



Disruptive Behavior Among the Interdisciplinary Team: Gaining Insight and Providing Nurse Education

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Introduction

Communication errors are the leading cause of inadvertent patient harm. Healthcare providers need to be aware of communication errors, for communication errors are a daily occurrence that can be prevented.

In a study performed by Leonard et al. (2004), an “analysis of 2455 sentinel events reported to the Joint Commission for Hospital Accreditation revealed that the primary root cause in over 70% [of inadvertent patient harm] was communication failure. Reflecting the seriousness of these occurrences, [approximately 75% of these patients died](#)” (p.86).

Kimes et al. (2015), make the noteworthy statement, “the focus on a culture of safety within health care emphasizes the need to limit any controllable negative influence on patient safety” (p.225). Therefore, healthcare as a whole needs to do better when confronting issues such as disruptive communication.

Purpose

The purpose of this study was to identify what types of disruptive behavior nurses are experiencing, discuss outcomes of disruptive behavior, and educate healthcare providers and administrators of disruptive communication. Understanding the consequences of disruptive communication can assist educators in articulating the need for training in conflict management and therapeutic communication methods. It can also aid healthcare providers to be more conscious of their behavior in the professional setting. This author hopes this will lead to increased job satisfaction for nurses, higher nurse retention rates, and better patient outcomes.

Methods

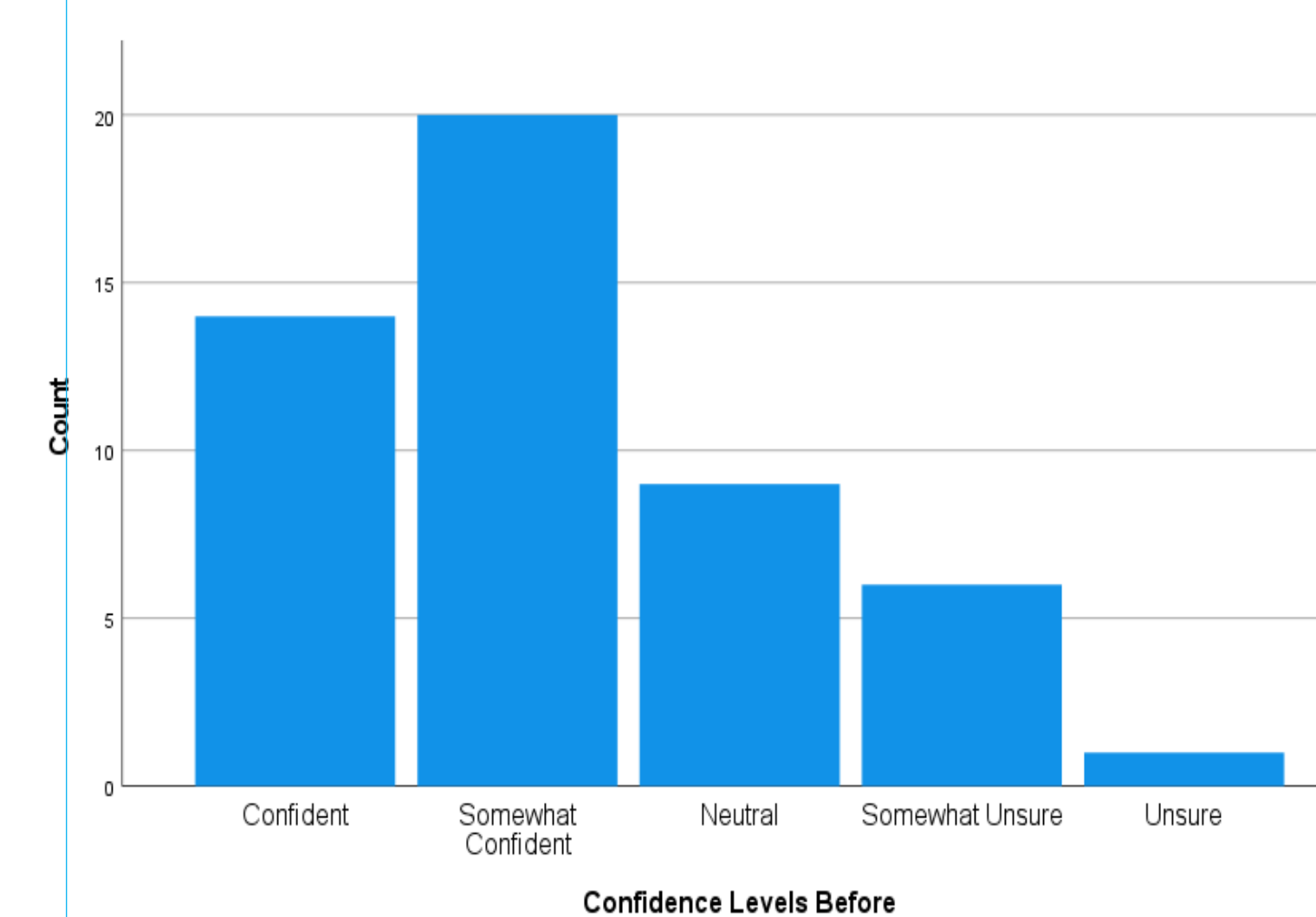
- ✓ A mixed-method descriptive research design was utilized to measure communication methods, outcomes, and satisfaction among nurses.
- ✓ The research was performed at two rural Midwestern hospitals.
- ✓ The project utilized a one-group pre-test/post-test design focused on nurses’ confidence level in managing disruptive behavior.
- ✓ Sample
 - A convenience sampling of registered nurses was utilized and determined by the number of participants at each location.
 - The inclusion criterion for the study required that participants hold a valid RN license and work within the hospital setting.
 - Participation in the educational opportunity was voluntary
- ✓ A PowerPoint presentation was prepared and presented live online at Hospital A, while the pre- and post-tests were distributed in the break room. The PowerPoint was sent via Health Stream to participants along with links to the pre- and post-test at Hospital B.
- ✓ All participants who viewed the educational offering received the pre-test and post-test.
 - The pre-test included questions regarding the nurses’ personal experience with disruptive communication, including narratives, and patient outcomes.
 - While both surveys assessed nurses’ confidence level in managing disruptive behaviors, the post-survey did not include questions regarding personal experience; therefore, focusing on the educational outcomes.
- ✓ The quantitative data obtained from the surveys were analyzed using descriptive statistics.

