The New Age of Bullying and Violence in Health Care: Ethics and Practice Impact

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Once Upon a Time...
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Objectives

• Explore the incidence, scope, and organizational impact of bullying and violence in the health care workplace.
• Identify implications for the industry’s emerging interprofessional practice culture.
• Discuss the new dimension of trauma for health care sector victims.
• Review current initiatives and strategies empower professionals on their own journey to overturn this dangerous new culture.
**Bullying: Data, Definitions & Demographics**

**Workplace bullying:** the repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators, marked by abusive conduct that is:

- Threatening, humiliating, or intimidating, or
- Work interference — sabotage — which prevents work from getting done, or
- Verbal abuse

(Workplace Bullying Institute, 2015)
Consider this...

• A physician screams obscenities at the case manager who approaches him to clarify a patient’s code status. The physician threatens to have the case manager fired if she ever ‘second guesses’ him again.

• When the case manager discusses the situation with colleagues, she is told, “Oh, his bark is worse than his bite. Ignore him like everyone else does.”.

• The behavior is dismissed and the physician enabled to engage in further antagonistic interactions with other staff.

• The end result?
**Bullying: Data, Definitions & Demographics**

- **Lateral Violence**: when people who are both victims of a situation of dominance, turn on each other rather than confront the system which oppressed them both.

- Whether individuals and/or groups, those involved internalize feelings such as anger and rage, and manifest those feelings through behaviors as gossip, jealousy, putdowns and blaming (US Legal™, 2014).

- More than 72% of employers deny, discount, encourage, rationalize, or defend it (Workplace Bullying Institute, 2014).
How Often Has This Happened To You?

• A fellow case manager throws a tantrum during a care conference, cursing out team members and stomping out of the room yelling, “You’re all incompetent. These meetings are a waste of my time since I know better than all of you.”

• A patient and family in attendance are shocked by the interchange.
Bullying: Data, Definitions & Demographics

Workplace Bullying is 4X more common than sexual harassment or racial discrimination on the job, though not yet illegal (Drexler, 2013)

35% of workers have been bullied in the workplace, with actions of:

• verbal abuse
• job sabotage
• misuse of authority
• intimidation and humiliation, and
• deliberate destroying of relationships.

(Workplace Bullying Institute, 2015)
Bullying: Data, Definitions & Demographics

• The health care profession has one of the highest levels of workplace bullying (Farouque and Burgio, 2013)

• In a survey of >4,500 health care workers:
  – 77% reported disruptive behaviors by doctors, and
  – 65% reported the same presentation among nurses.
  – 99% indicated these behaviors led to impaired nurse-physician relationships (Rosenstein and O’Daniel, 2008).
Some view the bullying dynamic as a reflection of the hierarchical stratification that exists in health care (Neckar in Nesbitt, 2012).
Bullying: Data, Definitions & Demographics

• The Joint Commission identified that intimidating and disruptive behaviors fuel medical errors and lead to preventable adverse outcomes (TJC, 2008).

• Studies have yielded that more than 75% of those surveyed identified how disruptive behaviors led to medical errors with nearly 30% contributing to patient deaths (Painter, 2013).

• Other reports cite the number at potentially as high as 200,000 deaths a year (Brown, 2011).
The Ethical Effect

• Stephanie is the case manager for a spinal cord injury program in an acute rehabilitation hospital.
• The rehab team is working with Michael, a 23 year old involved in a motor vehicle accident. He has suffered a C-2 injury with Tetraplegia and is wheelchair dependent. The team recommend Michael be discharged with a specialized wheelchair. Having the wheelchair will mean less energy consumption and increased independence. Michael wants to live on his own post-discharge, and the specialized wheelchair would promote his self-sufficiency.
• The PT mentions Michael to a durable medical equipment vendor, who agrees to bring a demo of the wheelchair to the unit for Michael to trial.
• Stephanie is enraged when she hears the plan and throws her mobile phone across the nursing station, with team members ducking for safety.
• She yells, “Seriously? Why should I request a motorized wheelchair for this guy? If he wasn’t texting his friends, the accident never would have happened. He must understand there are consequences to his actions. Michael will see the chair as a reward, and this won’t happen on my watch, ” The team is horrified by what they hear.
Ethical Tenets and Codes: Application to Bullying

