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Acute Care
ISMP Medication Safety Alert!®
Educating the Healthcare Community About Safe Medication Practices

Disrespectful behavior in healthcare: Has it improved? Please take our survey!

Disrespectful behavior has flourished in healthcare for years and has been silently endured or rationalized by staff who make excuses—"That's just the way they are"—in an attempt to minimize the profound devastation that it can cause. In fact, disrespectful behavior occurs more frequently in healthcare than in other industries, largely because of the demands and pace of the dynamic, complex, and often stressful work environment along with dysfunctional hierarchies that nurture a sense of status and autonomy.[1-3] Sadly, in healthcare, all forms of disrespectful behavior are commonly believed to be part of the job and an accepted occupational hazard.[1] For these reasons, healthcare facilities are categorized as one of the most hazardous places to work.[4]

Defining Disrespectful Behavior in Healthcare

Disrespectful behavior encompasses a broad array of conduct, from aggressive outbursts to subtle patterns of disruptive behavior so embedded in our culture that they seem normal (**Table 1**, page 2).[1-7] Some organizations label all forms of disrespectful behavior in the workplace as "bullying." For example, the Workplace Bullying Institute (WBI) defines bullying as "repeated, health-harming mistreatment of one or more persons by one or more perpetrators,"[8,9] and the American Medical Association (AMA) defines bullying as "repeated, emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior targeted at a specific individual or a group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten, or otherwise harm the target."[10] According to WBI, workplace bullying is status-blind harassment, but unlike its discriminatory cousin, it is not yet illegal in the US.[9]

Disrespectful behavior occurs in all healthcare settings but is especially prevalent during stressful emergencies. Thus, disrespectful behavior tends to occur most frequently in the emergency department (ED), intensive care units (ICU), and perioperative areas. It is also prevalent in behavioral health units.[9]

Effects of Disrespectful Behavior

The adverse effects of disrespectful behavior are widespread. On a personal level, disrespectful behavior can jeopardize an individual's psychological safety, emotional health, and overall wellbeing through the involuntary onset of many harmful stress-related diseases.[1-11] It causes the recipient to experience fear, vulnerability, anger, anxiety, humiliation, confusion, loss of job satisfaction, professional burnout, uncertainty, isolation, self-doubt, depression, suicidal ideation, and a whole host of physical ailments such as insomnia, fatigue, gastrointestinal discomfort, hypertension, palpitations, and chest pain. These adverse effects place individuals at greater risk of making human errors or not following procedures.[1,3] Even common, everyday negative encounters can impair an individual's cognitive function, lead to an inability to focus, reduce effective teamwork, and decrease the performance of technical skills. Just witnessing disrespectful behavior can impact an individual's ability to think and make them less likely to want to help others.[7] Disrespectful behavior also damages the individual's professional identity, potentially limiting career opportunities and job promotions.[1] Furthermore, individuals take these feelings home with them, affecting their home life and social relationships.[1,3]

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SAFETY briefs

HIGH-ALERT

Outsourced paralyzing agent packaging could pose a serious safety issue. USP General Chapter <7> requires manufacturers of injectable neuromuscular blocking agents to package products in vials with a cautionary statement printed on the ferrules and cap overseals. The statement, in black or white print (whichever provides the greatest color contrast with the ferrule or cap color), must have the words: "Warning: Paralyzing Agent" or "Paralyzing Agent" (**Figure 1**). Alternatively, the overseal may be transparent and without words, allowing for visualization of the warning labeling on the ferrule. However, pharmacists and others

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Figure 1. Required warning statement on commercial manufacturer's succinylcholine vial ferrule.

Figure 2. Nephron Pharmaceuticals 503B outsourced succinylcholine in blow-fill-seal (BFS) packaging does not meet USP <7> requirements. Also, the amount of drug per container (100 mg [left], 200 mg [right]) is not readable when the label is viewed head-on.

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On an organizational level, disrespectful behavior can significantly impact expenses and often creates an unhealthy or even hostile work environment.[1] Lower staff morale, productivity, and attendance may lead to increases in employee attrition, exacerbating the current healthcare provider shortage and leading to increased operating costs and reduced financial performance.[1-11] Unresolved incidents may lead to costly lawsuits. Disrespectful behavior also erodes professional communication, teamwork, and collaboration, which is essential to patient safety and quality.

