

Physician incivility in the health care workplace

Heather Murray MD MSc, Christopher Gillies BCom, Armand Aalamian MDCM

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1 Behaviour categorized as “incivility” includes aggressive or dismissive language and actions or inactions that degrade working relationships¹

Prevalence varies and is likely underreported owing to nonstandardized definitions and heterogeneous behaviours.¹ More than 75% of health care employees have witnessed uncivil behaviour from physicians,² and 31% of physicians report receiving weekly or daily rude, dismissive or aggressive communication from other doctors.³ Residents report higher rates of incivility toward trainees who are younger than 30 years, shorter than 5'8", junior trainees, females or non-native language speakers, or who belong to a non-dominant ethnicity.¹

2 Habitual incivility from specific individuals is commonly reported, but situational triggers can increase uncivil behaviour²

High workload, resource limitations, communication challenges, poor team cohesion, unfamiliarity with team members and interdisciplinary interfaces were associated with increased incivility.² Physicians with consistent disruptive behaviours may have concurrent mental health challenges.⁴

3 Incivility by physicians is associated with poor patient outcomes, adverse effects on health care professionals and high organizational costs

Disruptive behaviour diverts attention away from patient care, diminishes team collaboration and is associated with medication errors, patient neglect, surgical complications and death.⁵ Health care team members experiencing incivility have decreased well-being, increased burnout, higher rates of absenteeism and premature departures.⁵

4 Accepting incivility as inevitable in a stressful environment or excusable in “high value” physicians perpetuates the behaviour

Learners exposed to incivility are more likely to exhibit it.¹ Successful interventions for disruptive physicians include individual coaching and therapy.⁴ Structured approaches to improve emotional intelligence, introspection, conflict resolution, leadership and mindfulness have led to positive behaviour changes in the clinical environment.⁴

5 Organizational leadership is essential in successfully preventing and addressing incivility

Leadership training, role modelling, wide dissemination of institutional definitions and policies for incivility, improved reporting mechanisms and implementation of a fair, consistent and rehabilitative approach to addressing these behaviours are recommended.⁶ A persistent pattern of remorseless incivility unresponsive to this approach may require escalation and potential disciplinary action.⁶

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Affiliations: Canadian Medical Protective Association (Murray, Aalamian), Ottawa, Ont.; Kingston Health Sciences Centre (Murray, Gillies); Department of Emergency Medicine (Murray), Queen's University, Kingston, Ont.

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Correspondence to: Heather Murray, Heather.Murray@kingstonhsc.ca