

Stress In This Time of Health Reform

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Physicians today may be under more stress than ever, striving to balance mandates having little to do with patient care — e.g., EMR, ICD-10, billing compliance — with their commitment to see more patients in less time. This article addresses physician stress: why it is important to understand its impact; how to identify stress in oneself and one's colleagues; and steps one may take to manage stress.

Why Physicians Should Understand the Impact of Stress

One reason physicians should understand the impact of stress is that it is linked to patient harm.¹ The Joint Commission refers to “inherent stresses of dealing with high stakes, high emotional situations” and “fatigue” as well as “systemic factors...marked by pressures that include increased productivity demands, cost containment requirements, embedded hierarchy and fear of or stress from litigation”. Stress can cause physicians to engage in disruptive behaviors, undermining a culture of safety and resulting in errors and harm to patients. There is a direct correlation between disruptive behavior and patient harm — such behavior threatens teamwork, communication and collaboration necessary for patient safety. Further, these behaviors can lead to patient complaints, which have been linked to increased malpractice lawsuits against physicians displaying disruptive behaviors.¹

What are disruptive behaviors? The AMA defines disruptive behaviors as “abusive conduct, including sexual or other forms of harassment, or other forms of verbal or nonverbal abuse that harms or intimidates others to the extent that quality of care or patient safety could be compromised.”² Examples include physical or verbal intimidation, angry outbursts, threats, pushing/grabbing/striking another, bullying, impatient responses, throwing of objects, refusal to perform tasks or respond to questions, failure to return calls/pages, condescending words or tone and failure to cooperate during routine activities.^{1,2}

A second reason to understand the impact of stress is that health care organizations, government agencies and licensing bodies may take adverse action against physicians based on their disruptive behavior. Thus, stress, as exhibited in disruptive behaviors, can damage or even destroy a physician's career.

How to Identify Stress in Oneself

Although you may be familiar with stress symptoms generally, you may not have known of the connection to disruptive behaviors and the potential impact on your reputation and career.² Today, health care organizations address disruptive behavior in codes of conduct, medical staff bylaws and employment policies as “unacceptable” and “grounds for disciplinary action.” Any one engaged in such behavior risks disciplinary action, including termination of employment, loss of privileges, reports to the NPDB and (depending on the behavior) the NY Office of Professional Medical Conduct, e.g., NYS PHL Reg. Art. 131-A (Section 6530 (7, 20, 33)).

Disruptive behaviors contribute to poor patient satisfaction, increased costs, hostile work environments, loss of key employees, whistleblower suits and, worst case, investigations and loss of license.

Although the medical profession has a “history of tolerance and indifference to intimidating and disruptive behaviors in health care” this is changing.² Given this change, it may be helpful to heighten your awareness of stress/disruptive behavior warning signs, including high staff turnover, increasing patient/staff complaints, related malpractice claims, and weakening professional reputation. If you identify any signs, consider the steps to reduce stress and avoid disruptive behaviors, in Part V.

How to Identify Stress in One's Colleagues

Some of your colleagues may be struggling with stress, unaware of the risks to their patients and themselves. Arguably, one can no longer ignore a colleague's unprofessional behavior, given the risks to his patients and career. Organizations' bylaws and codes of conduct may describe how to address disruptive behavior, but for sites lacking guidance, consider the “professional accountability pyramid” designed to address physician disruptive behavior.¹ (Credit to Gerald Hickson, M.D., while Director of Center for Patient and Professional Advocacy, Vanderbilt Medical Center).

The pyramid has four levels. A Level 0 (my term) intervention is appropriate when you learn of one disruptive behavior incident. Invite your colleague for a non-judgmental “cup of coffee conversation” and tell her what has come to your

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attention. (“I am telling you this because you are so important to me and the practice.”). Do not interrogate, as your purpose is to raise awareness that someone (correctly or not) interpreted her behavior as disruptive. If she wants to respond, listen respectfully and offer non-judgmental statements (“Now I understand”). Assure confidentiality and honor this commitment.