Patients also have paid a high price—sometimes with their lives—for our inability to be respectful to each other. There is a clear link between adverse patient outcomes and disrespectful behaviors.[1,9,12-15] The victims of disrespectful behavior are often nervous and may underperform because of their anxiety, posing a threat to patient safety.[9] Disrespectful behavior may also be directed towards patients and their families, thus undermining the patient-provider trust and, in itself, leading to adverse outcomes. Further, if disrespectful behavior has led to an unhealthy team dynamic, individuals may be hesitant to raise patient safety issues.[16] As a result, many practitioners have reported knowing about medical errors, malpractice cases, and procedural violations that resulted from disrespectful behavior.[13]

To cite one example, a nurse had called a physician several times to ask him to come into the ICU to see a patient whose condition was declining. Each time, the physician

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Table 1. Categories of Disrespectful Behavior in Healthcare[1-7]

Behavior Category	Definition or Description	Examples
Bullying	Negative, repetitive, aggressive, and intentional abuse or misuse of power	Malicious personal attacks, belittling comments, verbal threats, intimidation, exclusion or isolation
Incivility	Low-intensity deviant behavior that destroys mutual respect in the workplace	Interruptions, hostile looks, public criticism, eye rolling, abrupt emails, blunt phone calls, sarcasm
Disruptive Behavior	Egregious conduct clearly evident in behavior and/or speech	Angry or rude outbursts, swearing, throwing objects, threats, infliction of physical force
Demeaning Treatment	Patterns of debasing behaviors that exploit the weakness of another	Shaming, humiliation, demeaning comments, ignoring behavior, distorted or misrepresented nitpicking/faultfinding
Passive-Aggressive Behavior	Negative attitudes and passive resistance to demands for adequate performance	Unreasonably critical of authority, negative comments about colleagues, work interferenc, refusal to assist or do tasks, deliberate delay in responding to calls, covert retaliation, undermine another's status or value
Passive Disrespect	Uncooperative behaviors that are not malevolent	Chronic lateness to meetings/rounds, sluggish response to requests, resistance to follow safety practices, non-participatory in improvement efforts
Dismissive Treatment	Behavior that makes patients or staff feel unimportant and uninformed	Condescending comments, patronizing comments/attitude, invalidating the efforts of others, resistance to working collaboratively, refusal to value or praise the contributions of others, exclusionary and overruling behavior
Systemic Disrespect	Disruptive behaviors so entrenched in the culture that the element of disrespect may be overlooked	Making patients/staff wait for services, requiring long work hours, excessive workloads

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need to recognize that 503B outsourcers do not necessarily follow USP <7> packaging and labeling standards. Under the 503B amendment to the Federal Food, Drug, and Cosmetic Act (www.ismp.org/ext/753), outsourcers must register with the US Food and Drug Administration (FDA) and comply with current good manufacturing practices (cGMP), but there is nothing spelled out about following USP <7> requirements to improve safety. Examples of 503B outsourcer noncompliance with USP <7> labeling requirements (**Figure 2**, page 1) have appeared previously in our newsletters. We believe the USP <7> labeling requirements should be followed by all drug manufacturers and compounders to promote patient safety.

As another example, USP <7> requires that the quantity per total volume for injectable drug products packaged in single- and multiple-dose containers should be the primary and prominent expression on the principal display panel of the label, followed in close proximity by quantity per milliliter enclosed by parentheses. Yet, some outsourcers label their products primarily on a per mL basis, which has led to confusion and medication errors. ISMP has repeatedly asked the FDA compounding section to address these issues but that has not occurred. So, we recently asked USP and FDA to investigate the matter and react in the interest of safety.

Incidentally, for the succinylcholine blow-fill-seal (BFS) packaging (**Figure 2**, page 1), the layout of the drug name and concentration are positioned in such a way that they wrap around the container. Depending on how the container is held or positioned in a drawer, one might only see part of the name and the drug strength, increasing the risk for errors. For example, if a practitioner only sees the per mL (i.e., 20 mg/mL) concentration expression, which is the same for both the 100 mg and 200 mg containers, they could select the wrong total strength. For this product, labels could be positioned vertically so that the drug name and total amount per container are visible together without having to turn the container to read the entire label.

