



Defusing Disruptive Behavior in Healthcare Education:

Interventions to Improve the Experiences of Students, Teachers, and Patients

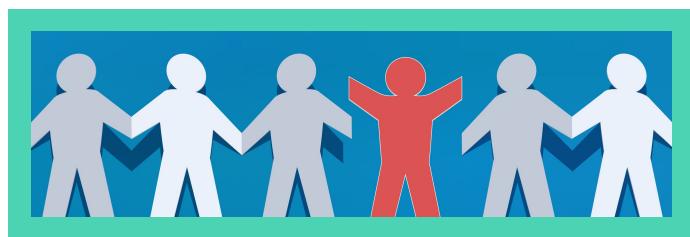
A White Paper

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Introduction

Disruptive behavior is defined as that which creates an uncomfortable, hostile, or unsafe environment.¹

In healthcare education, disruptive behaviors may occur in the form of student-to-faculty, faculty-to-student, student-to-student, and faculty-to-faculty interactions.²

Disruptive student behaviors may also progress to the workplace, threatening patient safety, quality of care, and the well-being of other health professionals.³⁻⁶

Students, faculty, and the general population are at risk of negative consequences with the potential for global downstream impacts on academia, health systems, and population health outcomes.⁷

It is critical to identify effective interventions for mitigation as the prevalence of disruptive behavior has been established as a problem of practice in both healthcare education and the healthcare workplace.^{2,4,6-15}

What is Disruptive Behavior?



Disruptive Behavior is an umbrella term for behaviors considered unprofessional; characterized by a lack of respect, caring, or compassion; and detrimental to the learning environment.^{16,17} These include:

- **Uncivil behavior/incivility:** Describes rude or inconsiderate behaviors, psychological in nature and of low intensity.^{18,19}
- **Bullying:** Targeted behaviors characterized by hostility, an imbalance of power, and a repetitive pattern.^{15,18,22}
- **Horizontal or lateral violence:** Targeted, overt or covert antagonistic or undermining behaviors without the power differential associated with bullying, may be isolated or repetitive.¹⁸
- **Academic incivility:** Includes inappropriate verbal and nonverbal behaviors, attendance issues, academic dishonesty, and lack of preparation.^{17,20,21}
- **Contra-power harassment:** Describes overt behaviors employed by students to harass those in positions of power.²³

Why Should I Care?



Disruptive behaviors have negative impacts on:

- Learning outcomes ^{7-12,20,25}
- Students' self-esteem and/or sense of self-efficacy ^{8,10-12}
- Faculty willingness to provide honest feedback in clinical settings ²⁴
- Students' mental and emotional health ^{7,8,10,11,25,26}
- Students' physical health ^{11,12,25}
- The physical and mental wellness of faculty ^{2,8,9,11,21,25,27}
- Job satisfaction ^{7,9,10,11,13,14,27,28}
- The emotional and physical health of healthcare providers ^{6,10,11,13}
- Patient safety and quality of care ^{6-8,10,11,13,14,24}

"If you are
unable to
understand the
cause of a
problem it is
impossible to
solve it."

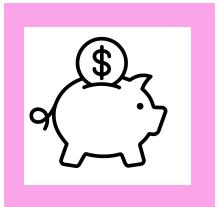
-Naoto Kan²⁹

What Causes Disruptive Behavior?



Stress^{8,9,11,12}

- Workload for students and faculty^{11,12}
- Diverse beliefs and values⁸
- Sense of inferiority, vulnerability, or lack of control^{8,13}



Consumerism or Academic Entitlement

- Leads to expectations of success without commensurate effort^{23,30}

Lack of Effective Communication^{7,11,24}

- Increasingly diverse student population²³
- Difficulty accepting feedback²⁴

Social Factors

- Generational differences^{17,21,30}
- Intellectual and/or emotional immaturity^{28,30}
- Lack of empathy³¹

Faculty

- Disruptive behaviors by faculty create a reciprocal cycle, students believe their behavior is justified^{10,11}
- Reluctance to address behavior allows perpetuation⁹



The Evidence: Effective Interventions

- **Scenario-Based Education**

- The most commonly applied intervention^{7,8,10}
- Effective in increasing awareness/perception of a form of disruptive behavior^{7,8,10}
- Effective in improving communication^{10,24}
- Effective in improve coping skills/self-efficacy^{7,10}

- **Cognitive Rehearsal**

- An evidence-based behavioral science technique that utilizes a facilitator in the discussion and “rehearsal” of appropriate responses to a social situation or problem^{10,13}
- Effective in increasing the awareness/perception of disruptive behaviors¹⁰
- Effective in increasing self-efficacy and resilience^{10,13}

- **Non-Scenario Based Educational Programs²⁴**

- **Codes of Conduct^{9,11,12}**

- **Journal Clubs/Reflective Activities¹²**

- **Stress Reduction Activities¹²**

- **Combined Strategies**

- Evidence and recommendations based on existing research are from and for evidence-based, multicomponent intervention strategies.^{10,11,14}
- A combination of strategies utilizing education, application, and reflection was found most favorable to promote awareness of disruptive behavior, increase self-efficacy, and increase respectful behavior in the academic and workplace environments.^{11,14}

What's Next? A Call to Action

While the evidence supports the effectiveness of interventions to reduce disruptive behavior in the academic environment, there is a need for more, better quality intervention-specific research.^{8-10,12,14,24}

Limitations of existing research include:

- Population homogeneity and small sample sizes⁸⁻¹⁰
- A lack of control groups⁸
- The potential for self-report bias^{8,10,13,32}
- Limited research in fields other than nursing²⁷
- A focus on students without consideration of faculty contributions to disruptive behavior^{11,27}
- The plurality of terms for these behaviors combined with a lack of consensus in the ways they are defined and described^{1,6}

Next steps:

- Increase the awareness of the existence of effective interventions.
- Larger, more diverse studies must be conducted to increase the validity, reliability and generalizability of the evidence for effective interventions.
- New research focused on the clinical learning environment
- Interventions that include a focus on faculty
- Longitudinal and/or collaborative research on the maintenance of interventional outcomes from academia to the workplace

Conclusion

Disruptive behavior is a multifactorial problem affecting students and faculty in healthcare education.

Acknowledging the prevalence of this problem is insufficient action to mitigate the consequences. Raising awareness of effective interventions to reduce disruptive behaviors must occur to bridge the gap between evidence and practice.

The research that supports this paper suggests that effective interventions exist, yet also indicates that there is more work to be done. Multicomponent interventions to improve student and faculty self-awareness, communication, and behavior in a psychologically safe environment should be implemented and assessed for effectiveness.

Disruptive behaviors must be addressed to secure the integrity of the learning environment, maintain the well-being of students and faculty, and ensure that future healthcare providers are qualified to provide safe and effective care to patients.



DisruptEDU is an online community dedicated to improving teaching, learning, and healthcare outcomes by reducing disruptive behaviors.

The goal of DisruptEDU is to raise awareness of effective interventions and connect professionals to inform and encourage future research.

Please consider joining the effort by sharing this information and/or following DisruptEDU:



DisruptEDU.co

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