Sticks, stones and intimidation: How to manage bullying and promote resilience

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Agenda

• Welcome and Introductions

• Learning Outcomes

• Presentation:
  • Charlotte Sortedahl, DNP, MPH, MS, RN, CCM
    Chair, CCMC Board of Commissioners
  • Ellen Fink-Samnick, MSW, ACSW, LCSW, CCM, CRP
    Principal, EFS Strategies, LLC

• Question and Answer Session
• There is no call-in number for today’s event. Audio is by streaming only. Please use your computer speakers, or you may prefer to use headphones. There is a troubleshooting guide in the tab to the left of your screen. Please refresh your screen if slides don’t appear to advance.
To submit a question, click on Ask Question to display the Ask Question box. Type your question in the Ask Question box and submit. We will answer as many questions as time permits.
• A recording of today’s session will be posted within one week to the Commission’s website, www.ccmcertification.org

• One continuing education credit is available for today’s webinar only to those who registered in advance and are participating today.
After the webinar, participants will be able to:

1. Define common types of bullying across the health care workplace;
2. Explore the incidence and scope of workplace bullying;
3. Discuss the implications for case management practice; and
4. Provide strategies to manage bullying and empower workplace resilience.
Sticks, stones and intimidation: How to manage bullying and promote resilience

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Joint Commission, Behaviors that undermine a culture of safety. 
https://www.jointcommission.org/sentinel_event_alert_issue_40_behaviors_that_undermine_a_culture_of_safety/
Introduction

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Disclaimer

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Bullying is an interprofessional sport...

-E. Fink-Samnick
Workplace Bullying: repeated, health-harming mistreatment of one or more persons (targets) by one or more perpetrators, marked by abusive conduct that is:

• Threatening, humiliating, or intimidating,

• Work interference — sabotage — which prevents work from getting done, or

• Verbal abuse

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

• **Lateral Violence**: when people who are both victims of a situation of dominance, turn on each other vs. confront the system that oppressed them.

• Those involved internalize feelings, as anger and rage, and manifest those feelings through behaviors:
  – gossip,
  – jealousy,
  – putdowns, and
  – blaming (US Legal™, 2014).

• > 72% of employers deny, discount, encourage, rationalize, or defend it (Workplace Bullying Institute, 2014).
Workplace Bullying: Data, Definitions & Demographics

• **4X** more common than sexual harassment or racial discrimination, & **NOT** illegal. (Drexler, 2013)

• **75%** affected, whether witness or target:
  – verbal abuse
  – job sabotage
  – misuse of authority
  – intimidation and humiliation, and
  – deliberate destroying of relationships.

  (Comaford, 2016; Workplace Bullying Institute, 2015)
Workplace Bullying: Data, Definitions & Demographics

• Among the highest levels: the health care industry (Farouque and Burgio, 2013)

• Survey of >4,500 health care workers:
  – 77%: disruptive behaviors by MDs,
  – 65%: disruptive behaviors by nurses.
  – 99%: behaviors led to impaired nurse-MD relationships (Rosenstein and O’Daniel, 2008).
The Joint Commission: disruptive behaviors fuel medical errors, plus lead to preventable adverse outcomes (TJC, 2008).

- **Disruptive MDs:** 14% more complications in the month post surgery than patients treated by surgeons with good bedside manners (Cooper, et. al., 2017).

- >75% note disruptive behaviors led to medical errors, with 30% of deaths. (Painter, 2013).

250,000 deaths annually (Cha, 2016; Brown, 2011).
Workplace Bullying: Data, Definitions & Demographics

• **Myth:** Bullies target vulnerable employees
• **Fact:** Targets usually high performing, highly ethical employees whose competence poses a threat to lower performing, unethical bosses.

(Falzoi, 2016)
The Gender Factor

• 69% of bullies are men
• 57% of targets are women
• **Woman bullies target women**: 80% of cases

95% of women believe they were undermined by another woman in the workplace
The Gender Factor: Sexual Harassment


- Health care and social assistance field: **4738 cases**

Kaiser Health News Review:

- Alleged harassers: typically male
- Usually supervise or outrank those lodging complaints
- **Behaviors:** butt slaps, lewd comments, requests for sex
- When reported:
  - Disbelief
  - Demotion, or
  - Firing

(Jewett, 2018)
The Gender Factor: The ‘Queen Bee’ Syndrome

“Women who rise to success in male-dominated environments and are prone to oppose the rise of other women.”

• Implications for Case Management?
  – Lack of nurturing of next generation of women professionals
  – Devalues workforce professional standing
  – Poor succession planning

(Fink-Samnick, 2017; Drexler, 2013)
Workplace Bullying: Data, Definitions & Demographics

IN THE WORKPLACE

Suicidal ideation: >30%

Suicides related to bullying: >15%

Staff subjected to bullying 2X as likely to take their own life

(Falzoi, 2016; Nielsen, Neilsen, Notalaers, and Einarsen, 2015)
Bullying Bosses and/or Leadership

• A person in a leadership position who engages in a wide range of behaviors marked by non-physical aggression toward employees

  (McCord, 2017a,b)

• Ridiculing
• Devaluing in front of other staff/personnel
• Accusing of incompetence
• Blaming
• Lying
• Failure to give credit for work
Bullying Bosses: Data, Definitions & Demographics

• >28% of line staff experience bullying by a direct manager (Lattimer, 2012)

• >20% resign due to disruptive behaviors by a bullying colleague (Morgan, 2014)
Bullying is not....

When:

• Managers set high work standards and/or performance expectations for staff.
• Staff held accountable for performance.
• Staff have differences of opinion.
• Managers offer constructive feedback.
• A staff member has a bad day.