• **Beneficence**
  – Stephanie is not acting in Michael’s best interests

• **Non-Malfeasance**
  – Stephanie is potentially harming Michael’s recovery

• **Autonomy**
  – What do Michael and/or his family want in this situation?

• **Justice**
  – Michael is not being treated fairly by Stephanie

• **Fidelity**
  – Do you see Stephanie’s actions as a violation or not?

Commission for Case Manager Certification (2015)

**Principle 2:** Board-Certified Case Managers (CCMs) will respect the rights and inherent dignity of all of their clients.

**Principle 3:** Board-Certified Case Managers (CCMs) will always maintain objectivity in their relationships with clients.

**Principle 4:** Board-Certified Case Managers (CCMs) will act with integrity and fidelity with clients and others.

(CMSA, 2010)
Ethical Tenets and Codes: Application to Bullying

Commission on Rehabilitation Counselor Certification (CRCC, 2010)

Section D: Professional Competence

- D.5. RESPONSIBILITY TO THE PUBLIC AND OTHER PROFESSIONALS

Section E: Relationships with other professionals

- E.1. RELATIONSHIPS WITH COLLEAGUES, EMPLOYERS, AND EMPLOYEES
- E.3. AGENCY AND TEAM RELATIONSHIPS

Certification of Disability Management Specialists Commission (CDMS, 2010)

- Principle 4: Certificants shall act with integrity in dealing with other professionals.
You Can’t Make This Stuff Up

• A doctor often slapped anesthetized patients on the buttocks and called them derogatory names before surgery.

• He slapped them so hard he left red marks or hand prints, per a report by the Center for Medicare & Medicaid Services (CMS).

• The slapping and other inappropriate behavior by the surgeon went on for at least a year and the hospital did nothing until a complaint was filed with hospital administrators in December 2013.

• One staffer told investigators the hospital did nothing after the staffer reported the doctor's behavior to OR administrators early last year. Others said they did not report it because they doubted anything would be done, feared their jobs could be jeopardized or did not want to confront the doctor.

• The hospital is facing serious sanctions, including possible termination from CMS, which pays for the majority of patients treated in hospitals.
Workplace Violence: Data, Demographics & Dynamics

• **Workplace Violence:** Refers to any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.
  - It ranges from threats and verbal abuse
  - to physical assaults and even homicide

  *(United States Department of Labor, 2015)*
Workplace Violence: Data, Demographics & Dynamics

The FBI’s Four Types of WPV (2002)

• All involve aggression, where the offender:
  – Type I: has no relationship with the victim
  – Type II: is receiving services from the victim
  – Type III: is either a current or former employee acting out against other coworkers
  – Type IV: has a personal relationship with an employee and acts out at the employee’s workplace.

  (Blando, 2014)
OSHA Reports a single hospital had 40 instances of violence from patients & visitors against employees from February-April 2014 (Herman, 2014)

More than 50% of nurses have been threatened or verbally abused at work (LaGrossa, 2013)

The ANA Health and Safety Survey (2015): Concerns about ‘on the job assault’ now at 34%
“the manifestation of violence against the professional workforce is viewed as just part of the job and is not being treated seriously.

70% of attacks and threats toward social workers and other agency staff members were never investigated.”

