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How can interventions more directly address drivers of unprofessional behaviour between healthcare staff?

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ABSTRACT

Unprofessional behaviours (UBs) between healthcare staff are widespread and have negative impacts on patient safety, staff well-being and organisational efficiency. However, knowledge of how to address UBs is lacking. Our recent realist review analysed 148 sources including 42 reports of interventions drawing on different behaviour change strategies and found that interventions insufficiently explain their rationale for using particular strategies. We also explored the drivers of UBs and how these may interact. In our analysis, we elucidated both common mechanisms underlying both how drivers increase UB and how strategies address UB, enabling the mapping of strategies against drivers they address. For example, social norm-setting strategies work by fostering a more professional social norm, which can help tackle the driver 'reduced social cohesion'. Our novel programme theory, presented here, provides an increased understanding of what strategies might be effective to adddress specific drivers of UB. This can inform logic model design for those seeking to develop interventions addressing UB in healthcare settings.

INTRODUCTION

Unprofessional behaviours (UBs) between staff can include, but are not limited to, microaggressions, incivility, bullying and harassment.[1] These behaviours have negative impacts on staff well-being, patient safety, organisational reputation and organisational costs[2] and are unfortunately prevalent in healthcare systems worldwide.[1 3 4] We recently published two papers from our recent realist review. One reported a programme theory (PT) explaining five types of key driver of UBs in acute care settings and how these work[5]. The other reported a PT drawing on 42 reports of interventions using 13 types of behaviour change strategies to reduce UB.[6] To improve the effectiveness of interventions to reduce UB, we found that it is essential to directly target drivers of UB with strategies that address them.[6] However, which strategies best address particular drivers of UB have not yet been articulated.[7 8] This report sets out which behaviour change strategies address specific drivers of UB based on common underlying mechanisms of action.

METHODS

Realist reviews seek to understand why an intervention may work (or not), for whom, in which contexts and why, through the generation of PTs using retroductive logic.[9] These are generally depicted as context–mechanism–outcome (CMO) configurations.[10] These mechanisms, in realist terms, can be defined as 'changes in recipient reasoning that occur in response to resources introduced by an intervention'.[11]

In line with RAMESES guidelines,[9 10] our first step was to build initial PTs by analysing 38 reports from organisations such as National Health Service (NHS) England, the King's Fund and NHS Employers using NVivo V.12 for data organisation.[12 13] We then tested and refined these theories against 110 additional studies (to December 2022) identified with systematic searches of Embase, CINAHL and MEDLINE databases, and grey literature repositories. Article selection involved screening records for inclusion, rigour and relevance. Full methodology including inclusion/exclusion criteria is reported elsewhere.[5 6 12]

This resulted in theories to explain how and why 13 types of behaviour change techniques or 'strategies' work to reduce or mitigate UB and what drives UB and how—reported separately elsewhere.[5 6] Uniquely, this short report combines these two aspects of our analysis, whereby we mapped mechanisms underpinning drivers of UB[5] against strategies which address these drivers[6] to develop this overall explanatory PT.

RESULTS

Our review encompassed 42 reports of interventions to address UB,[14–55] 29 of which have

