

Stop workplace bullying

It's not normal — it's unreasonable.



Workplace Bullying and Disruptive Behavior:

What Everyone Needs to Know

What is workplace bullying and who is affected?

Workplace bullying refers to *repeated*, unreasonable actions of individuals (or a group) directed towards an employee (or a group of employees), which are intended to intimidate, degrade, humiliate, or undermine; or which create a risk to the health or safety of the employee(s).

Workplace bullying often involves an abuse or misuse of power. Bullying behavior creates feelings of defenselessness and injustice in the target and undermines an individual's right to dignity at work.

Bullying is different from aggression. Whereas aggression may involve a single act, bullying involves repeated attacks against the target, creating an *on-going pattern* of behavior. "Tough" or "demanding" bosses are not necessarily bullies as long as they are respectful and fair and their primary motivation is to obtain the best performance by setting high yet reasonable expectations for working safely. Workplace bullying can be instigated by coworkers, supervisors, contract workers, or labor representatives.

Some bullying situations involve employees bullying their peers, rather than a supervisor bullying an employee. The term mobbing refers to a group of coworkers targeting another worker. Supervisors should intervene immediately to address and stop mobbing behaviors.

In a prevalence study of U.S. workers, 41.4% of respondents reported experiencing psychological aggression at work in the past year representing 47 million U.S. workers (Schat, Frone & Kelloway, 2006). The research found that 13%, or nearly 15 million workers, reported experiencing psychological aggression on a weekly basis.

Examples of bullying:

- Unwarranted or invalid criticism
- Blame without factual justification
- Being treated differently than the rest of your work group
- Being sworn at
- Exclusion or social isolation
- Being shouted at or being humiliated
- Excessive monitoring or micro-managing
- Being given work unrealistic deadlines

Learn more: www.NoBullying.Lni.wa.gov



What is corporate/institutional bullying?

Corporate/institutional bullying occurs when bullying is entrenched in an organization and becomes accepted as part of the workplace culture.

Corporate/institutional bullying can manifest itself in different ways:

- Placing unreasonable expectations on employees, where failure to meet those expectations means making life unpleasant (or dismissing) anyone who objects.
- Dismissing employees suffering from stress as “weak” while completely ignoring or denying potential work-related causes of the stress.
- Encouraging employees to fabricate complaints about colleagues with promises of promotion or threats of discipline.

Signs of corporate and institutional bullying include:

- Failure to meet organizational goals.
- Increased frequencies of grievances, resignations, and requests for transfers.
- Increased absence due to sickness.
- Increased disciplinary actions.

If you are aware of bullying in the workplace and do not take action, then you are accepting a share of the responsibility for any future abuses. This means that witnesses of bullying behavior should be encouraged to report any such incidences. Individuals are less likely to engage in antisocial behavior when it is understood that the organization does not tolerate such behavior and that the aggressor is likely to be punished.

Factors that Increase the Risk for Bullying Behavior:

- Significant organizational change (i.e., major internal restructuring, technological change).
- Worker characteristics (e.g., age, gender, parental status, apprentice or trainee).
- Workplace relationships (e.g., inadequate information flow between organizational levels, lack of employee participation in decisions).

- Work systems (e.g., lack of policies about behavior, high rate and intensity of work, staff shortages, interpersonal conflict, organizational constraints, role ambiguity, and role conflict).

How bullying affects people:

Targets of bullying experience significant physical and mental health problems:

- Reduced self-esteem
- Musculoskeletal problems
- Work withdrawal and sickness absence
- Sleep and digestive disturbances
- Increased depression/self-blame
- Family tension and stress
- High stress, post-traumatic stress disorder (PTSD)
- Financial problems due to absence

How bullying affects organizations:

Each of the individual consequences listed above can be very costly for the organization. Costs of bullying generally fall into three categories:

1. Replacing staff members that leave as a result of being bullied, cost of training new employees.
2. Work effort being displaced as staff cope with bullying incidents (i.e., effort being directed away from work productivity and towards coping).
3. Costs associated with investigations of ill treatment, potential legal action and loss of company reputation.

Bullies do not run good organizations; staff turnover and sick leave will be high while morale and productivity will be low. Stress, depression and physical health problems result in time away from work that is costly in terms of workers' compensation and lost productivity.

The health problems experienced by targets of bullying result in a sense of helplessness and negative emotional states. Low self-esteem and a negative organizational climate suppress creativity and hamper employees' abilities to respond to difficult situations or challenging goals.

The breakdown of trust in a bullying environment may mean that employees will fail to contribute their best work, do not give extra ideas for improvement, do not provide feedback on failures and may be less honest about performance.

