

# Community/Ambulatory Care

# ISMP Medication Safety Alert!®

Educating the Healthcare Community About Safe Medication Practices

## Disrespectful behaviors and their negative effects in healthcare

For years, disrespectful behavior has flourished in healthcare 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.<sup>1-3</sup> Sadly, in healthcare, all forms of disrespectful behavior are commonly believed to be part of the job and an accepted occupational hazard.<sup>1</sup>

### 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).<sup>1-7</sup> 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.”<sup>8,9</sup> 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.”<sup>10</sup> According to WBI, workplace bullying is status-blind harassment, but unlike its discriminatory cousin, it is not yet illegal in the US.<sup>9</sup>

Sadly, disrespectful behavior occurs in all healthcare settings. It can arise from all genders, from people who are higher in position or rank, and from people who are equal or subordinate in position. This behavior may also arise from patients and customers.<sup>11</sup>

### 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.<sup>1-10,12</sup> 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.<sup>1,3</sup>

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.<sup>7</sup> Disrespectful

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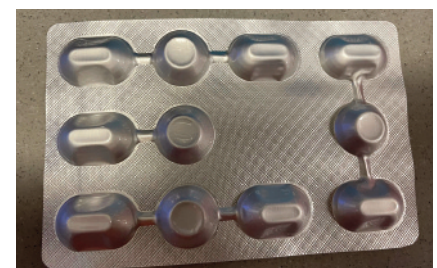
## SAFETY briefs



### Advise patients to beware of desiccants in blister cards.

Biocon Pharma manufactures everolimus in blister cards containing 2.5 mg, 5 mg, 7.5 mg, or 10 mg tablets. This product is used to treat a few conditions including hormone receptor-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer, and tuberous sclerosis complex-associated renal angiomyolipoma. Each strength is packaged in a carton of four blister cards. Each blister card has seven blisters containing everolimus tablets along with four blisters containing desiccants. Each of the desiccant blisters is labeled with “**DESICCANT DO NOT EAT**” (**Figure 1**, top). However, this warning message is only printed on one side of the blister; the other side of the blister contains no wording (**Figure 1**, bottom). Because a desiccant-containing blister could be easily mistaken for a medication-containing blister, there is a

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**Figure 1.** Blister card of everolimus 10 mg tablets, manufactured by Biocon Pharma, includes seven medication blisters and four desiccant blisters. One side of the blister card (top) has warnings printed on the desiccant blisters, but the opposite side of the blister card (bottom) does not.

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behavior also damages the individual's professional identity, potentially limiting career opportunities and job promotions.<sup>1</sup> Furthermore, individuals take these feelings home with them, affecting their home life and social relationships.<sup>1,3</sup>

On an organizational level, disrespectful behavior can significantly impact expenses and often creates an unhealthy or even hostile work environment.<sup>1</sup> Lower staff morale, productivity, and attendance may lead to increases in employee attrition, exacerbating the current healthcare provider shortages and leading to increased operating costs and reduced financial performance.<sup>1-10,12</sup> 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 behavior.<sup>1,9,13-16</sup> The victims of disrespectful behavior are often nervous and may underperform because of their anxiety, posing a threat to patient safety.<sup>9</sup> Disrespectful behavior may also be directed towards patients and their

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**Table 1.** Categories of Disrespectful Behavior in Healthcare<sup>1-7,19,20</sup>

Behavior Category	Definition or Description	Examples
<b>Bullying</b>	Negative, repetitive, aggressive, and intentional abuse or misuse of power	Malicious personal attacks, belittling comments, verbal threats, intimidation, exclusion or isolation
<b>Incivility</b>	Low-intensity deviant behavior that destroys mutual respect in the workplace	Interruptions, hostile looks, public criticism, eye rolling, abrupt emails, blunt phone calls, sarcasm
<b>Disruptive Behavior</b>	Egregious conduct clearly evident in behavior and/or speech	Angry or rude outbursts, swearing, throwing objects, threats, infliction of physical force
<b>Demeaning Treatment</b>	Patterns of debasing behaviors that exploit the weakness of another	Shaming, humiliation, demeaning comments, ignoring behavior, distorted or misrepresented nitpicking/faultfinding, microaggression (i.e., subtle discrimination towards a marginalized person or group [e.g., gender group, racial/ethnic minority])
<b>Passive-Aggressive Behavior</b>	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
<b>Passive Disrespect</b>	Uncooperative behaviors that are not malevolent	Chronic lateness to meetings, sluggish response to requests, resistance to follow safety practices, non-participatory in improvement efforts
<b>Dismissive Treatment</b>	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
<b>Systemic Disrespect</b>	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

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risk that a patient may accidentally ingest a desiccant instead of an everolimus tablet.

