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Triggers and Enablers of Disruptive Behavior in Operating Room Staff: A District-Level Investigation

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ABSTRACT

Background: Disruptive behavior in operating theatres (OTs) poses critical risks to patient safety and team efficacy, exacerbated by hierarchical dynamics, resource constraints, and high-pressure workflows. This study investigates triggers and enablers of such behavior among OT staff in district-level tertiary care settings. **Methodology:** A descriptive cross-sectional study was conducted across three hospitals in District Vehari, Pakistan. Using simple random sampling, 165 OT staff (surgeons, nurses, technologists) with ≥1 year of experience completed a structured questionnaire. Data were analyzed via SPSS (v29), with frequencies and percentages calculated for categorical variables. **Results:** Verbal abuse (18.8%) and refusal to cooperate (15.8%) were the most frequent disruptive behaviors, while 46.1% of incidents involved overlapping behaviors (e.g., verbal abuse + physical aggression). Key triggers included high workload (14.5% reported *often/always*), insufficient resources (15.7%), surgeon temperament (11.5%), and scheduling issues (11.5%). Systemic inefficiencies like unclear policies (9.1%) and inadequate ancillary support (13.3%) further aggravated tensions. Hierarchical conflicts and interpersonal friction were prominent, with poor teamwork (9.7%) and personality clashes (11.5%) frequently cited. **Conclusion:** Disruptive behavior in Operation Theatres stems from multifactorial triggers, including organizational deficits, power asymmetries, and individual stressors. Mitigation requires protocol standardization, resource optimization, and interdisciplinary training to enhance communication and resilience. Addressing hierarchical imbalances and equipment reliability is critical for fostering safer, collaborative OT environments.

INTRODUCTION

The operating room is a vital and dynamic setting within the healthcare system. It is a space where critical life-saving procedures are carried out, necessitating meticulous precision, unwavering focus, and the utmost level of teamwork (1). The operating room is designed to provide a sterile and controlled environment that minimizes the risk of infections and complications during surgical interventions (2). Nevertheless, its high-pressure nature and intricate workflows make it a challenging workplace for healthcare professionals. Surgeons, anesthetists, nurses, and technologists must work in seamless coordination to ensure the best possible outcomes for patients (3).

Disruptive behaviors in the operating room pose a significant threat to patient safety and team performance. These behaviors, such as verbal outbursts, passive-aggressive actions, or the undermining of team members, can create an environment of tension, mistrust, and poor communication, ultimately jeopardizing the quality of care provided (4). Understanding the triggers and enablers of such behaviors is crucial in developing effective strategies to address this critical issue (5).

The operating room environment inherently possesses factors that can enable disruptive behaviors among staff. The confluence of stress, high expectations, and a fast-paced workflow cultivates a setting where interpersonal conflicts readily emerge (6). One prominent enabler is the hierarchical structure of the OR, where the rigid chain of command may impede open communication and foster feelings of frustration or resentment among team members. Research suggests that authoritarian leadership styles in the OR frequently result in misunderstandings, conflicts, and a lack of psychological safety for junior personnel (7).

One of the primary triggers of disruptive behaviour in

the operating room is the inherent stress and high-pressure nature of surgical procedures. Surgeons, anaesthesiologists, and nurses must navigate a complex web of rapidly changing patient conditions, intricate medical technology, and time-sensitive decision-making (8). The hierarchical structure of the operating room can also act as a trigger for disruptive behaviour. The rigid chain of command and the perceived power dynamics within the team can foster a sense of frustration, resentment, and the desire to assert dominance among staff members (9).

Another key trigger of disruptive behaviour is the presence of unexpected complications or adverse events during surgical procedures. When complications arise, tensions within the operating room can quickly escalate, as team members may feel overwhelmed, anxious, or blame each other for the unexpected situation (10).

Furthermore, factors such as fatigue, burnout, and resource constraints can intensify the propensity for disruptive behaviours. Notably, surgeons and anaesthesiologists often work extended hours and encounter demanding workloads, which can diminish their cognitive function, impair their judgment, and heighten their emotional reactivity (11).

A significant contributing factor is excessive workload. Operating room staff frequently encounter extended shifts, consecutive surgical procedures, and insufficient breaks, resulting in physical and psychological fatigue. Moreover, scheduling difficulties, such as staffing shortages or last-minute alterations, compel individuals to operate under intense pressure without adequate support (12).

