From the Playground to the Workplace: Managing Bullying in Health Care

Combined Sections Meeting 2014

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Section on Health Policy & Administration of the American Physical Therapy Association
From the Playground to the Workplace: How do we manage bullying in the healthcare arena?

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APTA Combined Sections Meeting
February 3, 2013

Objectives

- Define the term workplace bullying and differentiate it from discrimination and harassment
- Describe employees’ motivation for bullying in the healthcare workplace
- Identify the behaviors that bullies exhibit in the workplace
Objectives

- Explain the consequences of bullying in the healthcare workplace at an individual and organizational level
- Compare and contrast the role of the manager and employees in addressing the problem of bullying in the workplace
- Formulate strategies at an individual, unit and organizational level for preventing and addressing bullying behaviors in the healthcare workplace

Discussion

- Is bullying “on the radar” in your institution?
- Is there a policy addressing it?
- Has bullying occurred in your unit or institution?
- Has it been addressed and how?
- Have you seen bullying in the workplace?
- Have you been bullied in the workplace?
- Are you a bully?
On the Playground, bullying is.....

Defined as a subset of aggressive behaviors involving 3 criteria:
- Intentional harmdoing
- Involves an imbalance of power between the victim and the bully
- Is carried out repeatedly and over time

3 types:
- Direct physical
- Verbal
- Indirect

Definitions of Workplace Bullying

Impact on the recipient +
Negative effect on the victim → Workplace Bullying
Persistent +
Workplace Bullying

- First identified by Swedish psychologist Leymann in the 1980s who defined it as an ongoing conflict in which the victim is subjected to 2 or more negative incidents on at least a weekly basis over at least a 6 month period
- Researchers have expanded Leymann’s original research to develop a 22-item checklist of the most frequently encountered bullying behaviors which form the basis of the Negative Acts Questionnaire (NAQ)

Definition of Workplace Bullying

Workplace Bullying and Trauma Institute

- The repeated mistreatment of one or more employees with a malicious mix of humiliation, intimidation and sabotage of performance.
- According to the Institute it is more common than sexual harassment or verbal abuse.
- The deliberate, hurtful, repeated mistreatment of employees driven by the desire to control.
Additional terminology

• Lateral or horizontal violence
• Workplace aggression
• Emotional abuse
• Incivility
• Verbal abuse
• Mobbing

5 Categories of Bullying Behavior
Raynor and Hoel, 1997

<table>
<thead>
<tr>
<th>Threat to Professional Status</th>
<th>Threat to Personal Standing</th>
<th>Isolation</th>
<th>Over work</th>
<th>Destabilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Belittling opinions</td>
<td>• Gossiping about you</td>
<td>• Preventing access to opportunities for leave or training</td>
<td>• Undue pressure to produce work</td>
<td>• Failure to give credit where credit is due</td>
</tr>
<tr>
<td>• Public professional humiliation</td>
<td>• Name calling</td>
<td>• Physical or social isolation</td>
<td>• Impossible deadlines</td>
<td>• Meaningless tasks</td>
</tr>
<tr>
<td>• Accusation of lack of effort</td>
<td>• Insults</td>
<td>• Withholding of information</td>
<td>• Unnecessary disruptions</td>
<td>• Removal of responsibilities</td>
</tr>
<tr>
<td></td>
<td>• Teasing</td>
<td></td>
<td></td>
<td>• Shifting of goalposts</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Repeated reminders of errors</td>
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<td></td>
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<td></td>
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<td>• Setting up to fail</td>
</tr>
</tbody>
</table>
Forms of Bullying Behavior

- Constant and unfair criticism
- Social bantering and teasing
- Yelling, shouting and screaming
- Insults and behind-the-back put-downs
- Hostile glares and other intimidating gestures
- Malicious gossiping
- Monopolizing supplies and other resources
- Aggressive emails, texts or notes
- Having thoughts or feelings ignored
- Exclusion from activities or conversations
- Overt threats and aggression or violence

Bullying is not...

