Workplace Bullying: The Silent Epidemic!!!

Lisa Adams, RN, BN, BSc., MSc., PhD. ©, CHE
"All cruelty springs from weakness."
(Seneca, 4BC-AD65)

Leadership is based on inspiration, not domination; on cooperation, not intimidation
(William Arthur Ward)
Leadership

The 4 A’s of leadership:
Authentic - honest, open, transparent
Accountable-being answerable to and for
Attentive- listening with all senses
   Eyes-body language; ears-tone
Acknowledging others-to know oneself is to
   know others

"As we look ahead into the next century,
leaders will be those who empower others”
- Bill Gates
Bullying and Violence in the workplace
Definitions

Workplace bullying- Is the on-going health- or career endangering mistreatment of an employee, by one or more of their peers or higher-ups (Canada Safety Council, 2008).

A consistent pattern of behavior designed to control diminish or devalue a peer (or group) that creates a risk to health and/or safety

The persistent demeaning and downgrading of humans through vicious words and cruel acts that gradually undermine confidence and self esteem (Adams, 1997)

Repeated offensive, vindictive, cruel or malicious behavior used as attempts to humiliate or undermine an individual or employee(s)

Professional cannibalism-nurses eat their young rather than nurture

The misuse of power or position that undermines a person’s ability, or leaves them feeling hurt, frightened, angry or powerless.
Call it what you want?

Workplace bullying
Horizontal hostility
Lateral violence
Mobbing
Psychological/emotional abuse
Toxic workplace behaviors
Facts

→ Bullying is sometimes referred to as psychological harassment
→ Contributes significantly to loss productivity in the workplace.
→ Largely unrecognized in workplace policies
→ Health care is identified as high risk area @ 33% (Stats Canada, 2007).
→ It should never be brushed off as a personality clash (Namie, 2003).
Statistics - Bullying

→ As many as 10% of suicides may be related to workplace traumatization (Harvey, 2002).
→ 81% of bullies are in supervisory roles
→ 58% of bullies are female (Namie, 2003)
→ 84% of bullied employees are female
→ 21% of all workers have been targeted by bullies (Brunner & Costello, 2003; Namie, 2003)
→ Targets endure bullying for almost two years before filing a complaint
→ Only 13% of bullies are ever punished or terminated
→ 71% of bullies outrank their targets
More than 356,000 violent incidents in the workplace in the 10 provinces. The majority of these workplace incidents, 71%, were classified as physical assaults (Statistics Canada, 2007).

It was found that men and women were equally likely to have reported experiencing workplace violence, but men were more likely to be injured (27% vs. 17%) (Statistics Canada, 2007).

In Newfoundland & Labrador, 40% of all violent incidents occurred at the victim’s workplace. This proportion was at least double that of each of the other provinces, which ranged from 11% in Nova Scotia to 20% in both Saskatchewan and Alberta (Can. Center for Justice Stats, 2004).
Profile- The Bully

They often display an exaggerated degree of apparent respect to those in authority above them (Harvey, 2002).

Bullying, or general harassment, is often invisible and occurs behind closed doors without witnesses.

Play mind games, reverse psychology, a taker & mean-spirited.

Even when bullying is witnessed, team members usually side with the bully (feel intimidated themselves).

Pathological liar, deceptive, charming, shallow & superficial.

Need for control with sociopathic and/or psychopathic tendencies (UK National Workplace Bullying, 2009).

Insecure people with poor or non-existent social skills and little empathy. They turn this insecurity outwards, finding satisfaction in their ability to attack and diminish the capable people around them (Canada Safety Council, 2009).

“Those who can, do, those who can’t bully”
(UK National Workplace Bullying, 2009)
How it Manifests itself

Overt- name calling ; bickering ; fault finding; backstabbing ; gossip ; criticism; intimidation; shouting ; blaming; using put downs; raising eyebrows, making faces

Covert- unfair assignments ; sarcasm; eye rolling; ignoring or freezing out ; refusing to help; whining ; refusing to work with someone; sabotage ; isolation exclusion ; fabrication

Non-verbal = 80% of all communication
Manifestations (cont’d)

infighting; scapegoating; humiliation innuendo; disinterest; discouragement; withholding information about patients or nursing practice; rudeness; abrupt responses; not being available; failure to respect privacy; broken confidences; dismissing; belittling; humorous put downs; sarcasm; nitpicking; minimization; slurs and jokes based on race, gender orientation, ethnicity, religion or gender; withholding support limiting right to free speech and the right to have an opinion; better than attitude; withholding information.
A Psychiatric Illness?

The DSM-IV Diagnostic Criteria for Narcissistic Personality Disorder are:

A pervasive pattern of grandiosity, need for admiration, lack of empathy, as indicated by at least five of:

1. a grandiose sense of self-importance
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. believes that he or she is "special" and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. requires excessive admiration
5. has a sense of entitlement, ie unreasonable expectations of especially favourable treatment or automatic compliance with his or her expectations
6. is interpersonally exploitative, ie takes advantage of others to achieve his or her own ends
7. lacks empathy and is unwilling to recognize or identify with the feelings and needs of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviours or attitudes
Triggers- Why?

Reasons targets are bullied (Namie & Namie, 2000):

- 58% are targeted because they stand up to unfair treatment by the bully
- 56% are mobbed because the bully envies the target's level of competence
- 49% are targeted simply because they are nice people
- 46% are bullied because they are ethical
- 39% are bullied because it was just their turn
Theoretically Why?

