OVERVIEW

The term disruptive describes any behavior that could interfere with a caregiver’s ability to provide safe, effective, and efficient care to a patient. This behavior may include:

- Continual pacing, increasingly agitated appearance
- Abusive behavior (physical or verbal)
- Obstructing the provision of care
- Refusing to comply with physicians’ orders or caregivers’ efforts to provide care
- Providing erroneous information on purpose
- Talking loudly or in an intimidating, confrontational, or disrespectful way
- Making unreasonable demands or using inappropriate language
- Taking unauthorized drugs or drinking alcohol while on hospital property
- Leaving the facility without proper authorization
- Purposely missing treatments or not following through on tests ordered

Disruptive behavior may result from the stress of an illness, especially when patients are no longer in their normal environments and are away from their usual routines. Feelings of loss of control can be frightening to patients. These emotional pressures can contribute to communication breakdowns and set the stage for hostile interpersonal relationships and disruptive behavior.
A culture of safety sets a foundation on which to improve the safety of both patients and employees. Patient and employee/provider safety, along with environmental safety, are all important aspects of a culture of safety. In addition, OSHA has many regulations for the protection of everyone in any healthcare organization. They have utilized independent research to confirm that “developing strong safety cultures (has) the single greatest impact on incident reduction of any process.”

Developing early therapeutic relationships with patients can enable staff to pick up on early signs of irritation or frustration, which may often be addressed quickly to avoid an escalation to serious disruptive behavior or acting out violently.

Based upon the types of patients most often seen in the facility, staff should be provided with a supportive administrative structure and useful tools to minimize or to de-escalate disruptive patient behavior. Special attention should be given when patients are being handed off to another group of caregivers or to a different setting of care. These are particularly stressful situations for patients who may already be irritated, frustrated, or emotional, and staff receiving the patient will not yet have had the opportunity to develop a therapeutic relationship.

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It is critical that organizations assess and define what types of methods may be most effective for staff to use when confronted with frustrated, angry, and combative patients. There should be a policy or protocol that clearly outlines mechanisms for staff to utilize in dealing with various types of difficult situations. This information needs to be reviewed in orientation and periodically thereafter, to ensure that personnel can implement appropriate strategies quickly to diffuse any escalating behavior.

In high risk areas of a facility, additional training and safety measures may need to be considered. More in-depth assessment skills may be essential, including the ability to quickly evaluate mental status and to be able to promptly identify patients who are suffering from significant emotional distress. According to an article in the June 2013 American Nurse Today, 5.6% of Emergency Department (ED) nurses are victims of violence daily, and over 28% of ED nurses experience verbal abuse. However, disruptive behavior occurs in all healthcare settings and seems to be increasing. Changes in societal norms have been mentioned as a potential reason for some of this increase, including the increasing use of illicit drugs and alcohol, feelings of entitlement, stress associated with illness, and/or excessive delays in treatment, etc.

At a minimum, the following should be addressed with all staff:

- The organization’s Code of Conduct, including the importance of demonstrating respect and good people skill in all interactions
- Policy citing zero tolerance for disruptive behavior, including verbal or physical abuse
- Review of the organization’s Patient Rights and Responsibilities document
- Non-confrontational strategies and skills-based training
- Identification of coaches available to assist those who may need help to improve their communication skills
- How to set limits without quoting rules, citing policy, or giving ultimatums
- Signs of dementia and psychosis
- De-escalation techniques, including the use of a patient’s name when speaking with or reassuring him/her
- Avoiding being alone with an agitated or threatening patient in a location where there is no exit
- If feeling threatened, speaking loudly so others nearby can hear
- Should violence seem imminent or should it erupt, staff need to know exactly what to do and how to contact security or others who can assist promptly

Reporting requirements in the event of harm or patient abuse
How and when to file an incident report in accordance with facility policy

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COMMUNICATION/PREVENTION OF DISRUPTIVE BEHAVIOR

Communication breakdowns and any resulting adversarial behaviors can quickly become disruptive to an organization’s culture of safety. If not promptly identified and addressed, these can also result in undesirable patient outcomes and/or professional ramifications for caregivers.