- Illegal discrimination and harassment, which are illegal and covered by Title VII of the Civil Rights Act and under state fair employment laws. These are based on protected group status such as age, race, gender, ethnic origin, disability and religion
- While workplace bullying may result in a hostile work environment, it is not the same illegal hostile work created by, for example, the employer allowing off color or sexual based jokes
Dr. Jones, an orthopedic surgeon, calls Betsy, the scrub nurse, “sweetie pie” in front of the team in the OR, most of which are male residents. He continues, saying that she makes a lot of mistakes and is slower than his other scrub nurses but that’s okay because she looks “really cute” in her scrubs. He calls her into his office after the surgery and says if she won’t go out with him, he will be sure she is always on cases that result in her staying late.

Frannie Fully, a PT, yells and curses at her co-worker, another PT, Sam Sictim. She makes fun of his new haircut and the way he dresses. She constantly criticizes his work performance and gossips to other employees about phone conversations between Sam and his girlfriend.
Case Studies
Workplace bullying or illegal discrimination/harassment?

Steven Sully, Lead PT, sends nasty email messages to his employee, Mike Marget. He blames him for the departments low productivity number and threatens to demote or fire him if the therapy department does not meet its monthly productivity goal. He glares at him when he speaks up in staff meetings and rolls his eyes at and makes fun of Mike’s ideas to improve the department’s productivity.

Bullying is not...

• Differences in opinion
• Substandard management practices
• Constructive feedback
• Advice or counseling regarding work related behavior or performance
• Managerial action that is fair and equitable
• High performance standards
Incidence of Workplace Bullying

• In surveys conducted by the Business Research Lab (2002, 2003), 40% of respondents stated they had been victims of workplace bullying and 59% had observed someone else being bullied at work.

Incidence of Workplace Bullying
Workplace Bullying Institute 2010 Survey

• 35% of workers have experienced bullying firsthand (37% in 2007)
• 62% of bullies are men; 58% of targets are women
• Women bullies target women in 80% of cases
• Bullying is 4X more prevalent than illegal harassment (2007)
• The majority (68%) of bullying is same-gender
Incidence of Workplace Bullying in Healthcare

• A survey on intimidation conducted by the Institute for Safe Medication Practices found that 40 percent of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator.

• In a survey of the NHS in England, 38% of healthcare workers and 37% of therapists reported incidents of 1 or more types of bullying (Quine, 1999).

Who demonstrates bullying behavior in healthcare?

• Manager/Supervisors/Administrators
• Nurses
• Physicians
• Therapists
• No one is exempt
• Occurs at all levels of the organization
Why do employees bully?

• Control
• Insecurity
• Role and/or goal conflict
• Resentment
• Negative attitude
• Jealousy
• Aggression
• Personal challenges

Contributing Factors at the Organizational Level

• A culture that normalizes bullying by tacit encouragement or failure to adequately intervene when the problem has been identified
• Laudning or rewarding the success of bullying, ensuring a place in the culture
• High workloads
• Understaffing
• Power imbalances
• Lack of management skills
Consequences of Bullying

- For the employee
- For the team/unit/department
- For the organization

Consequences for the employee

Psychological

- Negative effects on self esteem
- Post traumatic stress disorder (PTSD)
- Depression
- Withdrawal
- Alcohol abuse
- Suicide
Consequences for the employee

Emotional

• Communication skills and interpersonal relationships
• Poor concentration
• Shame
• Anxiety and mistrust
• Living in fear of next encounter or being the next victim or of retaliation if report
• “Rippling effect” where friends and family become involved

Physical

• Frequent headaches
• Gastrointestinal problems
• Sleep disturbances
• Fatigue
• Cardiovascular disease

Macintosh, 2005
Consequences for the Unit

• Decreased morale
• Decreased productivity
• Absenteeism

Consequences for the Organization

• Increased turnover
• Compromised employee and patient safety
  - increased errors
  - decreased reporting
  - challenges “Just Culture”
• Legal action
• Higher health care costs
Approaches in Literature

1) Qualitative or individualistic: identifying a role for the individual either in terms of vulnerability to bullying or propensity to bully
   - anecdotal evidence and case histories
2) Descriptive and epidemiological: documenting the prevalence of workplace bullying, age and sex differences, types of bullying, who is told, what action is taken
   - self report form structured interviews or postal questionnaires
3) Theories and constructs in organizational psychology: focusing on interaction between individual and the organizational and the way the structure and climate may affect both the interpretation of behavior as bullying and its acceptance.

