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ISMP
An ECRI Affiliate

Community/Ambulatory Care ISMP Medication Safety Alert!®

Educating the Healthcare Community About Safe Medication Practices

Survey results: Practitioners speak up about the persistence of disrespectful behaviors in healthcare

In our March 2022 newsletter, we discussed the topic of disrespectful behaviors, which have persisted in healthcare for years. Unfortunately, too many practitioners remain silent or make excuses in an attempt to minimize the profound devastation caused by disrespectful behaviors. Disrespectful behaviors encompass a broad array of conduct, from aggressive outbursts to subtle patterns of disruptive behavior so embedded in our culture that they seem normal. Any behavior that discourages the willingness of staff or patients to speak up or interact with an individual because they expect the encounter will be unpleasant or uncomfortable, fits the definition of disrespectful behavior. In our March 2022 article, we examined the adverse effects of disrespectful behaviors and why they arise and persist in healthcare.

From April through May 2022, ISMP conducted a survey to measure disrespectful behaviors in community and ambulatory care settings. More than 600 practitioners spoke up and clearly exposed the continued tolerance of disrespectful behaviors in healthcare between healthcare practitioners, leadership, and staff as well as between patients and practitioners. In this article, we present what the respondents had to say about disrespectful behaviors in the workplace.

Respondent Profile

We had 669 respondents participate in our survey, with 344 answering all of the questions. Of the 276 respondents that answered our demographic question about their location of work, the majority work in community/outpatient pharmacy (74%); however, respondents from outpatient clinics (6%), specialty pharmacy (4%), physician offices (4%), long-term care pharmacy (1%), and other locations (11%) also participated in the survey. The respondents were mostly pharmacists (78% of the 340 respondents to the question); however, we also received survey responses from pharmacy technicians (9%), nurses (6%), and others (7%; physicians, clerks, medical assistants, nurse practitioners, others). Sixty percent of 274 respondents were staff-level practitioners, and more than one-quarter were managers, directors, or administrators (29%).

Frequency of Disrespectful Behavior

Almost everyone who works in healthcare today has a story to tell about disrespectful behavior, as healthcare organizations have fueled the problem for years by implicitly accepting and/or tolerating disrespectful behaviors. Furthermore, the healthcare culture historically has accepted a certain degree of disrespect and normalized this style of communication. Also, of the 342 respondents who answered the question "The coronavirus disease 2019 (COVID-19) pandemic has contributed to an increase in disrespectful behavior toward one another," 78% indicated that they believed the pandemic has impacted disrespectful behavior with another 10% indicating they were unsure.

Thus, it is no surprise that many of the survey respondents have personally experienced or witnessed disrespectful behaviors during the past year. Five hundred thirty-eight respondents answered the question "Please tell us if you have experienced, witnessed, or are aware of disrespectful behavior(s) (in person or via remote work)

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SAFETY briefs

COVID-19 vaccine package concerns.

In our June 2022 newsletter, we warned about the additional risk of age-related mix-ups now that our youngest patients are eligible for coronavirus disease 2019 (COVID-19) vaccines. While we already shared many potential risks, we want to highlight specific concerns regarding inconsistencies seen with the labels of the COVID-19 vaccines meant for young children. These concerns were also described recently in an article published in *Pharmacy Practice News* (www.ismp.org/ext/948).

According to the Pfizer-BioNTech *Fact Sheet for Healthcare Providers Administering Vaccine* (www.ismp.org/ext/936) for children ages 6 months through 4 years, the vial labels may state either "Age 2y to < 5y" or "Age 6m to < 5y," and carton labels may state either "For age 2 years to < 5 years" or "For age 6 months to < 5 years." However, these products can all be used for children 6 months through 4 years. Locations that receive these vials may find it confusing and mistakenly believe the vaccine labeled "2y to < 5y" cannot be used for children younger than 2 years. Also, some labels may say the vaccine should be discarded 6 hours after dilution, while the *Fact Sheet* says it should be discarded 12 hours after dilution. This could lead to unnecessary waste of vaccines.

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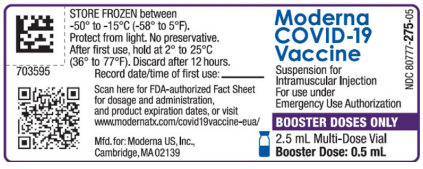

Figure 1. The Moderna COVID-19 vaccine label with a purple border states, "BOOSTER DOSES ONLY," but this product is also authorized to provide primary series doses to individuals 6 through 11 years old.

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in the past year (check all that apply)." Sadly, 88% of these respondents indicated that they had personally experienced disrespectful behavior and 62% had personally witnessed disrespectful behavior. More than 17% of respondents were otherwise aware of disrespectful behaviors during the past year. Only 6% of the respondents reported that they have not experienced, witnessed, or are not aware of disrespectful behaviors in the workplace.

