



IssueBrief

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Speak up, speak out: It's time for case managers to take on the bullies

Have you been bullied in the workplace? It happens all the time—more than you may think. In fact, workplace bullying is four times more common than sexual harassment or racial discrimination.¹

So if you have been a target, you are far from alone. It's probably not much of a surprise to learn that health care, with its ingrained pecking order, is among the fields with the highest rates of bullying.² And professional case managers who have been subjected to bullying may often feel pressure to keep silent.

No longer. It's time to talk about bullying and its consequences in the health care profession—affecting morale, employee retention, and—most importantly—safety.

Bullying and patient safety

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ASSOCIATE PROFESSOR AT THE
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BOARD OF COMMISSIONERS

1 Workplace Bullying Institute. www.workplacebullying.org/individuals/problem/being-bullied/

2 Farouque, K. and Burgio, E. "The Impact of Bullying in Health Care," *The Quarterly*, The Royal Australasian College of Medical Administrators 2013



"Bullying is both a clinical and a quality issue of grand proportion. It is a workforce retention issue—one that contributes to traumatized professionals everywhere."

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Sortedahl, associate professor at the University of Wisconsin and chair of the Commission for Case Manager Certification Board of Commissioners. "Importantly, it also affects patient safety and the quality of care delivery."

There may not be an obvious connection between patient safety and bullying, but there's a large body of evidence that links the two. For example, in 2008 the Joint Commission published a report that found disruptive behaviors fuel medical errors and lead to preventable adverse outcomes.³

3 The Joint Commission 2008. *Sentinel Event Alert*, Issue 40: "Behaviors that undermine a culture of safety," www.jointcommission.org/assets/1/18/SEA_40.PDF

That same year, research published in *The Joint Commission Journal on Quality and Patient Safety* concluded that "disruptive behaviors lead to potentially preventable adverse events, errors, compromises in safety and quality, and patient mortality."⁴

In 2017, researchers further linked disruptive behaviors to patient outcomes. The study found that patients treated by "disruptive physicians"—surgeons who failed to "communicate respectfully and effectively with patients and other medical professionals"—had 14 percent more complications in the month after surgery than did patients treated by surgeons with a good bedside manner.⁵

"Bullying is both a clinical and a quality issue of grand proportion. It is a workforce retention issue—one that contributes to traumatized professionals everywhere," says Ellen Fink-Samnack, MSW, ACSW, LCSW, CCM, CRP, principal, EFS Supervision Strategies, LLC. Left unaddressed, it undermines morale and destroys cohesiveness.

And, too often, it is left unaddressed, she says. Employers don't always have a track record for effectively dealing with bullying. According to one survey, 72 percent of employers deny, discount, encourage,

4 Rosenstein, A.H., O'Daniel, M. "A survey of the impact of disruptive behaviors and communication defects on patient safety," *Jt Comm J Qual Patient Saf.* 2008 Aug;34(8):464-71.

5 Cooper, W., Guillaumondegui, O., Hines, J. "Use of Unsolicited Patient Observations to Identify Surgeons With Increased Risk for Postoperative Complications," *JAMA Surgery*, Feb. 15, 2017

rationalize or defend it.⁶ The Joint Commission offers guidance for training and coaching staff on a code of conduct that emphasizes mutual respect.⁷

When policies, procedures and training fail, the target gradually becomes increasingly isolated. The bullying itself—as well as the attendant job dissatisfaction and emotional exhaustion—contributes to longer-term psychological distress and even suicidal ideation. "This is where we're seeing trauma rear its ugly head with the workforce," Fink-Samnack says.

Myths and reality

A common misconception about bullying is that bullies target vulnerable employees. But the research shows the opposite is true.⁸ "They usually target those who are high performing, the most ethical employees who are extremely competent and proficient in their role. Those are the people who pose an incredible threat to a boss who might not be as competent," says Fink-Samnack.

And although it's true that most workplace bullies are men, that could simply be because they generally hold most of the power in a workplace. It certainly doesn't mean women can't be bullies.

6 Workplace Bullying Institute, 2014 Workplace Bullying Survey, <http://www.workplacebullying.org/wbiresearch/wbi-2014-us-survey/>

7 The Joint Commission 2008. Op cit.

8 "How workplace bullying led three competent, ethical employees to take their lives." Massachusetts Healthy Workplace Bill blog Aug. 31, 2016. <https://mahealthyworkplace.wordpress.com/2016/08/31/how-workplace-bullying-led-three-competent-ethical-employees-to-take-their-lives/>

In fact, some women who rise to success in male-dominated environments are prone to oppose the rise of other women.⁹

It would be a gross disservice to powerful women to suggest they all suffer from this Queen Bee phenomenon, Fink-Samnack says. But we can't ignore it, given that the professional case management workforce is primarily female. It has profound implications for nurturing the next generation of professional case managers. From staff morale to patient safety, bullying takes a toll.

