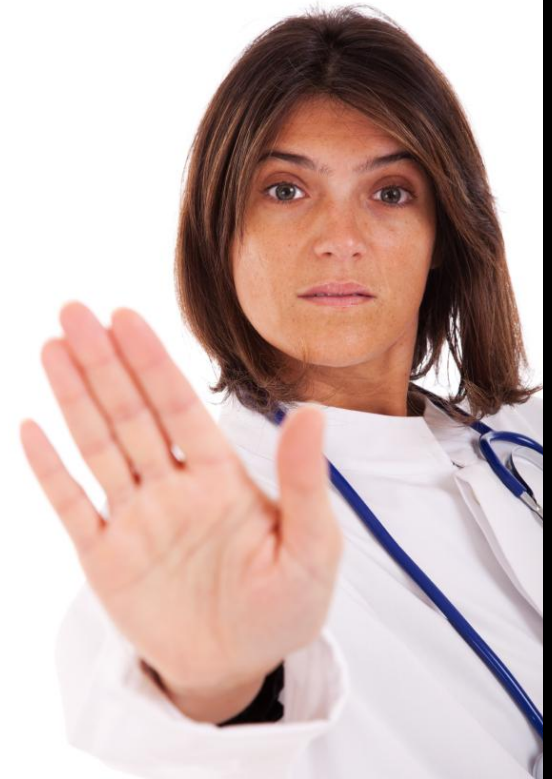# STOP
Intimidating and Disruptive Behavior

Program Recommendations

Lynne Sherman, Ph.D.
Industrial and Organizational Psychologist

The Problem

- It is estimated that between 44,000 and 98,000 patients die each year as a result of preventable medical mistakes (Kohn, Corrigan, & Donaldson, 2000).

- The most frequently identified root causes of sentinel events reviewed by the Joint Commission for 2010, 2011, and 2012 are:

2010 (N = 802)	2011 (N = 1,243)	2012 (N = 901)
Leadership* 710 (88.53%)	Human Factors 899 (72.33%)	Human Factors 614 (68.15%)
Human Factors 699 (87.16%)	Leadership 815 (65.57%)	Leadership 557 (61.82%)
Communication 661 (82.42%)	Communication 760 (61.14%)	Communication 532 (59.05%)

The majority of events have multiple root causes

The Problem

- Because it continues to be identified as a contributing factor in preventable medical mistakes, the Joint Commission now requires hospitals to address the problem of intimidating and disruptive behavior (Joint Commission on Accreditation of Health Care Organizations, July 9, 2008).

- As a result, hospitals have implemented:

    - zero-tolerance policies,
    - formal reporting processes, and
    - awareness campaigns.

- Unfortunately, these efforts are often inadequate in addressing the problem of intimidating and disruptive behavior.

The Goal

- **Ultimate Goal:** To create a culture that is free from behavior that jeopardizes the physical, mental, and emotional well-being of patients, visitors, physicians, and employees

- **Supporting Goals:**

  - To clearly and frequently communicate behavioral expectations to employees, physicians, contractors, etc.

  - To provide all employees and physicians with a low-risk means of reporting intimidating and disruptive behavior

  - To provide all management employees and medical staff leaders with the knowledge, skills, and tools required to effectively address intimidating and disruptive behavior

  - To provide all staff with the knowledge, skills, and tools required to recognize, address, and report intimidating and disruptive behavior

Program Foundation

- The Stop Intimidating and Disruptive Behavior program:

    - is grounded in peer-reviewed, scientific research from the aviation and aerospace industries as well as from the field of industrial and organizational psychology,

    - is derived from aviation's Crew Resource Management (CRM)* program which successfully addressed the link between intimidating and disruptive behavior and flight safety, and

    - uses an evidence-based approach to behavior change.

Additional information about Crew Resource Management is presented at the end of this document

Challenges, Shortcomings, and Remedies

- A review of the literature on intimidating and disruptive behavior in healthcare settings revealed several challenges and shortcomings.

> #1:   A single intervention approach is used to address the problem.
>
> ***Remedy: Use a systems approach***

> #2:   There are inconsistencies in how intimidating and disruptive behaviors are defined.
>
> ***Remedy: Use a broad definition that focuses on how the behavior impacts patients, physicians, employees, etc.***

Challenges, Shortcomings, and Remedies

#3: The primary focus is on physicians and nurses.