Workplace bullying of physiotherapists in Ireland: what actions do victims take?
Seager, 2004

• Self-selected sample of 34 chartered physiotherapists in Ireland
• Researched types and effects of bullying behaviors, and the actions that victims had taken and factors influencing those actions
• Identified detrimental effects on physical and psychological status, work performance, and turnover
Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses
Griffin, 2004

- Exploratory design utilizing an applied intervention to determine how and if lateral violence could be controlled to allow newly registered nurses the opportunity to acquire practice knowledge and skills without the barrier of lateral violence interfering
- 26 newly registered nurses in large tertiary acute hospital participated

Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses
Griffin, 2004

- 2 hour session on lateral violence in nursing practice and use of cognitive rehearsal techniques as a shield from negative effects on learning and socialization
- One year later, videotaped focus groups utilized to collect qualitative data about their experiences with lateral violence, use of cognitive rehearsal as an intervention and overall socialization process
Teaching Cognitive Rehearsal as a Shield for Lateral Violence: An Intervention for Newly Licensed Nurses
Griffin, 2004

- 96% witnessed lateral violence
- 46% stated the lateral violence was directed at them
- 100% confronted the offender; 46% stated that confrontation was difficult
- 75% of those confronted stated they were shocked the nurse felt that way and 58% apologized

Knowledge of lateral violence allowed newly licensed nurses to depersonalize it, thus allowing them to ask questions and continue to learn
- The learned cognitive responses helped them to confront the offender
- Confrontation was difficult but resulted in resolution
- Retention rate was positively affected
Workplace Bullying in Nurses
Quine, 2001

• 396 nurses in the NHS trust in southeast England
• Surveyed them regarding occupational health outcomes, organizational climate and experience of workplace bullying including consequences
• 44% of nurses experienced bullying compared to rate of 35% for other staff

<table>
<thead>
<tr>
<th>Category of Bullying</th>
<th>% of Nurses (n=396)</th>
<th>% of Other staff (n=704)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threat to professional status</td>
<td>19</td>
<td>16</td>
<td>Not significant</td>
</tr>
<tr>
<td>Threat to personal standing</td>
<td>22</td>
<td>18</td>
<td>Not significant</td>
</tr>
<tr>
<td>Isolation</td>
<td>27</td>
<td>21</td>
<td>p &lt; .05</td>
</tr>
<tr>
<td>Overwork</td>
<td>19</td>
<td>13</td>
<td>P &lt; .01</td>
</tr>
<tr>
<td>Destabilization</td>
<td>33</td>
<td>23</td>
<td>P &lt; .001</td>
</tr>
</tbody>
</table>
Workplace Bullying in Nurses
Quine, 2001

• 50% of nurses reported witnessing bullying compared to 36% of other staff
• 69% of nurses tried to take action but only 22% were satisfied with the outcome
  - 48% ignored the bully
  - 86% talked to friends and colleagues
  - 59% reported to personnel or manager
  - 6% made a formal complaint
  - 37% confronted the bully

Workplace Bullying in Nurses
Quine, 2001

• 26% reported that their health was affected
• 8% missed work
• 71% felt unwanted or devalued
• 76% thought about leaving
• 87% felt miserable and depressed
• 82% did not want to go to work
• 73% easily upset
• 70% had difficulty sleeping
• 60% felt worthless
• 51% felt anxious
• 83% had increased stress levels
Workplace Bullying in Nurses
Quine, 2001

Bullied nurses reported:
• significantly lower levels of job satisfaction
• significantly higher levels of anxiety, depression and propensity to leave
• Greater criticism of the organizational climate of trust

Workplace Bullying Experienced by Massachusetts Registered Nurses and the Relationship to Intention to Leave
Simons, 2008

• Retrospective, descriptive study designed to test the relationship of workplace bullying to a nurse’s intention to leave his or her position
• Data collected from 511 randomly selected newly licensed RNs using the Revised Negative Acts Questionnaire and the Michigan Organizational Assessment Questionnaire
Workplace Bullying Experienced by Massachusetts Registered Nurses and the Relationship to Intention to Leave
Simons, 2008

