



## Unprofessional behaviour and the health care team. Protecting patient safety.

### Purpose

The Medical Council of New Zealand (Council) is the statutory organisation responsible for protecting public health and safety, by ensuring doctors are competent and fit to practise medicine. The Council meets this responsibility in part by setting standards for the medical profession.

The importance of effective team work is recognised throughout the medical profession. Though the great majority of doctors behave appropriately, some do act unprofessionally when working with colleagues. When such behaviour does occur it can undermine effective team work and adversely affect patient care.<sup>1</sup> Recognising and managing this behaviour is important in protecting public health and safety.

### What is and is not unprofessional behaviour in the health care team?

**Chronic and repetitive inappropriate behaviour** that adversely affects the effective functioning of other staff and teams is unprofessional. The American Medical Association describes this as "disruptive behaviour". It is a "style of interaction with other doctors, medical staff, patients, family members or others that interferes with patient care".<sup>2</sup> Single or intermittent severe impulse control problems that are out of proportion to precipitating stressors would also be considered unprofessional behaviour. Many behaviours that could be considered unprofessional may be identified in organisations' human resource policies as misconduct or serious misconduct and should be addressed accordingly.

Such behaviours include but are not limited to:

- bullying or intimidation
- sexual harassment
- racial, ethnic or sexist slurs
- loud, rude comments
- intimidation, abusive or offensive language
- persistent lateness in responding to work calls
- throwing instruments
- offensive sarcasm
- threats of violence, retribution or vexatious litigation
- demands for special treatment
- passive aggression
- unwillingness to discuss issues with dependent colleagues in a cordial and respectful manner; including handover meetings.

These behaviours occur most often when an individual is in a dominant power relationship with another or with a group. This situation exists at many levels in health services, and in many health professional relationships, so it is important that individuals with such power use it wisely. There may be a direct impact on patient care when this behaviour occurs in clinical situations such as handover on wards or in clinics.

Criticism offered in good faith, with the intention of improving patient care or patient advocacy, is appropriate professional behaviour.<sup>3</sup> Lawful industrial action is not unprofessional.

Personal conflict between individual team members, whether in general practice or in other institutions, may not necessarily indicate unprofessional behaviour by any one individual and should not necessarily be treated in such a way. The Council should only be involved when the behaviour poses a risk of harm to the public.

<sup>1</sup> "VHA Research Finds Disruptive Behaviour Common in Operating Rooms; Behaviour Linked to Adverse Events, Medical Errors, and Mortality" (2007). Available from: <http://www.surgicenteronline.com/hotnews/67h613463885025.html>

<sup>2</sup> American Medical Association. Physicians and disruptive behaviour. [Excerpt from American Medical Association Policy Finder]. Chicago: American Medical Association; 2004.

<sup>3</sup> College of Physicians and Surgeons of Ontario. Guidebook for Managing Disruptive Physician Behaviour, Toronto: College of Physicians and Surgeons of Ontario; 2008. Available from: <http://www.cpso.on.ca/Publications/DBPI/CPSO%20DPBI%20Guidebook.pdf>

## What effect does inappropriate interprofessional behaviour have? <sup>4 5 6</sup>

**Patient Care** – Such behaviour may contribute to adverse events and compromises patient safety.

**Teamwork and collaboration** – There is an increased risk of error by medical colleagues or team members who may:

- avoid the health professional exhibiting such behaviour
- hesitate to ask for help or clarification
- avoid making suggestions about patient care or management.

**Relationships with colleagues** – Colleagues may avoid a health professional exhibiting such behaviour, resulting in professional isolation.

**Staff morale** – More time and effort is spent responding to morale problems and dealing with resignations, creating an environment that is unappealing to other health professionals.<sup>7</sup>

**Staff retention, financial costs** – The behaviour affects the reputations of employers, the medical profession and health-care organisations. Also, resources are consumed in frequent recruiting.

**Students' learning environments** – Students may hesitate to ask for help and may learn unprofessional behaviour traits they have observed in senior colleagues.<sup>8</sup>

## What may cause unprofessional behaviour in a health care team?

Such behaviour is often caused by a complex interplay of work, systems issues, and health and personality issues, including:

### Personality or communication skills/behaviour modelling

- lacking the skills to constructively express an alternative opinion
- intractable personality style that creates conflict with others
- behaviour modelled on experiences of disruptive behaviour during training.

### Health or domestic matters (the key here is recent change)

- fatigue
- mental illness – especially depression, bipolar disorder, or drug and alcohol addiction
- physical illness – early dementia or chronic illness, pain or sleep deprivation
- domestic factors – personal relationships, custody or financial issues, or children in trouble.

### Work matters

- colleague relationships – bullying, a sick colleague, a poorly performing colleague, or perceived racism
- systems stressors – inadequate staffing or roster issues
- multiple jobs or over commitment.

## Managing behaviour that disrupts team work

### Suggested strategies for individuals and organisations

The following are suggested strategies for dealing with behaviour that disrupts team work and has the potential to adversely affect patient care. This is not an exhaustive list, and any action a professional team or an organisation takes should always factor in the specific context of the situation, local policies and processes.