Errata. In a *SAFETY* brief in our August 26, 2021 issue, *Keep up to date with EUA Fact Sheet changes,* we inadvertently left out part of a sentence when discussing dosing of

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became verbally abusive and refused to come into the hospital. After multiple attempts, the nurse hesitated to call the physician again despite the patient's continued deterioration. By the time she called again, the situation was emergent. The patient was rushed to the operating room to stop internal hemorrhaging but died.[15]

ISMP continues to receive reports of adverse events related to disrespectful behaviors. One case involved a cancer patient who sustained serious tissue injury and thrombophlebitis after receiving intravenous (IV) promethazine via a peripheral vein in the hand. Several years before the event, the Pharmacy and Therapeutics Committee attempted to remove promethazine from the formulary in lieu of safer antiemetics. However, given his status and loud intense pressure, a surgeon "overruled" the otherwise undisputed action to remove the drug. At the time of the event, this surgeon was the only physician still prescribing promethazine.

Prior Survey Results

According to the results of a 2003[17] and 2013[18] ISMP survey on disrespectful behavior, almost everyone who works in healthcare has a story to tell on this topic. Results of both surveys showed that disrespectful behavior was not an isolated event, was not limited to a few difficult practitioners, involved both lateral and managerial staff (not just physicians), and involved both genders equally. In 2003, 88% of respondents reported that they had encountered condescending language or voice intonation; 87% encountered impatience with questions; and 79% encountered a reluctance or refusal to answer questions or phone calls. A decade later, little improvement was seen in the 2013 survey.

In both 2003 and 2013, about half of the respondents reported more explicit forms of disrespectful behavior, such as being subjected to strong verbal abuse or threatening body language. Incredibly, up to 7% of respondents in 2013 reported physical abuse. Almost half of the 2003 and 2013 respondents told us that their past experiences with disrespectful behavior had altered the way they handled order clarifications or questions about medication orders. In both 2003 and 2013, more than one in 10 respondents were aware of a medication error during the year in which disrespectful behavior played a role. Furthermore, only 60% of respondents in 2003 and 50% of respondents in 2013 were satisfied with organizational efforts to address disrespectful behavior.

Have disrespectful behaviors in the workplace lessened today? The World Health Organization (WHO) identified disrespectful behavior as a silent epidemic in healthcare; it is estimated that 50% of employees globally experience disrespectful behavior in the workplace.[1,19] However, the true incidence of disrespectful behaviors is likely higher due to underreporting.[1] In 2021, according to a WBI nationwide survey about the most serious forms of workplace bullying in all sectors, not just healthcare, 39% of employed Americans suffer abusive conduct at work, another 22% witness it, and 73% are aware that it happens.[8] As found in the ISMP surveys, both genders were involved, and there was an even split between management and non-management perpetrators. Three-quarters of respondents reported that the most common reaction by employers to complaints of mistreatment were negative; they either encouraged the behavior (18%), defended it (13%), rationalized it (12%), denied it (13%), or discounted it (7%). Encouragingly, the survey showed that negative outcomes for perpetrators is starting to rise, from 2% in 2003, to 11% in 2010, and 23% in 2021. Of course, the perpetrator's rate of quitting (3%) is much lower than the victim's rate of quitting (23%).

Factors that Perpetuate Disrespectful Behaviors

Sadly, healthcare has a history of tolerance and indifference to disrespectful behavior. These behaviors are clearly learned, tolerated, and reinforced in both the healthcare culture and the societal culture, where a certain degree of disrespect is considered a normal style of communication.[5] Poor staffing levels, excessive workloads, power imbalances, subpar management skills, role conflict and ambiguity, ignorance of

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REGEN-COV (casirivimab/imdevimab) for post-exposure prophylaxis to coronavirus disease 2019 (COVID-19). The sentence in the article should have said, "Then in July, with the addition of the new authorized use for post-exposure prophylaxis, the *Fact Sheet* was again updated **to reflect doses of 600 mg of casirivimab and 600 mg of imdevimab for this new use** but was also updated to add subsequent repeat dosing of 300 mg of casirivimab and 300 mg of imdevimab for individuals who may have ongoing exposure to SARS-CoV-2 (i.e., for longer than 4 weeks) and who are not expected to mount an adequate immune response to the vaccine."