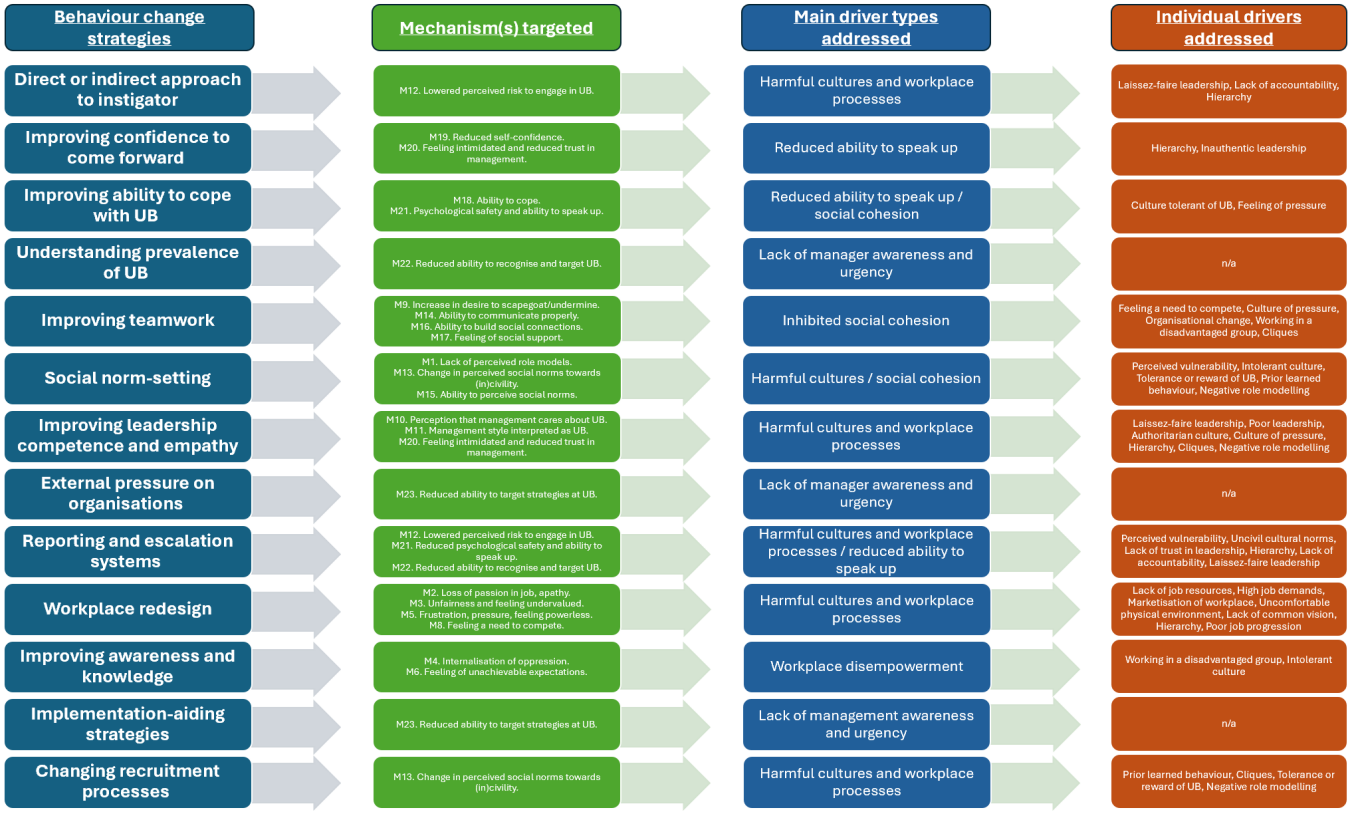

Figure 1 Diagram to depict which different behaviour change strategies target particular drivers of unprofessional behaviour (UB).

been evaluated through various study designs. Figure 1 presents a PT diagram depicting which behaviour strategies target various mechanisms underlying drivers of UB, which driver categories are impacted by these strategies, and which individual drivers within these categories are targeted. This PT includes five major drivers of UB: (1) workplace disempowerment; (2) harmful workplace processes and cultures; (3) inhibited social cohesion; (4) a reduced ability to speak up and (5) lack of manager awareness and urgency.[5] In table 1, we provide more details of these behaviour change strategies and how they target specific drivers of UB as well as how frequently each strategy type was used by the 29 included evaluated interventions. Online supplemental file 1 presents an alternative version of figure 1 designed specifically to map onto our PT published elsewhere and provides a further detailed version of table 1.[5]

Figure 1 highlights that many drivers of workplace disempowerment and harmful workplace processes are only addressed by workplace redesign strategies. Such workplace redesign strategies seek to facilitate staff autonomy, control and ownership of work; however, workplace redesign must occur at an organisational level and has only been used once in an evaluated intervention.[16] Our work also shows that the most frequently used (often individual-focused) strategies, such as improving awareness and knowledge of UB, address few actual drivers of UB and therefore may not be as effective as other strategies.

