

Module 7 (2d)

Recognizing bullies in the medical professions: Using emotional competence to confront and prevent bullying

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Background

NOTE: Much of the material in this background comes from the three articles referenced at the end of the module. This module is thus a bit different from the others – as it quotes the literature and gives more knowledge background than most of the other modules. The idea is not to teach all the contents of this background – but for the trainer to be well informed, and to be able to also answer questions.

The trainers can also consider bringing this information directly to the management of the hospital, and suggest an initiative to start a process to tackle bullying in the institution – if such procedures are not already in place.

Bullying is very common in the medical professions, and has strong negative effects on the providers, as well as on the patients. The practice is well known, as are the many negative effects. The causes are less well known, according to the literature. Recent work on bullying has managed to expose these negative practices more widely, and increased the understanding of the effects of bullying on its victims. Programs have also come up with effective measures against bullying, both on the personal and on the institutional level.



In this module (which is closely related to Module 2c), participants will share their own experiences of having been bullied (or watching someone else be bullied). We will also review some of the learning from the literature about how to handle bullying constructively, to add new knowledge and information about the phenomenon. The focus is on recognizing bullying and learning to respond with emotional competence – by stepping back and taking constructive action. We do not aim to understand the reasoning behind bullying: This is a very complex issue beyond the scope of this course.

What is bullying? Bullying is what it sounds like – a bull(y), or (seemingly) big/strong person, who (ab)uses or misuses power to put another person down. The bully's aim is usually to make him/herself be bigger/more important and powerful than the other person, and he uses aggressive behavior which intimidates, degrades, offends or humiliates the other person – often in front of others.

In the article “A matter of Respect and Dignity: Bullying in the Nursing Profession”, bullying is defined as “repeated, unreasonable actions of individuals (or groups) directed towards an employee (or a group of employees), intended to intimidate, and by doing so, create a risk to the health and safety of the employee(s).”

Sarcasm can be a very cruel way of bullying colleagues or patients, to ridicule what they are doing – with the intention of making them feel “worth less”, or small:

- *“I shared with my colleagues what I learnt in the communication training. My in-charge tried to criticize me, saying “since then you have not known how to communicate that you were to learn about communication.” But this did not demoralize me. The rest of my colleagues were interested to hear and I went ahead to tell them what I had learnt.”*

Who are the victims? The bully will often choose victims whom they perceive to be vulnerable – like new staff members or juniors who lack confidence, and may lack established friendships among the colleagues who could warn them about or protect them from the bullies. Other situations and triggers that make nurses vulnerable to bullying are – receiving a promotion or honor (or being chosen to go to a course) that others feel are undeserved (they may see themselves as the one who should have been chosen); having difficulties working well with others, receiving special attention from physicians or other person in power, or working under conditions of severe understaffing.

Manifestations of bullying: The bullies’ main “weapon” is aggression, in a variety of different forms – some blatant, others more subtle. A list compiled by nurses who have researched bullying includes:

- Refusing to speak to a colleague, being curt, giving the "silent treatment," or withholding information (setting someone up to fail);
- Unwarranted or invalid criticism, excessively monitoring another's work;
- Physical or verbal innuendo or abuse, foul language/swearing;
- Raising one's voice, shouting at or humiliating someone;
 - **An example from our training:**
 - *“The supervisor was managing a patient, which he was doing in a wrong way. I tried to tell him but he told me that I was young to the field so I should not comment on what he was doing.”*
- Treating someone differently from the rest of the group, social isolation;
- Asking inappropriate and/or excessive questions about personal matters or teasing about personal issues;
- Gossiping, spreading rumours, assigning denigrating nicknames;
 - **Examples from our training:**
 - *“They do wrong things and talk to patients badly so that you feel offended, but after that I call them privately and discuss, though they call me names which mean “stupid person who wants to be misused by patients, ehe! Good communicator!”*
 - *“I’m called some names like Chief Koffi Annan, Good Samaritan mama Jesus, Born again mother!”*
- Inappropriately exempting staff from responsibilities or assigning low-skilled work;
- Blaming someone without factual justification;
- Allocating unrealistic workloads and not supporting a colleague;
- Being condescending or patronizing;
- Taking credit for another person's work without acknowledging his or her contribution or blocking career pathways and other work opportunities;
- Publicly making derogatory comments about staff members or their work, including use of body language (eye rolling, dismissive behavior), sarcasm, ridicule; making someone the target of practical jokes;
 - **Examples from our training:**
 - *“My colleagues felt I was wasting time, why bother to take a lot of time explaining to one patient while there are several patients who need to be attended! Some felt it’s a waste of time - if a patient doesn’t want admission, why come to hospital?”*

- “They usually make statements like ‘aaah, where is that time and patience to tolerate some things”
- Impatience with questions; refusal to answer questions

The effects of bullying are many, and serious: A provider who is bullied often feels defenseless and helpless and is robbed of the right to dignity at work. Bullying causes distress and emotional pain and anxiety, and victims may feel isolated. Many providers who are exposed to bullying get physically ill and take extended sick leave – others get clinical depression and even posttraumatic stress disorders. Others carry the effects of bullying home to their families, causing problems on the private level. Sleep disorders are also reported to be common.