When asked about how many different individuals committed the disrespectful behavior(s), 59% of the 490 respondents that answered the question indicated that more than five different individuals had engaged in disrespectful behaviors during the past year. Another 23% reported that such events involved one or two different offenders while 18% of respondents reported that repeated occurrences of disrespectful behaviors arose from three to five individuals.

Impact on Safety

Unsafe practices, medical errors, and adverse patient outcomes can be clearly linked to disrespectful behaviors in healthcare. In our survey, we asked respondents if they were aware of a medication error in the past year where disrespectful behavior played a role. Of the 399 people who responded to the question, almost 25% indicated they were aware of a medication error in the past year in which disrespectful behaviors played a role. See **Table 1** for a few examples shared by the survey respondents.

We also asked respondents to share their experiences with and comments on disrespectful behavior. We received hundreds of comments, many of which highlight the severity and negative impacts of this unacceptable behavior. See **Table 2** on page 3 and **Table 3** on page 4 for examples involving practitioner-practitioner and patient-practitioner disrespectful behaviors, respectively.

Organizational Management of Disrespectful Behaviors

It appears that most of the respondents were not satisfied with organizational efforts to address disrespectful behaviors. When asked if their organization deals effectively with disrespectful behaviors, more than two-thirds (71%) of the 343 respondents

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Table 1. Examples of errors caused in part by disrespectful behaviors, 2022

A patient's infertility prescriptions were entered incorrectly which could have led to incorrect medication(s) and/or dosage(s) being dispensed if the errors were not caught.
Unwillingness to listen to a quick 'handover' of what vaccine appointments were happening over my lunch break meant that someone was administered the wrong vaccine.
Prescriber wrote for Macrodantin 100 mg BID. As the pharmacist filling the prescription, I reached out to request clarification from the doctor asking if they had meant to prescribe Macrobid instead. The response I received was "I wrote what the patient needs. End of story." The patient received Macrodantin 100 mg BID.
Working in big chain retail, at least once daily there is a customer who screams and curses at staff for some reason or another, which in turn distracts the pharmacist and other workers. I have seen multiple misfills because of the distracted work environment.
Patients have felt that, as a pharmacist, I am unqualified to discuss their medications with them. This has resulted in not being able to inform them of possible duplicate therapy such as two different ACE inhibitors sold within a week of each other and being refilled the next time as well.
Narcotic released early inadvertently against doctor's orders; patient verbally berating pharmacist as checking and note forbidding early release missed as pharmacist distracted by patient behavior.
High pressure and inadequate staffing has caused my team to administer incorrect vaccines to patients and dispense drugs to the wrong patient. There are a lot of distractions from being hungry and tired (I do not get breaks in my 11 hour shift) and being berated by customers, that have drawn focus away from the quality of patient care.
Patients demanding an on the spot vaccination despite low staffing support and patient accidentally received the wrong vaccine.

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In addition, the vial and box labels of the Moderna vaccine with the purple border specify, "BOOSTER DOSES ONLY" (**Figure 1**, page 1). However, according to Moderna vaccine information (www.ismp.org/ext/935), this product is currently the only primary series vaccine available for use in children 6 through 11 years old.

Practitioners and parents are likely to become confused by these mislabeled products, resulting in missed opportunities to vaccinate more eligible patients. Manufacturers need to modify the labels to reflect the approved age range (Pfizer-BioNTech), the actual time the vial can be used before discarding it (Pfizer-BioNTech), and the primary series indication (Moderna). For now, organizations that use these products should familiarize themselves with these discrepancies and consider posting clarifying information for staff to review (www.ismp.org/ext/937, www.ismp.org/ext/935).

Wrong dosing unit used in directions.

At a specialty pharmacy, a prescription for **PRALUENT** (alirocumab) 150 mg/mL prefilled pen with the directions "Inject 1 mL under the skin every 2 weeks" was dispensed with the directions "Inject 1 mg under the skin every 2 weeks." Praluent is a PCSK9 inhibitor that may be dispensed from specialty pharmacies or retail pharmacies and is used for homozygous familial hypercholesterolemia, primary hyperlipidemia, or secondary prevention of cardiovascular events. The product is available as a single-use prefilled pen device, and the entire contents of the pen should be administered for a dose (1 mL total). The Praluent pen does not have dose markings or a mechanism to select a specific mg dose. It would be impossible to accurately measure 1 mg. In this case, the technician inadvertently typed mg instead of mL as the dosing unit, and the error was not caught during preverification by the pharmacist or final verification by a second pharmacist. When the error was discovered, the pharmacist corrected the directions and called the patient who confirmed he was taking the medication correctly.

The specialty pharmacy that reported this case does not have a standardized

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who answered this question reported that their organization does NOT effectively deal with disrespectful behaviors.

