The role of physician leaders in addressing physician disruptive behaviour in healthcare institutions
BACKGROUND

There is increasing interest in addressing disruptive behaviour by physicians. While unprofessional conduct by physicians was never acceptable, it is clearly no longer tolerated in today's healthcare environment. All stakeholders recognize that disruptive behaviour by physicians and other healthcare providers potentially puts patients, colleagues, and careers at risk, and can jeopardize a healthcare institution's reputation.

In keeping with the Canadian Medical Protective Association's (CMPA) mission to protect the professional integrity of physicians and to promote safer medical care, this discussion paper will:

- Define and discuss physician disruptive behaviour and the CMPA experience on this topic.
- Present a multi-stakeholder response to disruptive behaviour.
- Advance recommendations for physician leaders to consider when faced with physician disruptive behaviour within their institutions.

In the past few years, the CMPA has explored various approaches and models, and has sought the perspective of numerous stakeholders to fully understand and address the issues associated with physician disruptive behaviour. This is a complex matter requiring involvement and solutions by a number of interested parties.

In the context of this paper, physician leaders are doctors with formal leadership roles such as directors of professional services, chiefs of staff, department and division heads, and medical directors. The Association recognizes the value of informal leadership offered by many physicians. While this paper is directed at formal leaders, it will likely be of interest to all practising doctors. Although this paper is focused on disruptive behaviour within institutions, the principles and content may apply to other healthcare delivery settings.
The role of physician leaders in addressing physician disruptive behaviour in healthcare institutions

INTRODUCTION

In recent years, there has been growing interest in addressing the issue of physician disruptive behaviour. This is due in part to legislative and regulatory changes, and mounting recognition of the negative impact of this behaviour on healthcare providers and patient safety. Recognizing that disruptive actions by physicians were never acceptable, it is clear the healthcare community has now collectively established zero-tolerance for this conduct. In keeping with this collective commitment to professionalism and the elimination of disruptive behaviour from the healthcare environment, the CMPA has witnessed an increasing number of corresponding medico-legal cases from medical regulatory authority (College) or hospital complaints and investigations.

Disruptive behaviour by health professionals generally refers to a pattern of inappropriate conduct that has the potential to negatively impact the workplace and patient safety. Healthcare providers working in a disruptive environment generally do not communicate effectively and may perform suboptimally, which may affect patient care. Providers subjected to a disruptive work environment may also become distracted, stressed, and suffer far-reaching effects, including negative impacts on their personal health, and on their family and other relationships. And while the team performance is affected by this condition, its negative impact may extend to the whole hospital or healthcare institution.

Although all health professionals can display disruptive behaviour, such conduct by doctors may be particularly noticeable because of their role in the delivery of healthcare. Disruptive behaviour is a complex issue and its intricacies include identifying the behaviour and assessing any underlying individual, organizational, and
system factors that may be contributing to these actions. A fair and just process for investigation and intervention has proven beneficial, along with effective programs to support physicians.

To help address disruptive physician behaviour, medical organizations are establishing programs to help doctors change their behaviour, particularly in the context of today’s stressful healthcare environment. Some provincial medical associations have established health programs to help physicians deal with underlying medical conditions that may impact their behaviour. There have also been discussions at the national, provincial, and local levels on developing effective measures to address this topic.

Physician leaders play an essential role in positively addressing physician disruptive behaviour within their institutions. They can model exemplary behaviour, set clear expectations, communicate policies and processes, help to address workplace and system issues, intervene early, provide feedback in a timely manner, and limit the negative impact of disorderly conduct. Their influence in addressing disruptive behaviour will not only improve the healthcare workplace and patient safety, but can positively affect physicians’ personal health. The availability of practical tools for medical leaders to effectively manage disruptive behaviour is an important dimension of the solution.

