JOHN S. MURRAY, PHD, RN, CPNP-CS, FAAN

WHY TOPIC IS IMPORTANT FOR PEDIATRIC HEALTH CARE PROFESSIONALS?

• Childhood is where bullying starts
• Little bullies grow up to be big bullies
• If bullying is not addressed early on, it continues/worsens...

Workplace bullying IS an epidemic

54 million (37%) U.S. workers have been bullied at work

MUST accept this reality

OFF THE PLAYGROUND AND INTO THE WORKPLACE...

OBJECTIVES

• Comprehend the growing concern of bullying in the health care workplace
• Understand how to recognize workplace bullying
• Recognize the short & long-term impact of bullying on patients, staff and health care organizations
• Describe what measures should be taken to remedy workplace bullying

GROWING CONCERN

• Workplace bullying IS an epidemic!
• MUST accept this reality
  ➢ Fifty-four million (37%) U.S. workers have been bullied at work
  ➢ Statistic excludes co-workers & family members who also suffer
• Workplace bullying IS a public health hazard!
  ➢ 45% of bullied employees suffer from significant stress
  ➢ 33% suffer for >12 months


GROWING CONCERN

• Workplace bullying in nursing:
  ➢ 18% (Johnson & Rea, 2009) – 31% (Simons, 2008)
• Must consider study limitations: design, sample size, bias of self-reports, etc.

GROWING CONCERN

• Rapidly escalating problem in health care – especially nursing

• Joint Commission (2008) – “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.”

http://www.jointcommission.org/assets/1/18/SEA_40.PDF

GROWING CONCERN

• 2007 U.S. Workplace Bullying Survey

  > Largest scientific survey of bullying in U.S.
  > “Bullying is 4 times more prevalent than illegal, discriminatory harassment” (e.g., race, gender, ethnicity, religion, disability, age)
  > Health care organizations know workplace bullying is not illegal (yet)
  > “It’s not against the law if your supervisor is mean, unpleasant, offensive, repugnant…”

(workplace bullying survey)

WORKPLACE BULLYING DEFINED

• Varied definitions

• What is agreed upon:

  > Deliberate mistreatment
  > Verbal abuse; threatening conduct that is intimidating, or humiliating; or sabotage that interferes with work
  > Condescending behavior that continually gets worse …
  > Repeated & consistent – not a one time event
  > Harmful to health & well-being – physical, mental, social, financial

(American Nurses Association, 2012; Murray, 2008a; 2009; 2011)

WORKPLACE BULLYING DEFINED – REALITY

• Turning a deaf ear…

• Blind eye…

WORKPLACE BULLYING DEFINED

• Workplace bullying has nothing whatsoever to do with:

  > “Tough management”
  > “Employee motivation”
  > “Productivity improvement”
  > “Organizational change”
  > Other nonsense

• Workplace bullying "represents an incompetent, dysfunctional leader who believes they must resort to crude threats or intimidation to encourage staff, or who rationalize their (bullying) behavior in these ways."

- Dr. Mark Hayes

KEY POINT:
WORKPLACE BULLYING & ETHICS

“Workplace bullying violates the ethical principle that is paramount to nursing – respect the worth, dignity & human rights of all individuals including colleagues.”

(American Nurses Association Code of Ethics for Nurses, 2015, p. 9)
RECOGNIZING WHAT WORKPLACE BULLYING LOOKS LIKE

• "The target"
  > Highly skilled
  > "Go to" person
  > Excellent social skills
  > Appreciated by others
  > Ethical
  > Honest

(Workplace Bullying Institute, 2012)

RECOGNIZING WHAT WORKPLACE BULLYING LOOKS LIKE

• Behaviors with cascade of harmful effects:
  > Belittling, condescending, demeaning
  > Sabotaged reputation
  > Undermined contributions & credibility
  > Blame without factual justification
  > Stolen work
  > Two-faced
  > Manipulative
  > Social isolation
  > Selfish
  > Controlling, excessive monitoring
  > Dismissive
  > Continually changing expectations

(Workplace Bullying Institute, 2012)

RECOGNIZING WHAT WORKPLACE BULLYING LOOKS LIKE

• Most workplace bullies are managers – while a stereotype, it's very real...

• Those who are entrusted to uphold standards worse offenders

• Managers should be role models

• Misuse of organizational power – protecting friends

(American Nurses Association, 2012)

ILLUSTRATION OF WORKPLACE BULLYING

Susan Rae Baker, Life and Business Coach, supports the Workplace Bullying Institute, Healthy Workplace Bill, and Freedom From Workplace Bullies Week. In this video, Susan shares her personal story of workplace bullying.

http://www.youtube.com/watch?v=OFlPUwk3QPY&list=PL948A1667105Ef89&feature=player_embedded

CONSEQUENCES

• Many people are lost to workplace bullying
  • Physical, psychological, social & financial
  • Common findings:
    > “Blame myself for not listening to my gut”
    > “Boss jealous for skills that I have”
    > Manager comment: “I have skills as well” – tip off!
      ◆ “I didn’t want your job…”
  • Heat turned up
  • Result – intensified, relentless bullying