A Level 1 intervention is an “Awareness” conversation, appropriate when your colleague has exhibited a pattern of disruptive behavior. This has a more serious tone than Level 0, including advance notice of what the meeting will address. Assure confidentiality and allow time to review the pattern and for your colleague to respond. Invite her to identify ways to address the issue(s) and express confidence that this pattern will not arise issue again.

A Level 2 intervention is appropriate when the pattern of disruptive behavior has continued; it is “guided” by an authority figure. The parties develop a plan of improvement, with specific consequences if the behavior continues. If there is concern that the behavior could be related to a medical impairment, the colleague should undergo a health assessment and, if so, the plan should not be implemented. A Level 3 intervention is a “Disciplinary” measure, by the colleague’s supervisor when the plan has not worked to eradicate the behavior. Discipline should follow applicable policies and processes.

Please note: you may have an obligation to report a colleague’s disruptive behavior to OPMC, as certain behaviors are expressly defined as “professional misconduct.” You may want to consult with your employer or a legal expert to determine your responsibility, if any, regarding OPMC as well as under bylaws, codes of conduct, employment agreements or policies to which you may be subject.

Steps to Address Stress and Avoid Disruptive Behaviors

Although there is no silver bullet to prevent stress and related disruptive behaviors, below are five steps which may minimize the impact of stress on you, your health, your patients and your career.

One, consider a third party assessment of whether stress is causing you to act inappropriately. A trusted colleague or staff member may be able to identify disruptive or uncharacteristic behavior on your part. To assure a candid response, you might emphasize that there will be no retaliation as well as the need for honesty, for your sake and that of your patients. Alternatively, your team could complete a survey anonymously (I have a bias that anything anonymous may lack integrity and credibility).

Two, consider an assessment by your provider to determine whether there is a health impairment contributing to your stress or behavior. Since you would have initiated this assessment, you would be entitled to confidentiality (physician-patient privilege) and all findings and recommendations would be legally protected. Ask your provider how to reduce stress and develop a healthier approach to managing your practice. Be open to suggestions such as reduced hours or modifying certain job functions. Depending on your practice (sole practitioner, a health system employee, other), state and federal laws may provide limited job protection (e.g., Family Medical Leave Act) or require your employer to accommodate reasonable job changes to reduce your stress (e.g., American for Disabilities Act). It may be helpful to speak with an attorney or consultant to devise creative approaches balancing your provider’s recommendations, your requests and your employer’s/colleagues’ needs in a “win-win” manner.

Three, even if not recommended by your provider, you may want to consider job modifications, such as reduced hours, limited working from home or changes in job responsibilities. Even if you doubt the acceptance of suggested changes, there may be ways to approach your employer/partners to engage in a dialogue, given the shared goals of all to avoid patient harm/complaints/malpractice actions, protect professional licenses and preserve the practice’s reputation. Again, you may devise a “win-win” proposal with the help of a professional familiar with the health care environment.

Four, if you do not want to make any job modifications and prefer to address stress/behavior concerns confidentially, you could work with a health care employment expert to develop strategies for managing stress in the changing health care environment. Even simple strategies, such as dealing with difficult personalities, improving organization or establishing and implementing priorities may enable you to regain the pride and enthusiasm for your honored profession.

Five, if you are accused of engaging in disruptive behavior, you should immediately obtain a copy of relevant (if any) patient charts; attend all meetings requested (after you receive written notice of the agenda and all invitees); and consult an attorney for guidance through this entire process. Your goal is to preserve your reputation, practice, privileges and license, while providing quality care to patients.

In this time of health reform, managing stress and avoiding disruptive behaviors are important steps for your patients and your career.

References

- ¹ Joint Commission Sentinel Events Alert (July 9, 2008), “Behaviors that Undermine a Culture of Safety: Health Reform.”
- ² American Academy of Orthopedic Surgeons Now, Aug. 9, 2011