Bullying is especially serious for students and young providers – who need feedback and acceptance to build up confidence in his/her new work. Bullying of new staff is cruel, and can make them feel incompetent, invisible, and inferior. Reduced self-esteem is common.

A bully in the workplace can create a toxic environment, and can erode morale, trust, creativity and job satisfaction. This can again lead to low productivity, and providers look for other jobs – thus contributing to the clinic or hospital losing valuable staff. In addition, it does affect the quality of care to patients. Some people who are bullied are known to “take it forward” and punish the patients: they do not dare to speak up against the bullies (who are usually above them in rank) and choose to take out their frustrations on those below them in rank – the patients.

Bullying costs – both on a personal and an institutional level.

Who are the bullies?

An electronic survey among nurses (country not reported) showed that 55% of the bullies were **nurse supervisors**. They often publicly humiliated, isolated, excluded, or excessively criticized junior nurses. (Website NURSES MEET: A matter of respect and dignity: Bullying in the nursing profession. Laura A Stokowski. Posted 30/9/2010)

Research by the Workplace Bullying Institute shows that 70% of the bullies (in various professions) are managers. The bullies consistently criticize, nit-pick, isolate and tease their victims using verbal, psychological, emotional and sometime physical violence.

What are some reasons for bullying?

Some of the reasons providers in the medical professions bully others are:

- Anger behind their bullying behavior
- Insecurity, vulnerability
- Want to show power – because they can, or to gain power over others
- Revenge – when in power, take it out on others
- The person was hurt before and not been able to deal with situation
- Going through difficult personal processes but want to be seen that he/she is strong
- Feel stuck in the job because no other option available
- Lack of emotional awareness and emotional competence
- Lack of skills to deal with conflict constructively

Upbringing: Children who live in houses where parents and older siblings bully are naturally going to have these tendencies. Anecdotal evidence suggests that these children leave school and carry on their bullying at the work place.

Why is bullying not being stopped?

In many institutions, especially where hierarchy is strong in both medical and national culture, bullying has been ignored or silently supported by management. When bullies bully managers, it may

be difficult for the manager to confront the bully – the manager may lack other models for dealing with the issue – possibly having been victims of bullying themselves. This can create a perception that the practice is acceptable, and the bully may be allowed to continue his/her poisonous actions. Many find “excuses” for the bullies by saying “that’s how he/she is, you just have to accept it”, or “you just have to understand and cope with him/her”. Providers are told to “toughen up”, and the responsibility to deal with the bullies has been left with the victims. This has often strengthened the bullies, and further eroded the workplace cooperation and job satisfaction.

Bullying is also only infrequently reported to management, and therefore also not frequently addressed on an institutional basis. There are many reasons the victims choose not to report – they are often afraid of standing up to the person intimidating them, fearing the situation will become worse if they bring it up with a manager who may be “lukewarm” – or lack skills – to confront the bully effectively. There is also a fear of judgment for being a “whistle-blower”, someone who is too weak to stand up to the bully. Some managers will refuse to take action, even when told about the bully, and rather imply that it is the victim’s behaviour that has to change. This gives the bully a free ticket to continue his/her behaviour. The providers’ choice is often to bury her/his emotions, and become indifferent.

How are patients affected?

Stokowski’s article on “Bullying in the nursing profession” states:

- *“Bullying is also viewed as a risk to patient safety. Bullying interferes with teamwork, collaboration and communication, the underpinnings of patient safety. Although to date research linking bullying and patient safety is often focused on disruptive physician behaviour, the principles are clearly and immediately applicable to other healthcare professionals, including nurses. Intimidation can influence communication in healthcare, and failed communication threatens patient safety.”*

Patients have been affected – but there is little research to show exactly how. Examples from Kilifi show that providers often take out frustrations felt by being bullied by supervisors or other people in power, on patients – “kicking downwards”, to get rid of their own emotions and re-establish “balance”. They know very well that this is wrong, but do not yet have a better option. Awareness and skills to recognize emotions (their own, as well as those of the bully), step back from automatic reactions and use emotional competence, give them an alternative option.

What action can institutions and individuals take to stop bullying?

Bullying has been tolerated in health care for too long, and there are as yet no laws against bullying – which leaves the victims of bullying with little legal backup.

However, there are now several programmes which have been built and implemented to stop the practice, using the Joint Commission’s perspective that bullying is a safety issue and needs to be addressed. The commission issued in 2008 a standard on “intimidating and disruptive behaviours at work, citing concerns about increased medical error, poor patient satisfaction, adverse outcomes, higher costs, and loss of qualified staff”. They conclude that “Intimidating and disruptive behaviours are unprofessional, and should not be tolerated.”

