

***Workplace Bullying: An
Occupational Liability
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***Lisa Adams
RN, BN, BSc., MSc., PhD., CHE, CPMHN,
CHE Fellow, CHSRF Fellow***



Purposes of Work

- defines who we are as people, as humans
- 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 (we define people by the work they do right to their death), self image, sense of purpose, self worth, autonomy, independence and achievement, personal satisfaction, and personal fulfillment
- Tasks at work provide cognitive stimulation- activity, interests, challenges

Understanding MH

- Mental health is a state of well-being in which every individual realizes their own potential, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to his/her community (WHO, 2011).
- **Bullying, violence, addictions.....**

Statistics

- Economic impact- Mental illnesses are costing Canada about \$20.7 billion (2012) in workplace losses
- growing at a rate of approximately 1.9 % every year and is expected to rise to \$29.1 billion annually by 2030,
- Almost 452,000 more Canadians would be participating in the labour force in 2012 if they were not affected by mental illness.

Stress and its impact

You- your life, attitude, upbringing, supports, coping mechanisms

Profession- Work overload, staff shortages, burnout, standards of practice, colleagues, legislation

Organization- Bureaucracies, uncertainty of change, Poor leadership

You are not immune to it ☺

THE GOOD, THE BAD AND THE UGLY

Impact of Stress

The Bad Stress- demand exceeds control

Affects every bodily function, body consistently battles it in efforts to restore that homeostasis,

Trying to avoid the bad stress only propagates more stress. For example, saying yes and taking on a heavier patient load than you know you can realistically manage, rather than dealing with the guilt you know you will feel by saying no and declining the heavier workload.

Brain- has much neuronal plasticity, 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.

Bullying as an example

Origins

- *"All cruelty springs from weakness."*
(Seneca, 4BC-AD65)
- Leadership is based on inspiration, not domination; on cooperation, not intimidation
(William Arthur Ward)

Bullying in the workplace



What is it?

- 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)
- 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).

Bullying Statistics

- 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

Triggers

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

Linkage to Violence

- → 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 of 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)

Presentation

- **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**

Other Manifestations

- **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.**

Weapons Used

- → 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)

Other Theories

- Many expect new grads to hit the ground running-Judith Thompkins, Toronto
- 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 bully

Intimidation



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. preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love**
- 3. believes they are "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, take advantage of others to achieve his/her own ends**
- 7. lacks empathy, 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/her**
- 9. shows arrogant, haughty behaviours or attitudes**

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)

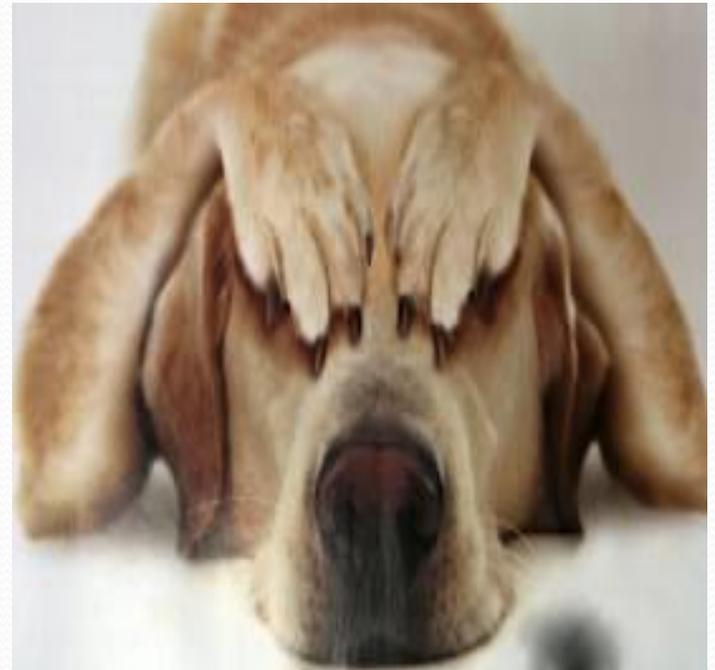
Emotional –anger ; irritability ; self doubt ; feelings of failure; decreased self-esteem. A shaken confidence & uncertain competence.

Social – 1/3 to 1/2 of relationships and family members worsen after someone witnesses or is in receipt of bullying tactics.

Leaves you feeling...



Stressed & Frightened





“We were just talking about your leadership skills.”

