‘Territorial games’ aim to help curb disruptive behavior in the OR

The OR environment plays host to a perfect storm of high stakes, time constraints, and egos. As a surgical services director, you’ve likely seen your share of disruptive behavior, and your hospital probably has a zero tolerance policy for transgressions like throwing a surgical instrument across the room during surgery, shoving a nurse aside, or yelling at a co-worker in front of a patient.

Research has found such serious disruptive behaviors are limited to 3% to 5% of employees. Updated codes of conduct and rapid intervention have been very effective at either improving behavior or removing disruptive individuals from the operating room.

However, the definition of disruptive behavior has been expanded to include sarcasm, being passive-aggressive, and excluding others. These behaviors erode an OR team’s ability to trust one another enough to ask tough questions, point out procedural errors, or double-check their work.

As the definition has expanded, so has the number of disruptive individuals—from very few to anyone and everyone. And the Joint Commission has replaced the term “disruptive behaviors” with “behaviors that undermine a culture of safety.”

Mea culpa

According to a measure from Pascal Metrics Disruptive Behaviors Questionnaire listing 15 disruptive behaviors, the most frequently reported behavior is talking behind people’s backs, followed by deliberately excluding others from a group. The Veterans Health Administration’s Office of Occupational Health and Safety in 2008 found that exclusionary behavior was one to one and one-half times more frequent than verbal abuse and 9 times more frequent than physical abuse. And researchers at Johns Hopkins, using the Disruptive Clinician Behavior Survey for Hospital Settings, identified passive-aggressive behavior as the number 1 disruptive behavior.

Who can claim not to have ever talked behind someone’s back, deliberately excluded someone, or resorted to a little passive-aggressive behavior?

Are healthcare workers disruptive, or are they simply protecting what they feel needs to be protected? When making life-or-death decisions, it’s natural for emotions to fuel protective behavior. One surgeon I spoke with said he “cared only for the patient” and a nurse’s “sullen” attitude contributed to him losing his temper and asking loudly, “Do you know anything?” If I interviewed the nurse, however, I suspect she would describe the surgeon’s lack of patient-centered behavior as a “good reason” for feeling sullen. In power struggles, root cause analysis stops being a useful tool and becomes a destructive spiral of fixing the blame instead of fixing the problem.

In the OR, protective instincts are on high alert, primed to find any danger that might reduce a patient’s safety. Unfortunately, protective emotions on high alert are hypersensitive to false alarms. It is easy to take offense when you think someone second-guessed you or worked around you. Silent concentration may be interpreted as rudeness. Underlying emotions from interactions outside the OR may corrupt lines of communication in the middle of a procedure. And information may be withheld from individuals perceived as “brown nosers,” “empire builders,” or “back stabbers.”
Being human

OR leaders have an opportunity to create a culture that is mindful that high volume, high risk, and long hours stimulate protective emotions and behaviors. More than a decade ago, I conducted qualitative research asking for true stories of people protecting “turf.” These stories identified micro-behaviors people use to protect territory (information, relationships, control) that I categorized into 10 different buckets I called the 10 Territorial Games:

- Occupation—Getting there first; acting as the gatekeeper for vital information; monopolizing information, resources, or relationships.
- Intimidation—Acting impatient, yelling, staring, bullying, making threats, using dominant body language, not answering questions.
- Camouflage—Creating a distraction, emphasizing the inconsequential, deliberately triggering anxiety.
- Filibuster—Talking nonstop to delay action, out-talking objectors at a meeting, wearing others down by out-talking them.
- Information manipulation—Withholding information, putting a “spin” on information, covering up, giving false information.
- Strategic noncompliance—Breaking agreements, agreeing with clear intention of noncompliance, agreeing in public to buy time.
- Invisible wall—Actively instigating obstacles; creating negative perceptions that decrease or delay implementation.
- Powerful alliances—Avoiding consequences via high status; using relationships with powerful people to intimidate, impress, or threaten.
- Shunning—Excluding an individual from social conversation, ignoring, shaming, publicly humiliating, creating unpleasant outsider status.
- Discrediting—Using personal attacks, talking behind someone’s back; using racial/gender/sexual/religious slurs; using a sarcastic, discourteous tone; creating doubt about another person’s competence or credibility.

In recent patient safety research, many behaviors described as lateral violence, horizontal violence, or disruptive fall into 1 or more of these 10 Territorial Games. These behaviors ranged from unanswered pages (invisible walls), brusque exchanges and clipped answers (intimidation), unwelcoming body posture (shunning), and condescending language (discrediting) to using a sarcastic tone of voice during a procedure (information manipulation).

Eliminating judgment

Ken Stahl, MD, FACS, a cardiac surgeon and pilot who is also president of Convergent Healthcare, a consulting firm based in Colorado Springs, Colorado, creates systems that catch small missteps before they can spiral into disasters.

“Aviation safety systems like crew resource management start with the premise that humans can and will make mistakes,” says Dr Stahl. Pointing out that the OR is more like a cockpit than any other hospital setting, he adopts crew resource management techniques to his practice. He specifically targets the undermining influence of status and hierarchy. After introducing himself by his first name to everyone in the OR, he invites them to observe the procedure carefully and to say whatever is on their minds.

To illustrate the importance of overcoming obstacles imposed by hierarchy, he tells the story of a national Korean airline. The airline had such a bad safety record that even the president of the country refused to fly on it. Western experts discovered that hierarchy was so important in the Korean culture that a first officer literally would rather die than criticize the captain. To fix the problems, they overhauled crew pro-
cedures and switched to English because the hierarchical nature of the Korean language is ill suited to reporting errors to superiors.

Dr Stahl encourages role-playing to reveal any inadvertent messages of status, hierarchy, or discouragement. Most territorial game players are completely unaware they are sending the wrong messages.

“Human errors are filed away in a secret and sacred place in our brains that we don’t share with other people and sometimes not even with ourselves,” Dr Stahl says. Likewise, people tend to justify their own emotional reactions to protect time, safety, or resources.

**Tolerating imperfection**

Research shows disruptive behaviors increase in response to high volume, overloaded resources, and chronic, unresolved systems. Continuing to label these behaviors as violent or disruptive reinforces perceptions that they are driven by negative forces instead of positive intentions.

Building a culture of compassion for our mutual humanity may be a better way to decrease these behaviors than pushing unachieviable zero tolerance policies. A simple way to present the 10 Territorial Games in a staff meeting is to create a 2-column survey and ask staff to list the top 3 “games I play” vs “games others play.” Keep the responses anonymous and ask someone outside the group to tally the information. This exercise will quickly demonstrate that we don’t see ourselves as others see us.

On an individual level, the increase in self-awareness may improve self-regulation. On a group level, staff may be less likely to blame one another and instead give co-workers a second chance instead of cutting off communication.

When it comes to genuine violence, zero tolerance must be the protocol. But when it comes to normal group behavior, zero tolerance is counterproductive. OR leaders must understand that staff working in a high-volume, complex, constantly changing environment will not always be on their best behavior. Everyone must work as a team, and establishing a blame-free way to name and acknowledge emotional reactions to the chronic levels of stress in the OR seems like a step in the right direction.

**References**


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Annette Simmons is the author of 4 books, including Territorial Games and The Story Factor. Learn more at www.annettesimmons.com.