Bad Blood: Doctor-Nurse Behavior Problems Impact Patient Care

By Carrie Johnson

In this article...

Examine the results of the 2009 Doctor-Nurse Behavior Survey and discover some of the reasons why the bad behaviors persist.

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One physician hurled a surgical instrument at his co-workers in a fit of anger. Another tried to stuff a nurse head-first into a trash can. A group of nurses banded together to blackball a doctor and get his privileges revoked.

Bad behavior among doctors and nurses has always been health care's dirty little secret. Almost everyone in the industry has a story to tell about harassment, insults traded back and forth or a screaming match in the operating room.

But a new survey conducted by the American College of Physician Executives illustrates just how pervasive the problem has become. And ACPE is working to find ways to curb the bad behaviors.

According to the survey results, outrageous behavior is still common in this country's health care organizations. More than 2,100 physicians and nurses participated in the survey, and some of the tales they related were surprising:

- Physicians groping nurses and technicians as they tried to perform their jobs.

- Tools and other objects being flung across the OR.

- Personal grudges interfering with patient care.

- Accusations of incompetence or negligence in front of patients and their families.

According to the respondents, the fundamental lack of respect between doctors and nurses is a huge problem that affects every aspect of their jobs. Staff morale, patient safety and public perception of the industry all suffer as a result.

The electronic survey was emailed to about 13,000 doctors and nurses. Of those who participated, about 67 percent were nurses and 33 percent were physicians.

Behavior problems are obviously pervasive: nearly 98 percent of the survey respondents reported witnessing behavior problems between doctors and nurses in the past year. Responses were divided over how frequently problems arose.

About 30 percent of participants said bad behavior occurred several times a year, while another 30 percent said it happened weekly, and about 25 percent said monthly. A surprising 10 percent said they witnessed problems between doctors and nurses every single day.

What was the most common complaint? Degrading comments and insults that nearly 85 percent of participants reported experiencing at their organizations. Yelling was second, with 73 percent. Other typical problems included cursing, inappropriate joking and refusing to work with one another.

Some of described behavior is criminal, and would appear to meet the criteria for an assault charge, such as throwing scalpels or squirting a used syringe in a co-worker's face. But according to some survey participants, it's the day-to-day putdowns and slights that can be the most harmful.

"The worst behavior problem is not the most egregious," wrote one participant. "It's the everyday lack of respect and communication that most adversely affects patient care and staff morale."

Physician, heal thyself

While there were complaints about nurse behaviors, both doctors and nurses who filled out the survey said physicians were to blame for a large part of disruptive behaviors. Many of the participants accused physicians of patronizing and belittling nurses, a pattern some surmise may have been instilled in medical school.

"Some ED physicians do not respect the nurses' opinions or suggestions," one wrote. "They will then appear to delay patient care 'just to show' the nurse."

Over and over again, survey participants reported instances of physicians questioning the intelligence of nurses or calling them stupid.

"A surgeon who was frustrated by a staffing issue in the OR stated loudly and publicly that monkeys could be trained to do what scrub nurses do," wrote one participant.

Another shared this example: "A physician demanded a nurse be drug tested because she questioned an order. The order would have placed the patient at risk. He then demanded she be fired because she 'evidently wasn't competent to care for a slug.' He also called her names and cursed at her in front of staff and family members."

Many of the survey participants said they witnessed doctors acting as though they should receive special treatment because of their positions. They described childish temper tantrums, including one surgeon who threw himself on the OR floor while a patient was still open and under anesthesia because an instrument was not working properly.

Throwing objects to express frustration is apparently quite common. According to the survey respondents, nurses have ducked bloody chest tubes, scalpels, power tools, telephones, surgical instruments, clipboards, floor mats and more.

Sexual harassment

Sexual harassment was also a common theme in the survey. Thirteen percent of respondents reported witnessing acts of sexual harassment in the past year. The harassment takes many guises.

"A surgeon, during surgery, needed to step behind a shield while an X-ray was taken," one participant wrote. "A young female radiology tech was shooting the film, and the doctor stood behind her and fondled her breasts."

