AAOS American Academy of Orthopaedic Surgeons
American Association of Orthopaedic Surgeons

*Information Statement*

# Disruptive Behavior and Orthopaedic Patient Safety

*This Information Statement was developed as an educational tool based on the opinion of the authors. It is not a product of a systematic review. Readers are encouraged to consider the information presented and reach their own conclusions.*

***The American Academy of Orthopaedic Surgeons (AAOS) believes that the development of high quality information that defines which diagnostic, treatment, and prevention services are most effective for specific patients and populations will improve informed patient choice and shared decision-making. Such efforts will maximize the improvement of health status of individuals and populations.***

Orthopaedic surgeons depend on effective surgical and clinical teams to support optimal outcomes for their patients. The surgical and clinical team includes orthopaedic surgeons, nurses, anesthesiologists, and others with responsibilities in the operating suite. For these health care teams to function safely and effectively, cooperation, clear communication, and collegiality is required.
Hostile, aggressive, and passive-aggressive behaviors undermine team cohesiveness. The American Medical Association (AMA) defines such behaviors as “Disruptive Behavior” including any abusive personal conduct, verbal or physical, that potentially or negatively affects patient care.[1, 2, 3]

Medical practice inherently requires complex human interactions and critical decision making with resultant stress and frustrations for health care providers. Isolated events resulting from these stresses and frustrations generally do not constitute disruptive behavior. Disruptive behaviors are displayed most commonly as a pattern of behaviors by individuals with personality traits interfering with clinical judgment and performance.[4]

***The AAOS supports adherence to a code of conduct for all surgeons and surgical team members, including nurses and anesthesiologists, that fosters a cooperative, collegial working environment and that identifies and addresses ‘disruptive behaviors’ within the health care team. Isolated egregious disruptive events or patterns of disruptive behavior should not be tolerated. Controversial ideas or well-intended criticisms of the medical systems or situations by surgeons or team members, however, should not be labeled disruptive.***

State Medical Boards have traditionally borne the primary responsibility for delineating and enforcing standards of competence and ethical behavior for physicians. In recent decades, attention was focused primarily on the “impaired physician” as a physician unable to safely perform his or her duties due to substance abuse and/or psychiatric conditions.[5] During the 1990s, increased awareness of the deleterious effects of a hostile work environment prompted a broadening of the scope of ‘unprofessional conduct’ to include disruptive physician behavior.

The Federation of State Medical Boards, in its 2000 Report to the Special Committee on Professional Conduct and Ethics, raised concerns about disruptive physician behavior. They recommended that State Medical Boards be "empowered to take disciplinary action against physicians whose behaviors or practices are not in the interest of patient safety and welfare and are outside the bounds of professional practice".[6] In 2000, the AMA also promulgated its opinion that "verbal or physical behavior that, actually or potentially, negatively affects patient care constitutes disruptive physician behavior "[7] The AMA went on to caution that "criticism that is offered in good faith with the aim of improving patient care should not be construed as disruptive behavior"[7].

In 2004, the American College of Physician Executives reported that more than 95% of surveyed members "encountered disturbing, disruptive and potentially dangerous [physician behaviors] on a regular basis".[8] In a 2005 survey of Critical-Care Nurses, more than three-fourths of the respondents reported regularly working with doctors and nurses who are condescending, insulting or rude.[9] Furthermore, they found that the frequency and duration of such behaviors correlated with the worker's intent to quit his/her job.[9] Concerns have been raised that disruptive physician behavior can contribute to healthcare work place turnover and even nursing shortages.[10,11]

The Joint Commission (JC) has mandated that, "to assure quality and promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team. "[12] Citing evidence that intimidating and disruptive behaviors can contribute to medical errors, adverse outcomes, physician and administrator turnover, and increase the cost of care, on January 1, 2009, the JC issued a Leadership Standard, LD.03.01.01, for all accreditation programs.[12] This required hospitals and medical organizations to establish and enforce a code of conduct that defines acceptable, disruptive, and inappropriate behaviors.[12] The JC recommends education of all team members regarding these behaviors and standards, and recommends that all be held accountable for modeling desirable behaviors.[12]

The AMA currently defines disruptive behavior as conduct, including sexual and other forms of harassment, or other forms of verbal and non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.[4] Openly aggressive behaviors, such as yelling, insults, and throwing things, are easily identified. Passive aggressive behaviors, such as hostile avoidance, condescension, and sarcasm, are more difficult to identify and are more subjective to evaluate and document. Such subjectivity must be carefully considered by disruptive event investigations. [7, 13, 14] An orthopaedic surgeon should work collaboratively with colleagues and other healthcare providers to reduce medical errors, increase patient safety, and optimize the outcomes of patient care.[18]

***Orthopaedic surgeons, as the leaders of the patient care team, must foster work environments that are collegial and cooperative. Patients are best served by healthcare teams that function harmoniously in which all team members feel respected for their contributions and empowered to speak freely regarding any patient safety concerns.***

Orthopaedic surgeons, surgical team members, nurses and anesthesiologists, should recognize that a determination that their behaviors are disruptive will have adverse professional and workplace consequences. Surgeons, team members, nurses and anesthesiologists should be educated and knowledgeable about the rules, regulations, policies, or protocols of their practice settings.[15] All complaints of 'disruptive behavior' should be carefully considered by surgeons, surgical team members, nurses and anesthesiologists. Accused surgeons, surgical team members, nurses and anesthesiologists should be aware and respectful of their rights within the investigation and may benefit from legal consultation[16, 17]

***The AAOS believes that 'disruptive behavior' harms surgeons, surgical team members, nurses, anesthesiologists, and patients and that such behavior undermines cohesiveness and effectiveness of healthcare teams, impairs sound medical decision-making and increases medical errors. All such behavior is 'unsafe', and should be reported, investigated and appropriately corrected.***

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