(Schraer, 2014)
The Common Thread: The Impact of Trauma on the Workforce

20% of bullying & WPV victims meet the DSM-5 criteria for Post Traumatic Stress Disorder Suffering:

- Debilitating Anxiety—80%
- Panic Attacks—52%
- Clinical Depression—either new to the person or exacerbated condition, 49%
- Post Traumatic Stress—30%

(Workplace Bullying Institute, 2015)
• Diagnostic criteria includes history of exposure to a traumatic event (Criterion A) that meets specific stipulations and symptoms from each of four symptom clusters:
  – Criterion B: intrusion,
  – Criterion C: avoidance,
  – Criterion D: negative alterations in cognitions and mood, and
  – Criterion E: alterations in arousal and reactivity.
• Criterion F: duration of symptoms (>month);
• Criterion G: assesses functioning (e.g., social, occupational); and
• Criterion H: clarifies symptoms as not attributable to a substance or co-occurring medical condition.

(APA, 2013)
The Common Thread: The Impact of Trauma on the Workforce

“The negative consequences of this behavior on the mental health and well-being of employees are a growing focus in the literature, as it directly impacts organizational performance” (Fink-Samnick, 2015)

• **Workforce retention:**
  – 21% of turnover related to incivility in the workplace, and
  – Costs to replace one nurse in the US: $88,000 (RWJF, 2015)

• **Cost of care:**
  – Loss of productivity of $5-$6 Billion annually due to bullying alone (US Bureau of National Affairs in RWJF, 2015)

• **Patient safety:** 200,000 lives and rising...
There’s Light at the End of the Tunnel

"The light at the end of the tunnel is not an illusion."

"The tunnel is."
Advocacy, Accountability & Awareness Toward Action

There is no federal standard to require workplace violence protections

1. Model “State” Bill: The Violence Prevention in Health Care Facilities Act - Requires health care entities to establish programs to protect health care workers from acts of violence.
   
   [Link](http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence/ModelWorkplaceViolenceBill.pdf)

2. The Healthy Workplace Bill (HWB) - Template of a bill that:
   
   – Defines an "abusive work environment”
   – Requires proof of health harm by licensed health or mental health professionals
   – Protects 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

   [Link](http://healthyworkplacebill.org/bill/)
(21 states) Enacted/adopted: AL, AZ, CA, CO, CT, IL, ME, MN, NE, NV, NJ, NM, NY, NC, OH, OK, OR, TN, VT, VA, WA and WV. HI passed a resolution.

* Laws vary – generally, approaches are either comprehensive programs or establish / increase penalties for assaults on nurses/healthcare personnel. **Laws excluding nurses are not reflected**.

Effective January 1, 2009 The Joint Commission (TJC) created a new standard in the Leadership chapter, LD.03.01.01. It calls for organizational leaders to create and maintain a culture of safety and quality throughout the (organization):

- A4: Leaders develop a code of conduct that defines acceptable and disruptive and inappropriate behaviors, and
- A5: Leaders create and implement a process for managing disruptive and inappropriate behaviors that undermine a culture of safety.

(TJC, 2008)
Advocacy, Accountability & Awareness Toward Action

• Effective, April 20, 2015, The U.S. Department of Veterans Affairs rolled out the Equal Employment Opportunity, Diversity and Inclusion, No FEAR, and Whistleblower Rights and Protection Policy Statement

  – commitment and obligation to proactively prevent unlawful discrimination, harassment, and reprisal, and

  – reaffirms VA commitment to their Mission and Core Values- *Integrity, Commitment, Advocacy, Respect, and Excellence*.

  – prohibits workplace violence and bullying, harassment, as well as prohibited personnel practices of discrimination, coercion, intimidation, preferential treatment, et. al.