The CMPA’s interest in helping address physician disruptive behaviour stems from its mandate to protect the professional integrity of doctors and to promote safer medical practice. The CMPA is a member-driven organization that supports physicians and advocates for fair processes. The CMPA recognizes the effect of disruptive behaviour on the provision of safe care and supports multi-stakeholder efforts to eliminate this behaviour. In a just culture of safety, measures to address physician disruptive behaviour should be anchored in a system-wide philosophy of fairness. This paper includes recommendations to help physician leaders and practising physicians address the issue in a constructive and proactive manner.
Disruptive behaviour is rarely a single egregious act but is more often a pattern of conduct. Disruptive behaviour generally refers to inappropriate conduct, whether in actions or in words, that interferes with or has the potential to interfere with quality healthcare delivery. Examples of this behaviour include inappropriate words, abusive language, shaming, intimidation, insensitive comments, outbursts of anger, throwing medical instruments, and use or threat of unwarranted physical force. There is usually a pattern to physician disruptive behaviour, rather than a single isolated incident. Disruptive behaviour can also be quite subtle, such as refusing to work cooperatively with others; being chronically late for patient visits, surgery, and meetings; or paying more attention to email than to discussions during work-related meetings.

Not all instances of behaviour which may initially seem inappropriate are actually disruptive. Much depends on the nature of the behaviour, the context in which it arises, and its consequences. The College of Physicians and Surgeons of Ontario provides examples of conduct which is not deemed disruptive, including “healthy criticism offered in good faith with the intention of improving patient care or facilities, making a complaint to an outside agency, testifying against a colleague, or good faith patient advocacy.”

As mentioned, disruptive behaviour is rarely a single egregious act but is more often a pattern of conduct. These patterns can start early. Some individuals display this behaviour earlier in life, prior to starting their undergraduate medical education. Others may learn the behaviour in medical school or residency, possibly copying teachers or mentors.

2. Ibid, p.5
Disruptive behaviour has both immediate and long-term consequences. There is an immediate effect on the individual at the receiving end of the behaviour, such as a nurse or another doctor, and this can affect performance in providing care. In the long-term, disruptive behaviour can lead to ineffective care, harm to patients, and poorer clinical outcomes. A disruptive work environment can have a negative impact on healthcare providers’ communication, morale, and functioning. Given the collaboration required to develop and improve practices, disrespectful behaviour is also a barrier to improving safety. In addition, this behaviour can harm relationships with patients and families, as well as personal relationships.

Although all health professionals, including administrators, can demonstrate disruptive behaviour, it may be particularly noticeable among doctors due to their role in the provision of care. Studies show approximately 5% of practising physicians engage in recurrent disruptive behaviour. These physicians are at risk of medico-legal consequences including human rights complaints and hospital investigations which can lead to suspension of hospital privileges. As well, investigations by Colleges can lead to suspension, restriction, or revocation of medical licensure, and termination of a medical career.

A 2011 study of physicians and physician leaders in the United States found 77% of doctors are concerned about physician disruptive behaviour at their institutions. An overwhelming 99% of doctors believe that disruptive behaviour affects patient care. Nearly 25% of physicians are not comfortable directly confronting this behaviour and do not feel well-prepared to deal with incidents.

Legislation and regulations are helping to raise awareness about disruptive behaviour. In all provinces and territories, legislation now exists regarding obligations to address violence, harassment, and safety in the workplace. In addition, many provinces have legislation requiring hospitals to report to Colleges cases of physician suspensions or privilege restrictions due to misconduct. Moreover, some Colleges have developed guidance on disruptive behaviour. Physician health programs are also striving to help doctors with significant, recurrent disruptive behaviour.

In keeping with its mandate, the CMPA provides medico-legal assistance to physicians confronted by allegations of exhibiting disruptive behaviour. Whether at the hospital or regulatory levels, physicians have faced loss of hospital privileges, licensure restrictions, and have had to undertake remediation courses. With a view to preventing disruptive behaviour from occurring in the first place, the CMPA is prepared to contribute to system-wide efforts to mitigate and eliminate such behaviour, recognizing the negative impact on patient care, the workplace, and the physician’s career.

The number of CMPA members seeking assistance regarding College and hospital disruptive behaviour complaints is increasing, along with the associated medico-legal costs. A comprehensive analysis of CMPA closed cases of disruptive behaviour between 2001-2010 found:

- Cases pertaining to disruptive behaviour represented 5% of all College cases and 5% of all hospital cases.
- The majority of these cases had an unfavourable outcome for the physician.
- Documented resolutions included interpersonal skills assessments, communication courses, anger management courses, written or verbal apologies, written or verbal admonishments on the physician’s record, mentoring, suspension, or practice limitations.
TIERED RESPONSE TO DISRUPTIVE BEHAVIOUR

The CMPA concurs with key stakeholders that physician disruptive behaviour requires a collaborative and tiered response within institutions, and also when College involvement is appropriate.