Bullying is different from harassment

Harassment is one type of illegal discrimination and is defined as offensive and unwelcome conduct, serious enough to adversely affect the terms and conditions of a person's employment, which occurs because of the person's protected class, and can be imputed to the employer. Protected classes in employment are race/color, creed (religion), national origin, sex, marital status, disability, HIV/AIDS or Hepatitis C status, sexual orientation/gender identity, and honorably discharged veteran and military status.

An example of *harassment* could be when an employee tells racist jokes and refers to a particular co-worker or group of co-workers by using racial

slurs, and after a complaint, the employer does nothing to stop the behavior. Another example of *harassment* could be a male manager who makes unwelcome sexual suggestions to a female employee and touches her inappropriately.

Bullying also differs from *retaliation*, which occurs after a person makes a complaint of illegal discrimination, and is then the subject of an adverse employment action or subjected to harassment because he or she made the complaint.

If you believe that you are being harassed or retaliated against for making a discrimination complaint, you should immediately contact the Washington State Human Rights Commission (1-800-233-3247, www.hum.wa.gov).

Bullying, on the other hand, is often directed at someone a bully feels threatened by. The target often doesn't even realize when they are being bullied because the behavior is covert, through trivial criticisms and isolating actions that occur behind closed doors. While harassment is illegal, bullying in the workplace is not.

What can be done about bullying?

At the first sign of conflict check if your company has a workplace violence program or a code of conduct that addresses psychological intimidation and aggression that is not based on a protected characteristic. It can be useful to talk to the aggressor if you are comfortable with that. The person may deny the aggression, but you have let them know that you are aware and consider it unprofessional. Or talk with someone you absolutely trust in the workplace that can advise you and advocate for you while keeping your situation confidential.

What can you do about bullying?

Employees — regain control:

- Recognize that you are being bullied.
- Realize that you are NOT the source of the problem.
- Recognize that bullying is about control, and therefore has nothing to do with your performance.



Take action:

- Keep a diary detailing the nature of the bullying (e.g., dates, times, places, what was said or done and who was present).
- Obtain copies of harassing / bullying paper trails; hold onto copies of documents that contradict the bully's accusations against you (e.g., time sheets, audit reports, etc.).

Other actions:

- Expect the bully to deny and perhaps misconstrue your accusations; have a witness with you during any meetings with the bully; report the behavior to an appropriate person.
- Contact the Washington State Employee Assistance Program, (www.hr.wa.gov/EAP) for guidance on dealing with the issue.

Employers:

- Create a zero tolerance anti-bullying policy. This policy should be part of the wider commitment to a safe and healthful working environment and should have the full support of top management.
- When witnessed or reported, the bullying behavior should be addressed IMMEDIATELY.
- If bullying is entrenched in the organization, complaints need to be taken seriously and investigated promptly. Reassignment of the bully may be necessary.
- Structure the work environment to incorporate a sense of autonomy, individual challenge/mastery, and clarity of task expectations for employees. Include employees in decision-making processes.
- Hold awareness campaigns for EVERYONE on what bullying is. Encourage reporting.
- Ensure management has an active part in the staff they supervise, rather than being far removed from them.
- Encourage open door policies.
- Investigate the extent and nature of the problem. Conduct employee attitude surveys.
- Improve management's ability and sensitivity towards dealing with and responding to conflicts.
- Establish an independent contact for employees (e.g., Human Resources contact).

See the **Example Workplace Bullying Policy** at the end of this document.

Disruptive behavior in healthcare:

Disruptive behavior is described as interactions among physicians, nurses, hospital staff, administrators, patients, guests, vendors that interfere with patient care. Healthcare employees such as nurses and doctors behave professionally as the norm. However, there are benefits to acknowledging and addressing unprofessional behavior when it occurs:

1. The organization can identify, quantify, and monitor the impact of disruptive behavior.
2. The behavior can be addressed and resolved.

Some examples of disruptive behaviors are:

- Profane or disrespectful language.
- Sexual comments, racial, ethnic, or socioeconomic slurs.
- Inappropriate touching or assault, angry outbursts or yelling, name calling.
- Throwing charts or instruments.
- Disrupting meetings.
- Comments that undermine a patient's trust and confidence.
- Refusal to complete a task or carry out duties.
- Intentional failure to follow organizational policies.
- Retaliation against any person who has reported disruptive behavior.

