

Original Article

A Narrative Review of the Unprofessional Behaviors of Physicians at Workplace

Nighat Majeed¹

1. Associate Professor Medicine, SIMS/Services Hospital Lahore.

ABSTRACT

Introduction: To become an ethical physician and a good professional is the fundamental duty of a doctor. The complaints regarding medical professional behaviors are usually related to doctor practice management, doctor's manner, medical reports/records, and inappropriate behavior.

Objective : This review aims to see the concerning unprofessional behaviors and unethical conduct of physicians toward patients. The literature was reviewed to identify the common unprofessional behaviors among doctors.

Methods: A Narrative review was done, and databases explored were PubMed, Google Scholar, PsycINFO, Science direct, ERIC & Pak Medinet. A literature search was done regarding unprofessional behaviors by doctors at the workplace. Selected studies related to professional ethics, unprofessional workplace behaviors by doctors, professionalism, and patient experiences during their treatment were identified.

Results: Various items reported as unprofessional behaviors were identified and are classified into five themes: dishonesty, substandard practice, unethical behavior, disrespect & behaviors related to doctor manners.

Conclusion: Unprofessional behaviors are reported in different health care settings. Professionalism holds a central position to fulfill the expectations of the patients and for addressing disrespectful behaviors.

KEYWORDS: Unprofessional behaviors, Workplace, Physicians

doi: <https://doi.org/10.53708/hpej.v4i1.23>

This is an Open Access article and is licensed under a creative commons attribution (4.0 international License).

INTRODUCTION

The complaints regarding medical professional behaviors are usually related to doctor practice management, doctor's manner, medical reports/records, and inappropriate behavior (Rogers & Drogin, 2019). The broad range of disrespectful conduct is classified as disruptive behavior, insulting/demanding behavior, in consideration of treatment of patients & planned disrespect of patients (Brotherton et al., 2016). These can be in the form of verbal or non-verbal acts, abuse of power, and unwelcoming behavior (Tricco et al., 2018).

Disruptive behavior is defined as "when the physician uses inappropriate words or actions interfering with his ability to work with others and affecting the quality of health care" (Stewart et al., 2011). A study done on unethical and unprofessional behaviors among doctors during residency training has shown a wide range of unethical and unprofessional behaviors during their training and reflects the ethical stress associated with the clinical practice (Chang et al., 2015). Physicians showing unprofessional behavior also had unprofessional behavior at undergraduate levels (Vossen et al., 2016). Physicians have to bear ethical distress when they encounter difficult clinical situations (Genuis, 2006). Physicians have an ethical responsibility for the best treatment of patients. They should

make clinical decisions free of external pressures and influences (Collins, 2006). One observation suggested that unchaperoned patient examinations led to the charge of unprofessional conduct and sexual harassment of doctors (Mahmood, 2018). Controlling and preventing disrespect is a major challenge for the organization's leader (Leape et al., 2012).

To become an ethical physician and a good professional is the fundamental duty of a doctor. The act of unprofessionalism was witnessed by the colleagues of health care professionals in a clinical setting. Physicians have reported the unprofessional behaviors of their colleagues, which are related to the breach of confidentiality of patients, poor & aggressive communication and getting funding from pharmaceutical companies. It is very important to distinguish between disruptive behavior and advocacy on behalf of patients who are dependent on physician decisions regarding their health care, e.g., unattended patients (Jamal, 2009). The issues related to professionalism were presented as the patient's complaints. These were about poor ethical behavior by trainee doctors and advanced health professionals in medical practice. Higher knowledge about medical ethics is found in female physicians compared to male physicians (Jalal et al., 2018). Coworker observations are helpful in the identification of unprofessional conduct. Conveying the feedback of coworkers to the professionals involved can result in the modification of their behavior (Webb et al., 2016). It is seen that working experience and knowledge about the code of ethics are significantly related to these behaviors (Jalal et al., 2018). Most of the doctors are familiar with codes of ethics.