  – reaffirms whistleblower rights and protection

    (Official memorandum, The Secretary of Veterans Affairs, Washington DC, 4/2015)
Advocacy, Accountability & Awareness Toward Action


1. Organization Culture of Safety and Security
2. Prevention
3. Office Safety
4. Use of Safety Technology
5. Use of Mobile Phones
6. Risk Assessment for Field Visits
7. Transporting Clients
8. Comprehensive Reporting Practices
9. Post-Incident Reporting and Responsibility
10. Safety Training
11. Student Safety
Advocacy, Accountability & Awareness Toward Action

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (OSHA, 2015)

• Risk Factors

• Violence Prevention Program Elements
  – Management Commitment and Worker Participation
  – Worksite Analysis and Hazard Identification
  – Hazard Prevention and Control
  – Safety and Health Training
  – Recordkeeping and Program Evaluation

• Workplace Violence Program Checklist

https://www.osha.gov/Publications/osha3148.pdf
The Emergency Nurses Association (ENA) & the American Organization of Nurse Executives  8 guiding principles for mitigating workplace violence include recognizing that:

- Violence can and does happen anywhere.
- Healthy work environments promote positive patient outcomes.
- All aspects of violence, including those involving patients, families and colleagues, must be addressed.
- A multidisciplinary team is needed to address workplace violence.
- Everyone in the organization is accountable for upholding behavior standards.
- When members of a healthcare team identify an issue that contributes to workplace violence, they have an obligation to address it.
- A culture shift requires intention, commitment and collaboration of nurses with other healthcare professionals at all levels.
- Addressing workplace violence may increase the effectiveness of nursing practice and patient care.
Incivility, Bullying & Workplace Violence: Position Statement (2015)

“the nursing profession will no longer tolerate violence of any kind from any source. All registered nurses and employers in all settings, including practice, academia, and research must collaborate to create a culture of respect, free of incivility, bullying, and workplace violence.

This position statement, although written specifically for registered nurses and employers, is also relevant to other health care professionals and stakeholders who collaborate to create and sustain a safe and healthy interprofessional work environment.”

Advocacy, Accountability & Awareness Toward Action

We must shift from traditional professional education models

• National average of bullying & mistreatment in medical education: 50%

• Transition from a ‘transgenerational legacy’ of mistreatment, cynicism, and abuse in medicine that hinders interpersonal communication and negatively impacts care.

• Advance from the ‘nurses eat their young’ approach to one of empowering and mentoring

http://journalofethics.ama-assn.org/2014/03/fred1-1403.html

• Teach newer Interprofessional Education models which promote work in teams.
Advocacy, Accountability & Awareness Toward Action

• Organizational leaders must take a strong stance to promote a culture **where advocacy to address bullying is the norm**.

• Hospitals and organizations rendering care have a primary responsibility to protect stakeholders from the impact of this issue, **employees and patients alike**.

• Standards of professional behavior must be developed and implemented with uniform application across all departments, **and consistent monitoring to assure adherence**.

• All employees need to know they can report incidents **confidentially** (Brown, 2011).

• There should be intervention to address the emotional and psychological injuries of affected staff (Trossman, 2015)
Health care teams which lack the ability to trust, respect, and collaborate with one another are more likely to make a mistake that could negatively impact the safety of patients.

(Rosenstein and O’Daniel, 2008)
Professional communication & team collaboration

- Organizational commitment & willingness
- Promote recognition & self-awareness
- Create opportunities for effective strategizing across stakeholder groups
- Develop & implement standard behavior policies and procedures
- Encourage organizational reporting of disruptive behaviors
- Take actions through appropriate intervention
- Implement focused team training
- Engage clinical champions & early adopters

(Adapted from Rosenstein and O’Daniel, 2008)
Advocacy, Accountability & Awareness Toward Action

When events occur:

• **Step 1**: direct discussion between involved parties to confront the actual behavior

• **Step 2**: seek all available resolution routes through the employer.

• **Step 3**: Potentially file a complaint against a colleague with the requisite credentialing body.

• By engaging in a gradient action plan to directly address and report bullying, professionals are empowered to be accountable for their own practice. (Fink-Samnick, 2014)
References


References


References


References


• RWJF Executive Nurse Fellows Program (n.d.) Stop the Bullying Toolkit, funded by the RWJF

References