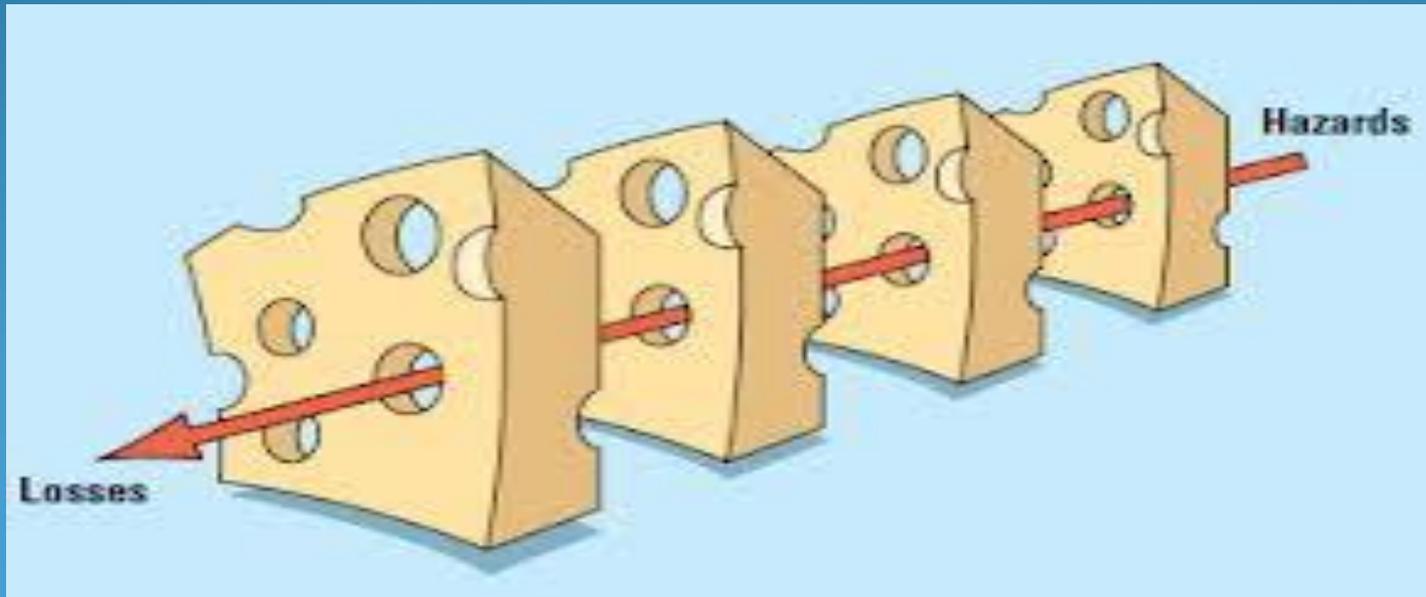
Perfect Storm

Yourself → Stressors → Stress Response

Your colleagues

Your environment

Your supports



Truth Busters

- **Jumping to conclusions**
- **Avoiding discussion about sensitive issues**
- **Demonstrating insensitivity to the beliefs and values of others**
- **Interrupting another while speaking**
- **Encouraging competition**
- **Gossip**

Professionalism at its finest ☹️

- **QPPE environment- strives to meet the needs and goals of the individual nurse while at the same time providing safe, quality patient care within the quality framework mandated by the organization and governing bodies.**
- **Bullying drains people of vitality, altruism and vigilance and undermines institutional attempts to create a satisfied workforce and creates an environment of:**
 - **Failure to provide care in a sensitive and responsive manner**
 - **Being detached and uninvolved**
 - **Interacting only when necessary**
 - **Ignoring a person's health needs**
 - **Treating a patient as an object or a job to be done**

Impact on Organization

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**

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).**
- **Canadian & Provincial Occupational Health & Safety Acts.**

Globally

- 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, 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

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= ARNNL, NLNU
- Public/society-expects safe competent respectful healthcare; PROTECTION OF THE PUBLIC
- Organization- Vision, mission & values (Strategic directions).

Psychological Health Standard

- January, 2013
- MHCC being the catalyst
- Precedent setting globally
- Specifies requirements and provides a framework to create and continually improve a psychologically healthy and safe workplace.
 - ID and elimination of hazards
 - Assessment and control of risks
 - Implementing structures and practices that support
 - Fostering a culture that promotes psychological health

Standard's Principles

- ◎ Minimal standard of practice
- ◎ Shared responsibility
- ◎ Mutual respect
- ◎ Individuals have a responsibility as well
- ◎ Demonstrated and visible commitment from senior mgmt
- ◎ Active participation
- ◎ Organizational decision-making
- ◎ Primary focus on psychological health, safety, awareness, promotion & devt of knowledge & skills
- ◎ *Voluntary*

Pillars

1. Prevention of Harm
2. Promotion of good health
3. Resolution of incidents and concern



How to Respond

Key measures:

1. Know yourself, your body and your strengths and limitations
2. Don't sweat the small stuff
3. Stand up for yourself (courage, strength & determination)
4. Documentation- frequency, regularity, patterns
5. Build your supports- you are not alone
6. Policies and legislation
7. <http://www.notmyselftoday.ca/home>

*Don't wait for someone to be nice to you.
"be the change you want to see in the world" (Gandhi)*

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

Leader's Response

- **Dealing with Problem Employees**
- **Psychological Job Fit**
- **Workload Management**
- **Psychological Protection**
- **Building a Quality Professional Practice Environment**
- **Due Diligence**
- **Alternate Dispute Resolution**
- **Overcoming workplace negativism**
- **Disability Management**
- **Conflict Management**
- **Plethora of Personalities**
- **Change Management**
- **Critical Incident Debriefing**

Organizational Response

- **Corporate social responsibility**
- **Business Case**
- **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**

Organizational Response

- **Shared Governance**
- **Promoting Human Rights at Work**
- **Standards of Workplace Mental Health**
- **The Quality Professional Practice Environment**
- **Patient Quality and Safety**
- **Staff Morale**
- **The Role of Occupational Safety and Health Committees**
- **Accreditation Expectations**
- **Reputation to Uphold**
- **Continuous Quality Improvement**
- **Conflict resolution**
- **Organizational Culture (FISH culture)**
- **Employee Wellness**
- **Mental health promotion & illness prevention**

Questions & Discussion: Your turn

Thank you for your attention!!!

Lisa Adams
Phone: 709-691-4515