Correspondence:

Dr. Nighat Majeed,

Email address: dr_nm@hotmail.com,

Received: January 20, 2021 Accepted: May 5, 2021

Funding Source: Nil

By increasing awareness of professionalism among them, their behavior can be changed (Tiruneh, 2019). The primary goal of dealing with unprofessional behavior will be to protect patients and ensure safe and appropriate clinical care (Schwei et al., 2017). A literature review was planned to identify the common unprofessional behaviors from physicians during the provision of health care.

METHODS

PRISMA the Preferred Reporting Items for Systematic Reviews and Meta-Analyses protocol was followed (Liberati et al., 2009). A literature review was performed, including all published studies on unprofessional behaviors reported and also the same behaviors exhibited by doctors (including post-graduate residents, family physicians, and advanced practice professionals). A search was performed to identify all related articles published in PubMed, Google Scholar, Science direct, Pakmedinet, PsycINFO, and ERIC between Januarys 2015and January 2019.

Studies relevant to unprofessional behavior in health care setting were searched by using different terms. Keywords included unprofessional conduct among doctors, disruptive physicians, and unethical physicians, what is unprofessional behavior and what is not & patient experience about unprofessional doctor behavior. Medical professionalism is a system in which professionals profess to each other and the public the

Table I: Literature Search and Keywords

Key words and phrases	Databases						Total
	Google Scholar	Pub Med	Science Direct	Pakmedinet	PsycINFO	Eric	
unprofessional behaviors among doctors	7330	216	280	1	9	16	7852
Unprofessional conduct among doctors	9400	70	6	1	195	3	9675
Disruptive physician	14000	614	375	1	0	3	14993
Unethical physician	74800	77	6	2	0	1	74886
What is and what is not unprofessional behavior?	18500	0	37	0	5	44,043	62585
Patient experience about unprofessional doctor behaviors	21,100	14	19	0	0	11	21144
Total	145130	991	723	5	209	44077	191135

competency standards and ethical values they have to uphold (Rogers & Ballantyne, 2010). Unprofessional Behavior is an activity that is contrary to the accepted code of conduct of a profession (Parizad et al., 2018). Disruptive physician behavior is that which “interferes with patient care or could reasonably be expected to interfere with the process of delivering quality care” (Tatebe & Swaroop, 2018). Sexual harassment is unwelcome, sexually-oriented attention (Rademakers et al., 2008).

One lac ninety-one thousand one hundred and fifty-five citations appeared in search after using the keywords. The related articles were retrieved and thoroughly read to determine their eligibility for inclusion. Additional references were included by reviewing citations in the reference lists of search-identified abstracts and articles. Both qualitative and quantitative studies describing & assessing unprofessional, disrespectful behaviors among resident physicians, and advanced practice professionals were included. Full-text articles were included and the results showing the citations only were excluded. Studies reporting unprofessional behaviors of faculty, students, and nurses were excluded. Ethical approval was not taken as it was a narrative review and not the patient's data for analysis. The synthesis focused on describing the most prevalent unprofessional behavior reported in the literature by charting the data. The data was charted according to the study design. Most of the studies were qualitative. Finally, Qualitative analysis was done; themes were listed and named from various descriptions and definitions of unprofessional behaviors. Thematic analysis for unprofessional behavior was done against many definitions described in the literature review, as many variations were found. The PRISMA statement is shown in Figure: I.

