



A Healthcare Leader's Guide to Assessing Common Disruptive Behaviors *Using a New Validated Survey Tool*

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Disruptive behaviors, including workplace bullying and incivility, continue to plague healthcare organizations, even after being researched for over 25 years! Accreditation, professional, and patient safety organizations, have weighed in on the importance of resolving disruptive behaviors in the workplace (The Joint Commission, AONL, ANA, AHRQ), yet research continues to show nurse bullying and disruptive behavior issues may be under-reported, or when reported, may go unaddressed by leadership (Castronovo, Pullizzi & Evans, 2016; The Joint Commission).

When disruptive behaviors go unaddressed in healthcare, bad things happen to patients and employees. When disruptive behaviors ARE addressed, clients report safer environments, improved collaboration and communication, stronger staff engagement, increased morale, and improved retention.

This report provides healthcare leaders with 10 years of data collected about disruptive behaviors through a validated assessment tool and onsite educational workshops. The **Healthy Workforce Institute's Disruptive Behavior Survey (HWI-DBS)*** reliably measures disruptive behaviors in the workplace, quantifies results, and utilizes data to inform a *healthy workforce strategy going forward*.

At the Healthy Workforce Institute, we're on a mission to create a world where bullying and incivility are immediately rejected and kindness, respect, and professionalism become the new norm.

A New Validated Tool to Determine Frequency of Disruptive Behaviors in Healthcare

The **Healthy Workforce Institute Disruptive Behavior Survey (HWI-DBS)*** is designed to measure the frequency of *witnessed* and *experienced* disruptive behaviors in the workplace. The HWI-DBS tool assesses common unprofessional behaviors that undermine a respectful workforce culture. The 15-question survey is simple to administer and highlights both overt and covert behaviors using a likert scale ranging from never to frequently. At the Healthy Workforce Institute, we use the survey prior to and following an educational intervention. The results provided leaders with clarity regarding common behaviors specific to their department, which further allowed a customized solution to their unique problems.

Sample overt behaviors assessed include: being yelled at, cursing, criticizing, and threatening.

Sample covert behaviors assessed include: being made to feel stupid, gossip, favoritism, and unfair workload.

What behaviors are most commonly experienced in the workplace?

Approximately 2500 nurses reflected on times they were the recipients of disruptive behaviors in the workplace. The most commonly *experienced* behaviors reported were being mocked, having someone roll his/her eyes, and unprofessional conduct behind others' backs.

The aggregated workshop *evaluations* and *disruptive behavior surveys* depicted:

Sometimes

- 33.7% of participants reported sometimes “being mocked or having a nurse roll his/her eyes”
- 27.7% of participants reported sometimes “being made to feel stupid or incompetent”
- 25.1% of participants reported sometimes “being ignored or given the silent treatment by certain nurses”

Frequently

- 16.3% of participants reported frequently “seeing nurses treated nicely to their faces but mocked or insulted behind their backs”
- 14.3% of participants reported frequently “receiving an uneven workload assignment, seemingly based on favoritism”
- 13% of participants reported frequently “Having a nurse roll his/her eyes”

Of greatest concern to patient safety is the frequency that participants reported being ignored or given the silent treatment.

What behaviors are most commonly witnessed in the workplace?

The targeted recipients of disruptive behaviors are often not the only ones to see what is going on. In fact, more often than not, witnesses, or by-standers, are present. Failing to intervene when witnessing a co-worker being treated in an unprofessional manner contributes significantly to an unhealthy work environment.

Similar to experienced behaviors, the most commonly *witnessed* behaviors reported were the same: seeing others mocked, someone rolling his/her eyes, and people being unprofessional behind others' backs.

The aggregated workshop *evaluations* and *disruptive behavior surveys* depicted:

Sometimes

- 44.3% of participants reported *sometimes* “being mocked or having a nurse roll his/her eyes”
- 41.6% of participants reported *sometimes* “seeing nurses treated nicely to their faces but mocked or insulted behind their backs”
- 36.5% of participants reported *sometimes* “being yelled at, criticized, or cursed at in front of others”

Frequently

- 25.3% of participants reported *frequently* “seeing nurses treated nicely to their faces but mocked or insulted behind their backs”
- 18.8% of participants reported *frequently* “being mocked or having a nurse roll his/her eyes”
- 17.7% of participants reported *frequently* “receiving an uneven workload assignment, seemingly based on favoritism”

Raising Awareness Through Education and Development

The first step to reducing incidences of disruptive behaviors in the workplace is to raise awareness of behaviors that undermine a culture of safety and respect. The Healthy Workforce Institute has conducted educational workshops for the last 10 years to raise awareness and provided healthcare teams with the skills and tools they need to address disruptive behaviors.

To determine the frequency of disruptive behaviors, participants were asked to complete the HWI-DBS, which was then used to tailor content and provide solutions to the most common behaviors witnessed and experienced in their organization.

Our validated tool results then helped to guide the customized content for each organization. Subsequent workshop evaluations indicated that participants benefited the most from learning simple, practical strategies to confront disruptive behaviors in the moment using scripts and “naming” techniques. Participants also stated that they would be more aware of their own behavior at work, thereby validating the importance of raising awareness as a first step in reducing unprofessional behaviors in the workplace. These outcome and data points provided validation and guidance for continued tracking and training.