(Fink-Samnick, 2017; Thompson, 2016)
Bullying Involves Power  (Forsythe, 2010; Giang, 2013)

- Coercive
- Connection
- Expert
- Informational
- Legitimate (aka Positional)
- Referent
- Reward
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<th>Power Type</th>
<th>Definition and Demonstration</th>
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| Coercive   | Boss has the ability/power to control punishments for the staff.  
**Example:** CM disagrees with the boss; becomes concerned about receiving a poor performance appraisal, less desirable work assignment, having vacation time denied. |
| Connection | A person attains influence by gaining favor or acquaintance with a powerful person. This power type is about networking  
**Example:** CM looks to engage in local CMSA chapter, brings coffee to a colleague daily; colleague is incoming president of the local chapter. |
| Expert     | Power/authority derived from special knowledge & skills the boss has & the staff needs.  
**Example:** CM has experience working with clients who have co-morbid physical and behavioral health issues, is hired as the new case management director for an integrated behavioral health program. |
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<th>Power Type</th>
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<td>Informational</td>
<td>A person possesses needed or wanted information. This is short term power that doesn’t influence or build credibility for the person. <strong>Example:</strong> A program consultant is hired by an organization to evaluate and reorganize department operations.</td>
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<td>Legitimate (aka Positional)</td>
<td>A person in a higher position has control over those in lower positions in the organization. <strong>Example:</strong> Power is inherent in the title of the person in authority (manager, director, C-suite).</td>
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<td>Reward</td>
<td>Boss has the power to control tangible rewards for the staff. <strong>Example:</strong> CMs who exceed the department threshold for outcomes, can attend a national case management conference with all expenses covered by their employer (e.g. registration, travel, paid time off).</td>
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The Ethical Effect

• Gail is case managing Michael, a 23 year old involved in a motor vehicle accident. He suffered a C-2 injury with Tetraplegia and is wheelchair dependent. The rehab team recommends Michael be discharged with a specialized wheelchair to maximize energy consumption and increase 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 him to trial.

• Gail is enraged when she hears the plan; she throws her mobile phone across the nursing station and 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, as are Michael’s parents who are standing nearby.
Ethical Tenets and Codes: Application to Bullying

• **Beneficence**
  – Is Gail acting in Michael’s best interest’s?

• **Non-Malfeasance**
  – Is Gail potentially harming Michael’s recovery?

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

• **Justice**
  – Is Michael being treated fairly by Gail?

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

(CMSA, 2016)

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.
There’s **Light** at the End of the Tunnel

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

"The tunnel is."
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 gaps in current state and federal civil rights protections
- Supports those in ‘at will’ situations who fear retribution
Healthy Workplace Bill
Professional and Regulatory Standards

- **The Joint Commission**- LD.03.01.01. Organizational leaders should create and maintain a culture of safety and quality throughout the organization (TJC, 2008)

- **US Department of Veterans Affairs** (The Secretary of Veterans Affairs, Washington DC, 4/2015)

- **American Nurses Association**- Incivility, Bullying and Workplace Violence: Position Statement (2015)

- **Case Management Society of America**- Standard K: Ethics (CMSA, 2016)

- **National Association of Social Workers**- Standard 2.04 Disputes Involving Colleagues (NASW, 2017)
Shift the Practice Culture

Shift from traditional professional education models

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

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

• Teach *Interprofessional Education* models that promote mutual respect for discipline specific expertise.
When Events Occur

Confront bullying behavior • via direct discussions with involved parties

Seek employer resolution • use all available resolution routes (e.g. leadership, human resources, EAPs)

File complaint with requisite credentialing body • only if no other resolution can be reached

Seek independent legal consultation • *use experts in human resources, EEOC policies & regulations

Obtain independent mental health consultation • *assure documentation/assessment of occurrence(s)

(Fink-Samnick, 2017)
Promote Your Workplace Resilience!

- Intervene early!
- Don’t get isolated!
- Document, Document, Document

- Promote your professional self!
- Set limits on what negative behavior is acceptable!
- Don’t react to the bully!

- Take time to heal and recharge.
- Protect your personal information.
- Approach bullying like a work project, including financial costs!

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Costs of Workplace Bullying
(Workplace Bullying Institute (2017b))

• **Employee turnover:** to estimate cost multiply the combined salaries of departed workers by 1.5. *(e.g. for a person who earned a $50,000 salary, the recruit and replace expenses are $75,000)*
Costs of Workplace Bullying (Workplace Bullying Institute (2017b))

- **Litigation and settlements**: safe estimates
  - $30,000 per lawsuit.
  - If case filed in court, increase to $60,000.

- **Workers Comp and Disability Insurance Claims**: tough to know the cost
  - call to a firm who manages disability claims to provide a more accurate number.
Resources

Alberta Research, Resources, & Recovery Center, Inc.: http://abrc.ca
Healthy Workplace Bill: http://healthyworkplacebill.org
Interprofessional Education Collaborative: https://ipecollaborative.org
Overcome Bullying http://www.overcomebullying.org
Occupational Safety and Health Administration https://www.osha.gov/SLTC/workplaceviolence/
Partnership for Workplace Mental Health™ http://www.workplacementalhealth.org
Times Up Now https://www.timesupnow.com
Workplace Bullying Institute http://www.workplacebullying.org
‘No one can make you feel inferior without your consent’

–Eleanor Roosevelt
Question and Answer Session

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Thank you!

• Please fill out the survey after today’s session
• Those who signed up for continuing education will receive an evaluation from the Commission.
• A recording of today’s webinar and slides will be available in one week at http://ccmcertification.org

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