We also asked participants if they felt that their organization and/or manager would support them if they reported disrespectful behavior by another professional as well as by a patient or customer. For both questions, 342 people responded; in both cases, fewer than 50% of respondents indicated that they would receive support. Only 46% of respondents indicated that their organization/manager would support them if they reported disrespectful behavior by another professional. Even fewer (35%) respondents indicated they would get such support if reporting disrespectful behavior by a patient or customer.

While disrespectful behaviors typically occur every day, they often go unreported for a variety of reasons, not the least of which is the stigma associated with "whistle blowing." If disrespectful behaviors are known, leaders may be reluctant to confront individuals if they are powerful or high-revenue producers, or they may not know how to manage a problem with no obvious solution.

Summary

Our survey and recent surveys from other organizations such as the American Pharmacists Association and National Alliance of State Pharmacy Associations(1) suggest that healthcare is still plagued by tolerance and indifference to disrespectful behaviors. Disrespectful behaviors appear to have increased in patients, too! These behaviors are clearly learned, tolerated, and reinforced in the healthcare culture. In the hundreds of comments from respondents to our survey, you can feel the despair that disrespectful behaviors still cause as well as see their devastating impact on patient safety. Many 2022 respondents pointed out that the stressful healthcare environment,

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Table 2. Examples of respondent experiences and comments regarding **practitioner-practitioner** disrespectful behaviors, 2022

When questioning a dose on a prescription and reaching out to the prescriber, I have experienced multiple prescribers be condescending and hang up on me. This absolutely affects patient safety. A prescriber writes for four times the maximum daily dose of Cytotec, I called with concerns, they say "they are an OB-GYN and they know how to prescribe for the procedure."
A nearby doctor's office refuses to clarify prescriptions, it's their policy that pharmacists cannot speak with prescribers.
The corporate culture for the company I work for is disrespectful. Pharmacists are treated as little more than overeducated cashiers.
It can impact patient safety by putting undue mental stress on community pharmacists. These pharmacists are then less able to focus and are more distracted. This increases the chance that a mistake will be made when verifying prescription entry data or the product that is being provided to the patient. In addition, I have experienced situations where a prescriber has verbally berated myself or another pharmacist for attempting to clarify clear mistakes and been unwilling to change their prescription or admit that they have created an unsafe situation for their patient. The pharmacist then has to decide to refuse to fill the prescription, potentially allowing the patient to experience harm from not receiving therapy, or to dispense the prescription and expose the patient to an unsafe regimen. Some community pharmacies have leadership that are supportive when a pharmacist refuses a prescription, some do not.
I have had doctors scream over the phone at myself and others that "they are the doctor, we are just supposed to fill the prescription, not question the prescription" when there was clearly a medication error/interaction/other issue that could have led to patient harm/non-optimal patient care.
The short tempers and shorter amount of time we have to interact with patients have led to more pressure to "just fill" meds to get them out. It leaves us less time and energy to question prescriptions.
Many employees have gone on stress leave because of the toxic work environment which adds additional stress and risk to patient safety. The corporation has not addressed this.
Divide between pharmacist and technicians is huge, and the way they speak and act toward each other and vice versa can really impact your focus on the important tasks at hand.

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process for typing directions for prefilled pens like this one. They write the directions as close to what the doctor ordered, rather than changing them to be standardized and clearer for the patient. For example, in this case, while the doctor wrote "inject 1 mL," more instructive and clear directions based upon the design of the pen device would have been "Inject the contents of 1 pen under the skin every 2 weeks."

Both prescribers and pharmacies should consider implementing a standardized sig code or directions for injectable products, making sure the directions match up with how the drug device is designed and how the prescribed dose is delivered. This can help reduce confusion at the pharmacy and for the patient. Before new products are added to your inventory and available for dispensing, proactively assess for risks with dispensing, including possible confusion or opportunities to standardize the directions. Educate staff about the risk for sig errors and provide a reference tool indicating how directions and dosages should be relayed to the patient on the label (e.g., mg, mL, pen). Teach patients how to use the pen. If this teaching is conducted in person or via video conferencing technology, employ the teach-back method and have patients demonstrate how they will use the pen device. If education is provided via telephone, have the patient verbalize how they will use the pen device.

Pharmacists can prescribe Paxlovid and need to be aware of error risks.

We are happy to see that the US Food and Drug Administration (FDA) has authorized state-licensed pharmacists to prescribe **PAXLOVID** (nirmatrelvir and ritonavir) to eligible patients (www.ismp.org/ext/947). However, certain limitations are outlined in this authorization to ensure the patient is assessed and the medication is appropriately prescribed. Pharmacists should refer patients for a clinical evaluation with a healthcare provider licensed or authorized to prescribe medications, if any of the following conditions apply:

- Sufficient information is not available to assess renal and hepatic function.
- Sufficient information is not available to assess a potential drug-drug interaction.