(American Nurses Association, 2012)

CONSEQUENCES – PATIENT

• Inefficiencies in care
  • Safety at risk
  • Suboptimal quality of care
  • Increase in errors
  • Reduced patient & family satisfaction
  • Poor outcomes

(American Nurses Association, 2012)
CONSEQUENCES – VICTIM

- Physical
  - Headaches
  - Disrupted sleep
  - Changes in appetite
  - Loss of energy
  - Hypertension
  - Substance use/abuse

(American Nurses Association, 2012; Murray, 2008a; 2009)

- Psychological
  - Stress
  - Isolation
  - Anxiety
  - Mistrust
  - Loss of self-esteem
  - Depression
  - PTSD
  - Suicide

(American Nurses Association, 2012; Murray, 2008a; 2009)

CONSEQUENCES – FAMILIES, FRIENDS, COLLEAGUES

- Impact significantly felt by those who witness bullying or know someone who is being bullied

CONSEQUENCES – COLLEAGUES

- Fear
- Withdrawal
- Stress
- Lack of support
- Pressure
- Ineffective communication
- Betrayal
CONSEQUENCES – WORKPLACE

Corporate/Institutional bullying
- Behavior becomes ingrained in workplace culture
- Over time bullying becomes the accepted norm

(American Nurses Association, 2012)

CONSEQUENCES – WORKPLACE

• 77% of those bullied, and take action, lose their job!
• Told “you don’t fit in – cope or resign.” “If you don’t resign, you will be terminated!”
• Significantly damages morale & hampers productivity


KEY POINT: DISTRESSING FACT

Most people put up with a bad boss for 22 months of misery, undermining their performance, damaging their health and destroying their relationships.

What are you putting up with?
letlyourboss.com/letlyourboss

EMPLOYERS CAN AND DO IGNORE BULLYING – HR IS TOTALLY INEFFECTIVE!

Organizations are NOT doing enough to identify & combat workplace bullying!

EMPLOYERS CAN AND DO IGNORE BULLYING – HR IS TOTALLY INEFFECTIVE!

- Emerging major employment liability
- Damaged morale
- Hampered productivity
- Employee absenteeism
- Disability costs – short & long-term
- Costs associated with sick leave, severance packages, recruiting/hiring new staff

(Workplace Bullying Institute, 2012)

CONSEQUENCES – ORGANIZATION
ORGANIZATIONAL FAILURE

- "In 62% of cases, when made aware of bullying, employers worsen the problem or simply do nothing."

- Despite losing 21 – 28 million qualified workers who were bullied

(2007 U.S. Workplace Bullying Survey)

KEY POINT: WORKPLACE BULLYING & ETHICS

"Nurses are entitled to work in an environment that is free from harassment & threatening behaviors."

(American Nurses Association, 2012, p. 3)

MEASURES TO REMEDY WORKPLACE BULLYING

- Create awareness
- Develop a policy
- Inform, educate, train
- Identify risk factors
- Control risk factors
- Encourage reporting

WHAT SHOULD BE DONE: “EFFECTIVE” & “ENFORCED” POLICIES

- Examine/develop organizational policies
- Create & sustain zero tolerance culture

NOTICE
WORKPLACE BULLYING IS AGAINST COMPANY POLICY

(American Nurses Association, 2012)

WHAT SHOULD BE DONE: “EFFECTIVE” & “ENFORCED” POLICIES

Zero tolerance:

- Comfortable reporting
- Complaints taken seriously
- Issue investigated promptly

(American Nurses Association, 2012)
WHAT SHOULD BE DONE: “EFFECTIVE” & “ENFORCED” POLICIES

Policies should:
- Define acceptable/unacceptable behavior
- Describe how to report misconduct
- Outline steps to be taken to address breaches in conduct
- Highlight what occurs when resolution cannot be reached

(American Nurses Association, 2012; Joint Commission, 2008)

WHAT SHOULD BE DONE: LEGISLATION

- Laws against workplace bullying are scant at best...
- Increased focus on passing legislation
- Government needs to step up!

http://www.mahealthyworkplace.com/MAWorkplaceBullyingFactSheet.pdf

WHAT SHOULD BE DONE: LEGISLATION

- Whistleblower protections are non existent or weak

(Murray, 2008b)

RESOURCES

American Nurses Association (2012). Bullying in the workplace: Reversing a culture. Silver Spring, MD: Nursebooks.org

RESOURCES

www.workplacebullying.org
RESOURCES

Workplace Bullying Institute
Research & Publications Archive

http://www.workplacebullying.org/wbiresearch/wbi-archive/#pubs

SELECT REFERENCES

- American Nurses Association (2012). Bullying in the workplace: Reversing a culture. Silver Spring, MD: Nursebooks.org

FINAL THOUGHTS

- Nurses must address bullying
- Every nurse should be familiar with policies
- Peer support
- Silence & annoyance not acceptable

SELECT REFERENCES


Questions?

JMurray325@aol.com

Thank you!