Physicians respect me.” How many staff nurses would agree with that statement? Three years ago, only 60% of nurses surveyed at Shands Hospital at the University of Florida, Gainesville, agreed.

But the numbers were lower in the OR and postanesthesia care unit (PACU), 50% and 35% respectively.

That was the signal something needed to change, says the nurse manager for perioperative services, Gail Avigne, RN, BA, CNOR. She and other managers set about developing a policy for addressing disruptive behavior.

“Unfortunately, abusive and disruptive behavior has been tolerated for a long time. It has been something that we in hospitals don’t want to talk about,” she says. “But with the nursing shortage, it becomes imperative that we try to change things.”

Nurses who don’t feel respected can vote with their feet and have their choice of employers.

Since Shands implemented its new policy, survey results have improved—58% of OR nurses in the last survey agreed that “physicians respect me.” The PACU improved more slowly to 40%.

Avigne offered this advice for implementing a disruptive behavior policy:

**Draft the policy.**

Avigne and her colleagues drafted the policy with a flow chart to show the steps.

“Basically, the policy is simple,” she says. “The goal is to have an environment that is open and where employees’ concerns are listened to.” The definition of disruptive behavior generally covers any behavior that creates a “hostile work environment.”

The policy starts with the employee documenting the incident. The manager then meets with the employee to discuss what happened. Next, the manager and medical director of the OR meet with the employee and physician involved. Perhaps 98% of incidents are resolved at that level. The policy outlines further steps for the 1% to 2% of incidents that are more serious or reflect a pattern of behavior.

**Use data to focus attention.**

Data from the employee survey was a way to jump-start conversations about the proposed policy with hospital executives, senior physicians, and the legal department.

Avigne not only shared the survey data but also statistics about the impact of disruptive behavior on nurse retention (sidebar).

**Get backing from the top.**

Garnering support for the policy at the highest level is “absolutely the number one thing,” Avigne says.

She first went to the chief of the medical staff and legal department to get support.

“I showed them the data so they could see why it was so important to work on this. We had to have an action plan.”

She also went to her own superior, the vice president of operations, as well as the vice president for human resources and the CEO and asked them to sign on.

“The good thing about having a shortage of nurses is you can use that as an opportunity to fix things you might not have fixed before because it is so hard to
do,” she says. “It causes people to listen when they might not have listened before.”

This process took months, she acknowledges, but getting support was essential for the policy to have clout.

Disruptive behavior also was added to the credentialing policy for physicians’ reappointment to the medical staff.

**Communicate the policy.**

After the policy was approved, Avigne and other managers met with physicians to inform them about the policy. They started with the chairmen and then went to the medical staff committees, the rest of the medical staff, and the faculty. As with the executives, they began by sharing the data about the employee survey and nurse retention.

“Physicians often don’t realize the repercussions a negative interaction can have on themselves and the nurses. Many of them don’t think it’s a big deal,” she says.

“Yet, nurses won’t stay in a place that is abusive. With the shortage, they can go anywhere they want.”

**Instill a culture of trust.**

The steps in the policy are straightforward on the surface, but executing them is challenging, she notes.

Though the vast majority of incidents can be resolved in the first 2 steps, it takes mentoring and active involvement by the manager.

“You need to instill a culture of trust and safety,” Avigne says. “Employees fear that surgeons are powerful, and if they report them, they could be fired.”

A manager has to deal with incidents as they come up, though that may seem overwhelming at first. “You need a couple of success stories. Then the word spreads, and people will know it will be taken seriously,” she says. “You can’t shy away from it. I’ve had many soul-searching conversations with nurses and physicians. It’s almost like being a psychologist, I guess.”

Two books she suggests for building communication skills are Daniel Goleman’s *Working with Emotional Intelligence* and *Crucial Conversations* by Kerry Patterson and colleagues. (See Resources.)

The first step, having the employee document the incident, is necessary, she notes.

“Employees are reluctant, but documenting is important. Just as you use documentation with employees, you can use it with physicians,” she says. Documenting the incident does 2 things: It creates a paper trail, and it allows the employee to think through what happened.

Avigne then meets with the employee to work through the incident. “We try to review what they might ‘own,’” she says. “Typically, we do own a piece of it—there’s often a reason a physician gets upset.”

In the next step, she and the medical director of the OR, David Paulus, MD, meet with the employee and the physician involved. Avigne often has the physician read what the employee wrote as a way to “start the conversation,” she says.

Though the matter most often will be resolved at this step, she keeps the documentation. If the matter is not resolved, it is taken to higher levels, which involve the employee relations and legal departments as well as physician leaders.

**Educate employees.**

A recent addition is a class for employees entitled Maximizing Your Relations with Physicians that is offered by the Human Resources Department. Course content includes:

- helping employees be aware of their own feelings, needs, and concerns and how to manage them
- developing awareness of physicians’ feelings, needs, and concerns
- developing good working relationships with physicians by learning skills
such as listening and giving constructive feedback
• discussing the disruptive behavior policy and how to use it.
   “This is a culture that has been around forever, and it is hard to change,” she
adds. “It won’t change in a year or even 2 years. It might take 5 or 6 years.
   “Management has to create an environment where people feel safe by com-
municating that there is a process, and employees will be supported.”

Resources
Hill, 2002.

Process to resolve disruptive behavior

Goal
Environment that is open and where concerns are listened to.
1. Incident occurs. Physician and employee document issues and concerns.
2. Manager and/or medical director meet with individuals to discuss issues or
concerns.
3. If the matter is not resolved at Step 2, the documented issue is referred to
Employee Relations.
4. If the matter is not resolved at Step 3, it is referred to higher levels in the organi-
zation.

Source: Shands Hospital at the University of Florida, Gainesville.

Disruptive behavior and nurse retention
• The RN shortage is expected to grow to 20% by 2020 if current trends continue,
with at least 400,000 fewer nurses than needed.
• 24% of sentinel events could be attributed to a problem with nurse staffing,
communication gaps, a lack of teamwork, or other “human factors.”
  —Joint Commission on Accreditation of Healthcare Organizations. Healthcare at the
  www.jcaho.org. Look under About Us, then Public Policy Initiatives, then Nurse Staffing Crisis.
• A study of nurses in the U S, Canada, England, Scotland, and Germany
showed:
  • 41% of nurses were dissatisfied
    with their jobs.
  • 22% planned to leave their job in
    less than 1 year
• 33% of nurses younger than 30 planned to leave their job in less than 1 year.

Strongest reasons for discontent were overwork, staffing cutbacks, increased caseloads, increased nonpatient-care duties, concerns about care quality, verbal abuse, and lack of administrative support.