DISCUSSION AND CONCLUSIONS

Existing interventions have made little use of logic models and behavioural science principles in their design, meaning that the rationale behind choice of behaviour change strategies has been poorly articulated and not evidence-based.[6] Our PT, presented in figure 1, is a starting point to inform logic model design for those seeking to design evidence-based interventions that address particular drivers of UB.[56] To improve reporting, future research should align and operationalise these strategies against existing Behaviour Change Technique (BCT) frameworks.[57]

Our PT has also highlighted that many systemic drivers remain under-addressed. Predominantly, existing interventions have focused on individual or team strategies to address UB with less focus on more systemic, potentially difficult-to-implement strategies such as redesigning the workplace to reduce frustrations and increase staff ownership over work.[6]

We have produced a free evidence-based guide for addressing UB in healthcare, available at https://workforceresearchsurrey.health/projects-resources/addressing-unprofessional-behaviours-between-healthcare-staff/.[58]

Table 1 Matching the 13 types of strategy (and individual strategies within these) against types of drivers of UB

Primary driver addressed	Behaviour change strategies
Single incidents of UB (individual-level/does not address drivers)	Direct or indirect approach to instigator (target, bystander or managers)—used in 14 out of 29 evaluated interventions
	Informal resolution
	Disciplinary action
	Peer messengers
	Mediation
	Speaking up
Workplace disempowerment and staff ability to speak up	Improving confidence to come forward (target, bystander)—used in 22 out of 29 evaluated interventions
	Assertiveness training
	Role playing
	Cognitive rehearsal
	Keeping records
	Improving awareness and knowledge (all)—used in 12 out of 29 evaluated interventions
	Education, awareness and general group discussions
Improving social cohesion	Improving ability to cope with UB (target, bystander)—used in 0 out of 29 evaluated interventions
	Seeking help externally
	Journalling
	Moving targets
	Individual coping strategies
	Reflection
	Improving teamwork (all)—used in 16 out of 29 evaluated interventions
	Teambuilding exercises
	Conflict management training
	Communication training
	Journal club/group writing
	Problem-based learning
	Staff networks
Addressing harmful cultures and workplace processes	Social norm-setting (all)—used in 16 out of 29 evaluated interventions
	Championing
	Code of conduct
	Role modelling
	Environmental modification
	Allyship
	Improving leadership competence and empathy (managers/leaders)—used in 2 out of 29 evaluated interventions
	Leadership training
	Reverse mentoring
	Reporting and escalation systems (all)—used in 7 out of 29 evaluated interventions
	Reporting system
	Changing recruitment processes (all)—used in 0 out of 29 evaluated interventions
	Changing recruitment criteria
	Dismissal
	Workplace redesign (all)—used in 1 out of 29 evaluated interventions
	Democratisation of workplace
Improving manager awareness and urgency to address UB	External accreditation or pressure on organisations (managers/leaders)—used in 2 out of 29 evaluated interventions
	Seeking hospital Magnet status
	Regulator action
	Laws and regulations
	Understanding prevalence of UB (managers/leaders)—used in 3 out of 29 evaluated interventions
	Survey
	Multisource feedback
	Implementation-aiding strategies (managers/leaders)—used in 11 out of 29 evaluated interventions
	Action planning or goal setting
	Building a repertoire of strategies

UB, unprofessional behaviour.

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Supplementary File 1. Alternative Figure 1 design and Table depicting which strategies address particular drivers of UB.

