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Educating the Healthcare Community About Safe Medication Practices

Disrespectful behavior in healthcare: Has it improved? Please take our survey!

Disrespectful behavior has flourished in healthcare for years and has been silently endured or rationalized by staff who make excuses—“That’s just the way they are”—in an attempt to minimize the profound devastation that it can cause. In fact, disrespectful behavior occurs more frequently in healthcare than in other industries, largely because of the demands and pace of the dynamic, complex, and often stressful work environment along with dysfunctional hierarchies that nurture a sense of status and autonomy.¹⁻³ Sadly, in healthcare, all forms of disrespectful behavior are commonly believed to be part of the job and an accepted occupational hazard.¹ For these reasons, healthcare facilities are categorized as one of the most hazardous places to work.⁴

Defining Disrespectful Behavior in Healthcare

Disrespectful behavior encompasses a broad array of conduct, from aggressive outbursts to subtle patterns of disruptive behavior so embedded in our culture that they seem normal (**Table 1**, page 2).¹⁻⁷ Some organizations label all forms of disrespectful behavior in the workplace as “bullying.” For example, the Workplace Bullying Institute (WBI) defines bullying as “repeated, health-harming mistreatment of one or more persons by one or more perpetrators;”^{8,9} and the American Medical Association (AMA) defines bullying as “repeated, emotionally or physically abusive, disrespectful, disruptive, inappropriate, insulting, intimidating, and/or threatening behavior targeted at a specific individual or a group of individuals that manifests from a real or perceived power imbalance and is often, but not always, intended to control, embarrass, undermine, threaten, or otherwise harm the target.”¹⁰ According to WBI, workplace bullying is status-blind harassment, but unlike its discriminatory cousin, it is not yet illegal in the US.⁹

Disrespectful behavior occurs in all healthcare settings but is especially prevalent during stressful emergencies. Thus, it occurs most frequently in the emergency department (ED), intensive care units (ICU), and perioperative areas, as well as in behavioral health units.⁹

Effects of Disrespectful Behavior

The adverse effects of disrespectful behavior are widespread. On a personal level, disrespectful behavior can jeopardize an individual’s psychological safety, emotional health, and overall wellbeing through the involuntary onset of many harmful stress-related diseases.¹⁻¹¹ It causes the recipient to experience fear, vulnerability, anger, anxiety, humiliation, confusion, loss of job satisfaction, professional burnout, uncertainty, isolation, self-doubt, depression, suicidal ideation, and a whole host of physical ailments such as insomnia, fatigue, gastrointestinal discomfort, hypertension, palpitations, and chest pain. These adverse effects place individuals at greater risk of making human errors or not following procedures.^{1,3} Even common, everyday negative encounters can impair an individual’s cognitive function, lead to an inability to focus, reduce effective teamwork, and decrease the performance of technical skills. Just witnessing disrespectful behavior can impact an individual’s ability to think and make them less likely to want to help others.⁷ Disrespectful behavior also damages the individual’s professional identity, potentially limiting career opportunities and job promotions.¹ Furthermore, individuals take these feelings home with them, affecting their home life and social relationships.^{1,3}

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In loving memory of Hedy Cohen... a mentor and dear friend who was passionate about medication safety



Recently, the ISMP family experienced a profound loss; Hedy Cohen died on Sunday, September 19, 2021, after a long period of declining health. Hedy was the wife of Michael Cohen, President of ISMP, and the mother of Rachel Cohen (Brown) and Jennifer (Cohen) Gold, both of whom hold positions at ISMP. Hedy shared her husband’s passion for medication safety and helped him found the nonprofit ISMP, tirelessly volunteering for several years before settling into a full-time position. A nurse by background, she quickly recognized the importance of an interdisciplinary approach to medication safety and promoted the important role that nurses need to play. During her tenure at ISMP, she was passionate about the need to train and mentor the next generation of medication safety leaders, often directly teaching and coaching students, residents, fellows, and novices in medication safety, and always supporting and cheering their rise in the medication safety world. She was a frequent speaker on current issues in medication safety, the author of many articles and book chapters on the subject, and an editor for the ISMP newsletters.

