

Medical
Protection



New Zealand Women in Medicine Conference 2022

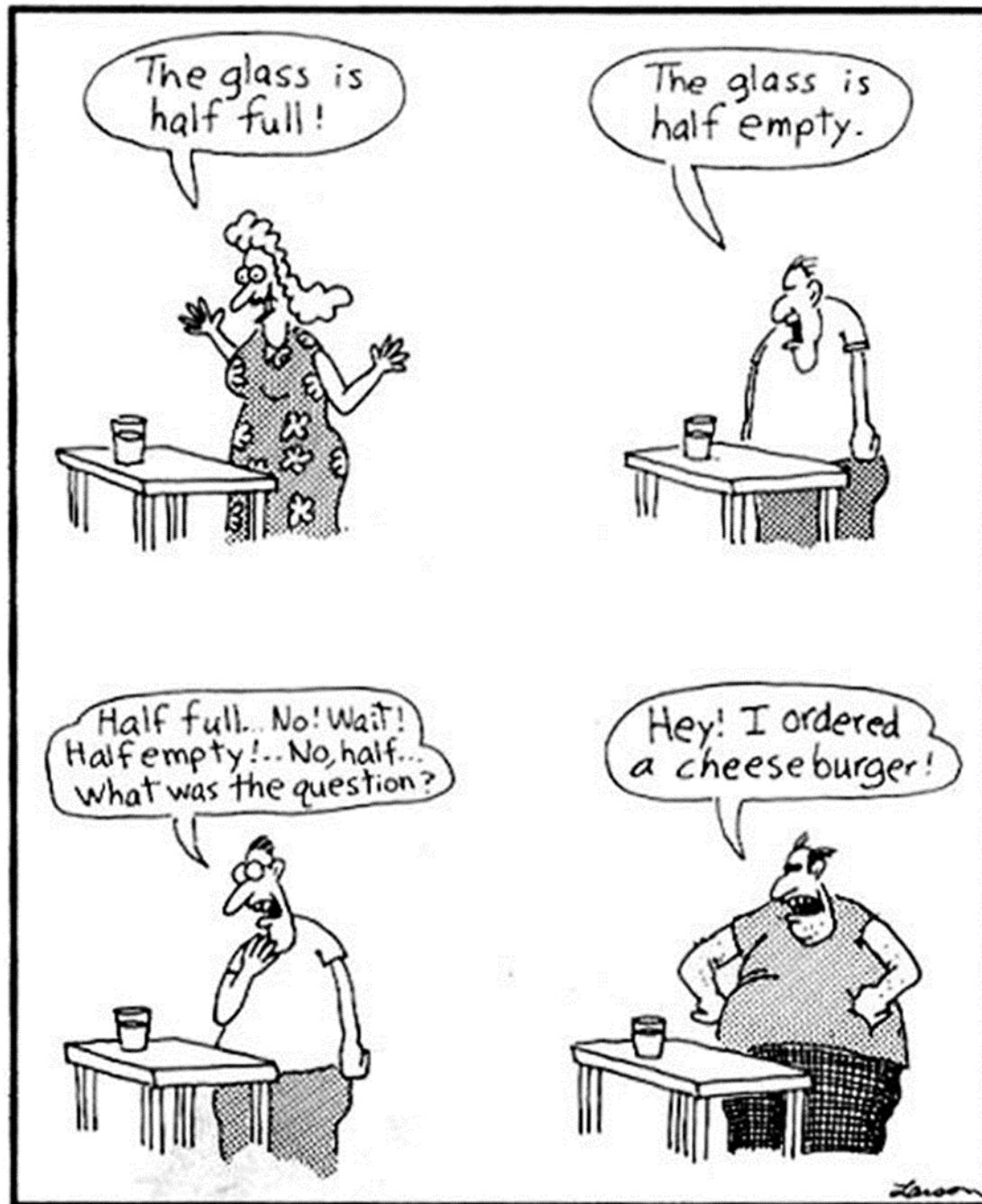
Tackling toxic workplaces

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Everyone is
different.

Different isn't
bad.

Usually.



