ORIGINAL ARTICLE

Disruptive Behaviors amongst Under Training Doctors Working in Emergency Department of a district hospital "A Phenomenological study"

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ABSTRACT

Background: Disruptive behaviors underlie many workplace problems. This type of behaviors may lead to poor performance of young doctors due to the effects on interpersonal relationships, communication transfer, team collaboration caused by these behaviors which eventually result-in compromised patient management.
Aim: To explore young doctors' perceptions of disruptive behaviors in work place of emergency department of a District Hospital.
Methodology: A phenomenological study approach was conducted from Jun 2019 to Dec 2019 to identify influence of various environmental and situational factors in an emergency department of a District hospital in the evolution of under training postgraduate doctor's disruptive behaviors. A purposive sampling was done to select participants from (general Surgery, Medicine, OBG/GYN, pediatric medicine) departments. Four focus groups (six participants/group) and four individuals were selected. After getting written informed consent data was collected through discussion with focus groups and in-depth interviews with four individuals. The analysis of collected data was done with NVIVO software.
Results: The four categories of factors (social, organizational, environmental and individual) influencing the normal behaviors were found during the study.
Conclusions: It was concluded that there are numerous variables behind a disruptive behavior and suggestions were made/ given for the improvement of teaching and training of these under-training postgraduate doctors in the emergency department. While theoretically driven concept through this study of disruptive behavior amongst these doctors may also help other investigators to probe this phenomenal issue in other workplaces.
Keywords: Disruptive behaviors, emergency department, young doctors

INTRODUCTION

Good human behaviours are inspirational for working condition of any profession while disruptive behaviours have adversely affect the performance of working staff. In health care sector these types of behaviours are matter of concern for both working, administrative and academic staff. Emergency department is a site of social interaction among health personals and patients and his attendants. This interaction is dependent on human behaviors which can be good or bad influencing the management of these patients. It is necessary to look for these bad behaviours because they can have serious repercussions on inter relationships of staff members and patient care[1,2,3]Since their management require immediate action in terms of good communication, collaboration and treatment, so unwanted disruptive behaviour amongst under training doctors may leads to lapses in management of patients [4]This aspect of behavioural issue has not been given much attention in Pakistan, may be due to reason that our teachers, curriculum makers and administrators think that this phenomenological behavioural issue is not a problem of our society. The studies of few researcher [5]are the few examples which explored the perceptions of students and doctors about these behaviours. The rationale for this study was based on various international studies[4,6,7,] that recognized a strong connection between disruptive behaviour and patient management and hence to study the phenomenon of Disruptive behaviours amongst our under training junior doctors, especially, in the context of emergency department in District hospitals of Pakistan with the purpose of exploring their perceptions about this phenomenon and to identify the influence of various environmental/situational factors in evolution of these disruptive behaviours and the need for modifying these post graduate resident doctor's behaviours to minimize its adverse effects on their interpersonal relationship and patient management.

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MATERIALS & METHODS

The study design to answer research questions in this investigation was Qualitative based on its subtype Phenomenology which was exploratory and interpretative in nature to know how much influence does environment / situational setup of emergency has on evolution of disruptive behaviours amongst under training post graduate

resident doctors. This study was conducted in a period of six months from Jun 2019 to Dec 2019

Context (Setting): The context and setting of this research was emergency department of a district hospital.

Sampling and participants: In qualitative research, sampling often begins with a plan guided by both the theoretical orientation and the research questions[8,9]. Out of sampling frame of eighty post graduate resident doctors (Level 1 PGRS of general Surgery, Medicine, OBG/GYN, Pediatrics medicine) four focus groups with one focus group from each discipline was made. Each focus group was comprised of six (6) participants with good mix of both males and females which were selected on convenient basis[10] and afterwards one individual (resident doctor) was chosen for face to face in depth interview from each focus group. This individual (resident doctor) was chosen by researcher after taking clues and hints from focus group discussion or by snow ball sampling technique by members of focus group.