The clear recommendation is to promote a “zero-tolerance” to bullying.

Institutions and organizations are recommended to take the following action:

- Set standards for what is seen as respectful and professional behaviour, and what is not acceptable – through establishing a code of conduct

- Develop organizational policies that promise “zero tolerance” for intimidating or disruptive behaviours and protection for those who report such behaviours
- Hold individuals accountable for behaviour, and deal with bullies promptly and firmly
- Develop and implement rewards for changed behaviour among the bullies
- Leadership training for leaders who must model and uphold standards of behaviour;
- Surveillance and reporting systems for unprofessional behaviours, and
- The importance of documenting attempts to address bullying behaviours
- Create awareness among all staff about what bullying and mistreatment are, and the effects of bullying on patient safety, staff, and work environment, through educational interventions

The KEMRI-Wellcome Trust in Kilifi has an anti-bullying and anti-harassment policy in place which covers all the above points, except the point to “Develop and implement rewards for changed behaviour among the bullies”.

The policy states that “In the first instance someone who feels they have been harassed („the complainant”) may want to discuss the matter in confidence with a friend or colleague who is familiar with the setting in which they work or study. On the other hand, the complainant may want to discuss the matter with their Head of Department, departmental administrator, immediate supervisor, or a member of the HR department.

If possible, an attempt should be made to resolve the matter informally; it may be that the alleged harasser does not know what effect his or her behaviour is having. If an informal resolution can be effectively achieved, this will in many cases be the most advantageous position to take. It is however recognised that in some cases, only a formal procedure would be appropriate”.

However, the policy does not state what skills are needed to do so.

To manage bullying, individuals should be trained in the following skills:

- Be aware of the policies in your institutions on bullying, and to whom you can report, safely
- Recognize when you are being bullied
- Acknowledge that being bullied is never your fault – you are not the source of the problem
- Recognize that bullying is about control, and therefore has nothing to do with your performance.
- **Use emotional competence: Recognize emotions on both sides, step back, look for and analyze reasons behind, and decide to take action.**

Take action by:

- Confiding in a colleague you trust about how you feel
- Keeping a diary of what happened (date, place, time, what was said and done, who was present)
- Keep copies of paper trails, e.g. documents that contradict the bully’s accusations against you
- As a first action, let a colleague (preferably one who was present at an incident) intervene by talking to the bully on your behalf, if you fear handling the bully yourself.
- The bully needs to know that his/her behaviour is unacceptable and it’s hurting other people
- If intervention by a colleague does not help – report to the management, and back up with info from your diary, if needed. If reporting to the first level does not result in a change, take it up to the next level.

Be aware that:

- Bullies are likely to deny and perhaps misconstrue your accusations, and try to put the blame on you. Have a witness with you during all meetings with the bully – if possible, a witness

who has observed some of the bully's behaviour. Report the behaviour to an appropriate person.

The learning in this course should concentrate on skills needed on the individual level, but also make participants aware that stopping bullying and promoting professionalism is a responsibility of the institution – with the help of the employees. When bullying is managed well and providers feel safe at work, they will also provide patient safety and a high level of patient centred care.

The information above, and the articles this is based on, can be used to initiate discussions in the institution with the aim to develop and put in place a policy on anti-bullying and anti-harassment. The evidence is strong to show the serious negative effects of bullying in the medical profession, and the consequences of bullying to providers' own health as well as to patients' safety and care.

NB: Participants in the iCARE-Haaland model training programmes have learnt to practice emotional competence skills, and should be better placed to recognize and put a stop to bullying – as they may not easily accept being put into the victim's role. However, it is important to realize that many bullies have a lot of power, and that it is usually not wise to take them on/try to stop them alone, but rather work to build up a wise strategy, using the network around them and get institutional support.

There are 5 sections in this second part of the module. An overview:

1. **Introduce the topic, establish relevance:** Participants share their own experiences about bullying at the work place, looking at what bullies do and the effects of bullying on the other person (slides 1-3)
2. **Exploring reasons why colleagues bully others:** Participants discuss what makes colleagues bully others, looking at what's behind the bully, and their external characteristics. Share literature on bullying in the medical professions (slides xxx)
3. **What makes one vulnerable to bullying:** Explore situations that make providers vulnerable to bullying by reflecting on their own experiences, shared earlier. (slide x)
4. **Skills to deal with bullying:** Recognizing bullying by reflecting on experiences, take a step back and act with emotional competence to stop the bully and let him/her know about the effects of his behavior (slides xxx). If this does not help, report to the management.
5. **Summing up effects of bullying:** Bullying affects colleagues psychologically, demoralizes them and affects work performance, and negatively affects patient safety. It is important to learn how to recognize and deal with it, using emotional competence. We should refrain from allowing bullies to intimidate us and others by accommodating their behaviors. Bullies should be stopped actively, and be told that their behavior is not acceptable (slides xxx)


Time needed: 2 hours


Preparation: Role play materials




Materials needed: Flipcharts, marker pens, tape



Facilitator/co-facilitator roles: The main facilitator should be familiar with bullying, and having experience with the practice from his/her own life, or from someone close to her/him.