Institutional response
The CMPA shares the perspective advanced by most stakeholders that disruptive behaviour by doctors should be addressed by the healthcare institution where the conduct occurs. Healthcare institutions are well positioned to address these matters in house, given their knowledge of the situation, the workplace, and the individuals involved. This is in keeping with the prevailing viewpoint that the locus of responsibility for ensuring positive interactions with patients and supporting colleagues is at the local level.7

Medical regulatory authority response
Generally, Colleges have indicated that healthcare organizations should investigate and follow a staged response to a complaint about physician disruptive behaviour. Colleges commonly want to be notified about physicians whose employment is terminated or where privileges are restructured, revoked, or suspended. Colleges normally want to be informed about physicians who resign from the medical staff during the course of an investigation and when applications for appointment or reappointment to the medical staff are denied.

In cases where physicians displaying disruptive behaviour are reported to the College prematurely, physicians can face prolonged investigations that compound rather than effectively remedy the issue. It can be difficult for Colleges to fully assess the intricacies of the issue, including the triggers which may exacerbate the disruptive behaviour. College investigations and actions can be perceived as punitive, and this may be problematic if remediation is the objective. Moreover, the sanctions available to Colleges may prove overly restrictive.

Every effort should be made to address the onset of disruptive behaviour through early identification and early intervention.

CONSTRUCTIVE APPROACHES TO BE CONSIDERED

From the CMPA’s perspective, an adversarial process at either the institutional or College level should be avoided in favour of early identification, proactive intervention, and remediation wherever possible.

Early identification

The CMPA agrees that every effort should be made to address the onset of disruptive behaviour through early identification and early intervention. Supporting strategies, such as continuing education on medical professionalism, are likely to yield beneficial changes if these are offered promptly. Early intervention may also result in much needed physician resources remaining in active practice.

Nearly 73% of respondents to the Canadian Association of Internes and Residents 2012 National Resident Survey reported experiencing inappropriate behaviour by others that made them feel diminished during their residency. Half of all respondents (50.5%) experienced this behaviour from other staff physicians or nursing staff. The most commonly cited behaviour was yelling, shaming, and condescension.  

Workplace assessment

Developing an understanding of the contributing causes of disruptive behaviour is required. The CMPA supports healthcare workplace assessments to help identify confounding factors or disruptive behaviour triggers such as human, financial, or informational resource issues, excessive workload, increasing complexity in the healthcare environment, lack of engagement in decision-making, personal agendas, administration, and other matters. As medical care is provided within a complex environment, there may be factors that should be addressed to promote professionalism. Mitigating measures will likely prove beneficial to all providers working in the specific setting, particularly since collaborative models of care are increasingly relied upon in healthcare institutions.

Proactive intervention

Addressing disruptive behaviour proactively can help modify the physician’s behaviour while it is still manageable and decrease the risk of medico-legal consequences. Proactive attention may also support patient outcomes and help reduce the potential negative impact on the medical profession more generally. Recent evidence shows the majority of doctors displaying disruptive behaviour can change and improve their conduct.  

Remediation

Remediation to address a physician’s disruptive conduct should be considered. Given the challenges surrounding Canada’s supply of physicians, every effort should be made to remediate behaviour and retain high performing doctors. Our growing and aging population will only increase the need for caring doctors who hold themselves to a high standard of professionalism. Substantial financial and human resources are invested in training clinicians and in supporting their clinical work. Reducing access to medical care can have a devastating impact on patients and the community at large. As a result, every effort should be made to remediate physician disruptive behaviour so doctors can continue to provide much needed medical care.