The four basic personality types



Agenda

- **Case 1**
 - **Difficult interactions**
 - **Bullying and Harassment**
 - **How to build a better team culture**
- **Case 2**
 - **Breach of personal boundaries**
- **Communication skills: speaking up and civility**
- **How to have tough conversations.**

Case 1

- DHB Gastroenterologist Dr Charlotte White
- Dr Barry Smith was employed by dept, started off well. Over time Barry becomes more isolated and doesn't take any feedback well
- Tensions rise
- Charlotte and colleagues met with Barry informally about some of his clinical decision-making. Barry reacts in a very confrontational way and storms out of the meeting.
 - What do you think may have caused him to react in this way?
 - How do you think it would feel if you were questioned in this way?



What makes an interaction difficult?

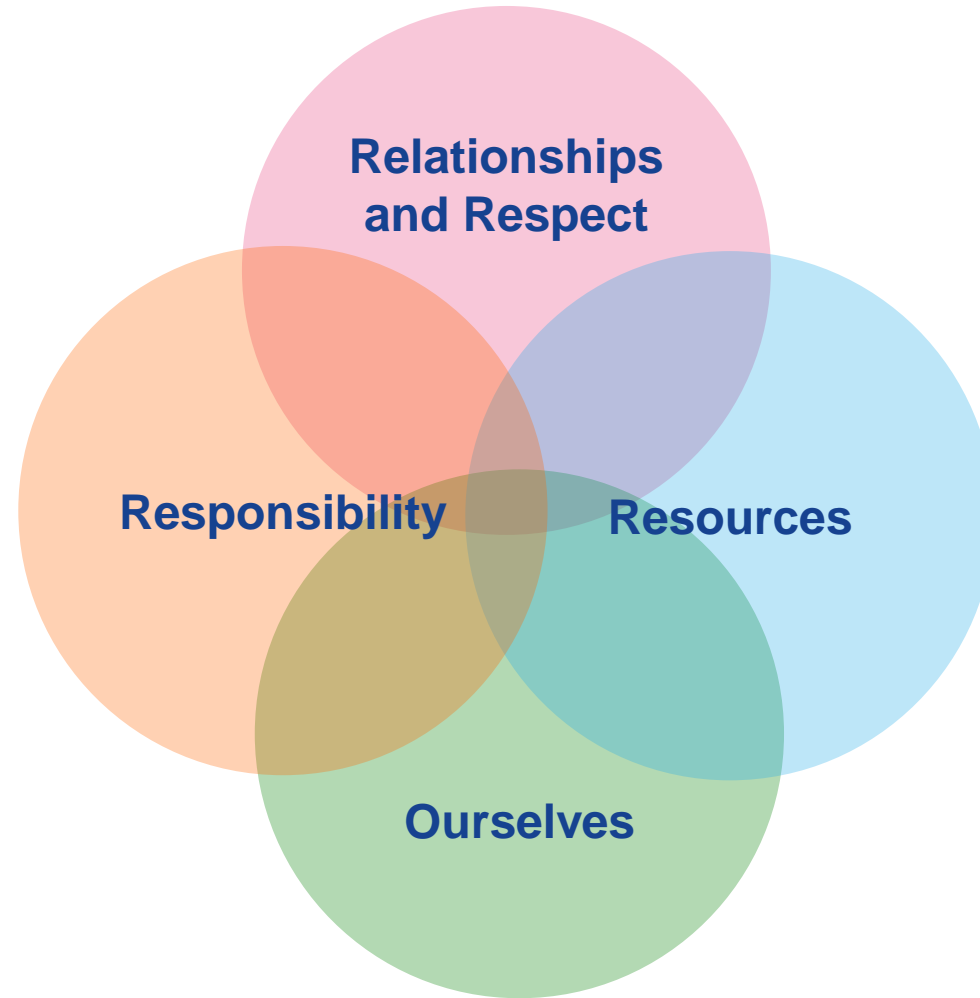
Think back to a recent difficult interaction with a colleague that didn't go well...

What were some of the factors that contributed to making this a difficult situation?



What makes an interaction difficult?

- Working in an unfamiliar/new setting
- Colleague's manner
- Past difficult issues in that relationship
- More senior colleague
- Difference of opinion on patient management
- Confusion around guidelines/policies
- Lack of support or supervision
- Increased pressure eg. workload, time, lack of resources
- HALTED
- Personal issues outside of work



Difficult issues can arise from factors in one,
or more of these areas

Our initial reaction



Think back to the recent difficult interaction with a colleague that didn't go well.
How did you react?



What reactions might be unhelpful?