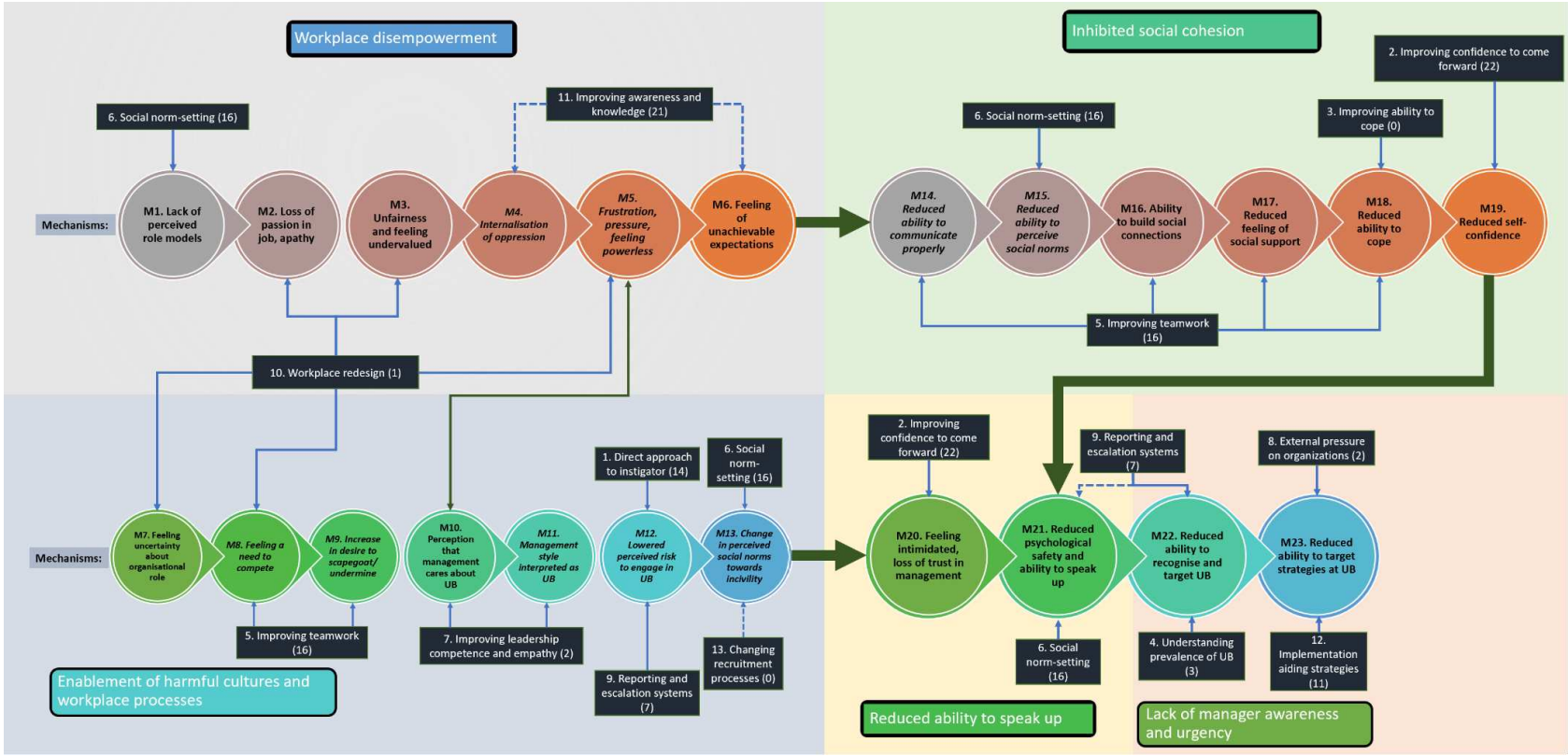

Figure 1. Diagram to depict which different behaviour change strategies target particular drivers of UB. Coloured areas indicate the category of driver these mechanisms affect (e.g. workplace disempowerment). Strategies are in black boxes and mechanisms targeted are in the circles. Dotted lines indicate connections with lesser evidence. The number in brackets after the strategy labels indicate the frequency with which a strategy has been

evaluated in one of the 42 included interventions in our review. Some strategies are depicted in multiple places because they target multiple drivers; for example, social norm-setting strategies (number 6) including positive role-modelling by leaders, can target the mechanism that drives UB, by influencing social norms away from negative behaviours. Likewise, social norm-setting strategies can enhance psychological safety by signalling a move towards a safer culture.