Remedy: Focus on all people who conduct business at your facility including remote locations

#4: There are few, if any, valid and reliable measures of intimidating and disruptive behavior.

Remedy: Create a valid and reliable measure of intimidating and disruptive behavior
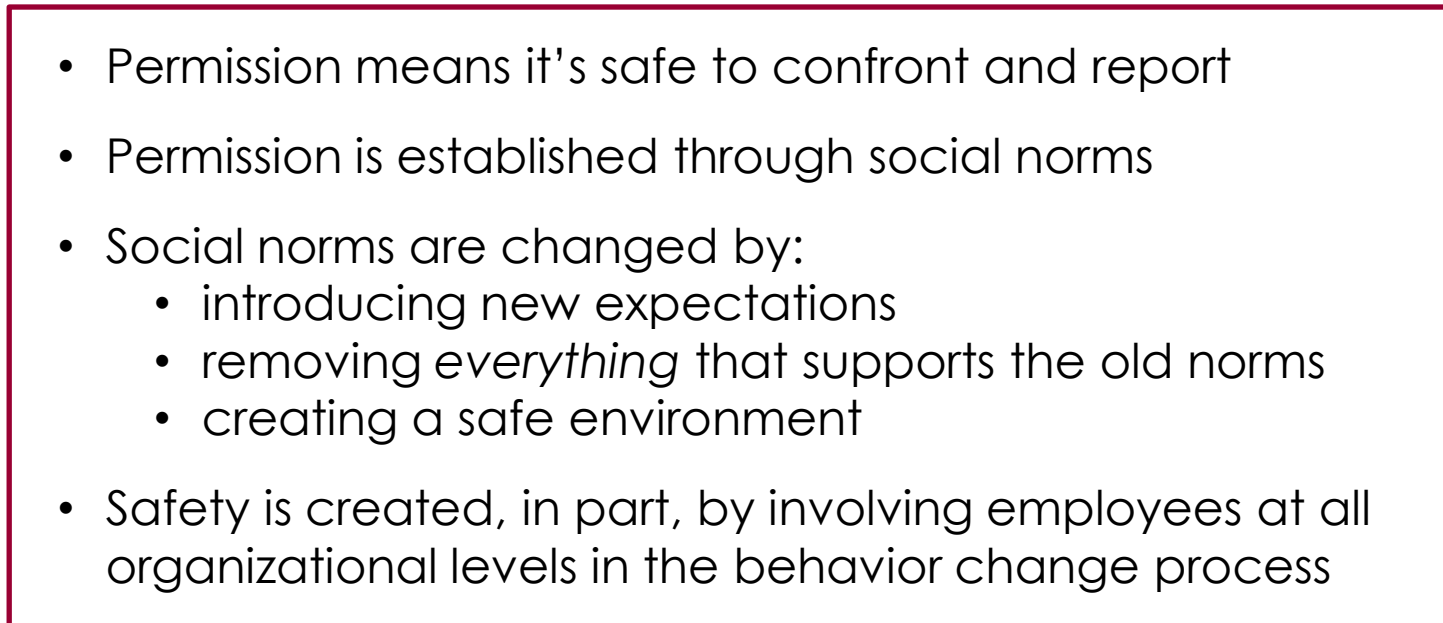
#5: Solutions focus on compliance with a policy, initiative, or directive.

Remedy: Use a behavior change framework to create long-term, sustainable change

Why a Behavior Change Framework is Needed

Policy	+	Education	+	Scripting with Practice	+	Case Studies

Incomplete solutions

Missing Elements	• Permission to Confront Perpetrator • Permission to Report Incidents

- Permission means it's safe to confront and report

- Permission is established through social norms

- Social norms are changed by:
    - introducing new expectations
    - removing *everything* that supports the old norms
    - creating a safe environment

- Safety is created, in part, by involving employees at all organizational levels in the behavior change process

Behavior Change Process

Recommended Change Process

- The Stop Intimidating and Disruptive Behavior program is comprised of nine *overlapping steps* including:

  - **Step 1**: Identify the scope and magnitude of the problem

  - **Step 2:** Establish a sense of urgency

  - **Step 3:** Create the guiding coalition

  - **Step 4:** Develop the change vision

  - **Step 5**: Communicate the change vision

  - **Step 6:** Empower broad-based action

  - **Step 7:** Generate short-term wins

  - **Step 8:** Consolidate gains and produce more change

  - **Step 9:** Anchor changes into the culture

Behavior Change Model[1] and Application

Step #1:   Identify the scope and magnitude of the problem
Purpose: To understand