Physician leadership

Given their position, experience, influence, and interpersonal skills, physician leaders play a critical role in addressing disruptive physician behaviour in their institutions. Still, there is no easy, singular approach to doing so. Addressing this issue requires concrete action and long-term commitment, as well as the courage and personal fortitude to engage in difficult conversations and decisions. A leader’s specific actions usually include investigating or analyzing the extent of the problem, establishing and implementing policies to address the behaviour, collecting data (surveillance), taking a proactive approach to education, and responding to the behaviour in a manner commensurate to the incident(s). Without a doubt, the commitment of senior leadership to creating a culture of respect within institutions is critical to minimizing disruptive behaviour in healthcare.

In the United States, hospitals seeking accreditation must have a process to define and address disruptive behaviour. There, as in Canadian hospitals, appropriately developed codes of conduct or codes of mutual respect can help to identify behaviours that are encouraged and those that are not tolerated. Some organizations set out codes of conduct for all of their healthcare providers, or there may be specific codes of conduct for doctors. Both approaches help to clarify expectations around respect, courtesy, professionalism, and conflict resolution. Physician codes of conduct can also “establish expectations of professional behaviour for doctors and create a consistent process for handling complaints about disruptive behaviour.”

---

EMPOWERING PHYSICIAN LEADERS

Physician leaders can address disruptive behaviour in healthcare institutions by setting clear expectations, modeling exemplary behaviour, and emphasizing the positive values and behaviours important to the organization. “By modeling proper behaviour, leaders demonstrate they are truly committed to building and sustaining a culture of genuine teamwork and collaboration.” Medical leaders can also receive and lead training on appropriate behaviour and effective communications.

The conduct of physicians is critical to the medical profession, and medical leaders need training and strategies to promote professionalism and to address behaviours that undermine a culture of safety. In a just culture of safety, leaders must demonstrate their commitment to providing the safest possible care to patients. Physician leaders also need tools, strategies, and skills to appropriately deal with disruptive behaviour.

While disruptive behaviour may begin early in a physician’s career, opportunities exist to address this behaviour before it takes hold. Physician leaders should set expectations for professional behaviour among both residents and faculty, including clear and tiered consequences for non-compliance. It is also important to identify and address system problems, such as excessive workload, which may lead to disruptive behaviour. Complaints about disruptive behaviour should be investigated and addressed promptly through a process that is transparent, fair, consistent, and reasonable.

Within healthcare organizations, physician leaders and other doctors and healthcare providers should be educated about disruptive behaviour and its impact. Specific training regarding teamwork, communication skills, and conflict resolution is beneficial.

One of the resources available to physician leaders is the leadership development course on managing disruptive behaviour offered by the Canadian Medical Association’s Physician Management Institute. This course is also offered in French in Québec by the Québec Medical Association.

Beyond training opportunities, medical leaders should play a role in monitoring physician behaviour. This may include conducting reviews or regular staff surveys, team member evaluations, and direct observation. Physician leaders need to be familiar with and communicate the process for safe, confidential reporting of disruptive behaviour and the repercussions for failing to adhere to behavioural norms. Doctors require a fair and consistent process for dealing with these complaints.

In order to identify the impact of physician behaviour on a healthcare team, medical leaders can also leverage information obtained through physician assessments or other surveys. Physician assessments that are typically used for quality assurance, educational, and practice improvement purposes can also be beneficial for physicians exhibiting disruptive behaviour. As an example, the PULSE program is a U.S. physician development program consisting of 360-degree input from a physician’s colleagues, other hospital staff, physician leaders, administrators, and even a self-assessment. Participating physicians receive a rated survey of their behaviours and feedback in the form of comments and a customized report. Behaviour is usually measured as part of the initial assessment, and follow-up evaluations occur at 3- and 6-month intervals. These types of assessments provide comprehensive data and feedback, and a system for ongoing measurement and follow-up. Most physicians appreciate the objectivity of 360 surveys and are more likely to accept the results and evidence. Providing objective data on the impact of their behaviour and how they compare to their peers often provides valuable insight for physicians facing allegations of disruptive behaviour, and may elicit improvements in conduct.

---

Physician leaders must take appropriate and fair steps to help resolve disruptive behaviour. The actions undertaken should be graduated and proportional, and fit the type and frequency of the behaviour. Workplace and health issues that may impact behaviour should also be taken into consideration.