Study instrument: In qualitative phenomenological research data collection and data analysis are often Interlaced[11] with the objective to make use of a methodology which is meticulous and trustworthy [12], to increase validity within the research. To that end, following study instruments were used to collect data for research.

Data collection methodology: A two-step process to collect data was used for this study First step started with focus group discussion followed by second step of in-depth face to face individual interviews taking the experiences and perceptions of under training postgraduate resident doctors about Disruptive behaviours among themselves in Emergency Department as shown in table 1.

Table 1: Data collection process

Phase 1: Collecting data	Phase2: organizing data	Phase3: Analysing data
1.Scheduling and conducting focus group and in-depth individual interviews 2. collecting data through audio recording of views and perceptions of participants about disruptive behaviours	1.Comparing qualitative data 2.Developing categories 3.Revising and finalizing collected data	1.Codingof categories 2.Developing themes 3.Finalizing data 4.Making results

Through Focus group discussion: Focus groups discussions was the first step of this data collection process to allow these residents to become more comfortable prior to meet them in next step of in depth face to face individual interview We conducted four sessions of group discussions (60-90 minutes) from each discipline which were involved in patient care in emergency department of a district hospital. The participants were asked a series of open end questions regarding disruptive behavior among their colleagues during their duties at work place of emergency department to illuminate this phenomenological issue. Group participants were asked to consider the questions individually, and then share their thoughts and views during a group discussion. The information obtained through this group discussion was used to develop further questions with probes for in depth individual interviews.

Through In-depth individual Interviews: The format of in-depth individual interview was face to face. The criteria used for defining the acceptability for a chosen interview location was (a) convenience to participant(b) maintenance of both confidentiality and a safe place for meeting, and (c) a quiet place for recording [13].The duration of each interviews was 60-90 minute. all of the participants were interviewed with the same semi closed -ended questions, so all described their own experiences from their own point of view. The conversation with each participant was audiotaped. Each interview was conducted with more probing questions to get more detailed information from individual participant to understand the phenomenon under investigation in depth. These probing questions were like that's interesting; can you explain that in more detail? I'm not quite sure I understand. You were saying? Could you elaborate a little more? Could you clarify that? Could you expand upon that a little? When you say not liking the orders of your seniors', what do you mean by that? follow-up questions were used for extrapolation & clarification and to help each participant more richly to express their views.

Data analysis: During data analysis it was tried to provide rich, thick descriptions of the participants' perceptions of disruptive behaviors. Both focus group and individual recordings were transcribed verbatim and analysis was performed with transcripts with reference to audio recordings when explanation of meaning was required. The transcribed data was coded independently. Each quote or sentence was coded as the initial coding 'template' (theory informing the data). To preserve the richness of the data, quote which could not be coded into the pre-existing framework were coded inductively. The supplementary codes were then used to alter and amplify through an iterative process. New categories were reorganized and redefined until final results were achieved.

RESULTS

After explaining and interpreting the perceptions of the participants about disruptive behaviours by using inductive analysis (Thomas, 2006) and applying attribution theory aafterwards following findings were emerged.

Findings of focus groups: During this analysis, researcher reviewed and explored the following concepts from group discussion

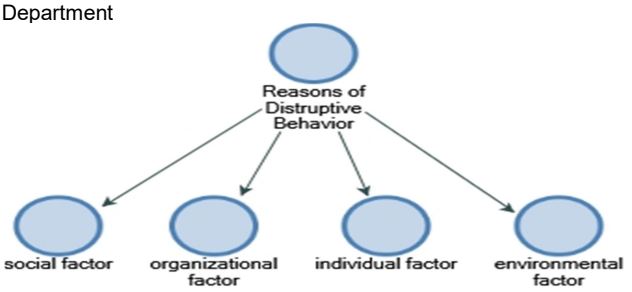
1) Perceptions about Disruptive behaviors.
(2) Existence in our under-training doctors
(3) Peer relationships at work
(4) Environment of emergency department
(5) Situational dilemmas in emergency department
(6) Supervisor influence
(7) Influence of professionalism education
(8) Institutional check and control

All of the participants talked about above mentioned domains to varying degrees and how these influences their behaviors. The participants perceived these factors important in the workplace of emergency department.

