“First Do No Harm:” then why is bullying endemic in the Health System?

Dr Michael Williamson
Westmead Psychotherapy Program for Complex Trauma Disorders
Bullying in the Health System

- Bullying in the Health System has virtually all the factors of bullying in any other industry.
- One major difference is that other industries do not have personal care of suffering individuals as their main task and reason for being.
- If this is the case, why does the health system maintain essentially the same bullying practices as other industries?
- How might the systemic and psychodynamics of both industrial and health systems differ?
Auditor General’s Report (March 2016)

- Auditor general, Dr Peter Frost
- noted ‘endemic bullying’ in the Health System
- a ‘festering’ culture of abuse due to lack of leadership
- formal complaints under-reported for fear of repercussions
- none of the Health Services audited had systems to ensure that management responded adequately to complaints
- 14 out of 17 focus groups reported that there was no point in reporting bullying because nothing would be done
- an ‘urgent’ need for reform
‘Bullying Rife in the Health System’

- the rate of bullying in the health system: 48% have been bullied
- every local health district reported levels above 152 NSW government agencies
- Central Coast NSW (2013): 75% of staff said they had witnessed bullying in 2012
- Illawarra, Nepean, Northern NSW, Western Sydney, Mid-North Coast: 66% had seen staff bullied

Britain: The NHS

- Guardian Healthcare Professionals Network Survey
- 1500 doctors, nurses and other health professionals
- 81% had experienced bullying
- 44% said it was still continuing
- 90% who have complained have cases unresolved
- NHS Staff Survey (2013) of 300,000 healthcare professionals: 25% had experienced bullying in previous 12 months
- 75% felt the NHS did not take bullying seriously
- 33% of victims believed they had been pushed out of their jobs, with the bullies maintaining employment.

https://www.theguardian.com/society/2016/oct/26/nhs
Definitions of Bullying

Agreement on many definitions is variable.

“The Fair Work Act 2009 defines workplace bullying as circumstances in which an individual repeatedly behaves unreasonably towards a worker, whilst the worker is at work, in a manner which created a risk to health and safety.

Workplace Bullying: We Just Want it to Stop, House of Representatives Standing Committee on Education and Employment, October 2012, p.18

A more specific definition—of how to bully

Persistent, offensive, abusive, intimidating or insulting behaviour, abuse of power or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress.

What Is Not Bullying

- Appropriate directions to a worker
- Appropriate manner of communication at which the worker still takes offence
- Isolated inappropriate behaviour towards another
- Reasonable warnings of unacceptable performance
- Reasonable and correct use of disciplinary procedures
- Reasonable use of education and support procedures
Key Factors in Responses to Bullying

“less overt forms are the hallmark of bullying among the professions, whereas bullying in the trades, for example, is more obvious—and easier to deal with.”

Lyn Turner, Melbourne’s Swinburne University of Technology

A common tactic is to use the “What is not Bullying ” agreement as the basis of an assertion that the complainant was objecting to fair management and leadership.

The commonest situation is that the victim is completely unprepared and need for the bullying assault

Management at all levels are extremely experienced in evading and defending against a bullying complaint

A general principle is to work towards making the complainant the incompetent and aggressive source of the conflict.
Mobbing

- An organised group is developed to focus on a target for bullying
- Led by one or two co-workers or managers
- Priming: promoting an image of a person through gossip, misrepresentation, selective information, fabrications, lying, to colleagues and managers
- Prolonged abuse of the target may create psychological and physiological effects which may impair work performance
- These responses appear to confirm the criticisms being promoted
- The target may gradually feel that the criticism promoted by a group of others must be correct.
What To Do If You Are Being Bullied
(NHS:UK)

- Approach, or write to the bully
- Ask line-manager, supervisor, human resource representative or trade union official to speak to the bully
- Keep a record of any incidents and informal action taken
- Consider a formal complaint in writing to their line manager of human resources representative
- Have a colleague accompany you to any formal investigation meetings
- Formal investigation may recommend a disciplinary hearing
- Alternative action may be considered eg; facilitated discussion or redeployment

http://www.nhsemployers.org/HealthyWorkPlaces/BullyingAndHarassment/Pages
What Are the Common Responses to Bullying?

- Target explains away apparently minor incidents
- Unexpected, severe psychological assault leaves the target stunned and confused.
- Advised professional methods of response (as above) may be tried and found useless.
- Most employees resign quietly, and another target is employed for scapegoating.
- A significant percentage try to hold their ground and are gradually broken down.
- Sick-leave and insurance processes are often even more traumatic than the original bullying.
- Hospital management and Human Resources act in concert to portray the target as the problem, as ill, and needing referral to the Rehabilitation Service.
- Endless delaying tactics, of avoidance, denial, fabrications, lying, ‘closing the case” are typical
- Rare court cases end with a conciliation agreement, a very small pay-out, and confidentiality clause.
Mental Health Workers have more Empathy

- South American survey: 9 Latin American countries
- 1,109 responses (psychologists, psychiatrists, managers)
- Tests: empathic response to pain depicted in cartoons of accidental, natural and intentional pain
- Mental health workers had highest empathy for intentional pain, but not more for natural or accidental pain.
- Physicians and mental health workers with over ten years experience showed less empathy in all areas compared to less experienced clinicians.