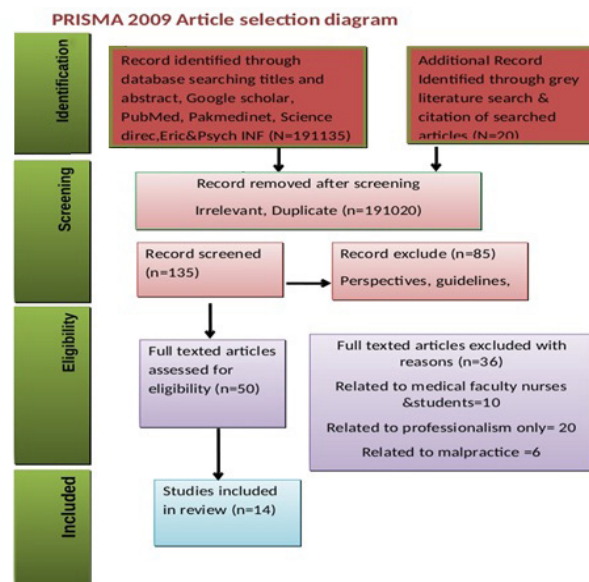


Fig I: PRISMA Flow diagram

RESULTS

One-lac ninety-one thousand one hundred and fifty-five citations were retrieved from the database search, grey literature search, systematic reviews, and reference scanning of searched relevant abstracts & articles (Table 1). Fifty citations that appeared to be relevant, their abstracts, and full-text articles were retrieved. Full text of these citations was reviewed. Thirty citations were from databases, eighteen from reference scanning, and two from grey literature. Fourteen articles met the inclusion criteria (nine articles from database search & six from reference scanning). Main characteristics of these studies/ reviews were the discussions regarding unprofessional behaviors and methods reporting various unprofessional behaviors.

Summaries of studies are shown in Table: 2. Thematic analysis of the unprofessional behaviors taken from different studies was made.

Various items reported as unprofessional behaviors were identified and are classified into five themes, dishonest behaviors, behaviors related to substandard practice, unacceptable ethical behaviors, disrespectful behaviors, & behaviors related to doctor manners (Stewart et al., 2011). Dishonest behaviors: Falsification in reporting the record, inappropriate doctor practice management, conflicts of interest with colleagues and seniors and patients, breaking the confidentiality of patients, not reporting the medical examination accurately, not completing the duty hours, wrong documentation, violation of rules laid down by organization, refusal or inability to complete the assigned tasks, greed (Fargen et al., 2016). Behaviors related to substandard practice: Neglect of patient safety and provision of unsafe medical care, delayed treatment, talking about irrelevant issues in wards or in-patient room (Chang et al., 2015). Unacceptable ethical behaviors: Offensive behaviors, Offensive and abusive language, unwelcoming behaviors & annoying questions, beating, becoming violent (Genuis, 2006; Tricco et al., 2018). Disrespectful behaviors: Frightening communication, patronizing superiority, forcing for treatment, unwilling to talk about issues, blaming patients, dismissive attitudes toward patients, using obscene language, behavioral changes that impacts on patients and families (Grogan & Knechtges, 2013; Martinez et al., 2018) Behaviors related to Doctor Manners: Psychological incapacity, rude and loud comments, misrepresentation, abusive language, making fun of other physicians, excessive criticism (Chang et al., 2017).

DISCUSSION

The objective of this study was to review unprofessional physician behavior in the health care setting. There is a wide range of behaviors among physicians including providing treatment support and being helpful to patients than on the other end of the spectrum of being dictatorial and abusive behavior. This unethical behavior creates conflict in the working environment of the hospital. Disruptive physician behavior may add to the costs of the hospital as they may lose their patients and require additional resources for conflict management (Fargen et al., 2016).

Fourteen studies were identified that described unprofessional behaviors in different settings. In part of patients' disrespectful experiences can be related to health care system, health professional's behaviors, doctor and patient related cultural factors and has health impacts on patients and their families. Patient related internal or external factors can lead to modifying the pattern of disrespect. One study that assessed the association between professionalism and disciplinary actions against physicians showed that patient's complaints were directly related to the attributes of professionalism quantitated. Recognition of these behaviors increases patient safety and reduces harm. There is poor patient & doctor communication due to increased work load in the hospitals & leads to the doctor's aggression (Rogers & Ballantyne, 2010). The costs associated with having a disruptive physician on the hospital is due to Lawsuits by employees, Cost

related to employee turnover and Patient satisfaction. Soft costs like employee morale, team work, patient care, quality and safety is affected (Martinez et al., 2018).