What does this information mean for leaders?

An analysis of the **Healthy Workforce Institute's Disruptive Behavior Survey*** highlights that passive or covert behaviors were more commonly reported than aggressive or overt behaviors.

Surprisingly, the analysis highlighted mocking as the most common behavior because of its blend of passive and aggressive traits. Mocking was present in the aggressive form of eye rolling and the passive form of being exhibited behind someone's back. Although mocking was the primary reported behavior across *both* assessment tool categories – *witnessed* and *experienced* - it was reported at a higher occurrence by those who *witnessed* the behavior versus experienced it. Because others see it happen, it can erode trust and normalize unprofessional behaviors quickly when not addressed.

Passive and covert behaviors pose a challenge for leaders because they are not always easy to detect or observe; however, there are THREE strategies leaders should consider when formulating a plan of action.

- 1. Heighten Awareness** – Disruptive behaviors are more prevalent in the healthcare industry than in any other industry. It's because we've normalized bad behaviors for decades. It's time to stop bullying by raising awareness of deviant behaviors using assessment tools such as the HWI-DBS.
- 2. Start confronting** - After thousands of conversations with leaders, we've learned that leaders aren't addressing disruptive behaviors because they are NOT equipped with the skills and tools they need to set behavioral expectations and hold their employees accountable for professional conduct.
- 3. Engage in ongoing education and development** - Addressing workplace bullying and incivility requires skills. Through our interactive workshops, we transform healthcare organizations by empowering leaders and employees to excel in their role and become agents of positive change.

The result is a work culture where everyone communicates with respect, conflict is minimized or non-existent, and individuals enjoy working together toward a shared vision.

Throughout 10 years of working with healthcare leaders and their teams to reduce incidence of disruptive behaviors, we've learned that when leaders are equipped with the skills and tools that they need their employees are more engaged, fulfilled, and better serve patients and each other. This results in high-performing teams with increased retention and improved patient outcomes. By integrating a validated tool and raising awareness through ongoing education and development, leaders are better able to address disruptive behaviors and hold their teams accountable for professional conduct.

“When leaders are equipped to address disruptive behaviors, employees stay and patients achieve better outcomes.”

- Dr. Renee Thompson

Healthy Workforce Institute Disruptive Behavior Survey

The following 15 questions assess the frequency of witnessed and experienced incidents of disruptive behaviors. The results can be used to determine the most common ways disruptive behaviors are occurring within a department or across an organization so that appropriate interventions can be determined. Using a Likert Scale, the following questions are framed as “**witnessed**” and “**experienced**”.

Use this survey to establish baseline data prior to an intervention to address disruptive behaviors within a department or across an organization. The recommendation is to repeat the survey in 6-months and then yearly after implementing strategies to reduce incidence of disruptive behaviors. The survey may be distributed manually or converted into an electronic format.

1 Never 2 Sometimes 3 Frequently

Have you witnessed or experienced these behaviors?	Witnessed	Experienced
1 Being yelled at, criticized, or cursed at in front of others	1 2 3	1 2 3
2 Being mocked or having a nurse roll his/her eyes	1 2 3	1 2 3
3 Receiving an uneven workload assignment, seemingly based on favoritism	1 2 3	1 2 3
4 Having a co-worker break confidence by sharing private or embarrassing information	1 2 3	1 2 3
5 Having a co-worker withhold information, leading to a negative impact on performance	1 2 3	1 2 3
6 Being excluded by certain nurses from routine lunches, celebratory, or social events	1 2 3	1 2 3
7 Having accomplishments downplayed, such as awards, advance degrees	1 2 3	1 2 3
8 Being ignored or given the silent treatment by certain nurses	1 2 3	1 2 3
9 Seeing nurses treated nicely to their faces but mocked or insulted behind their backs	1 2 3	1 2 3
10 Hearing nurses name calling, making ethnic slurs, jokes, or inappropriate sexual comments	1 2 3	1 2 3
11 Being micromanaged and repeatedly reminded of your mistakes	1 2 3	1 2 3
12 Being the target of gossip or false rumors	1 2 3	1 2 3
13 Receiving threats of physical violence	1 2 3	1 2 3
14 Being retaliated against for speaking up or not following the crowd	1 2 3	1 2 3
15 Being made to feel stupid or incompetent	1 2 3	1 2 3
TOTAL	_____	_____

TOTAL WITNESSED: _____ TOTAL EXPERIENCED: _____

Mild = 15-24 | Moderate = 25-35 | Severe = 36-45

*The Healthy Workforce Institute Disruptive Behavior Survey has been scientifically validated by The Social Research Lab at the University of Northern Colorado (www.unco.edu/srl), which is run by Josh Packard, Ph.D. The factor loadings of items are proprietary and may not be used without the consent of Renee Thompson, DNP, RN, CSP. Healthcare organizations are encouraged to utilize the HWI Disruptive Behavior Survey as long as they maintain the integrity of the survey, cite appropriately, and request permission by contacting the Healthy Workforce Institute at WeCare@healthyworkforceinstitute.com.