The costs of disruptive behavior are significant:

- Tends to cause distress among other staff.
- Undermines productivity.
- Leads to low morale and high staff turnover.
- Results in ineffective, substandard patient care.
- Poor adherence to practice guidelines.
- Medical errors and adverse outcomes.
- Loss of patients.
- Malpractice suits.

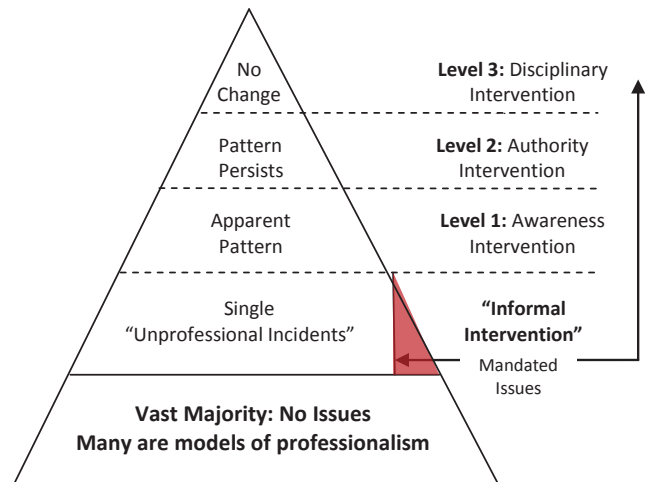
What can be done about disruptive behavior?

Organizations can intervene to build a collaborative safety culture by directing attention to safety and creating contexts where people speak up and problem solve together.

- Create a Code of Conduct that defines professional behaviors and unacceptable behaviors and includes policies and procedures for response.
- Employees sign a statement of commitment to abide by the Code of Conduct.
- Encourage reporting - conduct regular surveys and focus groups.
- Follow-up – analyze and respond to data.
- Provide training for leaders, managers and all hospital staff on how to respond.
- Form an interdisciplinary committee to oversee and modify the Code of Conduct as needed.
- Define a framework for understanding and addressing disruptive behavior.

The framework to the right was developed by Dr. Gerald Hickson and colleagues at the Vanderbilt University School of Medicine and represents a graduated-level, peer-involved intervention. This intervention has strong potential for changing the safety culture because many individuals in the organization are actively involved in carrying out the intervention. The approach to intervening at each level should be supportive rather than punitive.

Disruptive behavior pyramid:



Hickson, G.B., Pichert, J.W., Webb, L.E., & Gabbe, S.G. (2007). A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*, 82, 1040-1048.

Description of Intervention Levels:

There is specific training in place for each level.

Informal Intervention is “a cup of coffee conversation” for single “unprofessional” incidents. A peer or supervisor selects a private setting for a brief review of the event with the disruptive person, pauses for a response, listens and invites the perspective of the person who behaved unprofessionally. The person may be defensive, minimizing or rationalizing. The response to this is, “Despite the situation, there are professional and unprofessional ways to respond and we expect a professional response.” Conclude with discussing options for professional responses.

Level 1: Awareness Intervention

Takes place after an apparent pattern develops and is identified by the surveillance system or reporting, when there is a threat to quality and safety. An authority figure or peer shares a compilation of patient complaint data or report data from staff in a supportive manner. Most individuals respond professionally and adjust behavior, reducing patient and staff complaints.

Level 2: Authority Intervention

When the pattern persists and the person is unable or unwilling to respond to the awareness intervention and change their behavior, the authority intervention is implemented. At this level, leaders develop an improvement and evaluation plan with accountability built in. Leaders specify what behaviors need to improve, what support or services are needed, a timeline, and what the outcome will be if the improvement and evaluation plan is not successful. This intervention should be supportive rather than punitive. Most individuals want to improve but may be hindered by work or family stress, substance abuse problems, or mental health issues.

Level 3: Disciplinary Intervention

A lack of response to the authority intervention leads to the disciplinary intervention which includes restriction or termination of privileges, reporting to government entities and other actions related to the Code of Conduct policies and procedures as do all levels of the Disruptive Behavior Pyramid Intervention framework. Surveillance systems are required to provide information and data related to the disruptive behavior. For further details about these interventions and the pyramid framework, see: www.studergroup.com/DB

Provide Support Services:

Healthcare organizations can provide support services to the individual including use of an Employee Assistance Program or Wellness Program, a medical evaluation and treatment planning, and group classes on professional behavior. The organization can also provide service recovery for staff, patients and others who have experienced or witnessed disruptive behavior in the workplace.

Benefits of addressing disruptive behavior:

- Improved staff satisfaction and retention.
- Enhanced reputation for the organization.
- Creates a culture of professionals.
- Important role models for all others.
- Improves patient safety and quality of care.
- Greater staff willingness to speak up on patient care problems.