FIGHT

- Not listening
- Have to prove that we're right
- Making negative assumptions, judgments and labelling

FLIGHT

- Defensive reaction
- Giving in
- Avoidance



Why is it so hard to have these conversations?

We may not have been trained in communication skills

When we are emotionally invested in the outcome it is harder

Often these conversations are spontaneous and unplanned



What can you do about Barry?



When an issue arises think

- Is it my job to address this? – or should I be informing someone else
- Am I the best person to address this?
- Is now the best time?
- What independent resources can I use? - DHB guidelines/MCNZ statements
- Do I have concrete examples of the issue and can I explain why they were not raised at the time?

Facts, stories and where it goes wrong

- Start with facts that cannot be disputed, rather than your interpretation of the motivation behind the behaviour:
 - “Patient X’s CT scan was not followed up” rather than “you just couldn’t be bothered to follow up on the CT scan – you’re always trying to pass work on to others”
- Ask for their ‘story’ about why that occurred
- Try and find a mutual purpose “ we all want our patients to have high quality care – how are we going to achieve that”



What can you do about Barry?

- One-one meeting or escalate?
- Make it clear what the behaviour is that upset you and why.
- Focus on behaviour not personality.
- Take a conciliatory approach.
- Consider a neutral third party
- Document clearly including dates

Case 1 cont'd

- A restorative justice process was put in place to try to mend the relationships in the department. This was not successful and Barry's ongoing behaviour was having a very negative effect on the whole dept.
 - What effect would this possibly have on patient care?
 - What could you do at this point to try to repair the atmosphere in the department?



Managing behaviour

- One-one meeting: Make it clear what behaviour is unacceptable and why.
- Focus on behaviour not personality. Look for the win-win.
- Take a remedial approach.
- Develop policies and processes to manage the behavior
- Ensure that all staff are aware of behavioural expectations and reporting processes
- Document clearly including dates



Case 1 cont'd

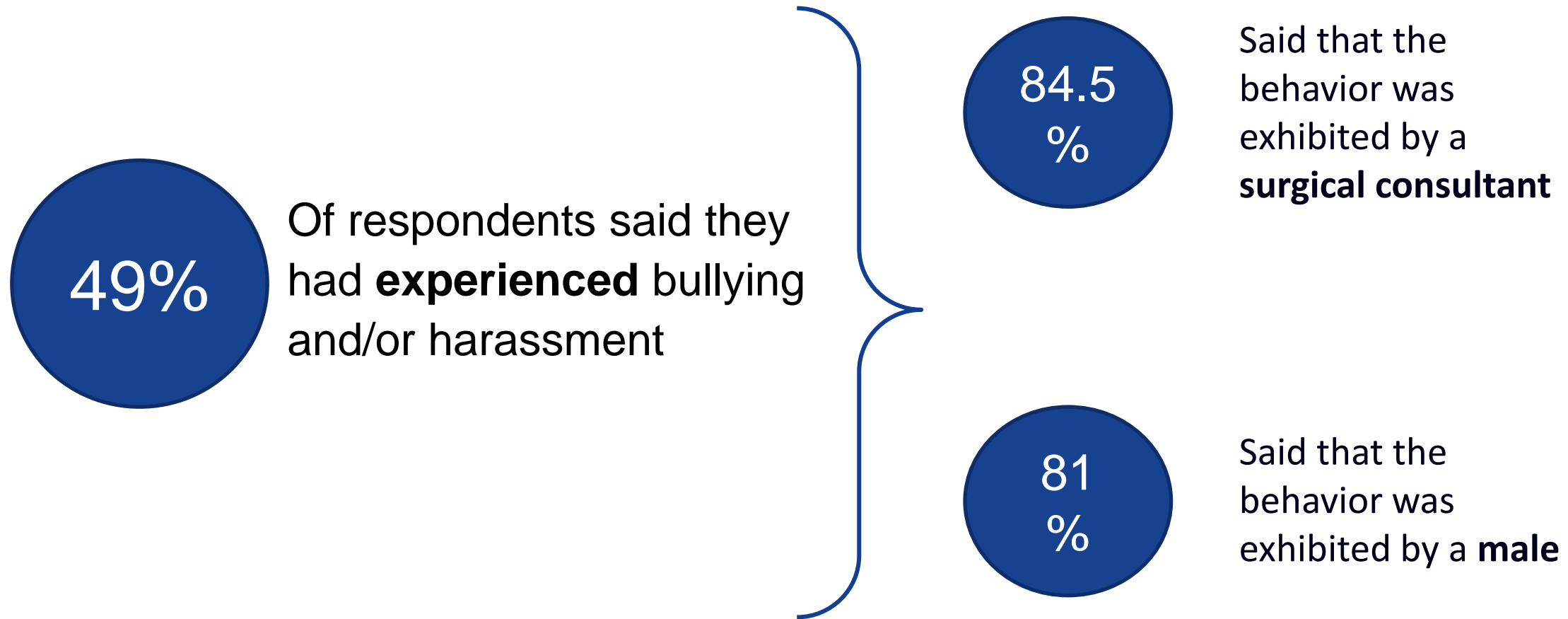
- Barry complained about Charlotte's treatment of him
- He tried to recruit other members of staff to agree that she defamed him (failed)
- Raised concerns about Charlotte's competence within the department and a number of outside departments
- Charlotte felt she was the victim of bullying and harassment.



