

WHAT ABOUT DISRUPTIVE BEHAVIOR?

What do you do about disruptive behavior?

Not outright at-risk behavior that occurs while people are working, but behavior in a safety meeting or planning session that disrupts communication and/or morale? Snide remarks. Snoring. Griping or eye-rolling...

What do you do about the behavior of a person in a position of authority in your workplace, a supervisor or manager, that undermines - disrupts - the safety culture and values you are trying to promote?

- A supervisor who always wants to cut your safety talks short.
- A manager who doesn't model safety, doesn't wear PPE, doesn't recognize any of your safety successes.

Disruptive behavior was recently a hot conversation piece on a medical professional Internet list-serv. As hospitals pay more attention these days to medical errors that harm or could harm patients, and grapple with building organizational safety cultures that assign no blame or shame for reporting safety problems, disruptive behavior of all staff members is coming under greater scrutiny. The classic case is the impatient, authoritarian physician throwing a tantrum in the OR and walking out because his tools haven't been laid out properly - but the problem is far more pervasive.

"We find... disturbing, disruptive and potentially dangerous behaviors in all healthcare organizations," said one physician.

"If healthcare is truly to embrace the principle of a culture of safety... this means that no one 'gets away' with behavior that undermines safety," said an RN.

What about in your workplace? Do employees, supervisors, managers "get away" with behavior that disrupts your safety efforts?

What happens if someone walks out on one of your safety training sessions?

A GRAY AREA OF BEHAVIOR

Let's define what we're talking about.

For the most part, we're examining a gray area of day-to-day behavior. We're not talking about more obvious verbal, physical or written threats of workplace violence that HR and security should jump on. Or black-and-white obvious safety rules violations that should be pointed out and addressed by a co-worker or safety manager.

No, here we are describing less-threatening (at least to immediate health and well-being) resistance to safety.

- Managers who don't walk the walk and talk the talk when it comes to safety.
- Supervisors who subtly intimidate subordinates into ignoring safety rules or cutting corners to beat the clock, another shift or a quota in production performance.
- Long-time employees, role models to young co-workers, who wave off any of your attempts to engage them in safety conversation.
- Naysayers who delight in pointing out why safety suggestions will never fly.
- Class clowns in safety training sessions who wear respirators upside-down, fall protection harnesses backwards... you get the idea.
- A department head throwing a tantrum after reading your hazard ID report, vehemently denying any problem and arguing that you're trying to embarrass him.
- An employee who just "goes through the motions" of observing fellow workers on the job, handing your observation checklists with no marks and no value.

What's the tolerance level in your work culture for these kinds of disruptive behaviors?

Said one nurse in the list-serv exchange of views: "We have historically tolerated so much [anti-safety behavior in healthcare] that it is now very hard to say no. Zero tolerance really means... everyone should be held to the same expectations, and violations must be treated the same for everyone.

Of course, having policies that set behavioral expectations and codes of conduct for meetings, training sessions, observation processes and your safety program as a whole is just a starting point. If no one in your workplace stands and says, "This is not OK," when confronted with disruptive behavior, policies and codes are a mockery.

DEALING WITH DISRUPTIONS

Beyond establishing clear behavioral expectations and the consequences for deviant safety behavior, here are tips from one physician that apply to really any workplace setting:

- Be sure everyone is clued in, trained, to the types of subtle or not-so-subtle (respirators worn upside-down) behaviors that the organization defines as disruptive to safety.
- Be sure to have allies in the front office who will support and oversee corrective measures, if necessary. Maybe you're having problems with a supervisor who plays golf every weekend with the plant manager. The plant manager doesn't "see" what you're complaining about. But maybe the production superintendent does.
- Make sure your observations of disruptive behavior are correct.

- Don't accept a band-aid for a serious problem just to push it out of sight.
- Confront the disruptive person in private to give him or her the chance to explain, change or seek help on their own before you take further action.
- If you do have to take it to the next level, be open, honest and professional. No talking behind anyone's back, no gossiping in the lunchroom.
- Have all discussions about disruptive behavior in appropriate forums - no locker room judges and juries. Record these discussions so there is no misunderstandings of who said what to whom.
- Don't go it alone. You need the support of stated policies, step-by-step procedures, and higher-ranking administrators. Otherwise your actions might be seen as a personal vendetta.
- Don't start something you're not going to finish. Be sure of your facts, your convictions, your level of organizational support, your skill in managing difficult conversations. "Don't go down this path unless you are going to see things to an acceptable conclusions," said the doc.

Another healthcare professional adds one more point worth considering:

There can be many "root causes" of anger, frustration, impatience with safety protocols and resistance to safety initiatives. Some might be embedded in the organizational system - financial pressures, short staffing, etc. And some can be personal issues connected to life outside the plant gates. All the more reason why you shouldn't "go down this path" and confront disruptive behavior on your own.

How do you go about addressing behavior that disrupts safety communication, meetings, training, morale? Email us and we'll share lessons learned.