Findings of individual interviews: During this analysis, researcher reviewed and explored the perceptions of individual participants. So by further narrowing down the findings of collected data from this study these reasons were explained ultimately in four categories: social factors,

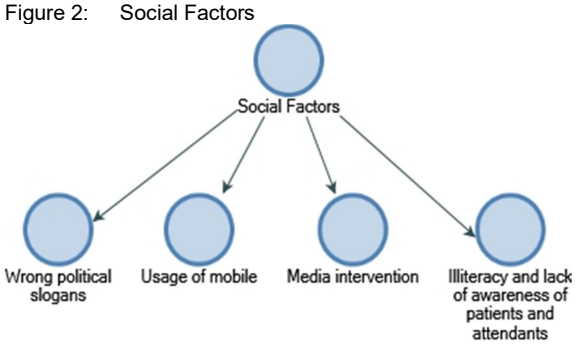
organizational factors, individual factors and environmental factors (Fig. 1).

Figure 1: Reasons of Disruptive Behaviour in Emergency Department



Category one-Social Factors: This means social standard of correspondence, foul play observations standard infringement, and distributive equity. At social levels, the discoveries recommend contrasts in the manner that hospitals are organized may add to work environment DB as shown in figure 2.

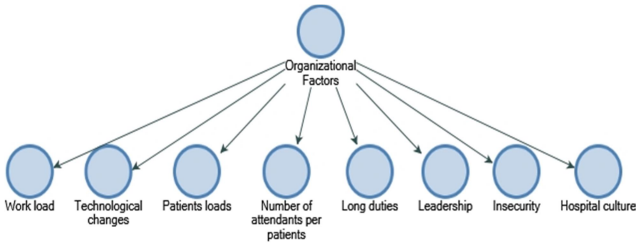
Figure 2: Social Factors



Category two: it means Organizational/institutional factors which affects the behaviour amongst PGR due to their presence & interaction within the emergency department setup.

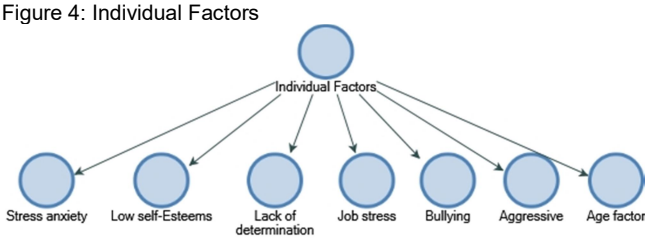
The findings as shown in figure three have demonstrated that Hospital culture is another factor that can add to DB. In hospitals where there is a general culture of incivility, there will in general be more disruptive.

Figure 3:Organizational Factors



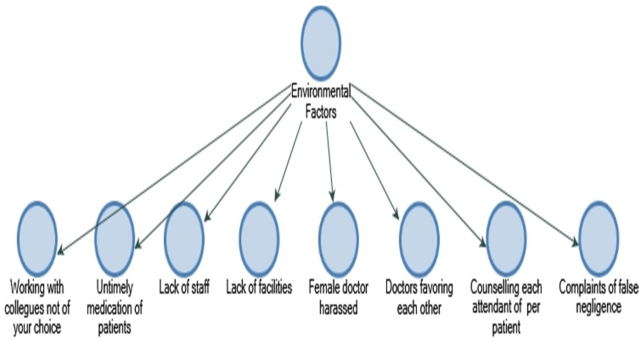
Category three: Individual factors: It means DB is a multifaceted issue It is something everyone will experience that can't be simply clarified by considering this phenomenon at collective level. Mostly it is at the individual level, when the personality of targets and individual factors are connected to DB shown in Fig.4.