Resource shortages in the OR, such as missing or faulty equipment, also contribute to disruptive behaviour. When essential tools or supplies are unavailable, it increases pressure on the staff, sometimes resulting in blame-shifting and frustration (13). The physical environment itself can also play a role. Additionally, production pressures to complete surgeries quickly can prioritize speed over teamwork, causing further stress and conflicts within the team (14, 15).

Interpersonal and institutional factors such as unresolved personality clashes, ineffective communication, and unclear policies act as enablers for disruptive behaviour. For instance, conflicts over differing medical practices or unclear expectations during surgery can result in miscommunication and ultimately affect team dynamics (16). When these issues are not addressed proactively, they create a hostile and tense work environment, further eroding the quality of care provided to patients. Addressing the complex issue of disruptive behaviour in the operating room requires a multifaceted approach that considers the diverse triggers and enablers at play (17).

METHODOLOGY

Research Design

This study employed a descriptive cross-sectional research design to investigate the triggers and enablers of disruptive behaviour in operating room staff.

Clinical Settings

This study was conducted at tertiary care hospitals in district Vehari including

- DHQ hospital Vehari
- Surgimed Hospital
- Alshifa Hospital Vehari.

Sample Size: Sample size was 165 participants

Sampling Technique: A simple random sampling technique was utilized to recruit participants for this study.

Duration of Study: The duration of study will be 6 months

Selection Criteria

Inclusion Criteria: All the Operating room staff having more than one-year experience including physician, staff nurses, Anesthesia staff, operation theatre technologist and OT Manager.

Exclusion Criteria: All the patients in operation theatre, OT Attendants, pharmacy personal and CSSD staff.

Data Collection Procedure

A data for this study was collected using a structured questionnaire designed to assess the factors that contribute and enable Disruptive behavior among operating theatre (OT) staff in multiple hospital in District Vehari.

Data Analysis

Data will be analyzed using the Statistical Package for the Social Sciences (IBM® SPSS® Statistics, Version 29). Descriptive variables will be presented in frequencies, percentages, mean and standard deviation (SD), median with interquartile range (IQR), where appropriate.

RESULTS

Gender

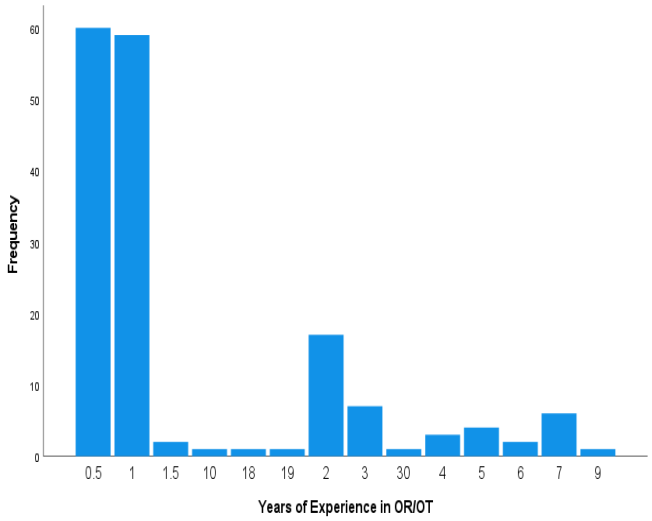
Gender	Frequency	Percent	Cumulative Percent
Female	98	59.4	59.4
Male	67	40.6	100.0
Total	165	100.0	

Section 1

Demographics

Role in the Operating Room	Frequency	Percent	Cumulative Percent
Anaesthesia Technologist/Technician	3	1.8	2.4
Anaesthetist	7	4.2	6.7
OT Technologist/Technician	43	26.1	32.7
Staff Nurse	98	59.4	92.1
Surgeon	13	7.9	100.0
Total	165	100.0	