In hospitals many complaints are registered against the doctors on daily basis. Unprofessional behaviors increase the cost to hospitals as it increases the workload and decreases the revenue generated. Hospital actually lose patients and actions may be taken to resolve the conflict created by the disruptive physician (Stewart et al., 2011). The cause of these behaviors appeared to be the personality traits of doctors and extrinsic factors including hospitals management system, lack of professionalism, ranked system of hospitals and poor training (Chang et al., 2017). Specific interventions that can be done to deal with these kinds of behaviors can be collegial intervention and formal investigation of the issues (Martinez et al., 2018).

Code of ethics has outlined the inappropriate behaviors as being dismissive, conveying contempt, patronizing superiority, clearly and openly failing to respond to patient care and intentional failure to return to calls. Medical treatment and care is a complex process and it requires integrated team work. Frightening behavior on part of doctor can lead to medical errors patient dissatisfaction, increase in the treatment cost and adverse outcomes which otherwise can be prevented. The behaviors that threaten the performance of health care team must be addressed by the organization. Unprofessional behavior affects the clinical care & environment and has many negative implications (Roberts et al., 2014). It has been seen that the bad experiences of healthcare were interpreted as very painful and never forgotten (Lövgren et al., 1996). When physicians are involved in disruptive behavior it set off a chain of events that seriously compromises the process and flow of health care. To become an ethical physician and a good professional is the fundamental duty of a doctor. The act of unprofessionalism may be witnessed by the colleagues of health care professionals in clinical setting. It is very important to distinguish between the disruptive behavior and advocacy on behalf of patient who are dependent on physician decision regarding their health care e.g. unattended patients (Grogan & Knechtges, 2013).

CONCLUSION

Healthcare facilities are under a great deal of stress due to the demands of the healthcare field. When disruptive physicians are added to this heavy workload it is difficult for them to effectively cope with. It is critically important that hospitals should have a conflict resolution action plan for dealing with such problems and the disruptive physicians. Variation in physician perception about their obligation is found regarding provision of medical services irrespective of ethical consideration. Indicators measuring the patient's outcomes are directly related to complaints regarding maltreatment and lawsuits. Addressing and reacting disrespectfully are major challenges for leadership of the institutions.

DECLARATION OF INTEREST

The author report no declaration of interest.