Bullying and Harassment



Prevalence of bullying and harassment in health sector



Bullying is...

repeated and unreasonable behavior directed towards a worker or a group of workers that can lead to physical or psychological harm

Personal attacks (direct)

- Belittling
- Excluding or ignoring
- Humiliating
- Using offensive language

Task-related attacks (indirect)

- Assigning unpleasant jobs
- Constantly criticizing work
- Unreasonable monitoring
- Setting up to fail

Bullying is not...

-
- One off or occasional instances of forgetfulness, rudeness or tactlessness
- Setting high performance standards
- Constructive feedback, advice or peer review
- A request for reasonable work to be carried out
- Warnings or disciplinary action in line with code of conduct
- A single incident of unreasonable behaviour
- Reasonable management actions delivered in a reasonable way
- Differences in opinion or personality clashes that do not escalate



The cause...

- Power imbalance/hierarchy
- Poor leadership and accountability
- Teaching by humiliation
- Under-reporting



Relevant legislation

- Health and Safety at Work Act 2015
- Employment Relations Act 2000
- Human Rights Act 1993

Harassment

“...unwanted and unwarranted behaviour that a person finds offensive, intimidating or humiliating and is repeated, or significant enough as a single incident, to have a detrimental effect upon a person’s dignity, safety and well-being”. – Hadyn Olsen

Examples:

- put-downs, offensive stereotypes, damaging rumours, or fear tactics
- jokes, teasing, flirting or leering
- a violent attack or sexual assault
- “Eurasian Fluff...unbuttoned blouse”

Consequences of workplace bullying and harassment





Impact on individuals

- feelings of dread, humiliation, intimidation, isolation and belittlement
- post-traumatic stress disorder
- low self-esteem
- high anxiety
- depression
- financial impacts of time off work, medical costs, loss of job opportunity
- damage to professional identity, resulting in limitations of career opportunities/promotions

Impact on organisations

- high staff turnover with associated recruitment and training costs
- high levels of absenteeism
- reduced productivity due to low morale and negative culture
- negative patient safety outcomes
- difficulties recruiting and retaining staff
- potential significant legal costs
- risk of reputational damage
- disruption to work due to time involved in responding to and investigating bullying and harassment allegations