Figure 1: *Years of Experience in Operation Theatre*



Section 2

Type of disruptive behaviours faced by OT Staff

Behaviour	Frequency	Percentage
Verbal abuse	31	18.8%
Refusal to cooperate	26	15.8%
Physical aggression	13	7.9%
Passive-aggressive behaviour	13	7.9%
Sabotaging work or reputation	3	1.8%
No experience	4	2.4%
No	1	0.6%
Nothing	1	0.6%
Passive-aggressive behaviour + Refusal to cooperate	2	1.2%
Passive-aggressive behaviour + Sabotaging work or reputation	1	0.6%
Physical aggression + Passive-aggressive behaviour + Refusal to cooperate	1	0.6%
Physical aggression + Refusal to cooperate	1	0.6%
Refusal to cooperate + Sabotaging work or reputation	1	0.6%
Verbal abuse + Passive-aggressive behaviour	1	0.6%
Verbal abuse + Passive-aggressive behaviour + Refusal to cooperate	2	1.2%
Verbal abuse + Passive-aggressive behaviour + Refusal to cooperate + Sabotaging work or reputation	1	0.6%
Verbal abuse + Physical aggression	1	0.6%
Verbal abuse + Physical aggression + Passive-aggressive behaviour	2	1.2%
Verbal abuse + Physical aggression + Passive-aggressive behaviour + Refusal to cooperate	2	1.2%
Verbal abuse + Physical aggression + Passive-aggressive behaviour + Refusal to cooperate + Sabotaging work or reputation	4	2.4%
Verbal abuse + Physical aggression + Refusal to cooperate	5	3.0%

Type of disruptive behaviours faced by OT Staff

The data on disruptive behaviours faced by operating theatre (OT) staff revealed verbal abuse as the most prevalent single behaviour, reported by 18.8% (n = 31) of participants. This was followed by refusal to cooperate (15.8%, n = 26) and physical aggression (7.9%, n = 13), with passive-aggressive behaviour equally represented (7.9%, n = 13). Simple combinations, such as verbal abuse + physical aggression + refusal to cooperate, accounted for 3.0% (n = 5), while the most complex combination—verbal abuse + physical aggression + passive-aggressive behaviour + refusal to cooperate + sabotaging work—constituted 2.4% (n = 4).

Notably, sabotaging work/reputation as an isolated behaviour was rare (1.8%, n = 3), but its inclusion in multifaceted disruptions (e.g., paired with passive-aggressive behaviour or refusal to cooperate) elevated its cumulative impact. A minority reported no disruptive experiences (2.4%, n = 4) or explicitly denied encountering such behaviours (0.6%, n = 1). Cumulative percentages underscored the heterogeneity of disruptions, with 46.1% of responses involving combinations of ≥2 behaviours.

Section 3

Triggers and Enablers the Disruptive Behaviour in OT Staff: Competing urgent responsibilities

Answer	Frequency	Percent	Cumulative Percent
Never	44	26.7%	26.7%
Rarely	73	44.2%	70.9%
Sometimes	28	17.0%	87.9%
Often	13	7.9%	95.8%
Always	7	4.2%	100.0%
Total	165	100.0%	

Scheduling issues

Answer	Frequency	Percent	Cumulative Percent
Never	62	37.6%	37.6%
Rarely	58	35.2%	72.7%
Sometimes	26	15.8%	88.5%
Often	14	8.5%	97.0%
Always	5	3.0%	100.0%
Total	165	100.0%	

Uneducated staff

Answer	Frequency	Percent	Cumulative Percent
Never	80	48.5%	48.5%
Rarely	52	31.5%	80.0%
Sometimes	16	9.7%	89.7%
Often	8	4.8%	94.5%
Always	9	5.5%	100.0%
Total	165	100.0%	

Unclear policy

Answer	Frequency	Percent	Cumulative Percent
Never	58	35.2%	35.2%
Rarely	66	40.0%	75.2%
Sometimes	26	15.8%	90.9%
Often	10	6.1%	97.0%

Answer	Frequency	Percent	Cumulative Percent
Always	5	3.0%	100.0%
Total	165	100.0%	

Personality conflict

Answer	Frequency	Percent	Cumulative Percent
Never	56	33.9%	33.9%
Rarely	52	31.5%	65.5%
Sometimes	38	23.0%	88.5%
Often	13	7.9%	96.4%
Always	6	3.6%	100.0%
Total	165	100.0%	

Hospital capacity

Answer	Frequency	Percent	Cumulative Percent
Never	47	28.5%	28.5%
Rarely	62	37.6%	66.1%
Sometimes	26	15.8%	81.8%
Often	22	13.3%	95.2%
Always	8	4.8%	100.0%
Total	165	100.0%	