Table II: Summary of results of individual studies

Sr.no	Title	Author & year	Objectives	Study design	Study tool	Main findings	Conclusions drawn
1	Prevention and management of unprofessional behavior among adults in the workplace: A scoping review	Andrea C. Tricco et al 2018	To identify the steps taken for prevention and managing of unprofessional behavior in professional set up.	Qualitative analysis	'Population, Intervention, Comparison, Out-comes, Study designs, Timeframe' (PICOST)	Four constructs were identified in the definitions of unprofessional behavior: spoken words, unspoken words, Imbalance of power and persistent negative behaviors	There is a need of mitigation of unprofessional behaviors at workplace. Future reviews could inform practice in medicine.
2	Investigation of Unethical and Unprofessional Behavior in Korean Residency Training	Hyung-Joo Chang, et al 2015	Enhancing postgraduate medical education and training	qualitative, exploratory study	Semi structured interview, qualitative interviews conducted a thematic analysis.	unethical and unprofessional behaviors were divided in eight categories: a) poor practice, (b) breaking work ethics, (c) conflict of interest misconduct (d) dishonesty e) breach confidentiality of patients (f) lack of patients respect, (g) Disrespect for colleagues (h) falsification in research	There is a need to reinforcing ethics and professionalism education in postgraduate training programmers.
3	Patients' Narratives Concerning Good and Bad Caring	Gunvor Lovgren, RN, MSc et al 1996	To see the patient's experiences of good and bad health care to get a basis for making a policy of good health care.	Qualitative narrative research	Three written interview questions were asked.	Task during healthcare provision and relationships were used to describe good and bad caring. Criticism was taken as bad caring	The bad episodes of healthcare were unexpected and very painful as interpreted by patients
4	Qualitative Content Analysis of Coworkers' Safety Reports of Unprofessional Behavior by Physicians and Advanced Practice Professionals	William Martinez, MD, MS, James W. Pichert, PhD et al	To develop the reliable classification of reported unprofessional behaviors of physicians by coworkers To determine the prevalence of unprofessional conduct	Qualitative content analysis	Qualitative content analysis	Four domains of professionalism were identified as competent medical care, clear and respectful communication, integrity, and responsibility and these domains were directly related to patient complains	A useful and reliable and valid tool for analysis to promote behavior change to assess and was developed.
5	Physician professional behavior affects outcomes: A framework for teaching professionalism during anesthesia residency	Wadeeah Bahaziq, MD Edward Crosby, MD	To see the association of professional behavior of physician with the complaints and litigation against and patient satisfaction	Quantitative analysis	Narrative review	Professional behavior is associated with the personality traits evident at the start of training.	Behavioral expectations are defined and teaching and evaluation of behaviors and responding to people who breach the expected values
6	Unprofessional behavior and patient safety	Kevin Stewart FRCP et al 2011	To identify the disruptive behaviors of doctors and to see its linkage with patient harm and the unsafe working environment.	Qualitative analysis	Review of research articles	Disruptive behaviors identified are verbal & action form which can be aggressive. These behaviors are modified by personality traits and external factors like family problems.	Disruptive behaviors contribute to medical errors and increased patient complaints against doctors.
7	Development of a framework to describe patient and family harm from disrespect and promote improvements in quality and safety: a scoping review	Lauge sokol-hessner et al 2018	To see the disrespectful behaviors prevalent and its management	Qualitative Analysis	Scoping Review research articles	Disrespectful experiences included: (1) care processes (2) healthcare provider behaviors; (3) patient- and doctor-related factors, cultural factors and policies (4) health impacts on patients and families, (5) intrinsic and extrinsic factors related to patients modifying the results of disrespect.	Disrespectful behaviors recognition and management can prevent non-physical harms to patients.

8	Unprofessional Behaviors among Tomorrow's Physicians: Review of the Literature with a Focus on Risk Factors, Temporal Trends, and Future Directions(Fargen et al., 2016)	Kyle M et al 2016		Quantitative analysis	Review of literature	Prevent unprofessional behaviors were Inaccurate examinations on patients, false duty hour, plagiarism, cheating during examinations False Publication had highest frequently of 5-15% case	Further studies need to be done for evaluation of exact prevalence of these behaviors
9	Perceptions of negative health-care experiences and self-reported health behavior change in three racial and ethnic groups	Rebecca J. Schwei , Timothy P. Johnson ,	To see the relationship of negative health care experience with respect to race and the numbers of behaviors changed as a result of negative healthcare experience	Cross sectional study	Questionnaire based survey	32% participants had negative health care experience. Race was not associated with bad experience during health care	Race or ethnicity is not related to negative health care experience.
10	Towards a practical definition of professional behavior	Wendy Rogers, Angela Ballantyne	To distinguish professionalism from medical ethics.	Quantitative analysis	Review of literature	Definition of professionalism was reviewed Six domains of professionalism was defined respect of patient, probity, responsibility, self-awareness, reflection, collaboration and team work and care of colleague and I was reviewed with patients complaints against doctors.	Patient complaints was identified regarding Medical records, manners, Inappropriate behavior and disciplinary actions against the doctors were directly related to the professionalism
11	Awareness about Knowledge, Attitude and Practice of Medical Ethics pertaining to Patient Care, among Male and Female Physicians Working in a Public Sector Hospital of Karachi, Pakistan - A Cross-Sectional Survey	Sabeena Jalal et al 2018,	To assess the knowledge skills and attitudes of medical ethics among doctors	Quantitative study	A structured questionnaire based interview	9% of the doctors were not aware of the Hippocratic Oath. 89% of these were junior doctors	There is a need to improve the professional training regarding skills attitudes and knowledge among health professionals.
12	Dismembering the ethical physician	S J Genuis 2006	To see the ethical distress Faced by physicians when they are caught in difficult clinical situation	Qualitative analysis	Review of literature	Physicians contravene patient's expectations when they encounter difficult clinical situations.	The organization of daily work tasks is a key factor in workplace learning. It helps understanding of and organizational culture in clinical departments.
13	The Disruptive Physician:	Claramita, Mora; Utarini, Adi; Soebono, Hardyanto; Van Dalen, Jan; Van der Vleuten, Cees 2011	To explores the ideal communication style as perceived for doctor-patient consultations and actual practice style	Mixed method	In-depth interviews	High patient load does not allow the ideal interaction and communication between doctors and patients.	Further studies should examine the prevailing communication and should look forward the ways to change it.