Presentation slides: Comments, questions, main points to bring out

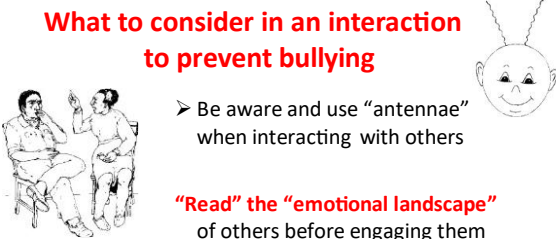

<p>Taking action to recognize, confront and prevent bullying</p>  <p>How providers can protect themselves from the poison of bullying</p> <p>Follow-up course Mwanamvua Boga Ane Haaland</p>	<p>Introduce the session by linking to the previous session on power: In our last session we looked at the use of power automatically and with awareness, and its effects on patients. In this session we are going to look at a very important subject in our profession that is commonly known, but seldom reported and dealt with effectively</p> <p>Bullying Ask: Is this a problem in medical professions? Get brief responses (probably: confirmation)</p>
<p>Learning Objectives</p> <ul style="list-style-type: none"> • To strengthen awareness of what bullying is, and how to recognize it • What bullies do, and what are reasons behind their behavior • What are effects of bullying on the person being bullied • What action can be taken against bullies, and how • To acknowledge that the bully is the one responsible for the behavior, not the one being bullied • To strengthen skills to recognize bullying, and to meet the bully with awareness, emotional competence, stepping back, respect and firmness 	<p>Read the objectives</p>
<p>Bullying among colleagues</p> <p>Discuss in groups</p> <ul style="list-style-type: none"> • Have you ever experienced/witnessed any form of bullying in your practice? • What does bullying look like/what do bullies do? • What does it feel like for the one who is being bullied? • What was the effect? • What does it feel like for the one who is bullying? • Show your example to class. 	<p>Exercise no 1: Bullying among colleagues Ask: What is bullying? Does it happen in our workplace? Ask them to share experiences of bullying at their work place, and use these experiences to discuss the points on the slide, in their groups. Give them flip chart to write down their feedback. After the discussion, let them hang the flip chart on the wall, and ask them all to move to the wall to read and reflect on each other's work. Facilitate feedback looking at the questions and note down striking points with a focus on the feelings and effects of these on providers and patients. <i>In the event that the groups note down suicide /death as an effect of bullying, acknowledge the tragedy, show respect, but do not dwell on this much as it's usually an extreme effect that brings very strong emotions to the group.</i> It will overpower the more common points that happen every day – and these are important to bring out. Agree with the group that this is what you do.</p>

	<p>After the feedback ask if there is anyone in the group who would like to share their experience. Summarize the discussion with a story shared by the participants. Make sure the story you choose to sum up the discussion with includes the key points about bullying. Conclude that bullying is real and it is important we learn how to recognize and deal with it constructively, using emotional competence.</p> <p>See note on procedure and main points after slides</p>
<p>Some different ways bullies operate</p> <ul style="list-style-type: none"> • Refusing to speak to colleagues • Withholding information, setting someone up to fail • Invalid or unwarranted criticism, sarcasm • Excessively monitoring another's work • Physical or verbal abuse, foul language • Shouting or humiliating someone in front of others • Asking inappropriate questions about personal matters • Gossiping, spreading rumors, assigning denigrating nicknames • Inappropriately exempting staff from responsibilities or assigning low skilled work • Blocking career pathways • Treating someone differently from the rest of the group, social isolation 	<p>Read through the points, pick a few and ask if it happens or</p> <ul style="list-style-type: none"> - give them a minute to read through and ask if they would like to reflect around any of the points
<p>Participant's example</p> <ul style="list-style-type: none"> • <i>"I had conflict with my colleague. She told me she hates me. The following day I said hi to her, she did not respond, I said hi again the following day but she answered she doesn't want to talk to me. I said ok, and moved on without Judgement, I did my best."</i> 	<p>Read out the example</p>
<p>Bullying in the nursing profession</p> <ul style="list-style-type: none"> • Bullying is a "hidden problem" in the nursing profession • Bullying is profession wide - endless <p>Buzz</p> <ul style="list-style-type: none"> • Why is bullying happening in a profession that is supposed to stand for caring ? 	<p>Explain: Bullying is a hidden problem in the nursing profession and among many other professions in the world. There are several studies on bullying among nurses, mainly conducted in Northern or Western countries. However, from our examples we've seen that bullying also happens in our hospitals.</p> <p>If there are other medical professionals (clinicians, physiotherapists, others) in the group, ask if bullying also happen among their colleagues?</p> <p>Let them buzz on the last point and get their feedback on why they think bullying happens in a profession that is meant to care? Reflect together.</p>