Figure 4: Individual Factors



Category four: Environmental factors: This category means control or influence of environmental factors of emergency department over behaviours of these under training doctors. An unfavorable workplace is a hazard factor for DB; especially, physical working conditions are recognized as basic determinants of the event of DB. for example, poor lighting, poor ventilation, commotion, and so on may go about as environmental stressors expanding the likelihood of being mishandled as indicated by the discoveries shown in Fig. 5.

Figure 5: Environmental Factors



Statements: The following are a portion of the transcribed statements said by interviewees during group discussion and individual interviews that helped in posting the previously mentioned factors.

"In the event that something inverse happened to the patients concerning the desires that they and their attendants have, they discuss and offer that terrible encounters with other individuals of the family, companions and society. This makes terrible image about the doctors as untrustworthy, regardless of how hard has the doctors been endeavoring to fix, treat or spare the patient. In like manner, media has been demolishing doctor's image effectively as well. Media has figured doctors as sequential executioners."

Another shared the following:

"Certainly, personality matters. Barely any individuals have their brought ups such that they are restrained to be tolerant towards any strange, stress or forceful conduct or circumstance. Despite the fact that everybody loses his/her personality, however everybody has a limit on this.

One of the interviewees had a view that family support holds more importance. Interviewee said:

"Family backing is a driving component; I have solid confidence in this. In the event that you have no family clashes, at that point you are loose in the workplace. Maybe a couple of my colleagues enter work environment

with home and family stress which includes with work environment stress following in DB."

Interviewees were of the view that protocol patients lead to more trouble in ED. One expressed it as:

".....due to firearm and high positioned patients and orderlies and convention issues, doctors need to face inconveniences. High positioned officials need us to go past the guidelines of the medical hospital by making turmoil and undermining circumstances.

In addition to above many other and different components are driven through the followings:

"Indeed, individual life is one of the variables. Money related weights and desires from the family impact your conduct. To keep social standard ups, he needs to perform 2-3 distinct duties causing tiredness and disappointment in him/her."

"At times, in the event that seniors are not accessible, at that point junior doctors don't give last decision to patients or orderlies except if they talk about it with senior doctors. This is on the grounds that, assuming later, the sentiments of youthful and senior doctors get conflicting subsequently then it manufactures wrong image about doctors..

DISCUSSION

DB is a worldwide issue and obviously this wonder is a complex and multi-causal that can once in a while be clarified by one factor alone. DB are hurtful to hospital culture and attendants' prosperity thus it can bring about doctors' discontent, expanding drop responsibility and truancy, expectation to leave, and hinders intra proficient correspondence, and is a vital segment in medical blunders and patient results[14].

This applied examination recognized that, in checked difference to legitimate and aware doctors who are fixated on the patient, there are laborers of health care who embrace DB primarily worried in declaring their very own will. These people try to profit not by the rationale of their contentions, yet by their presumptuous conduct [15]. Sadly, a few examinations / investigations have demonstrated that the DB is normal in the setting of hospital. As to, it was discovered that the most DB lead attributes were packed in the classes of Violence and Psychological Incivility, which was additionally found in different investigations[16]. In breaking down the experience of clinical attendants with DB in the United States, A sum of 168 distinctive DB was recognized and afterward combined into 21 classes. Inside these classifications, three subjects or DB examples rose: incivility, mental hostility and viciousness[17]. Such examples are equivalent to in this investigation.

The hospitals' environment and administration and social factors and individual qualities of the objective and culprit of DB have been contemplated. The writing recommends that the frequency and impression of DB rely upon individual qualities of both culprit and target, including character factors. Be that as it may, the relational relationship likewise happens inside a hospital context where factors, for example, administration, hospital change and work configuration can trigger negative practices, which might be seen as DB by certain people[18].This underlying examination made it conceivable to perceive how this conduct is exhibited in the human services workplace, and to incorporate the most trademark directs inside each featured trait: incivility, mental brutality and physical/sexual savagery. With respect to, a transcendence of intrapersonal precursors was found, being viewed as qualities or conditions including the individual, for example, individual attributes, absence of fitness, or exhaustion. They include controlling and forceful characters which hinder viable correspondence [19]. Furthermore, qualities or character issue of the troublesome people that prevailed can run from guarded stances, for example, failure to confront others or expecting pessimistic expectations [20], to character issue, mental issues and narcissism. Hospital forerunners were additionally featured, alluding to frameworks, procedures, and culture climate which repress cooperation or work. The workplace speculation, which expresses that upsetting and inadequately composed workplaces may offer ascent to conditions bringing about DB, is these days imparted to numerous doctors and professionals[21].