Application

- Develop and administer a *targeted* employee climate survey[2] to all employees

- Conduct position-specific, department-based focus groups[2]

- Conduct confidential employee interviews[2]

[1] *Source: Adopted from Kotter, J. P. (1996). Leading Change. Boston: Harvard Business School Press.*

[2] *See the Leader's Toolkit for sample materials*

Behavior Change Model and Application

Step #2:   Establish a sense of urgency
Purpose: To raise awareness and excitement

Application

- Identify the impact intimidating and disruptive behavior has in general; for example, these behaviors:

    - negatively impact patient safety

    - negatively impact employee health and well-being

    - are associated with critical employee outcomes

    - are associated with increased organizational costs

Application

- Share the results of the employee climate survey, focus groups, and interviews with all employees and physicians

- Link the organization's data to known outcomes (identified on previous page) to create urgency

Behavior Change Model and Application

> **Step #3: Create the guiding coalition**
> Purpose: To lead

Application

- Identify an initiative sponsor or co-sponsors

- Identify a change expert to lead the technical aspect of the change process

- Establish targeted change committees*

It is recommended that three to six change committees be created to ensure employee involvement in the change process. These committees may include: Awareness and Communications, Barriers and Obstacles, Behaviors and Standards, Feedback and Measurement, HR Infrastructure and Education, and Rewards and Recognition. See the Leader's Toolkit for more information.

Behavior Change Model and Application

Application

- Identify committee leadership which typically includes:

    - one member of the senior leadership team or one member of the medical staff,

    - one management employee, and

    - one staff member

- Identify committee membership for each change committee (membership typically ranges from five to seven employees)

- Identify change champions which are staff members representing each department in the organization

Sample Change Team

Initiative Sponsor or Co-Sponsors

Change Agent (Project Manager)

Awareness and Communications	HR Infrastructure and Education	Barriers and Obstacles	Feedback and Measurement	Rewards and Recognition
• 1 senior leader or medical staff leader • 1 management employee • 1 staff member ----- • 5 – 7 staff members	• 1 senior leader or medical staff leader • 1 management employee • 1 staff member ----- • 5 – 7 staff members	• 1 senior leader or medical staff leader • 1 management employee • 1 staff member ----- • 5 – 7 staff members	• 1 senior leader or medical staff leader • 1 management employee • 1 staff member ----- • 5 – 7 staff members	• 1 senior leader or medical staff leader • 1 management employee • 1 staff member ----- • 5 – 7 staff members

**Change Champions from Each Department
(General Guidelines for Membership)**

Department Size: 1 – 25 employees = 1 – 2 champions   Department Size: 26 – 50 employees = 2 champions
Department Size: 51 – 75 employees = 3 champions   Department Size: 76 – 100 employees = 4 champions

Increase the number of champions if needed to ensure all shifts are represented

Behavior Change Model and Application

> **Step #4: Develop the change vision**
> Purpose: To connect

Application

- Clarify the long-term goals, such as:

    - reduce the occurrence of intimidating and disruptive behavior to less than X number of incidents a year

    - reduce the occurrence of medical mistakes attributable to intimidating and disruptive behavior to zero incidents a year

    - implement a risk-free reporting system

    - educate all employees and physicians on how to report instances of intimidating and disruptive behavior

Behavior Change Model and Application

Application (*continued*)

- Clearly identify the benefits of achieving the long-term goals

- Develop a communications plan that includes, but is not limited to:

    - the problem, the vision of this initiative, and the commitment from organizational leaders including medical staff

    - the plan for achieving the vision

    - ways in which senior leaders, management, and medical staff are involved in the initiative

    - ways in which employees are and can become involved in the initiative

    - initiative updates and achievements

Behavior Change Model and Application

Application (*continued*)

- Develop a formal strategic change plan that includes, but is not limited to:

  - short-term wins
  - milestones
  - tactics
  - timelines
  - metrics
  - resource needs and allocation (e.g., time, money, personnel)
  - organizational constraints

A Note About Short-Term Wins

Short-term wins must be visible, unambiguous, and clearly related to the change effort. They:

  - provide evidence that sacrifices are worth it
  - reward change champions with a pat on the back
  - help fine-tune the vision and strategies
  - undermine cynics and self-serving resisters
  - keep leaders on board
  - build momentum

Behavior Change Model and Application

Step #5: **Communicate the change vision**
Purpose: To raise awareness and connect

Application

• Identify multiple methods to announce and launch this initiative to employees and physicians

• Communicate the urgency of the problem along with results from the survey, focus groups, and interviews (current state)

• Communicate the vision (desired state)

• Communicate the plan for achieving the vision (how to close the gap)

• Communicate how senior leaders, management, and medical staff are involved

• Communicate how employees are involved

Behavior Change Model and Application

Step #6: **Empower broad-based action**
Purpose: To engage

Note: At this point in the process, all change committees and their corresponding action plans should already be in place. Committee members should now be fully involved in supporting the initiative.