Table 1. Matching the thirteen types of strategy (and individual strategies within these) against types of drivers of UB.

Primary driver addressed	Behaviour change strategies	Description of strategy
Single incidents of UB (individual-level/does not address drivers)	**1. Direct or indirect approach to instigator (target, bystander, or managers) – used in 14 out of 29 evaluated interventions**	
	Informal resolution	Approach an instigator individually, or their line manager, to prompt reflection about behaviour, change future behaviour, or resolve situation.
	Disciplinary action	Staff who are reported to have behaved unprofessionally are called to a meeting with the human resources team or line manager. Disciplinary proceedings begin which may dissuade staff from repeating the behaviour.
	Peer messengers	Use of peer messengers is usually combined with a reporting system. Member of staff submits a report about an UB incident to a reporting system. Organisations send a specially trained peer messenger to have a conversation with the person who behaved inappropriately, to try to resolve the issue.
	Mediation	Brings the two parties (the person who behaved inappropriately and the person on the receiving end) together to resolve their differences. They are supported by a trained mediator who creates a safe environment for discussion. This is used in practice but not often used in interventions to change culture as it is individual focused and intensive.
	Speaking up	May involve the person stating in the moment that they are uncomfortable with the person's behaviour or it could involve reporting the UB to another such as a Freedom To

		Speak up Guardian or externally to a regulator or if all else fails to the media (whistleblowing). This approach requires staff to feel safe to speak up.
Workplace disempowerment and staff ability to speak up	**2. Improving confidence to come forward (target, bystander) – used in 22 out of 29 evaluated interventions**	
	Assertiveness training	Training helps boost staff members' self-confidence and assertiveness, to help them challenge unprofessional behaviours in real time.
	Role playing	Practising behaviours (such as speaking up) and self-reflection (such as those relating to poor self-esteem) in a group setting. It may enhance staff members' ability to cope or improve their confidence about coming forward.
	Cognitive rehearsal	Technique helps staff practise recognising unprofessional behaviours and using specific behaviours and thought patterns to help rehearse behaviours that improve coping or ability to come forward, and, if a situation occurs, to stop it from escalating.
	Keeping records	An individual strategy of recording or documenting incidences of unprofessional behaviours and details of the events, to better provide evidence if they raise a complaint.
	11. Improving awareness and knowledge (all) – used in 12 out of 29 evaluated interventions	
	Education, awareness and general group discussions	Delivering lectures or workshops to improve understanding of what UB are, how to recognise them, and how to informally address them in the moment. Usually used as a quick way to address unprofessional behaviours (although often insufficient on its own) or as a foundation for further intervention content.
	3. Improving ability to cope with UB (target, bystander) – used in 0 out of 29 evaluated interventions	

Improving social cohesion	Seeking help externally	Looking outside one's organisation for help – for example, contacting a union representative, regulatory body or GP. Individual strategy and an organisation can encourage this as needed, as part of a robust organisation-wide approach.
	Journalling	Reflective writing about one's experience of unprofessional behaviours in the workplace which may help with coping. Usually undertaken by individuals outside an intervention. However, organisations could encourage this as a coping strategy.
	Moving targets	Moving targets away from UB instigators in organisation. Should only be done with consent of the target and may just move problem elsewhere.
	Individual coping strategies	Includes various approaches that individuals may adopt themselves to help improve coping, such as breathing exercises, seeking therapy. Not suitable options for an organisational-level intervention or helpful on their own.
	Reflection	Engaging in self-reflection or group reflection activities such as in Schwartz Rounds [56].
	5. Improving teamwork (all) – used in 16 out of 29 evaluated interventions	
	Teambuilding exercises	Group sessions which incorporate activities to build a sense of social support and camaraderie.
	Conflict management training	Equips staff with the skills to de-escalate situations or prevent them from escalating them in the first place.
	Communication training	Enhances staff members' ability to communicate in a way that is less likely to be seen as unprofessional.
	Journal club / group writing	Writing in a group may help staff reflect on experiences of unprofessional behaviours and build social support.