A tiered approach to promoting professionalism can help to manage disruptive behaviour. For example, the Vanderbilt model for addressing disruptive behaviour is based on a tiered intervention pyramid with 4 graduated interventions. A single unprofessional incident may be subject to an informal intervention such as a “cup of coffee conversation” with a colleague. If the behaviour recurs or a pattern is apparent, a documented intervention with the physician’s direct supervisor is appropriate. A persistent pattern of disruptive behaviour unresponsive to lower level intervention may require escalation to a higher authority figure, with further documentation and an action plan. Finally, failure to respond to the authority intervention would lead to disciplinary action.17 Leaders using this or similar tiered intervention models need a process to review allegations of unprofessional behaviour, a follow-up system that includes meaningful and effective conversations, and the skills and authority to conduct interventions.

To effectively address disruptive physician behaviour, medical leaders must be skilled communicators and have the ability to engage in difficult conversations. Beginning the discussion may be the most difficult step, and should be followed by reviewing the problem, listening with an open mind, providing constructive feedback, and possibly outlining a plan of action and follow-up. There are a number of models or approaches to facilitate these crucial conversations.18

The Health Quality Council of Alberta’s Resource Toolkit: Managing Disruptive Behaviour in the Healthcare Workplace 19 may also be valuable to physician leaders. The toolkit builds on previous work by the College of Physicians & Surgeons of Alberta, and contains a number of checklists and templates that could be adapted and used in healthcare institutions.

CONCLUSION

Physician disruptive behaviour is a complex issue that requires a tiered response within the institution, and when appropriate, College involvement.

Effectively addressing disruptive conduct requires medical leaders with foresight, skills, and a willingness to eliminate such behaviours from the healthcare environment. While collegiality and mutual respect cannot be imposed, physician leaders must send a strong message that professionalism is important because it ultimately impacts the well-being of healthcare providers, patient safety, and healthcare outcomes. Physician leaders and administrators will want to promote a culture of respect in their institutions and support other physician leaders by providing the training and authority to address physician disruptive behaviour. Through words and actions, physician leaders should advocate for healthy work environments and engage other doctors and healthcare providers to achieve this.

Physician leaders play a critical role in intervening early and limiting the negative impact of disruptive behaviour in healthcare institutions. This behaviour must be addressed fairly by the institution, and the goal should be to keep physicians in practice through remediation efforts that are educational rather than punitive in nature. Medical leaders require relevant skills and resources to enable them to successfully manage this issue in the workplace.

The CMPA will continue to work with physician leaders, institutions, and other stakeholders on this important topic. Collaboration and ongoing dialogue at the national, provincial, territorial, and local level are necessary to help mitigate and eliminate disruptive behaviour in the healthcare environment. The CMPA is committed to being part of this important discussion.
The CMPA believes physician leaders play a meaningful role in addressing physician disruptive behaviour. In order to affect positive change and to address the issue, physician leaders may consider the following actions:

**Physician leaders**

- Contribute to a culture of respect within their organizations, demonstrating professionalism with patients, colleagues, and administrators.
- Support other physician leaders dealing with physician disruptive behaviour.
- Advocate for and use appropriate tools and training to address disruptive behaviour.
- Support workplace assessments to identify institutional factors or circumstances that may trigger disruptive behaviour.
- Champion a fair, safe, consistent, and effective process for dealing with complaints about physician behaviour within the institution, including tiered responses appropriate to the situation.
- Learn how to effectively talk to doctors about disruptive behaviour, from informal discussions to formal counseling and intervention.
- Draw on courage and personal fortitude to engage in difficult conversations with physicians displaying disruptive behaviour.

Since all physicians can experience or witness disruptive behaviour at some point in their careers, the following recommendations are also offered.

**Physicians**

- Become familiar with the healthcare institution’s code of conduct or policies that set out expectations for behaviour.
- Remain self-aware and assess one’s behaviour with colleagues, other healthcare providers, and patients. Always engage in appropriate behaviour and follow institutional policies about disruptive behaviour.
- Reach out and assist doctors displaying disruptive behaviour, or steer them to appropriate resources within hospitals or physician health programs.
- Follow appropriate channels in the institution to report physicians whose behaviour negatively impacts the safety of patients or healthcare providers, or patient health outcomes.
- Advocate in a professional manner for improvements in patient care.