• Utilized Leymann’s definition of bullying: having at least 2 negative behaviors by another nurse on a weekly or daily basis over the last 6 months
• 31% were bullied at work and experienced nurses were targets as frequently as new, novice nurses
• Significant + correlation was found between the bullying score and intent to leave (r= 0.51, P<.001)

Workplace Bullying: Concerns for Nurse Leaders
Johnson and Rea, 2009

• Examined prevalence of bullying and relationship to intent to leave in 249 RN members of Washington State Emergency Nurses Association
• 27.3% were victims of bullying using the objective measure whereas only 18% reported being bullied when asked a single question using the accepted definition
• Of the latter, 50% identified their manager/director as the bullying source
Workplace Bullying: Concerns for Nurse Leaders

Johnson and Rea, 2009

• Those who had been bullied were twice as likely to report they were “very likely” or “definitely” intending to leave their current position in the next 2 years and 3 times more likely to report they were “somewhat likely” to leave nursing in the next 2 years as compared to those who were not bullied

Workplace Bullying and sickness absence in hospital staff

Kivimaki M, Eloavainio M, Vahtera J

• Investigated whether bullying in hospitals is associated with staff sickness absence in Finland
• 5,655 responses to a survey addressing bullying, behavioral health risks and health status
• 5% reported being victims of bullying
Workplace Bullying and sickness absence in hospital staff

Kivimaki M, Elovainio M, Vahtera J

- Victims of bullying had a higher BMI and prevalence of chronic disease
- Their rates of medically and self-certified spells of sickness absence were 1.5 and 1.2 times higher than those who were not bullied
- Determined that the annual cost of absence related to bullying was 1.2 million across the 2 hospitals

Abusive Indoctrination in Work Teams Dominated by Bullies

Hutchinson M, Vickers M, Jackson D et al., 2006

- First stage of a large, mixed method national study of bullying in the nursing workplace in Australia
- 26 nurses involved in in-depth, semi-structured, qualitative interviews exploring their experiences of being bullied, as well as their beliefs, meanings and perceptions about bullying and why it took place
- The interpretive methodology sought to link this information with organizational structures, processes and systems of power relations
Abusive Indoctrination in Work Teams Dominated by Bullies
Hutchinson M, Vickers M, Jackson D et al., 2006

• 6 main themes emerged
• Focus of this study was theme identifying how bullies worked together in alliances to control nursing teams through:
  - ignoring, denying and minimizing bullying
  - indoctrinating nurses into bully defined “rules” of work
  - framing those bullied as “too weak” to be a “good nurse”

Prevention of Bullying
Employee Level

• Education on the behaviors, risk factors and dangers of bullying
• Education on strategies designed to reduce and address bullying
  - Cognitive rehearsal (Griffin, 2004)
• Education on policies that includes staff, departmental and organizational roles and consequences for those who bully
Sample Responses when You Experience Bullying
Griffin, 2004

• Verbal abuse (yelling in front of others)
  “I do not appreciate being yelled at in front of others. It sets a bad example for the staff and does not leave a good impression on the patients and family members. If there is something that you need to discuss with me, we can do it in a more private place.”

• Nonverbal abuse (eye rolling, making faces)
  “I sense there is something that you want to say to me. Do you wish to discuss it?”

• Overhearing someone talking about you
  “If there is an issue that we need to talk about, please come to me directly so we can discuss it”

Sample of Responses When You Witness Bullying
Griffin, 2004

• Backstabbing (complaining about a person to someone other than the person)
  “I do not know the facts of the situation and do not feel comfortable discussing it”
  “I do not like to talk about others without their permission”
Sample Questions for Self Assessment
Am I a bully?

• Do I treat others differently?
• Do I favor the old guard and not the new staff?
• Do I see myself as more skilled than others?
• What is the concept of my self worth?
• Do I withhold information?
• Am I gossiping or spreading rumors?
• Is my behavior professional?