Application: Awareness and Communications Committee

- Identify and implement methods to communicate changes, updates, and achievements (e.g., TV infomercials, town hall meetings, staff alert meetings, employee produced videos, marquee messages)

- Identify and implement methods to keep the initiative visible over time (e.g., contests, awareness tables, rounding, testimonials)

- Create new language tools*

* See the Leader's Toolkit for sample materials

Behavior Change Model and Application

Application: HR Infrastructure and Education Committee

- Identify / clarify acceptable and unacceptable workplace behavior

- Create a new or modify an existing policy on intimidating and disruptive behavior

- Create and deliver management educational programs including:

    - specialized training that focuses on the change process, the systems approach to addressing intimidating and disruptive behavior, types of employee behavior found in the organization, factors that influence employee behavior, steps management can take to improve employee behavior, and case studies*

    - training that all staff members will receive regarding behavioral expectations, reporting processes, and consequences of engaging in intimidating and disruptive behavior

* See the Leader's Toolkit for sample case studies

Behavior Change Model and Application

Application: HR Infrastructure and Education Committee (*continued*)

- Create and deliver staff educational programs

- Identify department-specific educational needs and work with appropriate staff to address these needs

- Identify all HR systems, processes, and programs that can introduce, reinforce, and evaluate new behavioral expectations including, but not limited to:

  - selection systems
  - competency models
  - job descriptions
  - new employee orientations
  - probationary employee reviews
  - performance evaluation systems
  - employee surveys

  - leadership development programs (e.g., leadership training, 360 feedback, coaching)
  - succession plans
  - reward and recognition programs

Behavior Change Model and Application

Application: HR Infrastructure and Education Committee (*continued*)

- Work with appropriate departments (e.g., Risk Management, Quality) to create a new and/or modify an existing reporting process, engaging outside vendors as needed

Application: Barriers and Obstacles Committee

- Identify barriers and obstacles that prevent employees and physicians from participating in the initiative (e.g., attending staff alert meetings, attending training, engaging in department-level activities)

- Identify barriers and obstacles that prevent employees and physicians from demonstrating appropriate behaviors including:

  - interpersonal / team barriers
  - process barriers
  - environmental / physical barriers
  - human resource barriers

- Work with appropriate departments to remove barriers

- Report successes to Rewards and Recognition Committee

Application: Feedback and Measurement Committee

- Identify methods to measure behavior throughout the initiative (e.g., at the one month mark, create opportunities to randomly observe behavior in public areas; on a weekly basis, spend 15-minute intervals observing employees at the nurses' station; conduct focus groups or interviews to get ongoing feedback from employees; readminister the targeted employee climate survey at the six month mark)

- Identify opportunities to share feedback throughout the organization (e.g., use methods identified by the Awareness and Communications Committee)

- Share positive changes with the Rewards and Recognition Committee

Application: Rewards and Recognition Committee

- Identify and implement methods to reward and recognize employees for demonstrating desired behaviors (e.g., on-the-spot recognition, departmental opportunities)

- Identify and implement ways to recognize and celebrate the elimination of barriers that have contributed to the presence of intimidating and disruptive behavior

- Identify and implement ways to celebrate positive feedback obtained from the Feedback and Measurement Committee

Behavior Change Model and Application

Step #7:   Generate short-term wins
Purpose: To guide and build

Application:

- Identify whether short-term wins have been achieved

- Celebrate short-term wins that were met (i.e., engage the Awareness and Communications Committee and the Rewards and Recognition Committee to share wins with employees and physicians)

- Investigate why short-term wins were not achieved and address associated problems

- Revisit the strategic plan and re-establish short-term wins, if needed

- Communicate reasons why short-term wins were not achieved and what action is being taken as the initiative moves forward