One way health care professionals bully each other is by omitting key information. She offers one fictionalized example:

“Marcus” is the case manager for a hospital. Over the past month he has noticed that his colleagues stop talking when he enters the office. At times they hover by his cubicle, but quickly scatter once he sits down. While Marcus gives them a pleasant greeting each morning, they virtually ignore him.

Marcus gets a stat page overhead to the telemetry unit. He is on his way up and takes the steps three at a time. The team members look like they could kill him: “Dr. Jonas wants to know why Mr. Bean is back. Didn't that other case

manager you work with tell you the daughter needed to talk to you ASAP? She called the unit to tell us that the oxygen wasn't delivered. The case manager said she'd make sure you knew.”

No one had told him. Marcus calls his partner, asking, “Am I paranoid or are the other case managers messing with me? Why do they hate me?” Marcus's partner thinks to himself, “The pressure has finally gotten to him. It can't be that bad!”

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But it is. Marcus is being bullied, and it's undermining his ability to perform his job. He's not the only one to suffer, however: The patient and the rest of the care team also pay the price.

But it's even worse when patients are targets.

Targeting patients

“Gail” is a fictional CCM, but the story is based on actual events.

Gail's client is Michael, a 23-year-old involved in a motor vehicle accident. He suffered a C-2 injury with tetraplegia and requires a wheelchair. The rehab team recommends Michael be discharged with a specialized wheelchair to maximize energy consumption and increase self-sufficiency.

The physical therapist mentions Michael to a durable medical equipment vendor, who agrees to bring a demo of the wheelchair to the unit for him to try out.

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. So are Michael's parents, who are within earshot.

Fink-Samnack points out that Gail's behavior is not merely churlish and childish; it violates at least three basic principles of CCMC's Code of Professional Conduct for Case Managers:

- **Principle 2:** CCMs will respect the rights and inherent dignity of all of their clients.

⁹ Fink-Samnack, E. “The New Age of Bullying and Violence in Health Care: Part 3, Managing the Bullying Boss and Leadership,” *Professional Case Management*, 22(6), pg. 260-274 (2017)

■ **Principle 3:** CCMs will always maintain objectivity in their relationships with clients.

■ **Principle 4:** CCMs will act with integrity and fidelity with clients and others.

It also violates several of the basic tenets of medical ethics, including beneficence, non-maleficence, autonomy, justice and fidelity.

Bullying hurts finances

Bullying hurts patients, case managers, other staff—and even the bottom line.

Although some of the intangible costs of bullying may be difficult to calculate, data from the Workplace Bullying Institute provides hard numbers for both turnover and litigation.¹⁰

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.

Litigation and settlements: The cost for a settlement is about \$30,000 per lawsuit. If the case goes to court, it's \$60,000.

Add to that the costs of absenteeism and presenteeism—when the person who is bullied is too beaten down to do her job. And then, Fink-Samnack says, there's the cost of workers' compensation and disability claims. Putting all that

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together, it becomes clear: Bullying eats away at an organization's bottom line.

It's not always bullying

Fink-Samnack wants to set one more thing straight. “Let’s be clear about what bullying is and is not.

When a manager sets high expectations, it can feel like they're setting the bar so high it's unattainable. But that's not bullying.”

She believes professional case managers know the difference. “I think most of us know what's right and what's wrong. And I think most of us know when our ego is being too fragile and when it's not. Otherwise, I don't think we'd be in the health care business.”

When it is bullying, you need to act.

Take control

One of the hurdles to ending bullying is that people don't report it, so there's no paper trail. That perpetuates the problem. Fink-Samnack shares the actions targets can take to regain control.