Prevention of Bullying
Manager Level

• Education
  - focus on the fact that managers are more frequently the bully than employees. Quine (1999) found that 59% of incidents the bully was a senior of line manager
• Create a supportive culture and work environment
• Support a “Just Culture”
• Lead by example
• Practice zero tolerance of bullying & act promptly
• Utilize HR resources
Prevention of Bullying
Organizational Level

- Support a Code of Conduct
- Create a strong sense of community
- Adoption of zero tolerance policies regarding bullying
- Establish policies and procedures for reporting, investigating and resolving complaints in a timely manner
- Conduct periodic employee attitude surveys to determine if workplace bullying is not being reported

Prevention of Bullying
Policy Level

“It is the position of the Center for American Nurses that there is no place in a professional practice environment for lateral violence and bullying among nurses or between healthcare professionals. All healthcare organizations should implement a zero tolerance policy related to disruptive behavior, including a professional code of conduct and educational and behavioral interventions to assist nurses in addressing disruptive behavior.”

Center for American Nurses Position Statement, February 2008
Prevention of Bullying
Policy Level

American Nurses Association
2010 House of Delegates
Resolution
Hostility, Abuse and Bullying in the Workplace

• RESOLVED, that the American Nurses Association will reaffirm and fully support the existing principles from the 2006 resolution related to workplace abuse and harassment of nurses and the promotion of healthy work and professional environments for all nurses; and
• RESOLVED, that the American Nurses Association will work proactively to reduce the growing problem of workplace abuse, harassment and bullying of nurses and the serious consequences, including severe reprisal and retaliation; and
• RESOLVED, that the American Nurses Association will explore collaborative solutions with other disciplines and organizations to leverage resources for research and education
Prevention of Bullying
Policy Level

Healthy Workplace Bill (HWB)

• Initiative started in 2001
• Since 2003, 25 states have introduced the HWB; no laws yet enacted; 11 states with 16 bills active
• In 2010, the Senates in both the New York and Illinois legislatures passed the bill.
• Discussions about a federal law were begun in 2010 with members of the U. S. House of Representatives and the U.S. Senate.

What the HWB Does for Employers

• Precisely defines an "abusive work environment" -- it is a high standard for misconduct
• Requires proof of health harm by licensed health or mental health professionals
• Protects conscientious employers from vicarious liability risk when internal correction and prevention mechanisms are in effect
• Gives employers the reason to terminate or sanction offenders
• Requires plaintiffs to use private attorneys
• Plugs the gaps in current state and federal civil rights protections
Prevention of Bullying
Policy Level

What the HWB Does for Workers
• Provides an avenue for legal redress for health harming cruelty at work
• Allows you to sue the bully as an individual
• Holds the employer accountable
• Seeks restoration of lost wages and benefits
• Compels employers to prevent and correct future instances

Sentinel Event Alert
July 09, 2008
Issue 40, July 9, 2008
Behaviors that undermine a culture of safety
“Intimidating and disruptive behaviors can foster medical errors, (1, 2, 3) contribute to poor patient satisfaction and to preventable adverse outcomes, (1, 4, 5) increase the cost of care, (4, 5) and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. (1, 6) Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.”

“Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions. (2) Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients. (7, 8, 11) All intimidating and disruptive behaviors are unprofessional and should not be tolerated.”
Prevention of Bullying
Policy Level

“While most formal research centers on intimidating and disruptive behaviors among physicians and nurses, there is evidence that these behaviors occur among other health care professionals, such as pharmacists, therapists, and support staff, as well as among administrators. (1,2) Several surveys have found that most care providers have experienced or witnessed intimidating or disruptive behaviors.(1,2,8,12,13) These behaviors are not limited to one gender and occur during interactions within and across disciplines. It is important that organizations recognize that it is the behaviors that threaten patient safety, irrespective of who engages in them.”

Effective January 1, 2009 for all accreditation programs, The Joint Commission has a new Leadership standard (LD.03.01.01) that addresses disruptive and inappropriate behaviors in two of its elements of performance:

• EP 4: The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors.
• EP 5: Leaders create and implement a process for managing disruptive and inappropriate behaviors.
Case Studies

References

References

• Gallant-Roman MA. Strategies and tools to reduce workplace violence. *AAOHN J.* 2008; 56: 449-454

References

References


References

References


References