Results

A total of 51 nurses participated in the pre-questionnaire, and 46 nurses contributed to the post-education questionnaire.

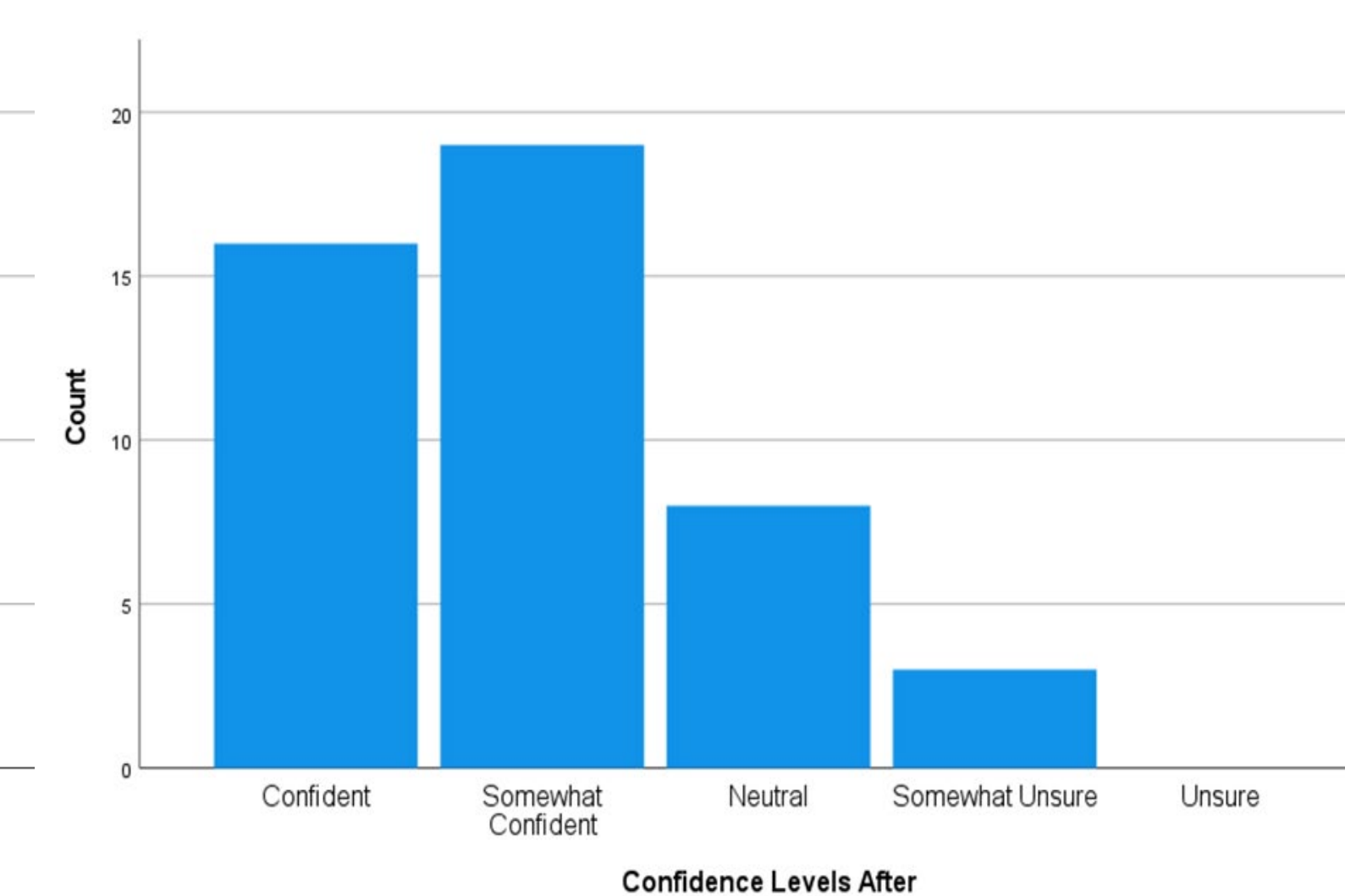
- At Hospital A, ten nurses participated in the pre-education questionnaire, while only five nurses participated in the post-education questionnaire.
 - Hospital B had 41 participants in the pre-and post-education questionnaire.
- 1. What type of disruptive behavior are nurses experiencing?**
 - Yelled at (72.5%)
 - Belittled (68.6%)
 - Hung up on phone (51%)
 - 2. How frequently do nurses experience disruptive behavior?**
 - Daily (2%)
 - Weekly (25.5%)
 - Monthly (17.6%)
 - Annually (3.9%)
 - Almost Never (51%)
 - 3. What outcomes do nurses perceive result from disruptive behavior?**
 - A total of 23.5% of respondents have seen a patient being placed in a dangerous situation
 - 21.6% witnessed actual harm to a patient.
 - A total of 14 participants (27%) shared their experiences.
 - most (five) were related to physicians/NPs dismissing nurses' concerns
 - This led to a patient coding, a nurse second-guessing his/her skills, and upset patient family members.
 - 4. What is the nurse’s level of job satisfaction?**
 - Participants were asked to rate "Communication between caregivers affects job satisfaction" on a Likert Scale to assess the level of job satisfaction.
 - The majority of the respondents (96.1%) stated: “agree.”
 - 5. Is there a relationship between the frequency of disruptive behavior and nurse's level of job satisfaction?**
 - Remarkably, this author could not find a relationship between the frequency of disruptive behavior and nurse's level of job satisfaction.
 - This resulted from the abundance of "Agree" responses regarding satisfaction levels across the spectrum of disruptive behavior frequencies