Before escalating the issue, start with the bully. It may seem pointless

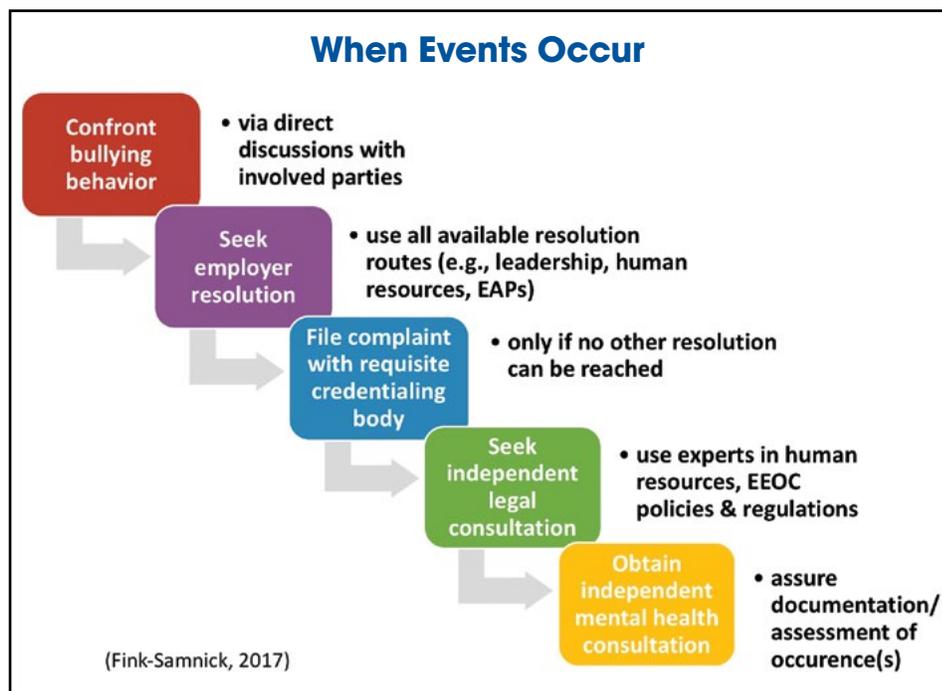


Figure 1

¹⁰ Workplace Bullying Institute (2017): Estimate the Cost of Bullying. www.workplacebullying.org/individuals/solutions/costs/

to confront the bully and then escalate the problem to human resources, but even if you know it won't resolve the issue, Fink-Samnack is adamant: Do it. "You need to be able to demonstrate you've done your due diligence because, down the road, you may be asked by an attorney, 'Did you go to leadership? Did you go to human resources? Did you go to the person?' Saying 'no' is the wrong answer."

If you don't achieve resolution, consider filing a complaint with the appropriate credentialing body. If the person is a CCM, you can file an ethics complaint with the Commission. (For details on how to do this, see the sidebar.)

The next step is to seek independent legal counsel. Be sure to consult someone whose expertise is employment law, she warns. "I'm

often prone to say, 'Use those *in* the know rather than those you *just* know.'"

You also want to consult with a mental health professional who can document the harm you've suffered, Fink-Samnack says.

And that gets to something crucial: Document the facts. Describe, in writing, the incident. Identify when and where it occurred and list any witnesses. Be clear and objective, she advises. "It is essential that those who feel bullied document and deal with these situations objectively. These are emotional incidents that trigger intense feelings. Focus on objective facts as opposed to the subjective emotions."

None of this is easy, she acknowledges. "Let's face it—no one wants to be the whistleblower.

No one wants to be called out. People are worried about their own careers being sabotaged." She gets it. "It's difficult. I've been a whistleblower. I know what it's

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The Commission's ethics complaint process

The Commission requires board-certified case managers to report colleagues they believe have violated CCMC's Code of Professional Conduct for Case Managers.

The Ethics and Professional Conduct Committee hears and processes complaints. The process includes investigation, collection of supporting documentation and peer review. Unsure if the behavior crosses the line? This committee also offers non-binding advisory opinions.

To file a complaint or submit an advisory opinion, put it in writing and mail it to the Committee on Ethics and Professional Conduct, CCMC, 1120 Route 73, Suite 200, Mt. Laurel, New Jersey, 08054. Mark the envelope "confidential."

To learn more about the Code, visit <https://ccmcertification.org/about-ccmc/code-professional-conduct>



like. But at the end of the day, we can't afford *not* to act."

Take care of yourself

As you are plotting your strategy, be sure to practice self-care.

- **Reach out:** Don't allow yourself to become isolated. Make sure you continue to reach out to your colleagues to obtain support.

- **Wear your armor:** Promote your professional self. Set limits on what negative behavior is acceptable and what is not. Bullies will look to weaken you. "You want to pay attention to what you wear, how you look. Be dressed for battle. Come in every day looking like you are invincible, and you are a superhero."

