse managers reported occurrence
Rosenstein and O'Daniel[18] (2008)	Disruptive physician behavior	88% of nurses and 51% of physicians reported witnessing
	Disruptive nurse behavior	73% of nurses and 48% of physicians reported witnessing

*Included multiple sources of verbal abuse.

A significant difference between the responses of nurses and physicians was found on all items in a study that examined the impact of disruptive physician behavior on nurse satisfaction and retention. In particular, physicians rated nurse-physician relationships more positively than nurses did, and nurses rated disruptive behavior as a more important contributor to nurse dissatisfaction than did physicians. In addition, 30.7% of respondents reported knowing a nurse who had left the hospital because of disruptive physician behavior. Of those respondents, 24% reported knowing nurses who had made changes to their work schedules, switched shifts, and/or changed departments because of disruptive physician behavior.[11]

TABLE 4. Survey Tools

Source	Title	Items
Cook et al[10] (2001)	Verbal Abuse Scale	70
Rosenstein[11] (2002)	Nurse-Physician Relationship Survey	24
Sofield and Salmond[15] (2003)	Verbal Abuse Survey	40
Weber[14] (2004)	ACPE 2004 Physician Behavior Survey	12
Pejic[9] (2005)	Verbal Abuse Scale	45
Rosenstein and O'Daniel[16] (2005)	Nurse-Physician Relationship Survey	21
Smetzer and Cohen[12] (2005)	Institute of Safe Medication Practice Survey on Workplace Intimidation	22
Rosenstein and O'Daniel[13] (2006)	Nurse-Physician Relationship Survey	25
Veltman[17] (2007)	Nurse-Physician Relationship Survey	11
Rosenstein and O'Daniel[18] (2008)	Nurse-Physician Impact of Disruptive Behavior On Patient Care	22

DISCUSSION

The negative impact of nurse-physician disruptive behavior is significant. The findings of this review suggest that disruptive behavior between nurses and physicians is prevalent and contributes to threats to patient safety and nurse retention: two of the biggest health care challenges facing the United States today.[3]

The TJC has recently developed a new leadership standard addressing disruptive behavior. However, to date, research on the topic of disruptive behavior has been descriptive in nature. The intriguing discovery of this review is that no intervention studies exist to address the problem of nurse-physician disruptive behavior. Furthermore, no universal definition of disruptive behavior seems to exist, and there is no valid measure of the disruptive behavior phenomenon. Only 10 articles were identified for this review, and each article used a different self-report measurement of disruptive behavior.

CONCLUSIONS

Disruptive behavior has negative impacts on patient safety, nursing satisfaction, and retention of health care personnel. Given the new leadership standard, TJC has mandated that all accredited health care organizations create their own definition of disruptive behavior and has recommended the development of a reporting/surveillance system (i.e., measurement strategy).[5] Currently, TJC accredits more than 15,000 health care organizations.[20] Hence, the possibility exists that there will be 15,000 different definitions of disruptive behavior together with 15,000 different measures. Efforts are needed that will direct health care administrators to come together and identify a universal definition of disruptive behavior and direct researchers to develop valid and reliable measures of this phenomenon. Although, disruptive behavior in the health care setting is clearly unacceptable, the development of effective definitions and measures will provide impetus for appropriate intervention programs to address the important health care problem of disruptive behavior to reduce its negative impact on patient safety and nurse retention.

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