That is exactly what happened in one case reported to ISMP this month. A patient was dispensed everolimus 10 mg tablets. She later called the pharmacist and told them that she had accidentally ingested one of the desiccants instead of a medication tablet.

In a second case, a non-English speaking patient was dispensed a carton of everolimus 10 mg tablets. When using the blister packs, he became confused by the presence of the desiccant blisters. He thought that he may need to take the contents of those blisters. Luckily, he called the pharmacy and the pharmacist was able to work with the patient to avert an error.

We have previously reported about patients who accidentally ingested desiccant capsules from medication bottles. For example, an elderly patient with poor eyesight nearly asphyxiated when he gagged on a desiccant capsule left in his medication bottle. A literature search confirmed additional cases, some of which required surgery.

Alert pharmacy staff to this blister card packaging issue as your colleagues may never open the carton to see the individual blisters. In the pharmacy computer system and on the cartons, mark these products for mandatory patient education. It is critical that patients know that these blister cards contain desiccants that should not be swallowed or eaten. If fact, it is good practice to warn patients about desiccants whenever manufacturer containers are dispensed.



**Cometriq selected instead of CoQ10.**

A patient's primary care physician discovered an error while conducting medication reconciliation. The physician was reviewing the medications listed on the patient's discharge form from a recent hospitalization. He found **COMETRIQ** (cabozantinib) 100 mg oral daily had been incorrectly added to the discharge medication list instead of coenzyme Q10 (often abbreviated CoQ10) 100 mg oral

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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.<sup>17</sup> As a result, many practitioners have reported knowing about medical errors, malpractice cases, and procedural violations that resulted from disrespectful behavior.<sup>14</sup>

### Prior Estimates and Surveys

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.<sup>1,18</sup> However, the true incidence of disrespectful behavior is likely higher due to underreporting.<sup>1</sup> 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.<sup>8</sup> Also in 2021, an American Pharmacists Association and National Alliance of State Pharmacy Associations national pharmacy workplace survey found that respondents, most of whom worked in community or ambulatory care settings, thought it was likely that both harassment and bullying from patients (69%) and harassment from managers or co-workers (36%) contributed to medication errors.<sup>11</sup>

### Factors that Perpetuate Disrespectful Behavior

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.<sup>5</sup> Poor staffing levels, excessive workloads, power imbalances, subpar management skills, role conflict and ambiguity, ignorance of social inequalities, and bystander apathy are some of the factors that contribute to disrespectful behaviors.<sup>1,9,10,12,17</sup> 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.<sup>8</sup> 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,<sup>1,10,17</sup> 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.

### Next Steps

We will present recommendations to prevent and correct disrespectful behavior in a future newsletter. In preparation, we are seeking your input about your experiences with disrespectful behavior in community and ambulatory care work settings. We also would love to hear from pharmacies and organizations that have been working towards a culture of respect and learn more about what strategies have worked. We strongly encourage pharmacists, pharmacy technicians, clerks, physicians, nurses, and other community and ambulatory care healthcare professionals to participate in a short survey by visiting: [www.ismp.org/ext/879](http://www.ismp.org/ext/879). We estimate that it will take less than 10 minutes to complete the survey. Responses must be submitted by **May 27, 2022**. Also, please share any medication errors, including close calls, related to disrespectful behavior by going to the **ISMP National Medication Errors Reporting Program** at: [www.ismp.org/report-medication-error](http://www.ismp.org/report-medication-error).

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daily. Cometriq is a tyrosine kinase inhibitor indicated to treat patients with progressive, metastatic medullary thyroid cancer while coenzyme Q10 is an over-the-counter supplement. Thankfully, a prescription was not sent to the pharmacy, so the patient never received the wrong drug and likely would not qualify for insurance coverage given the lack of an appropriate diagnosis.

