Disruptive behavior may occur as a response to an important event, for instance, a delay in receiving a test result. Although the resident may have a legitimate concern for patient safety, disruptive behavior is disproportional to the incident, and it results in polarization of a situation rather than constructive problem resolution.

Common manifestations of disruptive behavior include:

**Angry outbursts**
- Use intimidating, abusive, condescending, or degrading language  (e.g. insults, profanity)
- Display body language and tone of voice that is pejorative and insulting (e.g. sarcastic attitude; one that is perceived as threatening by others)
- Verbalize threats of violence, reprisal, or legal action

**Degrading or demeaning words or behavior towards others**
- Harass others sexually (e.g. sexually explicit comments, innuendos)
- Use racial or ethnic slurs
- Engage in inappropriate humor

**Disregard for effective communication with patients or staff**
- Fail to answer pages or calls in a timely manner
- Demonstrate unprofessional demeanor (raise voice, use sarcasm, plan reprisals)
- Blame staff for adverse outcomes
- Act in an uncooperative, defiant, or rude manner
- Refuse requests for help