<p>What makes colleagues bully others?</p> <p>Some possible reasons behind the 'bully's' behavior:</p> <ul style="list-style-type: none"> ➢ Anger ➢ Insecurity ➢ Need to show power ➢ Revenge – when in power, take it out on others ➢ Has been hurt before ➢ Going through difficult personal processes ➢ Feels stuck in the job because has no other option ➢ Lack of emotional awareness and competence ➢ Lack of skills to deal with conflict constructively 	<p>Exercise 2: What makes colleagues bully others?</p> <p>Ask groups to discuss: What makes colleagues bully others? (<i>Animate the slide – to hide reasons</i>)</p> <p>Facilitate feedback; let the co-facilitator write main points on the flip chart Discuss in plenary</p> <p>Compare feedback with the points on the slide. If no examples are being brought up, cite some of the examples from the Background section in this module.</p>
<p>Does bullying among colleagues affect patient care and safety?</p> <p>Yes – it does</p> <ul style="list-style-type: none"> • Bullying interferes with <ul style="list-style-type: none"> – Teamwork – Collaboration – Communication – Staff feeling safe • Providers who have been bullied, often «shift» frustration down, and bully their patients 	<p>Ask participants if they think bullying can affect patient care and safety. Get some suggestions for how</p> <p>Animate the slide</p> <p>Ask if they know of colleagues who have “shifted their frustration downwards”, to patients, after being bullied, or if they have done this themselves. Reflect – this is a common response when someone uses power on you Agree that there are better ways to handle this!</p>
<p>Using sarcasm:</p> <p>A cruel and common way to ridicule and put people down</p> <ul style="list-style-type: none"> • <i>“My colleagues do wrong things and talk to patients so badly that I feel offended. But after that I call them privately and discuss, they call me names which mean “stupid person who wants to be misused by patients, ehe! Good communicator!”</i> • <i>“I’m called some names like Chief Koffi Annan, Good Samaritan mama Jesus, Born again mother!”</i> 	<p>Read out the examples</p> <p>Ask: Does this happen? do we call each other names at our work places? Get a few responses Ask: How does it feel when you are the victim of sarcasm?</p> <p>Conclude: Sarcasm is a very common form of bullying.</p>
<p>Sarcasm – a common form of bullying</p> <ul style="list-style-type: none"> • <i>“Somebody asked me, how was the course? I replied it was very interesting and was a lot of learning. Then she asked me, do you think you have changed ? Because I have not seen any difference.”</i> • <i>“Some of the colleagues are filled with sarcasm e.g a colleague commented ‘it’s just for some time and she (me) will get back to her former practices.’”</i> 	<p>This is another example of using sarcasm.</p>

<p>Examples:</p> <p>Effects of bullying in supervision</p> <ul style="list-style-type: none"> • "Being criticized in front of my colleagues makes me irritated and outraged" • "I feel like I have been undressed in the open for everyone to laugh at me." • "I feel so vulnerable and so much alone." • "The need to protect myself just automatically sets in". 	<p>Read the example</p> <p>Ask: does this happen?</p>
<p>What makes one Vulnerable to bullying?</p> <ul style="list-style-type: none"> ➢ New employee <ul style="list-style-type: none"> ➢ lack of confidence and power to resist ➢ lack established friendship ➢ Receiving a promotion or honor that others feel is underserved <p>Any other situations?</p> 	<p>Read through the slide</p> <p>Refer to the experiences they shared in their groups on "bullying among colleagues"</p> <p>Ask them to discuss if there are any points from the experiences that relate to the points on the slide</p> <p>Ask: Is there any other situation that can make you vulnerable to bullying?</p> <p>Let them talk briefly, and ask for comments.</p> <p>Main points: When a person is feeling vulnerable – e.g. because of being sick, or burnt out, or in a low mood – it is easy for the bully to "pick on them".</p>
<p>Participant's example</p> <ul style="list-style-type: none"> • "It happens that I change jobs from one department to another in my institution. In my new department I found a supervisor who likes domineering and he feels that I don't obey his orders and commands and he always try to find my faults and report me to our line manager. Our line manager knew well the kind of person he is and he our line manager told me to be patient with him and carry on my duties because he is who he is". 	<p>Read the example – ask if this happens</p>
<p>External characteristics of bullies</p> <ul style="list-style-type: none"> ➢ See themselves smarter or more skilled than everybody else ➢ Exaggerated concept of their own worth and importance <p>Survey: Who are the bullies? Senior nurses (24%) Charge nurses (17%) Nurse managers (14%)</p> <p>What they do</p> <ul style="list-style-type: none"> ➢ Dominate in interaction with others ➢ Demonstrate controlling and manipulative behaviours <p>Potential consequences for colleagues</p> <ul style="list-style-type: none"> ➢ Unclearity and uncertainty (unless you use emotional competence to handle the bully) 	<p>Explain:</p> <p>Studies on bullying show the following on how bullies see themselves, who they are, and what they do.</p> <p>Read out the slide</p>