Words alone cannot express what Hedy has meant to the ISMP family and colleagues who knew her. We have lost a dear friend and an amazing person, but we were all blessed to have her touch our lives. We will always cherish the memories of her smile, laughter, unique sense of humor, and genuine desire to make medication use safer. Hedy’s guiding hand will always sit on the shoulder of ISMP. Contributions in her memory can be made to ISMP (www.ismp.org/support/donate) or to a charity of the donor’s choice.

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On an organizational level, disrespectful behavior can significantly impact expenses and often creates an unhealthy or even hostile work environment.¹ Lower staff morale, productivity, and attendance may lead to increases in employee attrition, exacerbating the current healthcare provider shortage and leading to increased operating costs and reduced financial performance.¹⁻¹¹ Unresolved incidents may lead to costly lawsuits. Disrespectful behavior also erodes professional communication, teamwork, and collaboration, which is essential to patient safety and quality.

Patients also have paid a high price—sometimes with their lives—for our inability to be respectful to each other. There is a clear link between adverse patient outcomes and disrespectful behaviors.^{1,9,12-15} The victims of disrespectful behavior are often nervous and may underperform because of their anxiety, posing a threat to patient safety.⁹ Disrespectful behavior may also be directed towards patients and their families, thus undermining the patient-provider trust and, in itself, leading to adverse outcomes. Further, if disrespectful behavior has led to an unhealthy team dynamic, individuals may be hesitant to raise patient safety issues.¹⁶ As a result, many practitioners have reported knowing about medical errors, malpractice cases, and procedural violations that resulted from disrespectful behavior.¹³

To cite one example, a nurse had called a physician several times to ask him to come into the ICU to see a patient whose condition was declining. Each time, the physician

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Table 1. Categories of Disrespectful Behavior in Healthcare¹⁻⁷

Behavior Category	Definition or Description	Examples
Bullying	Negative, repetitive, aggressive, and intentional abuse or misuse of power	Malicious personal attacks, belittling comments, verbal threats, intimidation, exclusion or isolation
Incivility	Low-intensity deviant behavior that destroys mutual respect in the workplace	Interruptions, hostile looks, public criticism, eye rolling, abrupt emails, blunt phone calls, sarcasm
Disruptive Behavior	Egregious conduct clearly evident in behavior and/or speech	Angry or rude outbursts, swearing, throwing objects, threats, infliction of physical force
Demeaning Treatment	Patterns of debasing behaviors that exploit the weakness of another	Shaming, humiliation, demeaning comments, ignoring behavior, distorted or misrepresented nitpicking/faultfinding
Passive-Aggressive Behavior	Negative attitudes and passive resistance to demands for adequate performance	Unreasonably critical of authority, negative comments about colleagues, work interference, refusal to assist or do tasks, deliberate delay in responding to calls, covert retaliation, undermine another's status or value
Passive Disrespect	Uncooperative behaviors that are not malevolent	Chronic lateness to meetings/rounds, sluggish response to requests, resistance to follow safety practices, non-participatory in improvement efforts
Dismissive Treatment	Behavior that makes patients or staff feel unimportant and uninformed	Condescending comments, patronizing comments/attitude, invalidating the efforts of others, resistance to working collaboratively, refusal to value or praise the contributions of others, exclusionary and overruling behavior
Systemic Disrespect	Disruptive behaviors so entrenched in the culture that the element of disrespect may be overlooked	Making patients/staff wait for services, requiring long work hours, excessive workloads

SAFETY wires



Zantac reborn. We were surprised and concerned to learn that the brand name **ZANTAC** has been recycled and is now used for famotidine (www.ismp.org/ext/688). The new over-the-counter (OTC) product is **ZANTAC 360°** (Figure 1). RaNITidine has been the active ingredient in Zantac since 1983. However, in 2020, the US Food and Drug Administration (FDA) requested a market withdrawal of all prescription and OTC raNITidine (www.ismp.org/ext/689) due to the presence of potentially carcinogenic levels of N-nitrosodimethylamine (NDMA). Still, Zantac is well known by practitioners (and consumers) as raNITidine, listed as raNITidine in drug information sources, and remains available outside the US and in drug searches on the internet.

