Is Disruptive Behaviour Affecting Your Job Satisfaction?

By Dr Bertha Woon

Introduction

Recently, much has been made of heavy workloads, remuneration rates and lack of opportunities for career advancement and training as reasons for high turnover and resignations from the public sector among medical practitioners. However, there has been very little discussion, if at all, of disruptive behaviour as a cause. The purpose of this article is to introduce the concept of the disruptive physician with the hope that it will engender open discussion and generate potential solutions to improve doctors' job satisfaction rates.

What is disruptive behaviour?

It can be defined as "personal conduct, whether verbal or physical, that negatively affects or that potentially may negatively affect patient care".[2] Such behaviours include inappropriate language, yelling, gossip, facial expressions and other mannerisms as well as physical boundary violations.[3] Depending on the scope of their activities, disruptive physicians can also negatively affect learning and other work environments , such as research.

Another definition of disruptive behaviour is behaviour that is felt by others to "represent anger, intimidation, and threat of harm to others".[6]

An entire class of behaviours is associated with inappropriate sexual comments, sexual harassment, and seductive or assaultive actions. Still other cases involve racial comments or disregard for another's dignity.[1]

So far, there is no data regarding this phenomenon in Singapore. Most of the information available is from the US.

The disruptive physician

The disruptive physician may only occasionally have incidents, or there may be a pattern of habitual disregard for the dignity of others, especially those with lower status or power. Causes for disruptive behaviour which result in distress to others include emulating a bullying style from residency mentors, impatience secondary to stress syndromes or perfectionism, cultural differences in interpersonal communication, psychiatric, personal or addictive disorders.[1]

Consequences of disruptive physician behaviour on fellow doctors

Disruptive physicians undermine staff morale, diminish productivity and quality of patient care, and cause work environment distress leading to heightened employee turnover.[4, 5] While some surveys centre on nurse-physician relationships, one survey that centred on physician-physician relationships showed that disruptive physician behaviour led to disciplinary actions, dysfunctional physician colleague activities (e.g., coverage, leadership, peer review, referral, etc) and compromised communication within and efficiency of healthcare teams.[7]

Consequences of disruptive behaviour to medical students and trainee doctors

Abusive treatment and role model pessimism can lead to learner dissatisfaction, burnout, depression and unprofessional behaviours.[4, 8]

What can we do about this?

It is important to remember that as physicians, we are not only responsible for our patients' but also for our colleagues' well-being. Hence, it behooves us to identify disruptive physicians and assess them with a comprehensive, multi-disciplinary evaluation and a no-fault mindset. The ultimate aim would be to remediate a situation, heal disrupted relationships and rehabilitate disruptive physicians. At present, there is no agreed framework within which to do this. Establishing what behaviours are acceptable or not is a good starting point. It must be clear to all physicians that there are proper channels for feedback regarding disruptive behaviour and safeguards for the well-being of physicians at work. The establishment of helplines for physicians would go some way in ameliorating the situation.

Implementing an intervention policy

When disruptive physicians' behaviour affects their colleagues' ability to deliver quality patient care, they should be confronted and action should be taken to constrain such disruptive behaviour. Much work has to be done in terms of the action protocols, but what is most important is the moral will of the physicians at the top of the hierarchy to see this matter through.

I would like to invite you all to fill out the enclosed survey form, and mail/fax it to SMA. The responses to this survey will be treated with utmost confidentiality. SMA

Notes

1. Pfifferling, J H. The Disruptive Physician. Physician Exec 1999; 25(2):56-61.

2. American Medical Association. E.9.045 Code of Medical Ethics: Current Opinions with Annotations: 2006 - 2007. Chicago: American Medical Association, 2006.

3. Mueller, P S, Snyder, L. Dealing with the "Disruptive" Physician Colleague [online]. Available at: http://www.acponline.org/running_practice/ethics/case_studies/disruptive.pdf. Accessed 9 May 2012.

4. American Medical Association. CEJA Report 2-A-00: Physicians with disruptive behavior. Available at: http://www.ama-assn.org/resources/doc/ethics/ceja_2a00.pdf. Accessed 9 May 2012.

5. Pfifferling, J H. Managing the unmanageable: The disruptive physician. Fam Pract Management 1997; 4(10):77-78, 83, 87-88, 90, 92.

6. Irons, Richard. The behaviorally disruptive physician. Metamorphosis; Winter 1994:3, 6.

7. Youssi, M D. JCAHO standards help address disruptive physician behavior. Physician Exec 2002; 28(6):12-3.

8. Mareiniss, D P. Decreasing GME training stress to foster residents' professionalism. Acad Med 2004, 79:825-31.