<p style="text-align: center;">Stop bullying– learn to use emotional competence + the support system</p> <p>What to do when you experience bullying?</p> <ul style="list-style-type: none"> ➤ Use emotional competence: Recognize your emotions (yours- fear, uncertainty?) and the bully's emotions (anger?) ➤ Think– do not let “only” emotions guide you, but step back: Do not be “the victim” ➤ Analyze– ask what is behind your emotions, and his/hers ➤ Act, with awareness and understanding (set boundaries? Be calm, neutral)– using the rules of your institution <p>Why is this important?</p> <ul style="list-style-type: none"> ➤ The bully needs to know that her/his behavior is not acceptable ➤ Will not get away with pushing you around ➤ Need: support systems among nurses and at organizational level 	<p>Read through the point on the slide, let them discuss the questions, reflect together.</p> <p>Refer to experience shared by the group on “bullying among colleagues” if there are any good strategies used to handle the bully.</p> <p>Emphasize the need to use emotional competence to recognize the emotions on both sides, step back from automatic emotional reactions to the fear, with awareness (=NOT becoming a victim), analyze, and then take constructive action</p> <p>Emphasize that the bully needs to be told that his/her behavior is not acceptable – usually by a person above him/her in the power hierarchy. Reflect together: When the bully is not getting it her way, i.e. the intended victim is not becoming afraid, the bully will lose her power. BUT – the individual should not have to take the full responsibility to deal with the bully.</p> <p>Emphasize the need to learn what are the rules of the institution to handle bullies, and – if there are no rules, take initiative to make these.</p>
<p style="text-align: center;">After the bullying incident</p> <ul style="list-style-type: none"> ➤ Take time to cool down, if needed ➤ Discuss and reflect on the experience, with a colleague if possible ➤ Put your self in the other person’s position ➤ Consider (and discuss) how you may have contributed to the problem ➤ Decide if and how you want to respond: “Swallow” (and let it continue), confront (take a fight?), report to supervisor? ➤ Inform yourself about the rules of your institution 	<p>Discuss strategies the individual can take, to handle an incident of being bullied</p>
<p>Participant’s example: Confronted</p> <ul style="list-style-type: none"> • <i>“I had a lazy colleague who whenever on duty complained of hunger and tiredness. One day we reported on duty the same shift. Instead of serving patients, she repeated her usual behaviour to an extend to walking out to get food. I could not tolerate her as the ward was busy.</i> • <i>When back I disclosed everything to her and she quarrelled me in front of patients. I was furious, kept quiet and walked away.</i> • <i>After 2 days I explained to her point blank how bitter I was with her reaction and behaviour the previous day as it was a sign of disrespect, she apologized and promised to change. Other colleagues thanked me as they were also fed up with her behaviour.”</i> 	<p>Read the example</p>

<p>What to consider in an interaction to prevent bullying</p>  <p>➤ Be aware and use “antennae” when interacting with others</p> <p>“Read” the “emotional landscape” of others before engaging them</p> <p>This can lower stress and irritability in that communication, reducing the opportunity for uncivil behavior</p> 	<p>Read out the points</p> <p>Emphasize that it is important for us to be aware of what we say to our colleagues, and to pay attention to the effect of what we say.</p> <p>Using emotional competence is usually having a good effect.</p>
<p>Summary: Understanding reasons and consequences</p> <ul style="list-style-type: none"> • Behind the bully’s use of power is often vulnerability • Bullies may use power to protect the vulnerability– often unconsciously. They avoid showing that they feel uncertain • The bully’s automatic use of power can cause hurt and uncertainty, and can lead to incorrect diagnosis and treatment • Bullying can demotivate the other, make him/her feel powerless, feel like a victim, and prevent action • Patient safety and patient care can be affected when bullies are allowed to operate in the workplace • Awareness of how bullies function and how you can act to stop them can enable you to reduce bullying and improve job satisfaction in your workplace 	<p>Read through the first summary slide.</p> <p>Give the participants a minute to reflect over the points and ask if they have any comments?</p> <p>Emphasize – this is about understanding bullying a bit better</p>
<p>Summary: Collective action</p> <ul style="list-style-type: none"> • We need to acknowledge that bullying exists in our workplaces • This is a first step towards eradicating it • Managers must become serious about workplace bullying and put muscles behind rhetoric, such as zero tolerance • Provider must take responsibility for their actions, and for the effects of bullying, on their colleagues • A strong sense of community in the workplace where each individual is considered a valued team member is the best weapon against bullying • To achieve this, we need our skills to communicate with emotional competence, and the skills to handle power with awareness • Personal skills to stop bullying include: Recognizing emotions, taking a step back from automatic reactions, focus on the goal – and take action to stop the bully 	<p>Read out the summary slide on collective action.</p> <p>Ask for reflections – and agree that action must be taken both as an individual and in the institution, to fight bullying</p>

Exercises and role play

Exercise 1: Bullying among colleagues

Purpose: To strengthen awareness of what bullying is in their profession and at their workplace, and how to recognize signs that a person is bullying them (or someone else). Furthermore, to strengthen awareness of what bullying can lead to, by reflecting on effects of bullying on themselves and colleagues, and on patients. Finally, to strengthen awareness of what the reasons behind a person bullying may be, and which skills and strategies can be used to stop bullying on a personal level, as well as on an institutional level.