HIGH-ALERT

More on fluorouracil and pets. The December 3, 2020, newsletter issue drew attention to the importance of keeping medicines, particularly toxic ones such as fluorouracil cream, away from pets. Exposure often happens when a pet licks the owner's skin where the medication was applied or chews the fluorouracil container. The medicine is extremely toxic to dogs and cats and can be fatal. ISMP has asked the US Food and Drug Administration (FDA), USP, and major drug information vendors to prominently include warnings on labels and in patient instructions. However, the problem is not just with topicals.

A patient was receiving intravenous (IV) fluorouracil via an elastomeric pump at home. His 3-month-old puppy (about 3 pounds) chewed through the chemotherapy line and ingested the drug. The patient was lying in bed when the puppy jumped up and retreated under the blanket. After 30 minutes, the patient noticed that the bed felt wet and realized that the puppy had bitten into his chemotherapy line. Just a few mL of the infusion will kill a dog (Dorman DC, Coddington KA, Richardson RC. 5-fluorouracil toxicosis in the dog. *J Vet Intern Med.* 1990;4[5]:254-7). Sadly, the puppy died.

Counsel patients about the toxicity of fluorouracil in pets, including how to ensure pets do not accidentally ingest the medication. This can be done by keeping pets away from chemotherapy lines, keeping the medications out of reach, and ensuring that pets do not lick the medication on a patient's skin if the medication is applied topically. These steps can also be applied to other medications that are potentially toxic to animals.

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social inequalities, and bystander apathy are some of the factors that contribute to disrespectful behaviors.[1,9-11,16] The 2021 WBI survey uncovered other factors associated with disrespectful behaviors, including the personality (personal problems) of the perpetrator, human resources/management response to complaints, and organizational retaliation for filing a complaint.[8] Nevertheless, the stressful healthcare environment, particularly in the presence of productivity demands, cost containment, the hierarchal nature of healthcare, and a culture that nurtures autonomy, have likely been the most influential factors,[1,10,16] along with an unfortunate progression of victims who, in turn, become perpetrators, feeling that they have no choice but to join in the practice. Sadly, disrespectful behavior has become a survival strategy for some victims—they feel they need to be aggressive to discourage anyone from coming after them.

Please Participate in the 2021 ISMP Survey

ISMP would like to measure the progress (or lack thereof) with managing disrespectful behavior in healthcare via a readership survey, which is similar to the surveys we conducted in 2003 and 2013. Please see **page 5** for the questions in the survey. We strongly encourage nurses, pharmacists, physicians, and other healthcare professionals to participate in the survey by visiting: www.ismp.org/ext/761. We estimate that it will take 15 minutes to complete the survey. Responses must be submitted by **October 29, 2021**. We will present the results of the survey in a future newsletter along with recommendations to prevent and correct disrespectful behavior.

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Special Announcements

Two ISMP programs for industry

Individuals who work in the pharmaceutical industry are invited to join us on **September 14, 2021**, for a FREE webinar on the ***Importance of Premarket Labeling and Packaging Safety Evaluations in Minimizing Postmarket Medication Errors***. Learn about common labeling and packaging pitfalls and why the pharmaceutical industry should conduct premarket safety evaluations. For details, visit: www.ismp.org/node/26704.

The pharmaceutical industry is also invited to join us on **October 13** and **14, 2021**, for a live, virtual 2-day program, ***FDA, ISMP, and Industry Partners: Symbiosis for Medication Safety***. Examples of product safety issues will be presented, and how human factors contribute to product-related errors will be discussed. Participants will have a greater understanding of the importance of safe product design. For details, visit: www.ismp.org/node/25772.

Free FDA webinar series

The US Food and Drug Administration's (FDA) Division of Drug Information is presenting a FREE webinar, ***FDA Drug Topics: FDA's Role in Postmarketing Drug Safety Surveillance***, on **September 28, 2021**. Speakers will discuss how adverse event reports are collected, analyzed, and shared with the public during postmarket drug surveillance. For details, visit: www.ismp.org/ext/30, and to register, visit: www.ismp.org/ext/31.

To subscribe: www.ismp.org/node/10

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ISMP Survey on Disrespectful Behavior in Healthcare

Please tell us about your experiences with disrespectful behavior in your workplace. For the purposes of this survey, disrespectful behavior is defined as: any overt or covert interaction (or lack of interaction) between healthcare professionals that may result in either an intended or unintended reluctance to speak up about concerns, question patient care, or share an opinion on a subject. Examples can be found in **Table 1** on page 2. We estimate that it will take you 15 minutes to complete the survey. Please submit your responses by **October 29, 2021**, by visiting: www.ismp.org/ext/761.