	Problem-based learning	Group learning which involves identifying real-life problems and learning to tackle them. It often involves peer-to-peer teaching.
	Staff networks	Internal or external networks for staff from specific backgrounds (for example, members of ethnic minority communities, LBTQIA+ staff, or staff with disabilities) to share coping strategies and improve social support.
Addressing harmful cultures and workplace processes	**6. Social norm-setting (all) – used in 16 out of 29 evaluated interventions**	
	Championing	Gaining commitments from individuals to speak up about unprofessional behaviours and role model values and behaviours. Same individuals may also act as trusted contacts for reporting UB incidents.
	Code of conduct	Document that clarifies organisational policies on acceptable behaviour and processes to report or otherwise tackle UB.
	Role modelling	Similar to championing, leaders or managers adopt and demonstrate the behaviours and values they want to see / encourage in staff.
	Environmental modification	Modifying the physical environment to increase awareness of UB and expected conduct – for example, by putting up posters.
	Allyship	Staff who are less vulnerable to UB offer support to more marginalised colleagues and work to actively reduce inequalities.
	7. Improving leadership competence and empathy (managers/leaders) – used in 2 out of 29 evaluated interventions	

	Leadership training	Training improves staff members' management or communication styles and can help raise awareness and reduce bullying.
	Reverse mentoring	Enables staff in senior positions to learn from colleagues in more junior roles and come to understand issues from their perspective. It often involves staff from under-represented or marginalised groups. Not typically incorporated into culture change interventions as often small scale and time intensive.
	9. Reporting and escalation systems (all) – used in 7 out of 29 evaluated interventions	
	Reporting system	Reporting systems offer a means of reporting incidences of UB in the workplace. May be web-based or involve reporting to a specific person –named or anonymous. Can be anonymous or not. Examples include the Ethos system (Australia), and the Co-Worker Observation Reporting System from Vanderbilt University Medical Center (USA).
	13. Changing recruitment processes (all) – used in 0 out of 29 evaluated interventions	
	Changing recruitment criteria	Organisation changes its recruitment criteria to include personality or emotional intelligence tests or values-based recruitment. Can help organisations recruit staff who will flourish in a civil organisational culture.
	Dismissal	Dismissing an instigator known to have UB behaviour from employment.
	10. Workplace redesign (all) – used in 1 out of 29 evaluated interventions	
	Democratisation of workplace	Democratisation of workplace, e.g., staff representation on strategic committees, helping staff to feel heard.
	8. External accreditation or pressure on organisations (managers/leaders) – used in 2 out of 29 evaluated interventions	

Improving manager awareness and urgency to address UB	Seeking hospital Magnet status	Seeking 'Magnet status' or similar accreditations (more common in the USA), shows a hospital or organisation has a civil culture. Can lead to managers/ leaders becoming more focused on addressing a culture of incivility.
	Regulator action	Inspections by the CQC or other regulatory bodies may identify a culture of UB. This can place pressure on managers to tackle UB.
	Laws and regulations	Legislation may place responsibilities on organisations for ensuring equality and employee wellbeing and safety. This increases organisational urgency to address unprofessional behaviours.
	4. Understanding prevalence of UB (managers/leaders) – used in 3 out of 29 evaluated interventions	
	Survey	A survey can identify the level of UB in an organisation. May help target or design other strategies.
	Multisource feedback	Similar to reporting systems (see above). If someone has displayed UB, this approach investigates their behaviour from different staff members' perspectives, to provide a 360-degree view of behaviour over time.
	12. Implementation-aiding strategies (managers/leaders) – used in 11 out of 29 evaluated interventions	
	Action planning or goal setting	Action planning involves staff coming together to brainstorm and plan strategies to tackle UB. Using a co-creation approach helps staff feel heard and part of the solution to UB.
	Building a repertoire of strategies	Enables an organisation to be flexible in the interventions it delivers for tackling unprofessional behaviours. This improves organisational readiness for tackling different scenarios contributing to UB. This is used by the CREW intervention, for example.