Pros in this subject insist that problematic occasions are bound to happen in territories or specializations of high force, thought about upsetting consideration situations, for example, ED and OT rooms [22]; escalated care units; and specializations, for example, general medical procedure, cardiology, neurosurgery and orthopedics[23]. Poor correspondence can prompt character clashes, which result in DB. That is, a general absence of successful relational abilities can impact different forerunners of DB, and it is consequently viewed as one of the most significant related elements .An unfriendly workplace brings down spirit, makes uncertainty, and is one of the reasons for burnout. Additionally, it produces nervousness and wretchedness, and leads people to concentrate inside, complementing self-assimilation and diminishing their sympathy and ability to participate.

It merits stressing that any passionate test during a working life has a possibly negative effect on execution, activities, specialist wellbeing, and subsequently on patient security[24]. Subsequently, the results can be considered the most important in investigating the effect of DB in human services work.

The results of DB for patients were likewise common in this study, for the most part being referenced in the dissected investigations and references. In this extension, the most detailed trade off of patient security was expanded therapeutic mistakes that add to bring down patient fulfillment and other preventable unfavorable results [25] In an investigation, over 20% of wellbeing experts watched genuine damage to patients because of an impolite and harsh conduct among doctors and staff. Factually, every year, 1 in each 20 ED patients get the off-base drug, 3.5 million will get a contamination from somebody who did not wash their hands or did not play it safe, and thousands will bite the dust because of missteps made while at the hospital[26]. The essential communitarian work is decreased, which influence patients, particularly when managing complex cases which require aware correspondence. Medical mistakes can result from DB, which prompts miscommunication in the patient consideration group and may prompt new blunders happening[27].

At long last, there was a watched accentuation on the outcomes of DB for patients, staff and the hospital. Nonetheless, the properties that establish basic attributes of conduct have not been reliably tended to. Consequently, a more extensive definition and in the meantime normal for DB in medicinal services work it has been recommended that in the greater part of the instances of DB in any event three or four of the accompanying can be discovered: (I) issues in work plan (for example job clashes); (ii) uncouth administration and authority; (iii) a socially uncovered position of the person in question; (iv) contrary or unfriendly social atmosphere; and (v) a culture that grants or rewards DB in hospital.

Limitations: After conducting this study, I noted following limitations

1. Inferable from asset imperatives, my examination was restricted to one hospital and not different hospitals. This all together speaks to a few open doors for extended future research.
2. In all respects significantly, the investigation dependent on subjective or qualitative methodology. Notwithstanding, it overlooked quantitative and mixed strategy approach. This grows the future investigation chance for the analysts and researchers.
3. An extra limitation in this exploration includes the selection of participation. This study has given various factors related DB, amongst doctors and they are by all account not the only people related with or influenced by this behavior. ED technicians, anesthesiologists, attendants, office directors, and medical clinic regulatory leaders, etc. all offer in this issue.

CONCLUSION

This examination dissected the DB idea in medicinal services work showing it as a genuine issue experienced by postgraduate resident doctors in the ED setting. Day by day abrasiveness/discourteousness, relational and hierarchical disregard, absence of joint effort among collaborators, mortification and incessant terrorizing design the practices that speak to the range of DB in ED setting. Accordingly, there is a pressing requirement for an invitation to take action by supervisors/seniors/MS/HODs, to establish the framework for cooperation, joint effort and co-obligation regarding safe consideration. A culture of shared regard prompts even correspondence, setting up a bond and the valuation for a solid workplace.

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Conflict of interest: We declare no conflict of interest.

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