In order to enhance communications and to clarify any misunderstandings as they arise, the following strategies may be helpful:

- Speak slowly and softly; avoid the use of medical jargon
- Allow the patient to speak freely; listen carefully
- Do not get defensive; remain open to what the patient is saying
- Sit and talk face-to-face; maintain eye contact
- Show empathy and respect; avoid distractions
- Assess what the patient is upset about; acknowledge and clarify any concerns expressed
- Ask what the patient needs or wants to improve upon the situation or issue(s) expressed
- Re-state information previously provided, if needed
- Answer questions honestly and in simple, concise language
- Focus on one topic at a time; assess the level of understanding before moving on
- Demonstrate sensitivity to cultural, religious, and ethnic diversity issues
- Involve family members and/or providers, as the situation may warrant, to provide additional support to the patient

MANAGEMENT AND CARE PLANNING

Maintaining safety for all concerned is always the highest priority. Therefore, prevention of escalating behavior is very important, as it is much better to minimize frustrations or aggressive behavior than to have to deal with it once a situation gets out of control.

Should an adversarial event occur, once the immediate situation has been handled to a satisfactory degree, measures that are mutually agreed upon should be promptly implemented. Periodic feedback needs to be provided to the patient, to minimize the chance of further misunderstanding or another disruptive occurrence.

In addition, a more in-depth assessment of the episode should be done to determine if any other lower level concerns still exist. Failure to take this step could result in future episodes of intensified frustration or aggressive behavior. When additional actions need to be implemented, the patient’s care plan should be amended to reflect essential information that other staff may need to incorporate into their care. Other communication methods can also be utilized in an attempt to assure a continued resolution of the issue(s). This could include such things as placing notes in the computer or in a Kardex to be sure that oncoming staff are made aware of related information. In addition, new orders may be requested (i.e. medications, activities, visitor restrictions, etc.), and internal referrals to other disciplines may be considered, such as dietary, housekeeping, social services, activities director, clergy, etc.
REPORTING OF ADVERSE OCCURRENCES

Whenever a patient becomes disruptive to the extent that there is a threat to an individual or to the organization’s overall culture of safety, an incident/adverse occurrence report should be completed. The immediate clinical/administrative supervisor on duty, as well as the Risk Manager, should be promptly notified of any such behavior. In the event of patient harm or need for additional treatment, the patient’s provider should be notified. A patient’s designated family member or other responsible party may also need to be advised, if appropriate.

Follow-up on the event and any safety concerns need to be assured, and the situation should be monitored for resolution over time.

In the event of actual harm, a report to authorities may also be required in order to meet regulatory requirements. These requirements may include notifying the police, child/adult protective services, state and/or federal agencies, etc., depending upon the nature of the occurrence.

MONITORING FOR CONTINUED IMPROVEMENT

The Quality/Patient Safety/Risk Management Plan(s) should incorporate occurrences of disruptive behavior as an integral part of the ongoing assessment and improvement of the organization’s culture of safety.

A trend analysis of all reports of disruptive behavior should be compiled and assessed periodically. In the event that any patterns are identified, additional actions may need to be taken to reduce future occurrences.

The following steps should be taken to assure that the organization promotes strong communication and a culture of safety going forward:

- Consistent enforcement of the Code of Conduct, regardless of status or seniority (i.e. zero tolerance for violations)
- Monitoring patients’ perceptions of ongoing communications
- Assessment of any reports of patients’ disruptive behavior or violence, unprofessional staff behaviors, and any actual abuse or allegations of abuse and/or physical harm that may have resulted from altercations
- Development of an interdisciplinary process for addressing adverse events/trends related to unacceptable communication and/or disruptive behavior
- Medical staff members need to be included
- Representatives from key clinical and nonclinical departments should participate, including human resources and educators
- Executive leadership involvement is important
- Implementation of additional strategies to promote further improvements in communication styles and to reduce future patient/family/caregiver misunderstandings and frustrations

Summary reports should be presented periodically to leadership and committees responsible for the oversight of quality, patient safety, and risk management activities.
SUMMARY

Organizations need to establish a positive and supportive framework which promotes collaborative, ongoing communications, including setting clear expectations for patients, families, and caregivers. This framework will encourage continuing dialogue between all parties and voicing of any concerns as they arise, and it should also minimize misunderstandings and frustrations.

It can be difficult to establish therapeutic relationships with overly demanding or angry patients. Over time, dealing with these types of behaviors can add to the stress and fatigue that caregivers already experience due to the ongoing demands of their busy schedules. Therefore, healthcare facilities need to make every effort to support staff in minimizing stressors associated with the care of patients who may be at risk for disruptive behavior.

BIBLIOGRAPHY


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