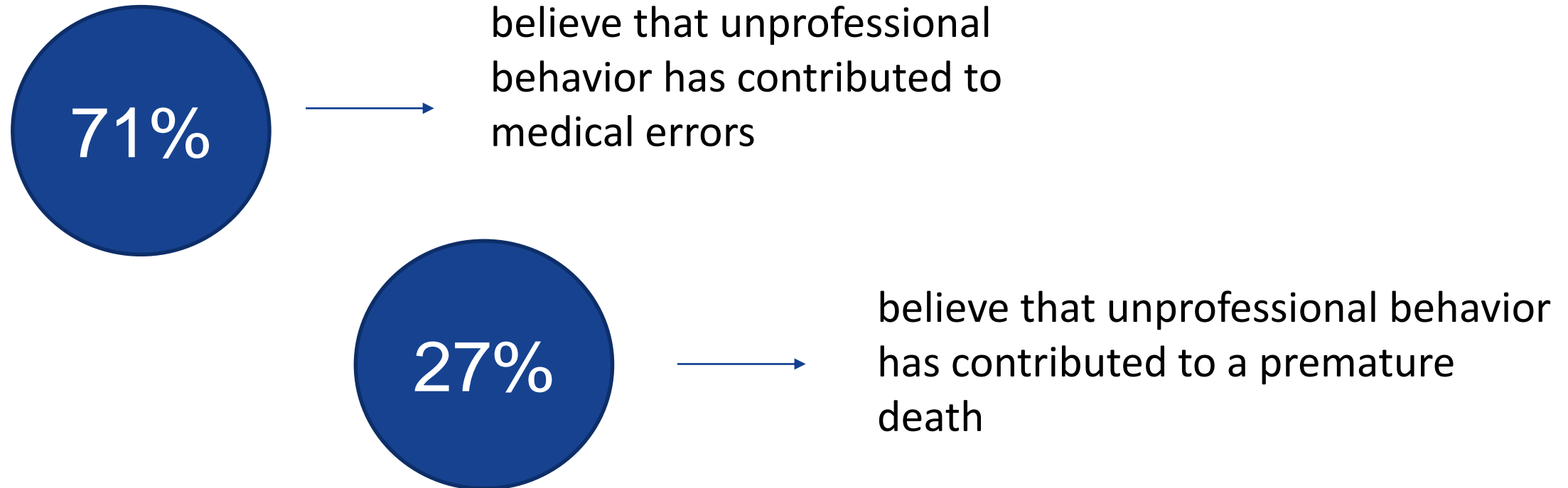


Impact on patients

Bullying and harassment of staff can also majorly compromise patient care:

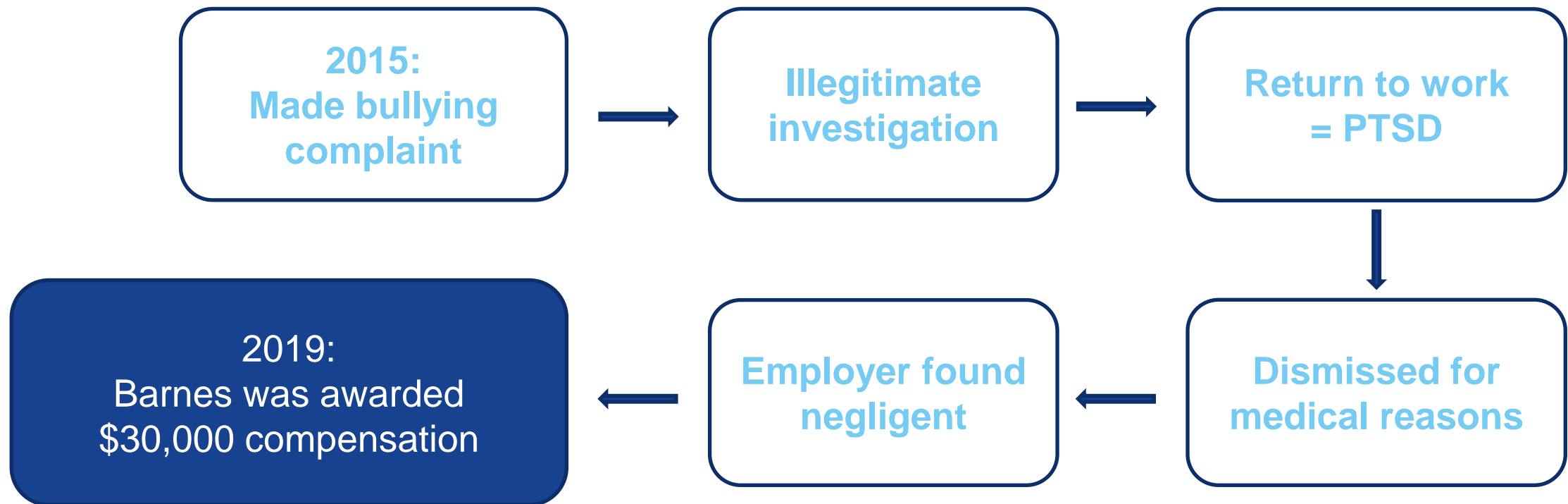
- *High absenteeism* → under resourced
- *Fear of speaking up* → avoidable mistakes being made
- *Poor mental health* → mistakes, cynicism and lack of empathy