- **Don't break:** "By all means, don't react to the bully."

Bullies want to elicit frustration and unprofessional reactions. This is a wonderful place to stop and take just 10 seconds or 10 minutes to pull yourself together."

- **Don't overshare:** "I can't emphasize that point enough. The bully will seek to learn as much about you and disarm you and use that information against you." The more they know, the easier it will be to attack you; *do* assess vulnerabilities in social media and relationships and make adjustments, if needed.



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)

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Change is in the air

"Despite this dismal picture about the facts and the reality, there is some light at the end of the tunnel," Fink-Samnack says. Various professional and regulatory standards have been put in place (see figure 2), and many organizations, including the Commission, have made anti-bullying a priority.

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Figure 2



"Bullying is all too common and unfortunately, it's too often ignored. It is time to recognize that ignoring the problem is condoning it and that puts us, our co-workers, our organizations and our clients at risk."

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Currently, there is no federal or state-level anti-bullying legislation on the books. But Fink-Samnack points to model legislation, The Healthy Workplace Bill.¹¹ It creates

11 Healthy Workplace Bill FAQ. www.healthy-workplacebill.org/faq.php

a legal claim for bullying targets who can prove they were subjected to malicious behavior that impaired their health. It also provides protections for employers who act preventively and responsibly. It's been introduced in 30 states and two Canadian territories. It has yet to become law anywhere, but as of press time, it's very close in Massachusetts.¹²

Join the fight

Sortedahl and Fink-Samnack both make the same point: We must work to shift the practice culture.

"Bullying is all too common and unfortunately, it's too-often ignored. It is time to recognize that ignoring the problem is condoning it and that puts us, our co-workers, our organizations and our clients at risk," Sortedahl says.

Fink-Samnack says there are myriad ways professional case managers can work against bullying. "I would implore even our most seasoned case managers to educate each other, get involved with some of these initiatives," she says. Opportunities abound, whether it's collaborating to draft anti-bullying policies within your department or organization or working with one of the many organizations focused on workplace bullying.

"We're seeing organizations across health and behavioral health, every sector, say, 'No: Our culture

12 Massachusetts Healthy Workplace Bill. <https://mahealthyworkplace.wordpress.com/2018/05/15/urgent-action-to-make-workplace-bullying-illegal-in-massachusetts-ask-your-state-senator-to-sign-onto-this-budget-amendment/>

may have been one that supported bullying, but that behavior is no longer welcome here." ■

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.workplacemental-health.org>

Times Up Now:
<https://www.timesupnow.com>

Workplace Bullying Institute:
<http://www.workplacebullying.org>

About the Experts



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ELLEN FINK-SAMNICK is principal of EFS Supervision Strategies, LLC. She is a frequent presenter and article author. With Teresa Treiger, she is co-author of the book *COLLABORATE® for Professional Case Management: A Universal Competency-Based Paradigm* and the chapter, "Case and Population Health Management" for the 6th edition of *Leadership and Nursing Care Management* by Diane L. Huber. Fink-Samnack authored chapters on the ethical use of case management technology for CMSA's Core Curriculum for Case Management, plus those on collaborative care, the social determinants of health, wholistic case management® and workplace bullying for many of the industry's knowledge products, including the Encyclopedia of Social Work Online, CCMC's Case Management Body of Knowledge® and the Case Management Society of America's Career and Knowledge Pathways®.

Fink-Samnack serves as a director on the 2017-2018 board of CMSA. She has served CCMC as a Commissioner and as an active volunteer. She sits on the editorial advisory board for the *Professional Case Management Journal*. She is the recipient of the 2017 Distinguished Master Social Work Alumni award from the University of Buffalo School of Social Work and the 2016 National Award of Service Excellence for CMSA.

CHARLOTTE SORTEDAHL is an associate professor at the University of Wisconsin Eau Claire. She teaches in the nursing undergraduate and graduate programs. She has a clinical background in case management, emergency room nursing, transplant nursing; and served as a county health officer.

Sortedahl holds a doctorate in nursing practice, a master's of public health degree in environmental and occupational health nursing, a master's degree in public health nursing and a bachelor's degree in nursing from the University of Minnesota. Her areas of expertise include evidence-based practice, case management, community health, journal clubs, management and leadership. Sortedahl also serves as treasurer for the University of Minnesota Public Health Alumni board. Her publications include articles on evidence-based practice, journal clubs and innovative teaching methods. She has presented at the regional, national and international levels.



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