### *Make it clear that this behaviour is unacceptable*

Professional teams and organisations should adopt a consistent, proactive “zero tolerance” approach to destructive behaviour.

### *Develop policies and processes to manage the behaviour*

If there are no policies or processes in place, develop standards that address damaging behaviour, congruent with the organisation's culture.<sup>9</sup> All processes must comply with current employment law and should include a systematic approach to recording the behaviour. If an individual has multiple reports of such behaviour, this is a strong indicator that action is needed. Apply policies and processes promptly and consistently; early intervention is more likely to discourage continued poor behaviour.

<sup>4</sup> Wilhelm KA, Lapsley H. Disruptive doctors: unprofessional behaviour in doctors. Med J Aust. 2000; 173:384–6. Available from: [http://www.mja.com.au/public/issues/173\\_07\\_021000/wilhelm/wilhelm.html](http://www.mja.com.au/public/issues/173_07_021000/wilhelm/wilhelm.html)

<sup>5</sup> Kauffman M. Recognition and Management of the Behaviourally Disruptive Physician. Ontario, Medical Review, 2001; April: 53–55.

<sup>6</sup> Molea J. Managing Disruptive Physicians. Health Exec, 2001;16(3): 68–69.

<sup>7</sup> College of Physicians and Surgeons of Ontario. Guidebook for Managing Disruptive Physician Behaviour, Toronto: College of Physicians and Surgeons of Ontario; 2008. Available from: <http://www.cpso.on.ca/Publications/DBPI/CPSO%20DPBI%20Guidebook.pdf>

<sup>8</sup> Pifferting JH. The disruptive physician: a quality of professional life factor. Physician Exec. 1999;25(2):56–61.

<sup>9</sup> Rosenstein AH, O'Daniel M. Disruptive behaviour and clinical outcomes: perceptions of nurses and physicians. Am J Nurs. 2005;105:54–64. Available from: <http://psnet.ahrq.gov/resource.aspx?resourceID=1977>

### ***Ensure that all staff are aware of behavioural expectations and reporting processes***

All staff should be aware of their organisation's expectations and policies on unprofessional behaviour, including how to report concerns about such behaviour. Reporting is essential to creating an environment that does not accept this behaviour.

### ***Address the problem***

If such behaviour is ignored, it can become an entrenched problem. Adopt a step-by-step process for dealing with the problem.<sup>10</sup> Where possible, involve and take advice from the organisation's Human Resource Department. Where appropriate, make educational, institutional or health-related programmes available to doctors who seek help.

### ***Understand your obligations***

If you consider any health professional poses a risk to public health and safety, you should notify the appropriate Council/Board immediately.

## **Health concerns**

Under section 45 of the Health Practitioners Competence Assurance Act 2003 (HPCAA), doctors and their employers must advise the appropriate Council if they have reason to believe that a doctor or other health professional has a mental or physical condition that is affecting performance.

## **Competence or conduct concerns**

Colleagues are encouraged to report any concerns about a doctor's competence and conduct to the Council. If there is a serious concern, contact the Council's Registrar immediately.<sup>11</sup> Supervisors of doctors have a particular responsibility to report concerns about competence to the Council.<sup>12</sup> If a health practitioner is concerned that a doctor may pose a risk of harm to the public by practising below the required standard of competence, the health practitioner may notify the Council's Registrar section 34(1) of HPCAA.

## **Notification to Council at termination of employment due to competence concerns**

Under section 34(3) of the HPCAA, when a doctor resigns or is dismissed for incompetence, their employer must advise the Council's Registrar of the reasons for the resignation or dismissal. A person notifying the Council consistent with section 34 or section 45 of HPCAA is protected from civil or disciplinary proceedings unless that person has acted in bad faith (has been vindictive or malicious).

## **Resources**

- Contact the Professional Standards team at the Council for queries or advice at [performance@mcnz.org.nz](mailto:performance@mcnz.org.nz) or 0800 286 801.
- Visit the Cognitive Institute's website at <http://www.cognitiveinstitute.com.au/> for information on risk management and communication skills training for doctors.
- Contact the Arbitrators and Mediators Institute of New Zealand at <http://www.aminz.org.nz/>.
- Obtain New Zealand Medical Association resources at [www.nzma.org.nz](http://www.nzma.org.nz).

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<sup>10</sup> General information about disruptive workplace behaviour, College of Physicians and Surgeons of Saskatchewan; 2008. Available from: <http://www.quadrant.net/cpsr/resource/workplace.html>

<sup>11</sup> Medical Council of New Zealand. *Statement on employment of doctors and the Health Practitioners Competence Assurance Act 2003*. Wellington: Medical Council of New Zealand; 2005. Available from: <http://www.mcnz.org.nz/portals/0/guidance/Employer%20Guidelines%20for%20Health%20Providers.pdf>

<sup>12</sup> Medical Council of New Zealand, *Statement on Guidance for doctors working in supervised practice and their supervisors*. Wellington: Medical Council of New Zealand; 2004. Available from: <http://www.mcnz.org.nz/portals/0/supervision.pdf>

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***This statement is scheduled for review two years after it is approved by Council. Legislative changes may make the statement obsolete before this review date.***