Procedure

- **Ask:** What is bullying? List suggestions on flipchart
- **Ask** them to discuss the points on the slide, in groups. Give them flip chart to write their points.
- **Ask** them to hang the finished flip charts on the wall, and ask them move to the wall and read and reflect on each other's work.
- **Facilitate** feedback on one question at a time. Emphasize striking points, with focus on the emotions brought out, and the effects.
- **NOTE:** If one of the groups reports suicide or death as an effect of bullying, acknowledge the serious consequence – but do not dwell on this: A person committing suicide is an extreme effect that brings out very strong emotions to the group, and can take over the discussion and prevent focus on the much more common effects of bullying, which are experienced by many members of the group (see examples in Background). Ask for agreement to do this, and explain why, and show respect and empathy to the person reporting it.
- After the feedback, **ask** if there is any group that would like to share their experience.
- **Summarize** the discussion with the story that bullying is real and it is important that we learn how to recognize and deal with it constructively, using emotional competence.

Main points participants have brought out from the exercise

1. What do bullies do?

a) General: Attack without consent; Attack physically, verbally, harass, Shout, Command; mock; Fool, Dictate, insubordinate; Can cause conflicts; they can have funny personalities – e.g being ridiculous.

b) In relation to your work: Can overwork you/give you their responsibilities/excuse themselves so much during working shifts; Make your work difficult; take advantage of weak/other staff

c) In relation to your emotions: Ask inappropriate questions; intentionally hurt you; Instill fear/insecurity; Lower your self-esteem; demoralize; embarrass, intimidate; can impose anger

2. How does it feel when you are bullied?

a) Emotions turning outwards/active: Angry; Bad/Irritated; Revenge;

b) Emotions turning inwards/passive: Insecure; Inferior; Out of place; Fearful; Undermined; Misused, manipulated; Disrespected; Demotivated; Embarrassed; Low self-esteem; Frustrated; Humiliated; Unloved – rejected; Depressed – suicidal; Feels bad; Not appreciated; Demoralized; Harrassed; Dishonoured; Discouraged; Can lead to depression; Unwanted; Intimidated. Psychological torture. Oppressed. Stressed. Want vengeance.

3. How does it feel to be the one who is bullying

- a) **Outward, active, on the surface:** Great; Proud; In charge; Powerful; Respected; They feel that they have exercised power; Feel superior; Strong; Satisfied; “Know it all”; Bossy; Comfortable. Carefree about the effects they are causing
- b) **Inward, underneath:** Insecure, worth very little.

4. What can bullying lead to/effects of bullying?

Low productivity; bad quality care and patient safety, bad relationship between colleagues and between providers and patients. Poor performance. Burn out, avoidance from work. Demoralizes teamwork. Lose confidence. Conflicts. Become rebellious. They make you look small.

Sum up on effects of bullying:

Bullying affects colleagues psychologically, demoralizes and affects work performance, and affects patient care and safety negatively. It is important we learn how to recognize and deal with it constructively, using emotional competence.

Exercise 2: What makes colleagues bully others

Purpose: To strengthen awareness of some reasons colleagues bully others. Furthermore, to strengthen awareness of signs of bullying, and strengthen skills to stop automatic emotional reactions to the bullies’ behavior and use power constructively to stop the behavior. Finally, to strengthen skills to communicate with bullies with awareness and emotional competence to let them know the effects their behavior has on others, and help put a stop to bullying in the workplace – through direct confrontation with the bully, and/or through reporting to the management.

Procedure:

- **Ask** participants to discuss in groups, and reflect on possible reasons some colleagues bully others.
- **Facilitate** feedback with the co-facilitator writing main points on the flip chart.

Main points

Reasons why colleagues bully others include

- Anger behind their bullying behavior
- Insecurity, vulnerability
- Need to show power
- Revenge – when in power, take it out on others
- The person was hurt before and has not been able to deal with situation
- Going through difficult personal processes but want to be seen that he/she is strong and capable
- Feel stuck in the job because s/he has no other option
- Lack of emotional awareness and emotional competence
- Lack of skills to deal with conflict constructively

Resources on understanding bullying behaviour from health providers

There is a large amount of literature on bullying in the medical professions. We have picked out three studies that give some of the main points covered in this module. The participants in the course

came up with most of the same points when asked in exercises to reflect on various aspects of bullying.