Inability to escalate issues

Answer	Frequency	Percent	Cumulative Percent
Never	69	41.8%	41.8%
Rarely	69	41.8%	83.6%
Sometimes	15	9.1%	92.7%
Often	9	5.5%	98.2%
Always	3	1.8%	100.0%
Total	165	100.0%	

Unavailable/broken equipment

Answer	Frequency	Percent	Cumulative Percent
Never	64	38.8%	38.8%
Rarely	57	34.5%	73.3%
Sometimes	28	17.0%	90.3%
Often	8	4.8%	95.2%
Always	8	4.8%	100.0%
Total	165	100.0%	

EMR issues

Answer	Frequency	Percent	Cumulative Percent
Never	57	34.5%	34.5%
Rarely	68	41.2%	75.8%
Sometimes	27	16.4%	92.1%
Often	10	6.1%	98.2%
Always	3	1.8%	100.0%
Total	165	100.0%	

Language barrier

Answer	Frequency	Percent	Cumulative Percent
Never	69	41.8%	41.8%
Rarely	57	34.5%	76.4%
Sometimes	21	12.7%	89.1%
Often	15	9.1%	98.2%
Always	3	1.8%	100.0%
Total	165	100.0%	

Late to scheduled events

Answer	Frequency	Percent	Cumulative Percent
Never	61	37.0%	37.0%
Rarely	66	40.0%	77.0%
Sometimes	21	12.7%	89.7%
Often	8	4.8%	94.5%
Always	9	5.5%	100.0%
Total	165	100.0%	

Assistant mistake or lack of competence

Answer	Frequency	Percent	Cumulative Percent
Never	74	44.8	37.0%
Rarely	68	41.2	77.0%
Sometimes	13	7.9	89.7%
Often	9	5.5	94.5%
Always	1	.6	100.0%
Total	165	100.0	

Intraoperative distractions

Answer	Frequency	Percent	Cumulative Percent
Never	74	44.8	37.0%
Rarely	68	41.2	77.0%
Sometimes	13	7.9	89.7%
Often	9	5.5	94.5%
Always	1	.6	100.0%
Total	165	100.0	

Interpersonal Issues

Answer	Frequency	Percent	Cumulative Percent
Never	67	40.6%	40.6%
Rarely	67	40.6%	81.2%
Sometimes	19	11.5%	92.7%
Often	8	4.8%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Surgeon Personality, Temperament

Answer	Frequency	Percent	Cumulative Percent
Never	57	34.5%	34.5%
Rarely	59	35.8%	70.3%
Sometimes	30	18.2%	88.5%
Often	14	8.5%	97.0%
Always	5	3.0%	100.0%
Total	165	100.0%	

Bad Day or Personal Issues

Answer	Frequency	Percent	Cumulative Percent
Never	67	40.6%	40.6%
Rarely	58	35.2%	75.8%
Sometimes	18	10.9%	86.7%
Often	18	10.9%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Poor Teamwork/Team Communication

Answer	Frequency	Percent	Cumulative Percent
Never	48	29.1%	29.1%

Rarely	74	44.8%	73.9%
Sometimes	27	16.4%	90.3%
Often	10	6.1%	96.4%
Always	6	3.6%	100.0%
Total	165	100.0%	

Long Hours/Fatigue/Hunger

Answer	Frequency	Percent	Cumulative Percent
Never	46	27.9%	27.9%
Rarely	80	48.5%	76.4%
Sometimes	19	11.5%	87.9%
Often	14	8.5%	96.4%
Always	6	3.6%	100.0%
Total	165	100.0%	

Poor Role Understanding

Answer	Frequency	Percent	Cumulative Percent
Never	63	38.2%	38.2%
Rarely	68	41.2%	79.4%
Sometimes	21	12.7%	92.1%
Often	9	5.5%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Competing Priorities of Team Members

Answer	Frequency	Percent	Cumulative Percent
Never	71	43.0%	43.0%
Rarely	55	33.3%	76.4%
Sometimes	19	11.5%	87.9%
Often	16	9.7%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Staff (Not Assistant) Unprepared, Staff Mistake

Answer	Frequency	Percent	Cumulative Percent
Never	73	44.2%	44.2%
Rarely	57	34.5%	78.8%
Sometimes	14	8.5%	87.3%
Often	17	10.3%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Wrong Instrument