Some of the stories involved physicians and nurses spreading rumors, such as the doctor who told a nurse's boss she was a poor practitioner after she refused to date him.
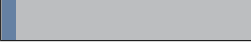
There were also examples of doctors and nurses engaging in inappropriate behavior together, which contributed to an uncomfortable working environment.

"A married hospitalist started dating an ICU RN," wrote a participant. "The ICU RN had some behavior

1. Are you a nurse or physician executive

Response	%	Count
Nurse Executive	67.2%	1,428
Physician Executive	32.8%	696
answered question		2,124
skipped question		33

2. Does your health care organization ever experience behavior problems with doctors and nurses?

Response	%	Count
Yes	97.4%	2,088
No	2.6%	55
answered question		2,143
skipped question		14

3. Over the last 3 years, how would you characterize the number of behavior problems between doctors and nurses at your health care orgnization?

Response	%	Count
More behavior problems between doctors and nurses	12.0%	213
About the same number of behavior problems between doctors and nurses	52.3%	927
Less behavior problems between doctors and nurses	35.7%	633
answered question		1,773
skipped question		384

issues. If the ICU RN did not like a RN, the hospitalist would not respond to that RN's pages or would question the info shared by the RN."

Nasty nurse

The nurses weren't above reproach. Most of the complaints about nurses revolved around backbiting, spreading rumors and attempting to blackball doctors or other members of the staff.

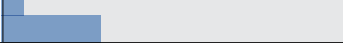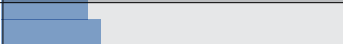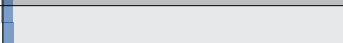"We've had more difficulty with nurses fighting with nurses than doctor-nurse relationships," one person wrote. "We did have one nurse who kept detailed records (to the point of stalking) on several nurses and doctors in the hope of getting them fired. She filed a restraining order on one male nurse but never showed up at the court hearing."

Another survey participant reported having trouble with the director of nursing and the nursing supervisor. "(They) screamed at their own staff and tried to get the doctors in trouble. They constantly complained to me about the doctors and encouraged the nurses not to follow doctors' orders. Finally, the nurses signed a petition to HR that they were in fear for their physical safety from the nursing supervisor, and she was put on administrative leave while it was investigated."
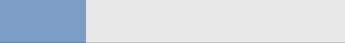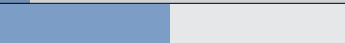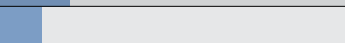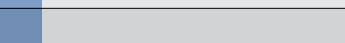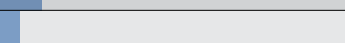
Several people complained about nurses overreacting to normal workplace interactions.

"False accusations based on erroneous interpretations between being 'yelled' at and being held accountable," one person wrote. "The political correct-

4. **Generally speaking, how often do behavior problems arise between doctors and nurses at your health care organization?**

Response	%	Count
Daily	9.5%	168
Weekly	30.0%	530
Monthly	25.6%	452
Several times a year	30.9%	547
Once a year	2.9%	51
Less than once a year	1.2%	21
answered question		1,769
skipped question		388

5. **In the last year, what types of behavior problems have you experienced at your health care organization between doctors and nurses? (Check all that apply.)**

Response	%	Count
Yelling	73.3%	1,294
Cursing	49.4%	873
Degrading comments and insults	84.5%	1,493
Refusing to work together	38.4%	679
Refusing to speak to each other	34.3%	606
Spreading malicious rumors	17.1%	302
Inappropriate joking	45.5%	804
Trying to get someone disciplined unjustly	32.3%	570
Trying to get someone fired unjustly	18.6%	328
Throwing objects	18.9%	334
Sexual harrassment	13.4%	237
Physical assault	2.8%	50
Other	10.0%	177
answered question		1,766
skipped question		391

ness and physician discipline movement has gotten to the point that holding people responsible for their actions and accountable for their portion of patient care is now considered by those confronted as being victims of disruptive behavior. This is affecting patient care, morale and employee retention."