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poor staffing levels, excessive workloads, power imbalances, and the ever-changing environment with the COVID-19 pandemic and associated treatments were all influential factors contributing to the ongoing prevalence of disrespectful behaviors in healthcare. In many of our survey respondents' comments, the frustration associated with the lack of dealing effectively with disrespectful behaviors was evident. As one survey respondent noted, "healthcare right now during the COVID pandemic has fostered a very toxic workplace." Another respondent shared, "Please help us, someone needs to step in and tell these companies it's not okay to have their employees work under these conditions. It's a breeding ground for mistakes."

These survey results and the deep sense of frustration threaded through many of the comments from the survey suggest that now is the time for action. Our survey respondents also provided thoughts on potential strategies to manage disrespectful behavior. In a subsequent article, we will review those responses and provide recommendations to help address this longstanding problem.

Reference

1) Schommer JC, Gaither CA, Lee S, Alvarez NA, Shaughnessy AM. APhA/NASPA national state-based pharmacy workplace survey: report of initial findings. American Pharmacists Association and National Alliance of State Pharmacy Associations. Published December 2021. Accessed July 25, 2022. www.ismp.org/ext/865

Table 3. Examples of respondent experiences and comments regarding **patient-practitioner** disrespectful behaviors, 2022

The amount of screaming, threatening, and intimidating behavior displayed by patients has gone from occasional to baseline.
Patient telling immigrant pharmacy technician to go back to her home country. Multiple male patients asking out, frequently visiting, or messaging female staff members on social media platforms. Patients yelling at staff members when COVID-19 vaccinations took longer than expected, or walk-ins were not available.
We regularly have patients that scream, curse, or otherwise disrespect myself and my staff. On occasion, these individuals will also attack their providers (usually a nurse), who in turn calls us and berates us as well. While this type of unprofessional behavior existed prior to the pandemic, it has since become much more common.
I work in a community retail pharmacy. Customers/patients mistreat staff every day. We are yelled at by these customers constantly. They resort to name-calling whenever they have any difficulty with their experience at any point (from waiting for a prescription to arrive electronically to picking up the medication and having a surprisingly different copay). The online feedback of these belligerent customers is used, in part, to determine our raises and bonuses. We are required to respond and appease any feedback despite it being outlandish and inappropriate. It's a never-ending battle between the customer is always right and you must abide by policy or get fired.
We have seen an increase in patients becoming violent toward our facility and hitting walls, displays, windows, and counters. On separate occasions, customers have yelled at/threatened other customers in order to cut in line. Working in an environment with this level of stress leaves staff distracted and on edge.
Patients have cursed out, threatened to sue, waited outside of workplaces for hours, called the cops, and physically hit one of my technicians. It's seriously a horrible thing to have to deal with on a daily basis and patients feel entitled to do so because there are no consequences in place for them.
An everyday example would be when a patient yells at a pharmacy staff member, and the employee becomes frazzled or stressed. Their spirit falters and their mood suffers. It's dangerous to be performing a highly detail-oriented and logic-based task like medication review when emotions are high. Corporate might respond to this complaint with a useless statement like "if this occurs, recognize when you need a break. Take a few minutes to step back and collect yourself mentally, and then return to work." Except corporate is the same entity which forces speed through metrics and performance goals like prescriptions per hour.
In the ambulatory care setting where I work, there are a small number of patients who call the staff names, yell, and disrupt the workflow. I am not aware of errors that occurred directly because of their behavior but I am convinced their disruptive behavior has the potential to contribute to errors.
My staff and I are often (10+ times a day) verbally abused and/or threatened by customers who are unhappy with masks, wait times, understaffing, and inability to keep medications in stock. It is highly discouraging and has led to three staff members quitting.

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- Modification of other medications is needed due to a potential drug-drug interaction.
- Paxlovid is not appropriate based on the current *Fact Sheet for Healthcare Providers* (www.ismp.org/ext/827) or potential drug-drug interactions for which recommended monitoring would not be feasible.

As a reminder, in an ***ISMP Special Alert*** from January 3, 2022 (www.ismp.org/node/29033) and in the June 2022 issue of this newsletter, we shared numerous wrong dose errors with Paxlovid. We encourage all who prescribe Paxlovid to review these error descriptions and associated safe practice recommendations.

Special Announcement

Resources for specialty pharmacies

ISMP and ECRI have launched a new online membership for specialty pharmacies. Membership provides actionable guidance and practical strategies for safe medication management, including resources that can be used to help meet accreditation standards, stay informed about new technologies and best practices, and create safety improvements to reduce the risk of medication errors. To learn more, please complete and submit the form located at: www.ismp.org/node/31616.

To subscribe: www.ismp.org/node/126

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