Workplace Bullying: The Silent Epidemic!!!

NLCAHR Bullying Research Group

October 30, 2013

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Purpose of Work

- defines who we are as people, as humans (birth-death)
- promotes growth & development of one’s self
- Defines our personhood
- Valued member of society
- Defines your social persona
- Self concept- increased self-esteem, sense of identity, self image, sense of purpose, self worth, autonomy, independence and achievement, personal satisfaction, and personal fulfillment
- Cognitive stimulation
"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 **endanging 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)

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
“Professional Cannibalism”
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

➔ an exaggerated degree of apparent respect to those in authority above them (Harvey, 2002).
➔ often invisible and occurs behind closed doors without witnesses
➔ play mind games, reverse psychology, a taker & mean-spirited
➔ even if 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
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.
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
→ Communication styles (Verbal & Non-verbal)
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
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** – 1/3 to ½ of relationships and family members worsen after someone witnesses or is in receipt of bullying tactics.
Let’s not Forget the Brain

Physiological-
- Brain’s neuroplasticity, resiliency and flexibility to respond.
- metamorphosis of the brain
- glucocorticoid hormones (Cortisol)– wear and tear, batters the brain, excites neurons to death.
- Neurons die, neuronal atrophy occurs in the limbic, hypothalamic, and even the whole prefrontal cortex. Brain shrinks significantly in size, infringing on one’s memory and learning process ability. A smaller hippocampus can result in cognitive impairments, prolonged depression and decreased self esteem
- Neuronal synapses and synaptic activity-compromised potentially causing increased aging of the brain.
Perfect Storm

Yourself → Stressors → Stress Response

Your colleagues
Your environment
Your supports
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. Code of conduct—RCPSC, CSLMS, ARNNL, NLTA
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).
- Psychological Standard (released January, 2013)
How to respond?

Key measures:
1. Documentation – frequency, regularity & patterns
2. Build your supports- rarely are you alone
3. Policies & legislation
4. Know yourself, your body and your strengths and limitations
5. Do not join forces
6. Don’t sweat the small stuff
7. Stand up for yourself (courage, strength & determination)

http://www.notmyselftoday.ca/home

"All it needs for evil to prosper is for people of goodwill to do nothing" (Edmund Burke)
Organizational Response

Corporate social responsibility
The duty to Accommodate
Policy Development and Enforcement
Zero Tolerance – “Broken Window Philosophy”
The role of Legislation
The role of Unions
The role of Professional Associations
Disability Management
Change Management
Employee and Family Assistance Program
The Role of Worker’s Compensation
Operational and Strategic Directions & Planning
Ethical Obligations
Organizational Legalities and Liabilities
Protective Disclosure (policy)
Whistleblower legislation and policy
The Development of Mental Health Champions
Promoting Human Rights at Work
Policy Development

→ Adopted a Healthy Workplace Framework (NQI)
→ Policies completed that hinge 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
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
→ Report generated
→ ? Breach of policy
→ Disclosure of events as needed
→ Decision to discipline?
Questions & Discussion????

Thank you for your attention!!!

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