One participant wrote in to complain about what he called "chart Nazis," nurses who spend more time making sure charts have been properly updated than worrying about patient care. "The nurses spend more time sitting around talking, drinking coffee and 'charting' than taking care of patients. The recent influx of nurses into the market (because of a supposed shortage of nurses) has resulted in a huge increase of new, untrained grads who have no knowledge."

Patients in the middle

While disruptive behavior is terrible, no matter whom the target, the problem becomes especially worrisome when it affects innocent third parties—patients and their families.

From making mean and insensitive comments within earshot to behavior that actually puts lives at risk, both physicians and nurses are guilty of putting patients in uncomfortable and downright dangerous situations, survey respondents said.

One person wrote in with a story about a baby who needed immediate attention from a physician. With the mother looking on, the doctor berated the nurse by saying, "What did you do to kill this baby?" The infant later died.

Some participants wrote stories of nurses who hesitated to offer their opinions for fear of being berated by physicians.

For example, one person related a story about a patient in the ICU who began experiencing problems after his surgery. "The nurse contacted the doctor and the doctor yelled at the nurse and refused to come and see the patient.... The nurse contacted the doctor again when the patient's symptoms did not improve. The doctor became even more verbally upset. The nurse refused to call the doctor again, and when she finally did, the patient was hemorrhaging internally, rushed back to the operating room and expired. The nurse did not follow the escalation process and the doctor never came to see the patient."

In yet another instance, a doctor told a nurse he would not see a critically ill patient because he had "live patients" to care for.

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6. From the list, choose the 3 behavior problems between doctors and nurses that occur most often at your organization.

	Most frequent behavior problem	2nd most frequent behavior problem	3rd most frequent behavior problem	Rating Average	Response Count
Yelling	58.1% (702)	27.4% (331)	14.6% (176)	1.56	1,209
Cursing	9.9% (61)	47.6% (294)	42.6% (263)	2.33	617
Degrading comments and insults	46.8% (619)	34.4% (455)	18.9% (250)	1.72	1,324
Refusing to work together	24.4% (103)	34.4% (145)	41.2% (174)	2.17	422
Refusing to speak to each other	16.3% (50)	41.4% (127)	42.3% (130)	2.26	307
Spreading malicious rumors	22.6% (28)	29.0% (36)	48.4% (60)	2.26	124
Inappropriate joking	20.5% (77)	35.1% (132)	44.4% (167)	2.24	376
Trying to get someone disciplined unjustly	13.3% (39)	33.0% (97)	53.7% (158)	2.40	294
Trying to get someone fired unjustly	5.0% (4)	22.5% (18)	72.5% (58)	2.68	80
Throwing objects	4.9% (4)	13.4% (11)	81.7% (67)	2.77	82
Sexual harrassment	5.5% (3)	12.7% (7)	81.8% (45)	2.76	55
Physical assault	33.3% (5)	20.0% (3)	46.7% (7)	2.13	15
				answered question	1,738
				skipped question	419

7. At your health care organization, who most often exhibits behavior problems?"

Response	%	Count
Doctors	45.4%	691
Nurses	6.8%	103
A pretty even mix of both doctors and nurses	47.9%	729
answered question		1,523
skipped question		634

8. In the last year at your health care organization, have there been any NURSES terminated due to behavior problems?"

Response	%	Count
Yes	61.2%	897
No	38.8%	569
answered question		1,466
skipped question		691

9. In the last year at your health care organization, have there been any DOCTORS terminated due to behavior problems?"

Response	%	Count
Yes	22.2%	326
No	77.8%	1,145
answered question		1,471
skipped question		686

10. In the last year, has your health care organization held any staff training programs to try to reduce behavior problems between doctors and nurses?

Response	%	Count
Yes	55.8%	839
No	44.2%	664
answered question		1,503
skipped question		654

There are some solutions

Obviously, these are not problems that can continue unabated. But several participants said their attempts to rectify the situation were thwarted because of what they perceived as a double standard for physicians and nurses.

"In each case, the physicians investigating the report (all different doctors) found that 'there is no reason to sanction the doctor; this was probably just vindictive nurses,'" one person wrote. "Then the reporting nurses were treated coldly by the doctor and associates and branded as troublemakers."

