

Recognizing bullying in the medical professions:

Using emotional competence to confront and prevent bullying



How providers can
protect themselves from
the poison of bullying

Follow-up course
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Referencing and acknowledging the iCARE-Haaland model

- *Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the authors:*
- This presentation is adapted from «***Taking action to recognize, confront and prevent bullying***», which is part of the learning materials in the iCARE-Haaland model.
- **To reference this content please use the following:** Haaland A, with Boga M, 2020. Communicating with awareness and emotional competence: introducing the iCARE-Haaland model for health professionals across cultures. With contributions from training teams, Vicki Marsh and Sassy Molyneux
- <https://connect.tghn.org/training/icare-haaland-model/>
- The authors' names should remain on the presentation, with a by line recognizing the person who (has adapted and) is presenting the presentation

Objectives

- **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
 - and acknowledge that the bully is the one responsible for the behavior, not the one being bullied
- **To strengthen skills to**
 - recognize bullying, and
 - meet the bully with awareness, emotional competence, stepping back, respect and firmness

Bullying among colleagues – a problem in medical professions?



Bullying among colleagues

Discuss in groups:

- 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 can be the effect(s)?
- What does it feel like for the one who is bullying?

Some different ways bullies operate

- 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

Participant example

- *“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.”*

Bullying in the nursing profession

- Bullying is a "hidden problem" in the nursing profession
- Bullying is profession wide - endless

Buzz

- Why is bullying happening in a profession that is supposed to stand for caring?



What makes colleagues bully others?

Some possible reasons behind the 'bully's' behavior:

- 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



Does bullying among colleagues affect patient care and safety?

Yes – it does

- **Bullying interferes with**
 - Teamwork
 - Collaboration
 - Communication
 - Staff feeling safe
- ***Providers who have been bullied, often «shift» frustration down, and bully their patients***



Using sarcasm:

A cruel and common way to ridicule and put people down

- *“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’m called some names like Chief Koffi Annan, Good Samaritan mama Jesus, Born again mother!”*

Sarcasm – a common form of bullying

- *“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.”*
- *“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.’”*



Examples:

Effects of bullying in supervision

- *“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”.*



What makes one Vulnerable to bullying?

➤ New employee

- lack of confidence and power to resist

- lack established friendship

- Receiving a promotion or honor that others feel is underserved

Any other situations?



Participant example

- *“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”.*

External characteristics of bullies

- See themselves smarter or more skilled than everybody else
- Exaggerated concept of their own worth and importance

Survey: Who are the bullies?

Senior nurses (24%) Charge nurses (17%) Nurse managers (14%)

What they do

- Dominate in interaction with others
- Demonstrate controlling and manipulative behaviours

Potential consequences for colleagues

- Unclarity and uncertainty (unless you use emotional competence to handle the bully)

Stop bullying – learn to use emotional competence + the support system

What to do when you experience bullying?

- **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

Why is this important?

- 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

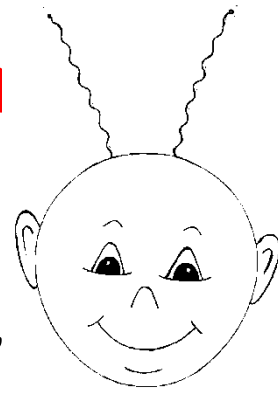
After the bullying incident

- 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

Participant example: Confronted

- *“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 extent to walking out to get food. I could not tolerate her as the ward was busy.*
- *When back I disclosed everything to her and she quarrelled me in front of patients. I was furious, kept quiet and walked away.*
- *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.**”*

What to consider in an interaction to prevent bullying



- Be aware and use “antennae” when interacting with others

“Read” the “emotional landscape” of others before engaging them

This can lower **stress and irritability** in that communication, reducing the opportunity for **uncivil behavior**



Summary: Understanding reasons and consequences

- 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

Summary: Collective action

- 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**