14	Causes of resident lapses in professional conduct during the training: A qualitative study on the perspectives of residents	Hyung-Joo Chang, Young-Mee Lee, Young-Hee Lee & Hyo-Jin Kwon 2016	To understand the contributing factors to the misconduct / unprofessional behaviors of residents	Qualitative study	In-depth interview	Systems within training hospitals are not working properly; (2) There is lack of education about professionalism; (3) Ranked system of hospitals (4) weak character of persons.	There is a need to organize and structure the training programs for enhancing professionalism
----	-----------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------	--------------------------------------------------------------------------------------------------	-------------------	--------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

REFERENCES

- Brotherton, S., Kao, A., & Crigger, B. (2016). Professing the values of medicine: the modernized AMA Code of Medical Ethics. *Jama*, 316(10), 1041-1042.
- Chang, H.J., Lee, Y-M, Lee, Y.H, & Kwon, H.J. (2015). Investigation of unethical and unprofessional behavior in Korean residency training. *Teaching and Learning in Medicine*, 27(4), 370-378.
- Chang, H.-J., Lee, Y-M, Lee, Y.-H., & Kwon, H.-J. (2017). Causes of resident lapses in professional conduct during the training: A qualitative study on the perspectives of residents. *Medical teacher*, 39(3), 278-284.
- Collins, J. (2006). Professionalism and physician interactions with industry. *Journal of the American College of Radiology*, 3(5), 325-332.
- Fargen, K. M., Drolet, B. C., & Philibert, I. (2016). Unprofessional behaviors among tomorrow's physicians: Review of the literature with a focus on risk factors, temporal trends, and future directions. *Academic medicine*, 91(6), 858-864.
- Genuis, S. (2006). Dismembering the ethical physician. *Postgraduate medical journal*, 82(966), 233-238.
- Grogan, M. J., & Knechtges, P. (2013). The disruptive physician: a legal perspective. *Academic radiology*, 20(9), 1069-1073.
- Jalal, S., Imran, M., Mashood, A., & Younis, M. (2018). Awareness about Knowledge, Attitude and Practice of Medical Ethics pertaining to Patient Care, among Male and Female Physicians Working in a Public Sector Hospital of Karachi, Pakistan-A Cross-Sectional Survey. *European Journal of Environment and Public Health*, 2(1), 04.
- Jamal, A.A. (2009). Perception of Physicians Regarding the Prevalence of Unprofessional Behavior among Their Colleagues in a Tertiary Care Hospital in Saudi Arabia. *Journal of Taibah University Medical Sciences*, 4(1), 94-107.
- Leape, L. L., Shore, M. F., Dienstag, J. L., Mayer, R. J., Edgman-Levitan, S., Meyer, G. S., & Healy, G. B. (2012). Perspective: a culture of respect, part 2: creating a culture of respect. *Academic medicine*, 87(7), 853-858.
- Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gøtzsche, P. C., Ioannidis, J. P., Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. *Journal of clinical epidemiology*, 62(10), e1-e34.
- Lövgren, G., Engström, B., & Norberg, A. (1996). Patients' narratives concerning good and bad caring. *Scandinavian journal of caring sciences*, 10(3), 151-156.