Answer	Frequency	Percent	Cumulative Percent
Never	80	48.5%	48.5%
Rarely	55	33.3%	81.8%
Sometimes	15	9.1%	90.9%
Often	7	4.2%	95.2%
Always	8	4.8%	100.0%
Total	165	100.0%	

Missing Instrument

Answer	Frequency	Percent	Cumulative Percent
Never	47	28.5%	28.5%
Rarely	75	45.5%	73.9%
Sometimes	31	18.8%	92.7%
Often	8	4.8%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Faulty Instrument

Answer	Frequency	Percent	Cumulative Percent
Never	63	38.2%	38.2%
Rarely	59	35.8%	73.9%
Sometimes	24	14.5%	88.5%
Often	11	6.7%	95.2%
Always	8	4.8%	100.0%
Total	165	100.0%	

Intraoperative Distractions

Answer	Frequency	Percent	Cumulative Percent
Never	53	32.1%	32.1%
Rarely	55	33.3%	65.5%
Sometimes	37	22.4%	87.9%
Often	14	8.5%	96.4%
Always	6	3.6%	100.0%
Total	165	100.0%	

Production Pressure/Delay (Lack of Efficiency)

Answer	Frequency	Percent	Cumulative Percent
Never	71	43.0%	43.0%
Rarely	70	42.4%	85.5%
Sometimes	12	7.3%	92.7%
Often	8	4.8%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

High Workload, Overworked

Answer	Frequency	Percent	Cumulative Percent
Never	32	19.4%	19.4%
Rarely	72	43.6%	63.0%
Sometimes	37	22.4%	85.5%
Often	15	9.1%	94.5%
Always	9	5.5%	100.0%
Total	165	100.0%	

Teaching Something Difficult

Answer	Frequency	Percent	Cumulative Percent
Never	53	32.1%	32.1%
Rarely	55	33.3%	65.5%
Sometimes	36	21.8%	87.3%
Often	17	10.3%	97.6%
Always	4	2.4%	100.0%
Total	165	100.0%	

Insufficient Resources

Answer	Frequency	Percent	Cumulative Percent
Never	45	27.3%	27.3%
Rarely	74	44.8%	72.1%
Sometimes	20	12.1%	84.2%
Often	18	10.9%	95.2%

Always	8	4.8%	100.0%
Total	165	100.0%	

Unexpected Event

Answer	Frequency	Percent	Cumulative Percent
Never	61	37.0%	37.0%
Rarely	68	41.2%	78.2%
Sometimes	21	12.7%	90.9%
Often	10	6.1%	97.0%
Always	5	3.0%	100.0%
Total	165	100.0%	

Triggers and Enablers the Disruptive Behaviour in OT Staff

Workload and Resource Challenges: These were prominent, with high workload or overwork cited as a frequent issue by 14.5% of respondents (Often: 9.1%; Always: 5.5%). This was compounded by insufficient resources, reported by 15.7% of participants (Often: 10.9%; Always: 4.8%), highlighting systemic gaps in staffing and material availability. Additionally, production pressure or delays affected 7.2% of respondents frequently (Often: 4.8%; Always: 2.4%), underscoring efficiency-related stressors in high-stakes environments.

Interpersonal and Communication Issues: This significantly influenced disruptions. Surgeon personality or temperament was identified as a recurring trigger by 11.5% of participants (Often: 8.5%; Always: 3.0%). Similarly, poor teamwork or communication contributed to disruptions for 9.7% of respondents (Often: 6.1%; Always: 3.6%), while personality conflicts were reported by 11.5% (Often: 7.9%; Always: 3.6%). These findings emphasized the role of relational dynamics in exacerbating tensions.

Operational and Systemic Inefficiencies: It further aggravated disruptions. Unclear policies were cited by 9.1% of participants (Often: 6.1%; Always: 3.0%), reflecting ambiguities in procedural guidelines. Scheduling issues affected 11.5% of respondents (Often: 8.5%; Always: 3.0%), and inadequate ancillary help impacted 13.3% (Often: 10.3%; Always: 3.0%), pointing to logistical and staffing deficits.

Clinical and Technical Challenges: These challenges also played a role. Missing instruments disrupted workflows for 7.2% of participants (Often: 4.8%; Always: 2.4%), while faulty instruments were reported by 11.5% (Often: 6.7%; Always: 4.8%). Intraoperative distractions affected 12.1% of respondents (Often: 8.5%; Always: 3.6%), demonstrating the impact of environmental and equipment-related factors.