 - 6. What is the nurse's level of confidence in managing disruptive behavior before an educational offering?**
 - 7. What is the nurse's level of confidence in managing disruptive behavior after an educational offering?**

Before



Confident 19.6%
Somewhat Confident 27.5%
Neutral 11.8%
Somewhat Unsure 11.8%
Unsure 2%

After



Confident 39.1%
Somewhat Confident 39.1%
Neutral 17.4%
Somewhat Unsure 8.7%
Unsure 0%

Conclusion

The purpose of this study was to identify what types of disruptive behavior nurses are experiencing, discuss outcomes of disruptive behavior, and educate healthcare providers and administrators of disruptive communication. In this study, nurses shared their insight, experiences, and beliefs through quantitative and qualitative analysis. The majority (87%) of participants agreed that continuing education concerning communication techniques among healthcare professionals needs to be implemented. A total of 96.1% of participants agreed that communication between caregivers affects job satisfaction. Job satisfaction is an essential variable for nurse retention rates. Therefore, this study suggests that if institutions want to improve their retention rates during a nursing crisis, they need to consider policy changes and address disruptive communication.

This study contributes to nursing knowledge, supporting the need for positive communication techniques, revealing adverse outcomes from disruptive communication, and discussing continuing education. This study supports the author's belief that new communication techniques need to be implemented in nursing and physician education. Each member of the interdisciplinary team needs to be aware of communication styles and practices to improve patient care quality and safety.

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