Another participant echoed those thoughts:

"If nurses display disruptive behavior, they are soon terminated after going through the disciplinary process. Or if the action was severe, they are terminated immediately. Physicians seem to have more leniencies when it comes to disciplinary actions related to disruptive behavior. Therefore, it might appear that the organization is more willing to tolerate their negative behavior, which sends a message not only to the physicians but to the nurses and staff that are dealing with it on a frequent basis."

On the flip side, some survey participants said nurses are too quick to blow the whistle on doctors. They accuse nurses of launching unfair personal vendettas against physicians, which sometimes result in unfair punishment or stigma.

Still, many offered suggestions for ways to improve relations between doctors and nurses. The most frequently suggested solution: education. In fact, many participants wrote to say they believed instruction was needed as early as medical school or nursing training.

"Reduction of behavioral problems can only be corrected through early education for both physicians and nurses," one person wrote. "This needs to be thoroughly ingrained during medical school and nursing school. Bad behavior needs early intervention."

11. **Please indicate what type of health care organization you are working for:**

Response		%	Count
Hospital		68.9%	1,091
Group practice		5.0%	79
Academic medical center		9.3%	147
Military/government facility		3.0%	48
Managed care organization		1.6%	25
Integrated health system		7.3%	115
Other		5.0%	79
	answered question		1,584
	skipped question		573

One participant described a program where medical students shadow nurses as part of their training. "We are amazed at the feedback we receive from both the nurse and the medical student. The medical student doesn't have a good picture of the many facets of the nursing role."

But what about those who have already progressed beyond medical or nursing school? Learning to work together—whether through organization-sponsored training programs or simple reminders of common courtesy—was a popular response. Many called upon hospital leaders to emphasize teamwork and collaboration.

Wrote one person: "Training, increased awareness and positive reinforcement helps tremendously. Removing the very real sources of physician or nurse frustrations that create barriers to their performance is key. Both disciplines want the same thing: the very best outcomes for their patients."

Other vital ingredients include follow-through on complaints and clear consequences for bad behavior, survey participants said. Suggestions include a zero-tolerance policy, a clearly-enforced code of conduct and a process for promptly dealing with complaints.

"Address problems swiftly and seriously," one person wrote. "Repeated behavioral problems by any individual require progressive discipline, up to and including termination. Individuals need to know that inappropriate behavior will not be tolerated by anyone."

Additional successful strategies included creating physician and nurse liaison groups that meet regularly to discuss problems, and allow the medical staff to create a physician conduct policy, with the hope of inspiring everyone involved with enforcing it.

One resourceful organization implemented a special code where the rest of the staff will step in to help contain the situation if bad behavior is witnessed. Another created a Web-based program to collect reports of bad behavior, including those submitted anonymously. The reports are sent directly to the appropriate channels.

Nearly all agreed: Change needs to come from the top.

"Have excellent relationship between the chief medical officer and the chief nursing officer," one person wrote. "Prioritize and emphasize corporate citizenship. Have policies and bylaws that support the efforts. And, most importantly, early intervention and timely feedback."

Hope for the future

While the results of this survey may seem disheartening, not every organization reported difficulty between physicians and nurses. Several participants said the problem was much less prevalent than it once was.

"In my 32 years as a nurse, things have gotten better," one person wrote. "I remember as a young nurse hearing degrading comments and yelling from attendings, which has improved. I think we are learning to communicate better."

"Sorry, but we have an excellent team that tries to work together as much as possible," another wrote. "We have occasional episodes of personality clashes, but have never had malicious rumors, throwing objects, etc."

For all the stories of physicians who threw temper tantrums, physically assaulted co-workers and verbally abused colleagues, there was this example of a once-incorrigible doctor who was taught the error of his ways.

"One physician got into a verbal dispute with nurses each time he was on call. But after extensive mentoring, he is now the 'poster child' for good behavior."

In fact, that physician is now the head of the organization's doctor-nurse collaborative counsel.

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