Zantac 360° as a brand name for famotidine is bound to cause confusion, as mix-ups due to recycling brand names have previously occurred. For example, consumers have mixed up the two forms of **DULCOLAX**, one containing the laxative bisacodyl and the other a stool softener containing docusate. It is also unclear what the drug name modifier 360° means in Zantac 360°. One might think it means that the product offers 24-hour protection, but a dose of famotidine



Figure 1. Zantac 360° is now a brand name for famotidine.

generally lasts 12 hours. The company also highlights that the product is the “new original strength Zantac 360° formulation.” But Zantac as raNITidine

was available in 150 or 300 mg tablets, not 10 or 20 mg tablets, as is the new famotidine product. We are not sure why the manufacturer of Zantac 360° and FDA chose not to take heed of the learnings from past errors.

To mitigate errors with this new product, review physician order entry systems, electronic health records, and medication administration records to ensure the degree symbol displays correctly. Include the brand AND generic name in all computer menus, if possible, and use visual flags on screens to draw attention to this product and possible

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became verbally abusive and refused to come into the hospital. After multiple attempts, the nurse hesitated to call the physician again despite the patient's continued deterioration. By the time she called again, the situation was emergent. The patient was rushed to the operating room to stop internal hemorrhaging but died.¹⁵

ISMP continues to receive reports of adverse events related to disrespectful behaviors. One case involved a cancer patient who sustained serious tissue injury and thrombophlebitis after receiving intravenous (IV) promethazine via a peripheral vein in the hand. Several years before the event, the Pharmacy and Therapeutics Committee attempted to remove promethazine from the formulary in lieu of safer antiemetics. However, given his status and loud intense pressure, a surgeon "overruled" the otherwise undisputed action to remove the drug. At the time of the event, this surgeon was the only physician still prescribing promethazine.

Prior Survey Results

According to the results of a 2003¹⁷ and 2013¹⁸ ISMP survey on disrespectful behavior, almost everyone who works in healthcare has a story to tell on this topic. Results of both surveys showed that disrespectful behavior was not an isolated event, was not limited to a few difficult practitioners, involved both lateral and managerial staff (not just physicians), and involved both genders equally. In 2003, 88% of respondents reported that they had encountered condescending language or voice intonation; 87% encountered impatience with questions; and 79% encountered a reluctance or refusal to answer questions or phone calls. A decade later, little improvement was seen in the 2013 survey.

In both 2003 and 2013, about half of the respondents reported more explicit forms of disrespectful behavior, such as being subjected to strong verbal abuse or threatening body language. Incredibly, up to 7% of respondents in 2013 reported physical abuse. Almost half of the 2003 and 2013 respondents told us that their past experiences with disrespectful behavior had altered the way they handled order clarifications or questions about medication orders. In both 2003 and 2013, more than one in 10 respondents were aware of a medication error during the year in which disrespectful behavior played a role. Furthermore, only 60% of respondents in 2003 and 50% of respondents in 2013 were satisfied with organizational efforts to address disrespectful behavior.

Have disrespectful behaviors in the workplace lessened today? The World Health Organization (WHO) identified disrespectful behavior as a silent epidemic in healthcare; it is estimated that 50% of employees globally experience disrespectful behavior in the workplace.^{1,19} However, the true incidence of disrespectful behaviors is likely higher due to underreporting.¹ In 2021, according to a WBI nationwide survey about the most serious forms of workplace bullying in all sectors, not just healthcare, 39% of employed Americans suffer abusive conduct at work, another 22% witness it, and 73% are aware that it happens.⁸ As found in the ISMP surveys, both genders were involved, and there was an even split between management and non-management perpetrators. Three-quarters of respondents reported that the most common reaction by employers to complaints of mistreatment were negative; they either encouraged the behavior (18%), defended it (13%), rationalized it (12%), denied it (13%), or discounted it (7%). Encouragingly, the survey showed that negative outcomes for perpetrators is starting to rise, from 2% in 2003, to 11% in 2010, and 23% in 2021. Of course, the perpetrator's rate of quitting (3%) is much lower than the victim's rate of quitting (23%).

Factors that Perpetuate Disrespectful Behaviors

Sadly, healthcare has a history of tolerance and indifference to disrespectful behavior. These behaviors are clearly learned, tolerated, and reinforced in both the healthcare culture and the societal culture, where a certain degree of disrespect is considered a normal style of communication.⁵ Poor staffing levels, excessive workloads, power imbalances, subpar management skills, role conflict and ambiguity, ignorance of

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name confusion. Also, educate staff about the new brand name product for famotidine, Zantac 360°, and the possibility of confusion with previously available Zantac products containing ranitidine.