Individual and Behavioural Factors: These significantly contributed to disruptions in notable ways. Long hours, fatigue, or hunger were cited by 12.1% of participants (Often: 8.5%; Always: 3.6%), while inexperience or mistakes by disruptors accounted for 13.4% of cases (Often: 7.9%; Always: 5.5%). Resistance to collaborative decision-making was evident in not getting one's own way, reported by 14.5% (Often: 9.7%; Always: 4.8%).

Less frequent but notable contributors included language barriers (10.9%; Often: 9.1%; Always: 1.8%) and EMR issues (7.9%; Often: 6.1%; Always: 1.8%), which occasionally hindered communication and workflow efficiency.

DISCUSSION

This study has revealed that disruptive behaviour in operation theatre (OT) staff is multifaceted. The verbal abuse (18.8%) followed by refusal of cooperation (15.8%) were the most commonly reported disruptive behaviours which have also been reported as sources of communication breakdown and interpersonal conflicts in previous research in high stress medical environment. Rosenstein and O'Daniel (2008) have completed similar studies indicating that disruptive behaviours adversely affect team dynamics, patient safety, and workflow efficiency (18).. The presence of passive aggressive behaviour, as well as the physical aggression (both 7.9%), also served to indicate that a number of workplace disruptions are due to unresolved conflicts and hierarchal power structure.

Competing urgent responsibilities was reported to be a key factor associated with the disruptive behaviour in the OT setting with 44.2 % of participants reporting rare occurrence happening in the situation and 17% reporting the occurrence sometimes. The reported result agrees with the study by Oliveira RM et al. (2016) proving that a huge workload and numerous other tasks causing stress, information disorder, and tension increase between healthcare professionals (19). Inadequate ancillary help (32.7% rarely, 20% sometimes) was another significant enabler, in line with findings of Sevdalis N et al. (2006) on healthcare worker understaffing and inefficient resource allocation contributing to workplace inefficiency and emotional distress among surgical teams (20).

It was found that issues regarding scheduling and unclear policies were also main triggers of disruptive behavior, since 35.2% of respondents almost never faced scheduling discrepancies and 40% faced them occasionally because of unclear policies. Attempts to mitigate procedural ambiguities and facilitate smoother team coordination through well-defined structured communication protocols and clear guidelines have been made by previous studies (21). Likewise, incompetent help (43.6% rarely, 17.6% sometimes) was also seen as a significant problem, with Greenberg et al. (2007) also finding that the absence of assistance from colleagues and superiors is the leading reason for the stress and low job satisfaction that occurs in the vicinity of surgery (22).

Finally, long working hours, fatigue and hunger (48.5% rarely, 11.5% sometimes) have also an impact on disruptive behavior. According to Davis et al. (2010), fatigue affects cognitive process, decision-making and interpersonal relationship that further increases workplace tensions (23). The added pressure from high workload, lack of teamwork and lack of support contributes to a need for a systematic intervention in the OT settings including communication training, role delineation, and improvement of staffing policies to reduce disruptive behavior. Structured interventions addressing these factors can have a major impact on enhancing patient safety, staff wellbeing, and the efficiency of the surgical team.

CONCLUSION

Research shows multiple reasons behind disruptive conduct in operating theatres link different levels of organizational failure as well as power structures with personal reaction to stress. Too much work combined with staff shortages became the main workplace issues for doctors (14.5% and 15.7% respectively), showing that hospitals did not properly plan their doctor resources. Team conflicts both in surgeon behaviour and communication fell to 23% of all causes because staff members struggled to work together due to power relationships and personality differences in such high-stakes moments. The Organization shows problems with its schedule methods and unclear working rules which affect basic operations in surgery rooms. Technical issues from broken equipment and operating room disturbances show weak infrastructure performance. The combination of employee mistakes and tiring through long work hours created behavioural restriction for individual performers. Most violence incidents featured combined behavioural patterns like shouting and fights revealing clear paths that stress from the workplace took in worsening situations. Our results show that healthcare organizations need to make organizational changes such as reducing the decision-making power of leaders and setting clear policies plus improving equipment reliability and staffing numbers. When work teams learn how to resist stress together and deal with conflicts they will protect the best practice standards of operating rooms.

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