

Health Care Providers Perception Of Disruptive Behaviors In Emergency Department Healthcare Provides: A Qualitative Study

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Abstract

Introduction: Disruptive behaviors in emergency settings can impede team cooperation and participation. Understanding Health care providers s' perceptions of these behaviors is crucial for identifying and addressing them effectively. This study aimed to explore Health care providers s' perceptions of disruptive behaviors among emergency healthcare teams in hospitals affiliated

Method: Qualitative content analysis was employed. Twenty participants from emergency departments across five hospitals were selected through purposive sampling. Semi-structured interviews were conducted until data saturation. Data analysis followed Erlingsson and Brysiewicz's qualitative content analysis approach.

Results: Three main themes emerged: observable disruptive behaviors, hidden disruptive behaviors, and trigger factors. Observable disruptive behaviors included violence and incivility. Hidden disruptive behaviors encompassed troubling behaviors, poor communication, and irresponsibility. Trigger factors included professional incompetency and workplace discrimination.

Conclusion: Health care providers s' perceptions revealed that trigger factors such as professional incompetency and workplace discrimination contribute to both observable and hidden disruptive behaviors within emergency healthcare teams. Addressing these factors is crucial for improving team dynamics and patient care in such critical settings.

Introduction

Disruptive behavior in healthcare encompasses a range of inappropriate actions from verbal to physical and sexual abuse that hinder effective communication and feedback reception during patient care. Such behaviors are particularly concerning in hospital emergency departments due to their stressful nature, high staff numbers, and complex procedures. When encountered, disruptive behaviors in emergency healthcare teams lead to communication barriers and reluctance to share thoughts, ultimately stifling independence, creativity, and initiative. (Petrovic & Scholl, 2018)

In an environment where teamwork is paramount, disruptive behaviors disrupt interactions, threaten team dynamics, and result in poor staff communication, potentially leading to adverse outcomes for patients. Research on patient care emphasizes the crucial role of effective teamwork in ensuring patient safety, as many unexpected events stem from failures in team collaboration. Disruptive behaviors, identified as a complex and widespread issue, are influenced not only by individual personality traits but also by organizational culture, interpersonal dynamics, and social contexts. (Maddineshat et al., 2016)

Health care providers, serving on the frontlines of emergency care, face numerous challenges, including disruptive behaviors, while providing round-the-clock assistance to acutely ill patients. Quantitative studies often fall short in fully capturing the nuances of disruptive behaviors' context-specific manifestations, highlighting the need for qualitative investigations. This study, therefore, aims to delve into Health care providers' perceptions of disruptive behaviors within emergency healthcare teams in hospitals affiliated (Rosenstein & Naylor, 2012)

Method

Design

This study adopts a qualitative approach using conventional content analysis. Qualitative research was chosen for its flexibility in capturing participants' attitudes, complex perceptions, and intentions, allowing for a deeper understanding of the phenomenon of interest.

Study Setting

The research was conducted in the emergency departments of five hospitals affiliated with the University of Medical Sciences

Participants

The study included all Health care providers s working in the emergency departments who met the inclusion criteria. Participants were selected using purposive sampling to ensure diversity in age, gender, job position, work experience, shifts, and employment type. Sampling continued until data saturation was achieved, with a total of 17 emergency Health care providers s, one emergency medicine specialist, and two emergency medicine residents participating in the study.

Data Collection and Analysis

Data collection took place from July 2018 to December 2019 through semi-structured individual interviews. An interview guide was developed based on pilot interviews and covered demographic information along with questions about satisfaction and dissatisfaction with teamwork in the emergency department. Interviews were conducted in comfortable settings, lasting 30 to 60 minutes each, and were transcribed and analyzed using MAXQDA version 10 and Erlingsson and Brysiewicz’s content analysis guide. The data were coded, categorized, and thematically analyzed to identify patterns and themes.

Ethical Considerations

The study received approval from the Research Ethics Committee of the University of Medical Sciences. Participants were fully informed about the study's purpose and procedures, and their participation was voluntary. Informed consent was obtained, and participants had the right to withdraw from the study at any time. Ethical guidelines were followed throughout the research process to ensure participant confidentiality and data integrity.

Findings

In this study, 700 initial codes were extracted, which were further categorized into 19 subcategories and seven main categories. Three themes emerged from these categories: observable disruptive behaviors, hidden disruptive behaviors, and trigger factors.

Observable Disruptive Behaviors

Observable disruptive behaviors are visible actions and are divided into two subcategories: violence and incivility.

Violence

Violence includes physical threats, verbal disputes, shouting, and other aggressive behaviors. Participants' statements illustrate these behaviors:

- Participant #3 (Female Health care providers with 13 years of experience) described physical threats and incidents of violence.
- Participant #4 (Female Supervisor with 20 years of experience) mentioned conflicts resulting in sulking.