“Bullying in Psychiatry Must Stop”

- Presentation at the South Asian Forum on Mental Health and Psychiatry, (Lahore, Pakistan), by Dr Amin A. Muhammad Gadit
- Conference in Pakistan: 33% of the complaints received in medical services were by psychiatrists against psychiatrists.
- “Bullying is considered torture, which, of course, is usually discussed within the context of human rights abuses (Arch. Gen. Psychiatry; 64:277-85). I think that the term applies here as well in terms of mental torture. Article 5 of the UN. declaration says: “No-one shall be subjected to torture.”
Australian Surveys and Statements of Anti-bullying Principles

- State Departments of Health
- Statements of Local Health Districts
- The College of Nursing
- The College of Physicians
- The College of Surgeons
- The Australian Medical Association
- The Public Service Commission
- Individual Hospitals
The Australian College of Surgeons

- The Australian College of Surgeons responded strongly with investigations of specific cases, surveys, and a powerful Report in 2016.
- A major case was that of Dr Caroline Tan, neurosurgeon.
- She spoke publicly about sexual assault in medical training.
- She demanded an inquiry into treatment of whistle-blowers.
- She stated that there is a toxic culture of silence in Australian Hospitals.
- She claimed that sexism bullying, harassment are rife.
- Five days after her Media interview, another female neurosurgeon said Dr Tan would have been better off “giving him a blow-job” and just getting on with it, rather than sacrifice her career.
Treatment of Medical Students

- King’s College London and Brunei University study: interviewed 29 students in one UK medical school.
- 21 students reported 29 incidents of humiliation, commonly during ward rounds, in front of other students, doctors, patients nurses,
- Almost all abusers were male doctors
- Three-quarters were by senior medical staff.
- Hidden curriculum: impress senior staff for future employment chances
The Nursing Profession

29% of nurses interviewed reported verbal abuse by fellow nurses.


Australian Royal College of Nursing Report (2007), National Overview of Violence in the Workplace, defined bullying as:

“coercive, unethical activities which create an environment of fear through acts of: cruelty, belittlement/degradation, public reprimand, ridicule, insult, sarcasm, destructive criticism, persistently nitpicking or devaluation of a person’s work efforts, trivialisation of views and opinions and unsubstantiated allegations of misconduct.”
Management: A Case of Nurse Bullying

- Irene Langtry (name changed), a nurse for 50 years
- Spoke out in hospital meetings on patient care
- New management not pleased
- An ongoing series of “small incidents” wore her down
- Excluded from major decisions, even hiring staff for her own team
- Surprise visits by managers to calculate her drug dosages
- Used irrelevant equipment which they did not understand
- One day before Christmas received a letter accusing her of staff harassment
- Demoted to nursing assistant
- Took extended leave for stress

Treatment of Junior Doctors

- Ronald, a trainee physician 31, was newly appointed to a cardiology unit.
- At the first staff party, the Nursing Unit Manager shrieked repeatedly at him, “I hate you!”
- He was absolutely puzzled, but put it down to her drunken state.
- While he was working in the ward, the NUM regularly made insulting remarks in a low voice as she passed him.
- In clinical meetings which she would not normally attend, she rolled her eyes as he spoke and took over the meetings.
- When he asked her in her office what was going on, she tearfully said she was unable to cope.
- However, her targeted abuse continued, taken up by her deputy when she was not present.
- Ronald felt increasingly depressed but would not leave his position.
- He was then called suddenly by Senior Management (without the necessary warnings) to a Disciplinary meeting and accused of not managing patient care plans -which he could not be expected to do since he was actually on leave.
- He received no senior medical support, resigned and was hospitalised for depression.
The Commonly Proposed Causes of Bullying

- Multifactorial
- Lack of leadership
- Ignorance, non-recognition, denial of the problem
- Complaints not made for fear of repercussions
- No adequate auditing system
- Belief there is no point in reporting
- Highly pressured work environments
- Learned behaviour in the clinical culture
- Inadequate training of medical managers
Behaviour of Management

- The increasing distance between managers and clinicians is the source of growing problems and lowering standards of patient care.

- Managers have increasingly made decisions regarding staffing, finance, employment conditions without consultation with senior clinicians whose departments they affect.

  The Garling Report

- Psychopaths in medical management: “the head of the department fulfilled the major criteria of a workplace psychopath…”

  anonymous senior consultant and academic

  THE NSW DOCTOR NOVEMBER/DECEMBER 2015
“I should like to note that the human resources department of the hospital took bullying and harassment to a well-oiled, sophisticated, and elevated level, such as sending emails late at night and demanding responses by 8am. Unfortunately, human resources departments seem to be there mainly for the benefit of the system, rather than any individual, as has also been well noted in texts on bullying.”

*anonymous senior consultant and academic*

THE NSW DOCTOR NOVEMBER /DECEMBER 2015
Psychopathy Classification Model

Three propositions:

1. Psychopathic Personality Disorder is psychodynamic, intrapsychic, and emotional, and not primarily defined by antisocial behaviour.