Many senior nurses expect new grads to hit the ground running—Judith Thompkins, Toronto

Nurses are worked off their feet, displaced stress and aggression on one another—Dr Barry Stein, B.C.

Oppression—symptom of patriarchal attitudes from physicians, mgmt and admin—build up of tension when unable to address and solve issues with the oppressor

Generational differences

Groups of people in a workplace unconsciously adopt inflated feelings attitudes of superiority (Power trip)

Some groups adopt unconsciously submissive attitudes or learned helplessness = dominant groups identify norms and then enforce from power given by submissives

Over inflated attitudes compounds low self-esteem of submissive therefore perpetuates cycle

Internal conflict generated by conforming to structural pressures subduing the desire for autonomy
The Weapons Employed

→ Humiliation, ridicule or unwarranted criticism in public or private
→ Sadistic or aggressive behavior over time
→ Withholding information to deliberately affect a colleague’s performance
→ Treating colleagues as children not as adults
→ Exclusion from meetings
→ Communication styles (Verbal & Non-verbal)
Intimidation
**Individual Impact - The Bullied**

Like a drug, it too has adverse effects:

Psychological – PTSD - 50% suffer still after 5 years; burnout; depersonalization; maladaptive responses, psychiatric co-morbidities (anxiety & depression).

Physical – decreased immune response; stress related disease

Cardiac arrhythmias (increased risk of heart attack due to continuously circulating catecholamine)

Emotional – anger; irritability; self doubt; feelings of failure; decreased self-esteem. A shaken confidence & uncertain competence.

Social – $\frac{1}{3}$ to $\frac{1}{2}$ of relationships and family members worsen after someone witnesses or is in receipt of bullying tactics.
Health Care System Outcomes

- These behaviors can permeate a whole organization just like a cancer can a body
- Decreased productivity
- Compromised patient care
- Decreased quality of patient care
- Decreased staff morale
- Liability issues (withholding of information & timeliness of responses)
- Breach of confidentiality
- Violation of professional standards of practice
- High rates of sickness and absenteeism
- High staff turnover
- Financial implications
“We were just talking about your leadership skills.”
Accountable to who?

Yourself - code of ethics/standards/scope & legislation (Standards - duty to report inappropriate behavior)
Employer - roles/responsibilities/job description, policy
Colleagues - reliability, punctuality, respect
Patients - quality of care, responsiveness, respect, confidentiality, privacy
Union and professional associations e.g. ARNNL (Code of conduct)
Public/society - expects safe competent respectful healthcare; PROTECTION OF THE PUBLIC
Organization - Vision, mission & values (Possibly its strategic directions).
Recognition from elsewhere

→ In the United States, workplace bullying is not yet recognized by the legal system although a few states have initiated bills (CSC, 2009). May 12, 2009- Both house of assemblies in Illinois and New York State have passed bills to address the problem of workplace bullying.

→ Over the past decade, workplace bullying has become an internationally recognized occupational health and safety issue & have introduced various regulatory responses to the problem, inclusive of countries; France, Germany, Italy, Sweden, Spain, the Netherlands, Norway, Ireland and Australia.

→ A 1999 International Labour Organization (ILO) report on workplace violence emphasized that physical and emotional violence is one of the most serious problems facing the workplace in the new millennium.


→ Workplace Bullying Institute (WBI)- Bellingham, Washington
Canadian Efforts

→ Canadian Human Rights Act (1976)
→ Bill C-451- Psychological Harassment Prevention Act- An Act to prevent psychological harassment in the workplace and to amend the Canada Labour Code is currently in progress (House of Commons of Canada, 2003).
→ No jurisdiction in Canada requires employers to have a workplace violence prevention program (Canada Safety Council, 2009). The first anti-bullying law in North America came into effect on June 1, 2004. Quebec has amended its Labour Standards Act to deal with psychological harassment in the workplace (CSC, 2009).
→ A recent Ontario Superior Court decision recognized that an employer owes a duty to its employees to provide a decent, civil and respectful workplace (CSC, 2009).
What is Eastern Health doing?

→ Adopted a Healthy Workplace Framework (NQI)
→ A work in progress that hinges on respect:
  → Conflict Management Policy
  → Harassment Policy

The scope:
  → all employees, managers, physicians, students & volunteers

Purpose of policy:
  → promote & maintain a healthy, respectful work environment
    that is free of harassment & addresses conflict.
  → communicate & educate
  → clarify roles & responsibilities of those involved
  → outline a process to follow when concerns are brought forward
  → Rights & responsibilities of complainant & respondent
Eastern Health’s Policy Work (cont’d)

Highlights of the Process to follow (Conflict Mgmt. Or Harassment):

⇒ Internal or external: Individual or facilitated conflict resolution
⇒ Reporting- Contact HR consultant
  - Documentation/log of events is key
⇒ Contact HR strategist- notifies respondent
⇒ Investigation- HR strategist with HR director will refer to outside/neutral person to investigate & notify the CEO & Board of Trustees.
⇒ Workplace assessment done if deemed necessary (CM Policy)
⇒ Report generated
⇒ ? Breach of policy
⇒ Disclosure of events as needed
⇒ Decision to discipline?
Thank you for your attention!!!

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