Confusing labeling on a two-dose blister.

Aprepitant capsules are often administered with dexamethasone and a 5-HT₃ antagonist antiemetic like ondansetron to manage moderately or highly emetogenic chemotherapy. On day 1 of the chemotherapy treatment, the aprepitant dose is 125 mg. On days 2 and 3, the dose is 80 mg each day. The 80 mg capsules are available in a single-capsule unit dose package and in a two-dose blister, intended for days 2 and 3 of chemotherapy. However, these two-dose blisters are labeled as 80 mg (**Figure 1**) and may be confused with the unit dose package, even though the total amount of medication in the package is 160 mg. Also, the barcode on the two-dose blister scans as 80 mg, not 160 mg.

In a recently reported event, a nurse initially believed that both capsules (160 mg total) were supposed to be given together for the 80 mg ordered dose. But she checked and learned that each 80 mg capsule was to be given by itself on days 2 and 3. With the two-dose blister, the package label does not clearly indicate that there is 80 mg "per capsule" or that the package holds 2 doses (capsules). The package insert contains this information, but nurses do not typically have the package insert available to them. Aprepitant also comes in a 40 mg dose for the prevention of post-operative nausea and vomiting. And there is also a tri-pack with one 125 mg and two 80 mg capsules.

This type of packaging problem should sound familiar. We have reported similar situations before, including with the



Figure 1. Aprepitant two-dose blister package should be labeled as 160 mg (two 80 mg capsules).

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social inequalities, and bystander apathy are some of the factors that contribute to disrespectful behaviors.^{1,9-11,16} The 2021 WBI survey uncovered other factors associated with disrespectful behaviors, including the personality (personal problems) of the perpetrator, human resources/management response to complaints, and organizational retaliation for filing a complaint.⁸ Nevertheless, the stressful healthcare environment, particularly in the presence of productivity demands, cost containment, the hierarchal nature of healthcare, and a culture that nurtures autonomy, have likely been the most influential factors,^{1,10,16} along with an unfortunate progression of victims who, in turn, become perpetrators, feeling that they have no choice but to join in the practice. Sadly, disrespectful behavior has become a survival strategy for some victims—they feel they need to be aggressive to discourage anyone from coming after them.

Please Participate in the 2021 ISMP Survey

ISMP would like to measure the progress (or lack thereof) with managing disrespectful behavior in healthcare via a readership survey, which is similar to the surveys we conducted in 2003 and 2013. Please see **page 5** for the questions in the survey. We strongly encourage nurses, pharmacists, physicians, and other healthcare professionals to participate in the survey by visiting: www.ismp.org/ext/761. We estimate that it will take 15 minutes to complete the survey. Responses must be submitted by **November 19, 2021**. We will present the results of the survey in a future newsletter along with recommendations to prevent and correct disrespectful behavior.

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chemotherapy agent, venetoclax (**VEN-CLEXTA**), and the antiemetic, rolapitant (**VARUBI**). ISMP has discussed these labeling problems with the US Food and Drug Administration (FDA), and enhancements have been made to products such as Ven-clexta and Varubi. FDA should work with sponsors to assure label clarity for aprepitant and other products where there may be confusion in what appears to be a unit dose package but might contain multiple doses.

Self assessment deadline extended to December 10, 2021!

Surgery sites have more time to participate in the **ISMP Medication Safety Self Assessment® for Perioperative Settings!** Due to dozens of requests and resurgence of the coronavirus disease 2019 (COVID-19) pandemic, the data submission deadline has been extended to **December 10, 2021**. If you are a US hospital that offers perioperative services, a freestanding ambulatory surgery center (ASC), or another facility that offers medical and/or surgical procedures under sedation, please take advantage of this opportunity to evaluate your systems, identify challenges, and document regulatory compliance. Visit our perioperative assessment webpage (www.ismp.org/node/18027) to download a workbook of the full assessment including the instructions, to obtain an Excel file that can be used to conduct the assessment, and to access the online assessment form for data submission.

