

The Dangerous Culture of Silence: Ethical Implications of Bullying in the Health Care Workplace

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Abstract:

Bullying in the health care workplace has intensified and escalated over the past decade, with the current figures staggering. Its presence has a domino effect across every element of care and interferes with all that care strives to be; quality-driven, patient centered, and an interprofessional team effort marked by respectful communication. Of paramount importance is how Bullying is now viewed as the newest ethical dilemma for professionals to reconcile, especially for case managers.

This presentation explores the varied dynamics of Bullying as it manifests across the transitions of care. Focus will be on exploring Bullying's vast scope and incidence as it impacts patients and the professionals involved in the care process. Special attention will be placed on how Bullying contradicts with professional ethical codes and standards of practice across all health professions. Attendees will be introduced to emerging laws and regulations, powerful industry initiatives plus unique strategies to empower their efforts to stop this intimidating and oppressive behavior from continuing to present across the industry.

Behavioral learning objectives are:

1. Define two (2) types of Bullying that manifest in the health care workplace
2. Discuss three (3) ways Bullying negatively impacts patient safety and quality of care
3. Identify four (4) reasons Bullying conflicts with professional ethical codes and standards of practice
4. Identify three (3) strategies to overturn the dangerous culture of silence permeating health care organizations.

Relevance to Case Management, Nursing, Social Work, And Allied Health:

Professionals who hesitate to confront and address incidents of disruptive and oppressive behavior in the health care workplace potentially practice unethically. Bullying has fostered a dangerous culture of silence in the industry, one which impacts patient safety, quality care delivery plus has longer term behavioral health implications for the professionals striving to render care. Stopping the various forms of Bullying that invade the workplace mandates a strategic organizational approach by all industry providers and stakeholders to assure resolution; one marked by advocacy, accountability and awareness.

Outline:

I. Introduction-5 minutes

II. Bullying: Data, Definitions, and Demographics: 25 minutes

III. The Ethical Effect: 30 minutes

- Application: Integrates case scenarios with relevant ethical and professional codes and standards including but not limited to:
 - American Nursing Association (ANA) Code of Ethics
 - American Case Management Association (ACMA) Standards of Practice
 - Case Management Society of America (CMSA) Standards of Practice
 - Certification of Disability Management Commission (CDMS) Code of Professional Conduct

- Commission for Case Manager Certification (CCMC) Code of Professional Conduct
- Commission on Rehabilitation Counselor Certification (CRCC) Code of Ethics
- National Association of Social Workers (NASW) Code of Ethics
- Interprofessional Education Collaborative (IPEC)- Values/Ethics Competency

IV. Break (3 hour version only): 15 minutes

V. Experiential Break-Out of Case Scenarios with Discussion and Debrief (3 hour version only): 90 minutes

VI. Advocacy, Accountability and Awareness Toward Action: Moving Forward: 20 minutes

VII. Q & A-10 minutes

Time: 3 hour or 90 minute versions (90 minute version excludes experiential break-out)

Presentation Mode: Interactive learning via lecture and interactive groups

References include but are not limited to:

American Nursing Association (ANA) (2014a) Bullying and Workplace Violence

<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence>

Ariza-Montes, A., Muniz N., Montero-Simo M. and Araque-Padilla R, (2013) Workplace Bullying Among Healthcare Workers, International Journal of Environmental Research and Public Health , 10, 3121-3139, doi:10.3390/ijerph10083121

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Maxfield, D., Grenny, J., Lavandero, R., and Groah, L. (2010) 2005: The Silent Treatment: When Tools and Checklists aren't enough to Save lives: Retrieved from CMS.VitalSmarts, April 30, 2014.

<http://cms.vital-smarts.com/d/d/workspace/SpacesStore/259079c0-eb09-4066-a003-26d2ff434be4/The%20Silent%20Treatment%20Report.pdf?guest=true>

Painter K (2013) When Doctors are Bullies, Patient Safety May Suffer, USA Today, Retrieved April 25, 2014, <http://www.usatoday.com/story/news/nation/2013/04/20/doctor-bullies-patients/2090995/>

Robert Wood Johnson Foundation, (2013) Bullying: When Words Get in the Way, Retrieved April 25, 2014, <http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2013/09/bullying--when-words-get-in-the-way.html>

Rosenstein, A and O'Daniel, M in Hughes, RG (Ed.)(2008) Patient Safety and Quality: An Evidenced-Based Handbook for Nurses, Chapter 33 Professional Communication and Team Collaboration, Agency for Healthcare Research and Quality, US