- Reduced liability exposure & risk management.
- A more civil, productive, and desirable workplace.

Conclusion:

Successful healthcare organizations promote professionalism, address disruptive behaviors quickly, and adopt a framework for understanding and approaches for taking action. They also develop strong policies that clearly define issues and provide guidelines for action to address disruptive behaviors among healthcare providers and employees. Success is measured by achieving high levels of patient safety and quality of care.

Resources and contacts:

The Washington State Employee Assistance Program (www.hr.wa.gov/EAP) has representatives that are available to help state workers with personal or work-related problems that may be impacting your work performance. EAP services are only available to state employees and are confidential, voluntary, free of charge, and accessible. EAP representatives can be reached at these offices: Olympia 360-407-9490

The following websites/organizations have put together valuable information that includes definitions and facts about bullying and disruptive behavior in the workplace:

- Bullying in the Workplace
www.docep.wa.gov.au/WorkSafe/PDF/Guidance_notes/Dealing_with%20bullying_english.pdf
- European Agency for Safety and Health at Work
Facts: Bullying at Work (osha.europa.eu/en/publications/factsheets/23/view)
- The Studer Group and the Center for Patient and Professional Advocacy at Vanderbilt University. Workshops on Disruptive Behaviors in Healthcare. www.studergroup.com/DB
- Workplace Bullying and Trauma Institute, Bellingham, Washington:
www.workplacebullying.org

Research References:

- Fox, S. & Stallworth, L. E. (2009). Building a framework for two internal organizational approaches to resolving and preventing workplace bullying: Alternative dispute resolution and training. *Consulting Psychology Journal: Practice and Research*, 61(3), 220-241.
- Hickson, G.B., Pichert, J.W., Webb, L.E., & Gabbe, S.G. (2007). A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*, 82, 1040-1048.
- Rosenstein, A. H. & O'Daniel, M. (2005). Disruptive behavior & clinical outcomes: Perceptions of nurses and physicians. *American Journal of Nursing*, 105, 54-64.
- Salin, D. & Hoel, H. (2011). Organisational causes of workplace bullying. In Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. (Eds). *Workplace bullying: Development in theory, research and practice*. London. Taylor & Francis, 227-243.
- Schat, A. C. H., Frone, M. R., & Kelloway, E. K. (2006). Prevalence of workplace aggression in the U.S. workforce: Findings from a national study. In E. K. Kelloway, J. Barling, and J. Hurrell (Eds.), *Handbook of workplace violence* (pp. 47-89). Thousand Oaks, CA: Sage.
- Vartia, M. (2001). Consequences of workplace bullying with respect to the well-being of its targets and the observers of bullying. *Scandinavian Journal of Work Environment and Health*, 27, 63-69.

SHARP – Research for Safe Work

This document was produced by the Safety & Health Assessment and Research for Prevention (SHARP) Program, a research program within the Washington State Department of Labor & Industries. SHARP's researchers and scientists partner with business and labor to identify industry-wide hazards and then develop sensible, effective solutions to eliminate those hazards.

If you have questions about this report or the SHARP program, please contact us at:

SHARP

Washington State Department of Labor & Industries
P.O. Box 44330

Olympia, WA 98504-4330

Tel. 1-888-66-SHARP (toll-free)

Fax 360-902-5672

Email SHARP@Lni.wa.gov

Check out our website at:

www.SHARP.Lni.wa.gov

EXAMPLE WORKPLACE BULLYING POLICY

Adapted from The Commission of Occupational Safety and Health, Government of Western Australia

Company X considers workplace bullying unacceptable and will not tolerate it under any circumstances.

Workplace bullying is behavior that harms, intimidates, offends, degrades or humiliates an employee, possibly in front of other employees, clients, or customers. Workplace bullying may cause the loss of trained and talented employees, reduce productivity and morale and create legal risks.

Company X believes all employees should be able to work in an environment free of bullying. Managers and supervisors must ensure employees are not bullied.

Company X has grievance and investigation procedures to deal with workplace bullying. Any reports of workplace bullying will be treated seriously and investigated promptly, confidentially and impartially.

Company X encourages all employees to report workplace bullying. Managers and supervisors must ensure employees who make complaints, or witnesses, are not victimized.

Disciplinary action will be taken against anyone who bullies a coworker. Discipline may involve a warning, transfer, counseling, demotion or dismissal, depending on the circumstances.

The contact person for bullying at this workplace is:

Name: _____

Phone Number: _____