- Mahmood, S. E. (2018). Is patient modesty being honored or outraged in clinical practice? High time to introspect. *Indian Journal of Health Sciences and Biomedical Research (KLEU)*, 11(2), 105.
- Mak-van der Vossen, M. C., van Mook, W. N, Kors, J. M., van Wieringen, W. N., Peerdeman, S. M., Croiset, G., & Kusurkar, R. A. (2016). Distinguishing three unprofessional behavior profiles of medical students using latent class analysis. *Academic medicine*, 91(9), 1276-1283.
- Martinez, W., Pichert, J. W., Hickson, G. B., Braddy, C. H, Brown, A. J, Catron, T. F, Cooper, W. O. (2018). Qualitative Content Analysis of Coworkers' Safety Reports of Unprofessional Behavior by Physicians and Advanced Practice Professionals. *Journal of patient safety*.
- Parizad, N., Hassankhani, H., Rahmani, A., Mohammadi, E., Lopez, V., & Cleary, M. (2018). Nurses' experiences of unprofessional behaviors in the emergency department: A qualitative study. *Nursing & health sciences*, 20(1), 54-59.
- Rademakers, J. J., Van Den Muijsenbergh, M. E, Slappendel, G., Lagro-Janssen, A. L., & Borleffs, J. C. (2008). Sexual harassment during clinical clerkships in Dutch medical schools. *Medical Education*, 42(5), 452-458.
- Roberts, N. K., Dorsey, J. K., & Wold, B. (2014). Unprofessional behavior by specialty: A qualitative analysis of six years of student perceptions of medical school faculty. *Medical teacher*, 36(7), 621-625.
- Rogers, R., & Drogin, E. Y. (2019). *Conducting Miranda Evaluations*: Springer.
- Rogers, W, & Ballantyne, A. (2010). Towards a practical definition of professional behaviour. *Journal of medical ethics*, 36(4), 250-254.
- Schwei, R. J., Johnson, T. P., Matthews, A. K., & Jacobs, E. A. (2017). Perceptions of negative health-care experiences and self-reported health behavior change in three racial and ethnic groups. *Ethnicity & health*, 22(2), 156-168.
- Stewart, K., Wyatt, R., & Conway, J. (2011). Unprofessional behaviour and patient safety. *International Journal of Clinical Leadership*, 17(2).
- Tatebe, L., & Swaroop, M. (2018). Disruptive physicians: How behavior can undermine patient safety. *Vignettes in Patient Safety*, 2, 273.
- Tiruneh, M. A., Ayele, B. T., & Beyene, K. G. M. (2019). Knowledge of, and attitudes toward, codes of ethics and associated factors among medical doctors in Addis Ababa, Ethiopia. *Medicolegal and Bioethics*, 9, 1-10.

Tricco, A. C., Rios, P., Zarin, W., Cardoso, R., Diaz, S., Nincic, V., Straus, S. E. (2018). Prevention and management of unprofessional behaviour among adults in the workplace: A scoping review. PloS one, 13(7), e0201187.

Webb, L. E., Dmochowski, R. R., Moore, I. N., Pichert, J. W., Catron, T. F., Troyer, M., Hickson, G. B. (2016). Using coworker observations to promote accountability for disrespectful and unsafe behaviors by physicians and advanced practice professionals. The Joint Commission Journal on Quality and Patient Safety, 42(4), 149-AP143.

AUTHOR'S CONTRIBUTION

1. Nighat Majeed. Concept & design of the work, aquisition, analysis interpretation of data and critical review.