Participation in Unprofessional Behaviors Among Hospitalists: A Multicenter Study

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BACKGROUND: Unprofessional behaviors undermine the hospital learning environment and quality of patient care.

OBJECTIVE: To quantify perceptions of, and participation in, unprofessional behaviors among hospitalists.

DESIGN: Observational survey study.

SETTING: Three academic health centers.

SUBJECTS: Hospitalists.

MEASUREMENTS: Observation, participation in, and perceptions of unprofessional behaviors.

RESULTS: Response rate was 76% (77/101). Nearly all behaviors were perceived as unprofessional (“unprofessional” or “somewhat unprofessional” on the Likert scale). Participation in egregious behaviors (ie, falsifying records) was low (<5%). The most frequent behaviors reported were having personal conversations in patient corridors (67.1%), ordering a test as “urgent” to expedite care (62.3%), and making fun of other physicians (40.3%). Four factors accounted for 76% of survey variance: (1) making fun of others; (2) learning environment (eg, texting during conferences); (3) workload management (eg, celebrating a blocked-admission); and (4) time pressure (eg, signing out work early). Hospitalists with less clinical time (<50% full-time equivalents [FTE]) were more likely to report making fun of others (b ¼ 0.94 [95% CI 0.32–1.56], P ¼ 0.004). Younger hospitalists (b ¼ 0.87 [95% CI 0.07–1.67], P ¼ 0.034) and those with administrative time (b ¼ 0.61 [95% CI 0.11–1.10], P ¼ 0.017) were more likely to report participating in workload management behaviors. Hospitalists who work night shifts were more likely to report participating in time-pressure behaviors (b ¼ 0.67 [95% CI 0.17–1.17], P ¼ 0.010). Work load management and learning environment varied by site.

CONCLUSION: While hospitalist participation in unprofessional behaviors is low, job characteristics (clinical, administrative, nights), age, and site were associated with different types of unprofessional behavior that may affect the learning environment and patient care. Journal of Hospital Medicine 2012; 7:543–550. VC 2012 Society of Hospital Medicine