2. Antisocial Behaviour patterns are due to specific deficits in emotional and cognitive modulation. Diagnosis of personality disorders -and psychopathy-- principally by behaviour misses the point.

3. DSM criteria are principally behavioural, therefore of little relevance to psychopathy as such.

Factors of Antisocial Behaviour and Psychopathy

I. Antisocial Behavioural Disorders
   1. Social Intelligence Deficit
   2. Impulse Control Deficit

II. Characterological Psychopathy
   1. Oppositional Defiant Behaviour
   2. Pervasive Aggression
   3. Superego Deficit
   4. Sadism
      a. Characterological cruelty
      b. Re-enactment Complex

Ann Neurodegener Dis 2(1): 1021
Dynamics of the System: Organisational

- Bullying systems and cultures are complex
- Well-established systems operate at all levels of management,
- Human resources supports management
- Systemic cultures are sustained at all clinical levels
- They are historical, well sustained and well-organised
- Vertical and horizontal action
- Management sanctioned bullying by proxy at any level
- Absence of anti-bullying protocols or ignoring them
- Denial of bullying occurring
- Bullies at all levels are highly experienced in the processes of bullying
- All levels of management are expert in obstructive administrative and legal practices
The Organisational Self

- The psychodynamics of bullying acts within a Russian Doll systemic structure from the CEO to the most junior trainee.
- All employees have the variously internalised organisational, group, and Self dynamics.
- The individual psychopathic self recognises and identifies with an established culture.
- Enhancement of self is experienced through power, validation and attachment at all levels.
- The need for attachment to the parental organisation and parental managers.
- Selfobject (Kohut) merger transference /but ambivalent attachment?
- Bullying clinicians who seek management positions have a greater narcissistic need for power.
- The bullying organisation operates through narcissistic, antisocial and psychopathic processes.
- These are both individual and group.
- Various ambivalent family dynamics operate.
Family Dynamics of the Clinical Bully

- There may or may not be a basic family culture of clinical work-parent clinicians.
- Parent clinicians may act out and parent children with their role behaviour and attitudes—intrusive, distancing, controlling, dissociated.
- In any case, emotionally deprived and traumatised children form ambivalent attachment.
- Ambiguity of care and traumatic treatment form an ambivalent self.
- Idealised children learn grandiosity and entitlement.
- The health care system may provide an enlarged (grandiose) opportunity for projected care and devaluation.
- The health care system may appear to provide the power of maintaining a high level of validation.
- Dissociated trauma may be unconsciously enacted.
- The sense of entitlement to power may promote and defend this enactment in bullying.
Ambivalent parental attachments involving particular devaluation may be enacted, both in degrading the split off victim self, and in attaining nurturing attachment to parental figures within a high prestige family (organisational culture).

- This relationship must be vigorously performed and defended
- Health services deal with extreme situations: a carer, controlling life and death.
- It provides the opportunity to be able in unconscious fantasy to have control over life and death
- It potentially meets narcissistic needs for grandiosity, and entitlement to special status
- It allows the enactment of split off parts of the traumatised self.
- A particular method of bullying is to impose a range of degradations which may be always presented to higher management as Appropriate Management and Leadership of a trouble-maker or dysfunctional worker—the unfair parent.
Little Progress in Eliminating Bullying

- Despite many large surveys both in Australia and many countries
- Many government and College reports on bullying.
- Growing academic research into causes of bullying
- Widespread commitment at the College, Local District and Hospital in promoting anti-bullying or respect-at-work principles
- Activity of many private organisations—

There has been little progress in reducing bullying in the Health System.
Conclusions (1)

- Bullying in the Health System basically parallels that of other workplaces, with a significant difference: the provision of intimate personal care within a life-death context. This may be a focus of pride and power for bullies, as well as the unconscious enactment of their own inner trauma.

- Twenty percent of the general population have a psychiatric disorder involving some form of trauma, and this is likely to be the case in a health service.

- Reasons for bullying commonly given do not explain how most staff who bear these stresses do not become bullies. These reasons include psychological behaviours related to work circumstances but do not explain causes for bullying.

- The bully’s trauma system drives the bullying response. The bully requires intense ambivalent attachments to upper tiers of management, an addiction to validation, and the exercise of power.
Conclusions (2)

- This both provides a direct sense of grandiosity, and also is used to degrade both persons perceived as threats, and suitable scapegoats. This continually enacts the parental abuse of the dissociated traumatised self projected onto the target.

- It also enacts a defence against the feared attack from the abusing parent in the form of a staff member perceived as a threat. Power maintains the favoured and desperately desired position within the Health Service.

- Bullying maintains threatened self-esteem, and defends against the anxiety of the trauma system. It provides safety: the bully must be ever vigilant of possible threat. The untreated individual bully’s severe self disorder is the real origin of endemic bullying.

- Currently highly necessary, multimodal efforts to reduce bullying are so far having little effect. However the quoted sources of bullying are unable to address the fundamental dynamic maintaining the systemic disorder.
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