The two products share overlapping characteristics. Both names start with the letters “c-o” and contain a “q.” Also, both products are prescribed in similar 100 mg dosages. For example, Cometriq is available in a 100 mg daily-dose carton containing a combination of 80 mg and 20 mg capsules, while coenzyme Q10 is available as 100 mg capsules. These overlapping letter and dosage strength characteristics can increase the risk of mix-ups. It should be noted that Cometriq is also available in 60 mg and 140 mg daily-dose cartons. Mix-ups may even be more likely when coenzyme Q10 is abbreviated as CoQ10.

This case illustrates the importance for practitioners to conduct medication reconciliation at each encounter. Alert pharmacy staff and prescribers about the potential to mix-up these products. Prescribers should include the purpose of the drug on prescriptions to help pharmacy staff prevent errors. ISMP will notify the manufacturer, Exelixis, and the US Food and Drug Administration (FDA) about the confusion.



**CVS Caremark limits DOAC use.** Late last year, CVS Caremark announced changes to some of their formularies which resulted in limiting patient access to a variety of direct oral anticoagulants (DOACs). The DOACs—**ELIQUIS** (apixaban), **PRADAXA** (dabigatran), **SAVAYSA** (edoxaban), and **XARELTO** (rivaroxaban)—have become a mainstay in the prevention and/or treatment of stroke, venous thromboembolism, and other serious cardiovascular events. As of January 1, 2022, CVS Caremark removed all DOACs except Xarelto from some of its formularies. Unfortunately, this decision by CVS Caremark has meant that many patients who have been stable on an

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## ➔ Special Announcements

### Virtual MSI workshops

Don't miss the opportunity to register for one of our unique 2-day, virtual **ISMP Medication Safety Intensive (MSI)** workshops in 2022. Our next workshop is being held on **June 9 & 10, 2022**. For details, visit: [www.ismp.org/node/127](http://www.ismp.org/node/127).

### Have ISMP experts "zoom in"

Need to address a specific medication safety issue? Have a focused project and want recommendations on the best direction to take? Our safety experts can help! ISMP's consultants provide cost- and time-effective assistance in a virtual environment that can make a huge impact. For details, visit: [www.ismp.org/node/23650](http://www.ismp.org/node/23650).

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effective anticoagulation regimen have needed to make a medically unnecessary change in therapy.

This decision, and the resultant need for some patients to switch therapy, can introduce safety risks. For example, therapy may be interrupted which can lead to complications and adverse cardiovascular events. In fact, ISMP has learned of patients who have suffered harm due to interruptions in therapy associated with the new formulary restrictions. For example, a patient stable on Eliquis experienced an adverse event related to an approximate two week interruption in their DOAC therapy. The prescriber requested a prior authorization to continue the patient on Eliquis as the preferred formulary alternatives of warfarin or Xarelto were not considered to be appropriate for the patient. Unfortunately, the prior authorization was not obtained before the patient ran out of the medication. It is unknown if the patient or provider were aware that there were options to cover, or bridge, the anticoagulant therapy until the prior authorization was approved.

Organizations devoted to the advancement and advocacy of cardiac health, such as the Anticoagulation FORUM and the Partnership to Advance Cardiovascular Health, have expressed concern about CVS Caremark's formulary decisions and have asked that coverage continue for patients who are already established on a specific DOAC therapy. This approach takes into consideration the success with a patient's current treatment regimen as well as reducing the risk of adverse cardiovascular events that can accompany changes in therapy. More consideration should be given to prevent these corporate formulary decisions from interfering with a patient's quality of care.

If you would like to subscribe to this newsletter, visit: [www.ismp.org/node/126](http://www.ismp.org/node/126)



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**Editors:** Michael J. Gaunt, PharmD; Michael Cohen, RPh, MS, ScD (hon), DPS (hon); Shannon Bertagnoli, PharmD, BCPPS; Judy Smetzer, BSN, RN, FISMP; Ann Shastay, MSN, RN, AOCN. ISMP, 5200 Butler Pike, Plymouth Meeting, PA 19462. Email: [ismpinfo@ismp.org](mailto:ismpinfo@ismp.org); Tel: 215-947-7797.