1 **Please tell us if you have experienced, witnessed, or are aware of disrespectful behavior(s) (in person or via remote work) in the past year.** *(Check all that apply)*

☐ Yes, I have personally experienced disrespectful behavior(s), individually or as a group
☐ Yes, I have personally witnessed disrespectful behavior(s) experienced by others
☐ Yes, I am aware of (but have not personally witnessed) disrespectful behavior(s) experienced by others
☐ No, I have not experienced, witnessed, or are aware of disrespectful behavior(s) *(Please skip to question # 5)*

2 **Please tell us how frequently in the past year you've experienced or witnessed the following disrespectful behavior(s). Also tell us the gender and rank of the offender(s) exhibiting the behavior(s) compared to the person(s) targeted.** ***Key:*** *Often = more than 10 times; Sometimes = 3-10 times; Rarely = 1-2 times; Never = no occurrences.*

Disrespectful Behavior	Frequency								About the Offender(s) *(Check all that apply)*				
	Experienced				Witnessed				Gender			Rank	
	Often	Sometimes	Rarely	Never	Often	Sometimes	Rarely	Never	Male	Female	Non-binary	Higher than Target	Equal/Below Target
Reluctant/refuse to answer questions, return calls													
Impatience with questions, interruptions													
Yelling, cursing, outbursts, verbal threats													
Report you to your manager (threat/actual)													
Physical abuse/assault													
Condescending/demeaning comments, insults													
Constant nitpicking/faultfinding													
Shaming, spreading malicious rumors													
Throwing objects													
Insulted due to race/religion/gender/appearance													
Negative comments about colleagues/leaders													
No teamwork/reluctant to follow safety practices													
Disrespect during virtual meetings, email, online													
Other (please specify):													

3 **If you answered "Sometimes" or "Often" to experiencing or witnessing at least one behavior listed in Question 2:**

a. How many different individuals committed the disrespectful behavior(s)? ☐ 1-2 ☐ 3-5 ☐ More than 5

b. Please select the three most frequent behaviors (from the table above) encountered in the past year: _____

4 **Please tell us how frequently in the past year you've experienced the following potential effects of disrespectful behavior.**

Key: *Often = more than 10 times; Sometimes = 3-10 times; Rarely = 1-2 times; Never = no occurrences.*

Potential Effect of Disrespectful Behavior	Often	Sometimes	Rarely	Never
Despite concern (even vague), I've assumed that a medication order is safe rather than interact with a particular prescriber.				
Despite concern (even vague), I've assumed that a medication order is safe because of the stellar reputation of the prescriber.				
I've asked colleagues to help interpret an order or validate its safety so that I did not have to interact with a particular prescriber.				
I've asked another professional to talk to a particularly disrespectful prescriber about the safety of an order.				
I've felt pressured to accept an order, dispense a product, or administer a drug despite concerns (even vague) about its safety.				

5 **Please answer "Yes," "No," or "Don't Know" to the following statements related to disrespectful behavior in the workplace.**

Statement	Yes	No	Don't Know
In the past year, prior experiences with disrespectful behavior have altered the way I handle questions about medication orders.			
My organization has clearly defined an effective process for handling disagreements with the safety of an order.			
The process for handling clinical disagreements allows me to bypass a typical chain of command if necessary.			
My organization deals effectively with disrespectful behavior.			
My organization/manager would support me if I reported disrespectful behavior by another professional.			
The coronavirus disease 2019 (COVID-19) pandemic has contributed to an increase in disrespectful behavior toward one another.			
I am aware of a medication error in the past year where disrespectful behavior played a role (briefly describe).			

6 **Please select the categories that best describes you.**

Practitioner type: ☐ Physician ☐ Pharmacist ☐ Pharmacy technician ☐ Nurse ☐ Quality/Risk/Safety ☐ Other
Position type: ☐ Staff ☐ Manager/Director ☐ Administration ☐ Physician/Resident/Fellow ☐ Student ☐ Other
Total years of experience: ☐ Less than 2 years ☐ 2-5 years ☐ 6-10 years ☐ More than 10 years
Location of work: ☐ Facility wide ☐ Pharmacy ☐ Critical care ☐ General ☐ Emergency department ☐ Perioperative ☐ Behavioral health ☐ Other