To subscribe: www.ismp.org/node/138



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ISMP Survey on Disrespectful Behavior in Healthcare

Please tell us about your experiences with disrespectful behavior in your workplace. For the purposes of this survey, disrespectful behavior is defined as: any overt or covert interaction (or lack of interaction) between healthcare professionals that may result in either an intended or unintended reluctance to speak up about concerns, question patient care, or share an opinion on a subject. Examples can be found in **Table 1** on page 2. We estimate that it will take you 15 minutes to complete the survey. Please submit your responses by **November 19, 2021**, by visiting: www.ismp.org/ext/761.

1 Please tell us if you have experienced, witnessed, or are aware of disrespectful behavior(s) (in person or via remote work) in the past year. (Check all that apply)

- Yes, I have personally experienced disrespectful behavior(s), individually or as a group
- Yes, I have personally witnessed disrespectful behavior(s) experienced by others
- Yes, I am aware of (but have not personally witnessed) disrespectful behavior(s) experienced by others
- No, I have not experienced, witnessed, or are aware of disrespectful behavior(s) (Please skip to question #5)

2 Please tell us how frequently in the past year you've experienced or witnessed the following disrespectful behavior(s). Also tell us the gender and rank of the offender(s) exhibiting the behavior(s) compared to the person(s) targeted. Key: Often = more than 10 times; Sometimes = 3-10 times; Rarely = 1-2 times; Never = no occurrences.

Disrespectful Behavior	Frequency								About the Offender(s) (Check all that apply)				
	Experienced				Witnessed				Gender			Rank	
	Often	Sometimes	Rarely	Never	Often	Sometimes	Rarely	Never	Male	Female	Non-binary	Higher than Target	Equal/Below Target
Reluctant/refuse to answer questions, return calls													
Impatience with questions, interruptions													
Yelling, cursing, outbursts, verbal threats													
Report you to your manager (threat/actual)													
Physical abuse/assault													
Condescending/demeaning comments, insults													
Constant nitpicking/faultfinding													
Shaming, spreading malicious rumors													
Throwing objects													
Insulted due to race/religion/gender/appearance													
Negative comments about colleagues/leaders													
No teamwork/reluctant to follow safety practices													
Disrespect during virtual meetings, email, online													
Other (please specify):													

3 If you answered "Sometimes" or "Often" to experiencing or witnessing at least one behavior listed in Question 2:

a. How many different individuals committed the disrespectful behavior(s)? 1-2 3-5 More than 5

b. Please select the three most frequent behaviors (from the table above) encountered in the past year: _____

4 Please tell us how frequently in the past year you've experienced the following potential effects of disrespectful behavior.

Key: Often = more than 10 times; Sometimes = 3-10 times; Rarely = 1-2 times; Never = no occurrences.

Potential Effect of Disrespectful Behavior	Often	Sometimes	Rarely	Never
Despite concern (even vague), I've assumed that a medication order is safe rather than interact with a particular prescriber.				
Despite concern (even vague), I've assumed that a medication order is safe because of the stellar reputation of the prescriber.				
I've asked colleagues to help interpret an order or validate its safety so that I did not have to interact with a particular prescriber.				
I've asked another professional to talk to a particularly disrespectful prescriber about the safety of an order.				
I've felt pressured to accept an order, dispense a product, or administer a drug despite concerns (even vague) about its safety.				

5 Please answer "Yes," "No," or "Don't Know" to the following statements related to disrespectful behavior in the workplace.

Statement	Yes	No	Don't Know
In the past year, prior experiences with disrespectful behavior have altered the way I handle questions about medication orders.			
My organization has clearly defined an effective process for handling disagreements with the safety of an order.			
The process for handling clinical disagreements allows me to bypass a typical chain of command if necessary.			
My organization deals effectively with disrespectful behavior.			
My organization/manager would support me if I reported disrespectful behavior by another professional.			
The coronavirus disease 2019 (COVID-19) pandemic has contributed to an increase in disrespectful behavior toward one another.			
I am aware of a medication error in the past year where disrespectful behavior played a role (briefly describe).			

6 Please select the categories that best describes you.

- Practitioner type:** Physician Pharmacist Pharmacy technician Nurse Quality/Risk/Safety Other
- Position type:** Staff Manager/Director Administration Physician/Resident/Fellow Student Other
- Total years of experience:** Less than 2 years 2-5 years 6-10 years More than 10 years
- Location of work:** Facility wide Pharmacy Critical care General Emergency department Perioperative Behavioral health Other