The resources:

Website NURSES MEET: A matter of respect and dignity: Bullying in the nursing profession. Laura A Stokowski. Posted 30/9/2010

Washington State Department of Labor & industries: **Workplace Bullying and Disruptive Behavior: What Everyone Needs to Know April 2011 Report # 87-2-2011**

Dellasega, CA. **Bullying among nurses.** American Journal of Nursing 2009; 109:52-58

ROLE PLAY: The Nurse Supervisor and the junior nurse

Purpose: To strengthen awareness of what are signs of bullying, what are common negative emotions experienced by the one being bullied, and what are common automatic reactions to these emotions. Furthermore, strengthen skills to recognize when you are being bullied, step back from automatic emotional reactions (recognize the fear), and meet the bully with respect and firmness, using emotional competence.

The Junior nurse perspective

You are a newly qualified BSN nurse who has been working in the surgical ward for two years. You love your new job and really go out of your way to help your patients to the best of your ability. Most of the patients in the ward stay long before discharge. Patients have become fond of you and whenever you go off duty they ask “where have you been we’ve really missed your good care”. These comments do not seem to be well accepted by your colleagues and supervisor.

Since you reported in the ward, your supervisor (Registered Nurse) has not been relating to you well. She has been monitoring your work excessively; always out to look for faults and correct you in front of the other colleagues. Whenever she is on duty with you, she allocates you to do wound dressing and other low skilled tasks. She is very unsupportive whenever you consult her and try to learn from her as an experienced colleague, and says you are a graduate nurse and should know better. You feel really frustrated and demoralized with how your supervisor is treating you, and you are wondering what you are doing wrong, and why she seems to be so much on your case.

You have been to the communication course and feel it’s about time to let her know that you are not happy with the way she is treating you, although you also fear her. Yesterday she allocated you to remove a drainage tube from a surgical patient but you did not manage to do the task as you were not sure on how to go about it, and did not bother to ask for her support as you were fed up with her.

This morning the supervisor has called you to her office asking why you did not remove the drainage tube from the patient. She is really harsh on you accusing you of being incompetent. You feel really angry. How do you handle the situation, and your emotions?

The nurse supervisor

You are the nurse manager with 10 years’ experience working in the surgical ward. You take your work seriously and entertain no nonsense. You have really wanted to further your education by doing a degree course in nursing but things have not been working well for you because you have

had to support your siblings in school as well as your four children. You feel really frustrated about this as you have to supervise young degree nurses within your team who seem to be more knowledgeable and updated than yourself, and this makes you feel small before them. You fear they will soon want to take over your position, you have seen that happening to other colleagues in your position. *You will make sure this does not happen to you, at any cost.*

A young BSN nurse has been working in your ward for the last 2 years. She is very hard working and loves her job. The patients comment openly than she is a good nurse and wish all the nurses in the ward could be like her. This really makes you feel bad as you feel you are the manager and such sentiments should be directed to you and not to a junior nurse. You used to be like that when you were young, but lack of support and appreciation at work and at home has knocked the joy of work out of you.

You have been monitoring her work very closely and always make sure to pin her down if she doesn't perform her work to your expectations, as she is a degree nurse so should know everything. You always give her low skilled work because you fear she will outshine you and take up your position. Yesterday you asked her to remove a drainage tube from a patient who had been done surgery, just to report on duty this morning and be told that the drainage tube was not removed. You get really angry with her and call the nurse to your office to find out why she did not remove the drain, and put her in her place. At the same time, you do know that you are being unfair to her, and that she is trying her best. How do you handle the situation?

Observer's tasks

Did the junior nurse

- Step back from automatically reacting to the manager?
- Did she manage to put the manager in her position? How?
- Did she consider how she might have contributed to the problem?

After the exercise, let the junior nurse comment first on his/her own behaviour in the role, and then give feedback (from observer and nurse supervisor) to the nurse. Be sure to give positive feedback first, and to be constructive in your suggestions for improvement.

Discuss how nurse and nurse supervisor felt, and how these feelings influence their actions.

Main points to be brought out

- The junior nurse needs to use emotional competence to recognize her own as well as the nurse supervisors' emotions, take a step back to control her emotions, and look for possible reasons behind the supervisor's actions (e.g. insecurities)
- They both need to see the other as a person – not see the credentials “painted on the face”, or only see the status. Focus on what they can learn from each other
- The junior nurse needs to be aware and show respect to her supervisor, without becoming a victim of her bullying behaviour
- Need to acknowledge each other's potential, and not view each other as a threat
- See each other as a resource, and how they can work together to meet patients' needs on the ward
- The junior nurse has a lot to learn from the senior nurse
- The senior nurse to acknowledge that the junior nurse has much new knowledge
- The junior nurse needs to overcome her fears, see the bully as a person, and firmly put her foot down to show she acknowledges her mistakes, but does not accept the behaviour used by her supervisor. When she does this with awareness, they may find a solution.