

## Amorphous Behaviours Result from Unfavourable Working Environments

Andreas Nikolaou Pascale\*

Department of Pharmacy, Manipal College of Pharmaceutical Sciences, Madhav Nagar, Karnataka, India

### DESCRIPTION

Disrespectful behavior can be an issue for both health care professionals and learners. "Any behavior that inhibits staff or patients' willingness to speak up or interact with an individual because he or she expects the encounter to be unpleasant or uncomfortable." is how disrespectful behavior in the healthcare industry is described [1]. Various evidence from the last decade shows that disrespectful behavior in health care persists, highlights the serious consequences for victims and patient outcomes, defines its origins, and suggests solutions to address it inside institutions. The purpose of this paper is to give the pharmacy leader of health system knowledge of how to identify, label, and eliminate disrespectful behavior in their specific department.

### Presentation

Disrespectful behavior appears in a variety of ways and at unpredictable moments. Shaming, humiliation, condescension, spreading false information, throwing objects, physical abuse, and slights based on a person's race, sex, appearance, or religion are all examples of disrespectful behavior. A pharmacist-provider telephone call that abruptly ends with the phone getting hung up on is a more specific instance of a pharmacy (and subsequent failure to communicate patient care recommendations). Furthermore, pharmacists may meet clinical colleagues who are unable to cooperate, respond to messages, or follow to safe practices [2]. The inability to take the steps required creating a positive working or learning environment typically leads to rude behavior [1]. Frustration and desperation are caused by insufficient pharmacy staffing or support services. Leaders in the health system pharmacy should be aware that disrespectful conduct is often accepted in unfavorable circumstances.

A response to unfavorable working conditions may be more amorphous behaviors. Poor working conditions can promote nuisance survival behaviors. Disrespectful behavior, on the other hand, should not be interpreted or tolerated as "survival habits gone awry"[1]. Inherent job demands to balance personal challenges and lives while caring for patients are yet another

stressor that leads to rude behavior in healthcare professionals. For example, pharmacy preceptors might feel squeezed for time while balancing the requirements of students, institutional publication and conference attendance requirements, and patient care goals. Since at least the 1980s, the environment of the health-care industry has been documented as stressful. Members of the pharmacy team will gain from leadership support to adopt good mental, physical, or emotional health strategies while also getting access to department-approved, dedicated professional time and resources to help them improve their careers [3]. Lastly but not least, status and disrespect in the medical field are closely related [4]. A psychological phenomenon known as "moral license" is when high-achievers self-justify unethical acts in light of their respective stellar records [5]. Pharmacy team members who have significantly impacted the profession shouldn't be exempted from discipline for actions that would otherwise be penalized by those "lower" in the department hierarchy.

### Prevalence

The Institute for Safe Medication Practices (ISMP) conducted a survey multidisciplinary professionals, including pharmacists, nurses, physicians, and organizational management and leadership, in 2003 and 2013. The surveys focused on disrespectful behavior of workplace intimidation [2]. The notion that "previous encounters with intimidation influenced the way professionals handled order clarifications or inquiries" was echoed by nearly half (49%) of those surveyed in 2003. 44% of people agree ten years later. 39% and 33% of the people, respectively, had doubts about a medication order but decided to take it on faith rather than face an intimidating prescriber. During their responsibilities administering medications, pharmacists and nurses deal with disrespectful actions. According to the ISMP survey results, 29% of pharmacists and 17% of nurses enabled a physician to administer a drug despite expressing concerns about the order's safety. Almost twice as many pharmacists (63%) as nurses (30%) assumed a prescription order was correct rather than pursuing any concerns with an intimidating doctor. Both professions agreed (83% pharmacists,

**Correspondence to:** Andreas Nikolaou Pascale, Department of Pharmacy, Manipal College of Pharmaceutical Sciences, Madhav Nagar, Karnataka, India, E-mail: AndreasNPascale@gmail.com

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74% nurses) that their organizations do not deal with unprofessional behavior effectively.

## Consequences

Disrespectful behavior has emotional, physical, and professional effects. Members of the pharmacy team who see disrespectful behavior may experience fear, rage, embarrassment, doubt, depression, isolation, and confusion as a result. All of these feelings result in lower job performance and professional satisfaction. Physical symptoms can also include insomnia, nausea, fatigue, and hypertension. Absenteeism, resignation, impaired teamwork, and switching professions have also been reported, all of which weaken the pharmacy profession's unity and power [4]. Disrespectful behavior can endanger patient outcomes. In a 2008 survey of roughly 4500 pharmacists, nurses, physicians, and other health care professionals, 70% of respondents noted a link between rude behavior, medical errors, and poor patient care. Sixty-five percent of respondents linked rude behavior to a specific adverse event, whereas 25% linked "disruptive" behavior or communication to patient mortality. Accounts from health care workers of rude behavior and patient deaths suggest a link. A short, randomized investigation found statistically significant decreases in procedural and diagnostic patient care performance during a simulation with scripted disrespectful behavior [6,7].

## Resolution

The problem of disrespectful behavior in health care is difficult to address. For a wide range of reasons, many organizations have failed to address rude behavior [8]. Disrespectful behavior goes unreported for fear of retaliation, measuring and studying rude behavior is difficult, managers hide information from leaders, and high-performance individuals are protected. Solutions to address disrespectful behavior found in the literature are valuable for the health system pharmacy leader to consider [9]. It is critical to prioritize the protection and confidentiality of pharmacy team members who report disrespectful behavior. Any signs of retaliation against a reporting party after an intervention for disrespectful behavior leads in a loss of trust in the process. Controlled focus groups can be used to identify individuals or opportunities. Alternative methods for detecting rude behavior

include pharmacy staff meetings, on- or off-site retreats, and leader rounding. A disrespectful behavior mitigation steering committee comprised of exemplary pharmacists, technicians, and learners should be established within the pharmacy department and meet on a constant schedule.

## CONCLUSION

Pharmacist team members who are regularly recognized by multidisciplinary colleagues for collegiality and/or by learners for strong presenting skill sets should be included. This steering committee's mission should include urging department-wide urgent action to address rude behavior, such as the establishment of a code of conduct. To address disrespectful behavior, pharmacy leadership interventions should include zero tolerance, a detailed disciplinary process, and the establishment of a timely, predictable, and appropriate reaction to charges.

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