Behavior Change Model and Application

Step #8: **Consolidate gains and produce more change**
Purpose: To expand and advance

Application

- Use the credibility generated by the short-term wins to tackle related changes (e.g., process changes that help eliminate intimidating and disruptive behaviors, changes created as a result of removing barriers)

- Identify new change champions to address the new change opportunities

- Ensure senior leaders and guiding coalition visibly champion the new change activities (e.g., process changes), reinforcing the fact that these changes continue to move the organization forward and do not detract from the current initiative

Behavior Change Model and Application

Step #9:   Anchor changes into the culture
Purpose: To sustain

Application

- Create a new language and new tools* to reinforce the expectation that employees and physicians refrain from intimidating and disruptive behavior

- Ensure new behavioral expectations are incorporated into all HR systems, processes, and programs

- Ensure the reporting system is easily accessible, easy to use, and low-risk to employees and physicians who use it

* See Leader's Toolkit for sample materials

Show Stoppers: Why Change Fails

- Factors that will prevent long-term, sustained change from occurring include:

    - Failing to understand the actual problem / trying to solve the wrong problem

    - Allowing too much complacency

    - Failing to create a sufficiently powerful guiding coalition

    - Underestimating the power of vision

    - Under communicating the vision by a factor of 100

    - Permitting obstacles to block the new vision

    - Failing to create short-term wins

    - Declaring victory too soon

    - Neglecting to anchor changes firmly in the organization's culture

Benefits to Your Organization

- Regulatory Benefits

  - This program:

    - meets the Joint Commission's requirements for addressing intimidating and disruptive behavior

    - meets the Joint Commission's requirements for multidisciplinary, team-based education

    - uses an evidence-based solution

Benefits to Your Organization

- Organizational Benefits

    - This program:

        - quantifies the problem of intimidating and disruptive behavior from the employees' and physicians' perspectives which allows you to:

            - create a targeted solution

            - monitor improvements in behavior over time

        - allows you to identify and remove barriers that interfere with employee and physician behavior including individual, team, situational, and organizational barriers

        - embeds changes into the organization's culture

Benefits to Your Organization

- Quality and Risk Benefits

  - This program:

    - improves patient safety by:

      - improving communication among healthcare professionals,

      - establishing limits on employee behavior, and

      - removing team, situational, and organizational barriers that interfere with providing high-quality, safe patient care

    - includes quantitative and qualitative measures that can be correlated with patient outcomes, increasing the robustness of quality data

Benefits to Your Organization

- Financial Benefits

  - This program:

    - focuses on prevention (vs. damage control and/or service recovery) which is less costly

    - creates an environment with fewer physical, psychological, and emotional hazards thereby reducing organizational and individual costs

    - positively impacts costly employee outcomes such as productivity, morale, absenteeism, job satisfaction, organizational commitment, and turnover

Benefits to Your Organization

- Employee and Physician Benefits

    - This program:

        - actively engages employees and physicians in the solution

        - provides employees and physicians with opportunities to work cross functionally

        - provides employees and physicians with opportunities for professional development through committee involvement

        - increases employees' and physicians' awareness of the challenges faced throughout the hospital

        - empowers employees and physicians to report incidents of intimidating and disruptive behavior

        - rewards and recognizes employees and physicians for their professional behavior

Recommended Next Steps

- Identify the scope and magnitude of the problem

    - Create measures, collect data, and analyze data

- Identify initiative sponsor / co-sponsors, change agent (project manager), and change committee leaders

- Introduce the initiative to management employees

    - Share results of data collection efforts

- Deliver Stop Intimidating and Disruptive Behavior training to all management employees *(see Leader's Manual)*

- Identify change committee members and change champions

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About Crew Resource Management

Crew Resource Management (CRM) was created in response to a series of catastrophic aviation accidents that were the direct result of human error. Intimidating and disruptive behavior was found to be a root cause in many of these accidents, including the most tragic which occurred in the Canary Islands, killing 583 passengers and crew members.

Based on decades of research conducted at the NASA Ames Research Center, CRM is now aviation's gold standard for ensuring flight safety and is an annual training requirement for all cockpit and flight crews across the country.

CRM training is comprised of seven essential elements; they are: teamwork, leadership, situational awareness, standardized communication, conflict resolution, decision making (including workload management and resource management), and briefing and debriefing.

With over 30 years of data demonstrating the efficacy of CRM in preventing human error, healthcare organizations are now incorporating CRM into their annual training and validation requirements.