Incivility

This subcategory involves disrespectful actions such as verbal bullying and ignoring orders. Examples from participants include:

- Participant #1 (Male Health care providers with 10 years of experience) discussed harsh commands and the impact on teamwork.
- Participant #14 (Head Health care providers with 16 years of experience) highlighted issues with punctuality and compliance.

Hidden Disruptive Behaviors

Hidden disruptive behaviors are not readily observable and include troubling behaviors, poor communication, and irresponsibility.

Troubling Behaviors

This category encompasses negative personality traits and avoidance of responsibilities. Participants shared:

- Participant #3 (Male third-year resident of Emergency Medicine) mentioned variations in work ethic among colleagues.
- Participant #19 (Male Health care providers with 7 years of experience) discussed avoiding stressful situations.

Poor Communication

Poor communication involves irritability, anxiety, and reluctance to communicate effectively. Participants noted:

- Participant #15 (Female Health care providers with 20 years of experience) highlighted the impact of stress on communication.
- Participant #8 (Male Emergency Medicine Physician with 6 years of experience) discussed communication challenges under stressful conditions.

Irresponsibility

Irresponsibility includes covering up mistakes and passing blame. Participants shared experiences related to:

- Participant #17 (Male third-year resident of Emergency Medicine) discussed consequences of warning staff about mistakes.
- Participant #4 (Female Supervisor with over 20 years of experience) described addressing neglect of patient care.

Trigger Factors of Disruptive Behaviors

Factors triggering disruptive behaviors include professional incompetency and workplace discrimination.

Professional Incompetency

This factor includes skill shortages and managerial issues. Participants highlighted:

- Participant #4 (Male last-year resident of Emergency Medicine) discussed inexperienced staff.
- Participant #8 (Male emergency physician with 6 years of experience) mentioned security concerns.

Workplace Discrimination

Discrimination involves poor work conditions, unfair treatment, and payment disparities. Participants expressed concerns related to:

- Participant #12 (Female Health care providers with 14 years of experience) discussed transfers and workload disparities.

- Participant #6 (Female Health care providers with 6 years of experience) mentioned inequities in workload distribution.

The authors developed a model to illustrate these themes, categories, and subcategories, aiding in understanding the complexities of disruptive behaviors in emergency healthcare teams.

Discussion

The study revealed a range of disruptive behaviors perceived by emergency Health care providers within healthcare teams, categorized as observable, hidden, and triggered by various factors.

Observable vs. Hidden Disruptive Behaviors

Observable disruptive behaviors, like violence and incivility, were found to be more prevalent in high-stress departments such as emergency care. This aligns with previous studies showing similar patterns in healthcare settings. Conversely, hidden disruptive behaviors, including troubling behaviors and poor communication, were also identified. These behaviors, often manifested as avoidance or withdrawal, are crucial to address as they impact patient care and team dynamics. (Lux et al., 2014)

Perception of Disruptive Behaviors

The perception of disruptive behaviors varied among healthcare professionals. While some viewed poor communication and negative personality traits as triggers, others saw these as the actual disruptive behaviors. This highlights the complexity of interpreting such behaviors and the need for nuanced approaches in addressing them. (Afzali et al., 2015)

Addressing Disruptive Behaviors

To control disruptive behaviors, a cultural shift is necessary within healthcare teams. This involves promoting a culture of confronting hidden disruptive behaviors and adopting policies that reinforce positive social behaviors rather than punitive measures. Tailored solutions based on specific situations and perceptions of healthcare teams can be more effective than generic approaches. (Parizad et al., 2018)

Role of Head Health care providers s and Education

Head Health care providers s play a critical role in creating a healthy work environment by addressing communication challenges and adopting strategies like setting clear expectations and providing education and coaching. Additionally, communication skills training for nursing students can instill resilience and improve communication patterns in clinical practice, fostering cultural changes in healthcare teams. (Moore et al., 2017)

Triggers of Disruptive Behaviors

Professional incompetency due to skill shortages and lack of managerial support, along with workplace discrimination, were identified as triggers for disruptive behaviors. Addressing these factors is essential to prevent the escalation of disruptive behaviors within healthcare teams. (Dang et al., 2015)

Study Limitations and Future Research

The study's limitations include its qualitative nature and limited geographical scope. Future studies should explore disruptive behaviors from interdisciplinary perspectives and include input from patients, families, and other healthcare professionals. The model developed in this study can serve as a framework for future research on disruptive behaviors in healthcare teams.

Overall, addressing disruptive behaviors requires a multifaceted approach that encompasses cultural changes, leadership strategies, education, and targeted interventions based on specific triggers and perceptions within healthcare teams.

Conclusion

This study delved into emergency Health care providers s' detailed perceptions of disruptive behaviors within healthcare teams. It's evident that trigger factors like professional incompetency and workplace discrimination can lead to both observable and hidden disruptive behaviors. Given the serious implications of these behaviors, stakeholders, managers, and health policymakers must take proactive steps to prevent and address them within emergency healthcare teams. Educating healthcare teams on recognizing and managing disruptive behaviors could be a valuable strategy in this regard.

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