Impact on patients



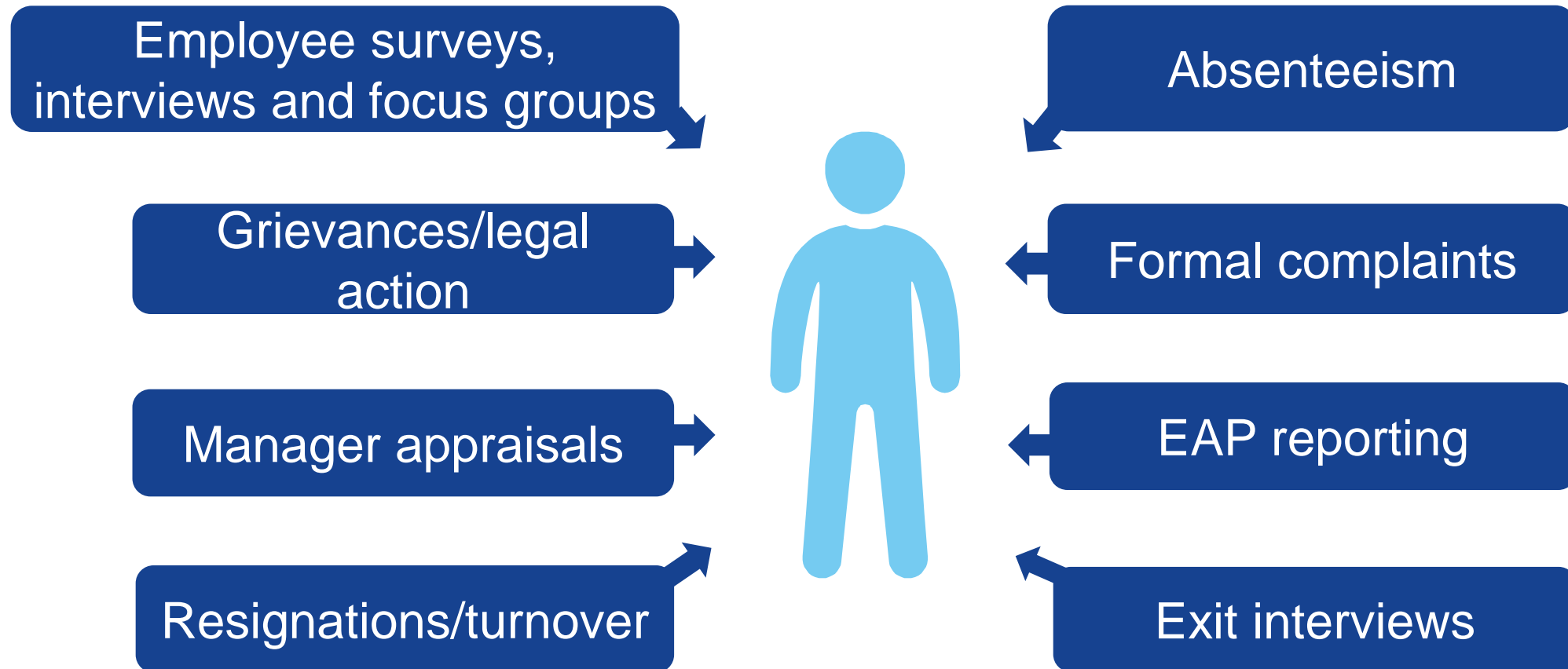


Case 1: Barnes v Canterbury Westland Kindergarten Association





How to identify bullying and harassment...





How to respond to a complaint...

- 1) treat all matters seriously
- 2) respond promptly
- 3) ensure non-victimisation
- 4) support all parties
- 5) be neutral
- 6) communicate the whole process and outcomes
- 7) maintain privacy
- 8) keep good documentation



Prevention initiatives

- build a 'zero tolerance' culture
- develop good managers and teachers
- educate employees
- implement anti-bullying processes, policies and systems



Case 1 cont'd

- Charlotte experienced a loss of self-confidence and reduced her hours.
- She needed to take personal leave.
- *“There has been significant psychological harm caused by the ongoing intimidation and harassment that I have endured from Dr Smith over the past 2 years. For the first time in my medical career I have had to seek support from a clinical psychologist. Due to the ongoing stress of the harassment I have endured I have on many occasions required time off work. This has been the most significant period of emotional distress that I have professionally endured in my career.”*

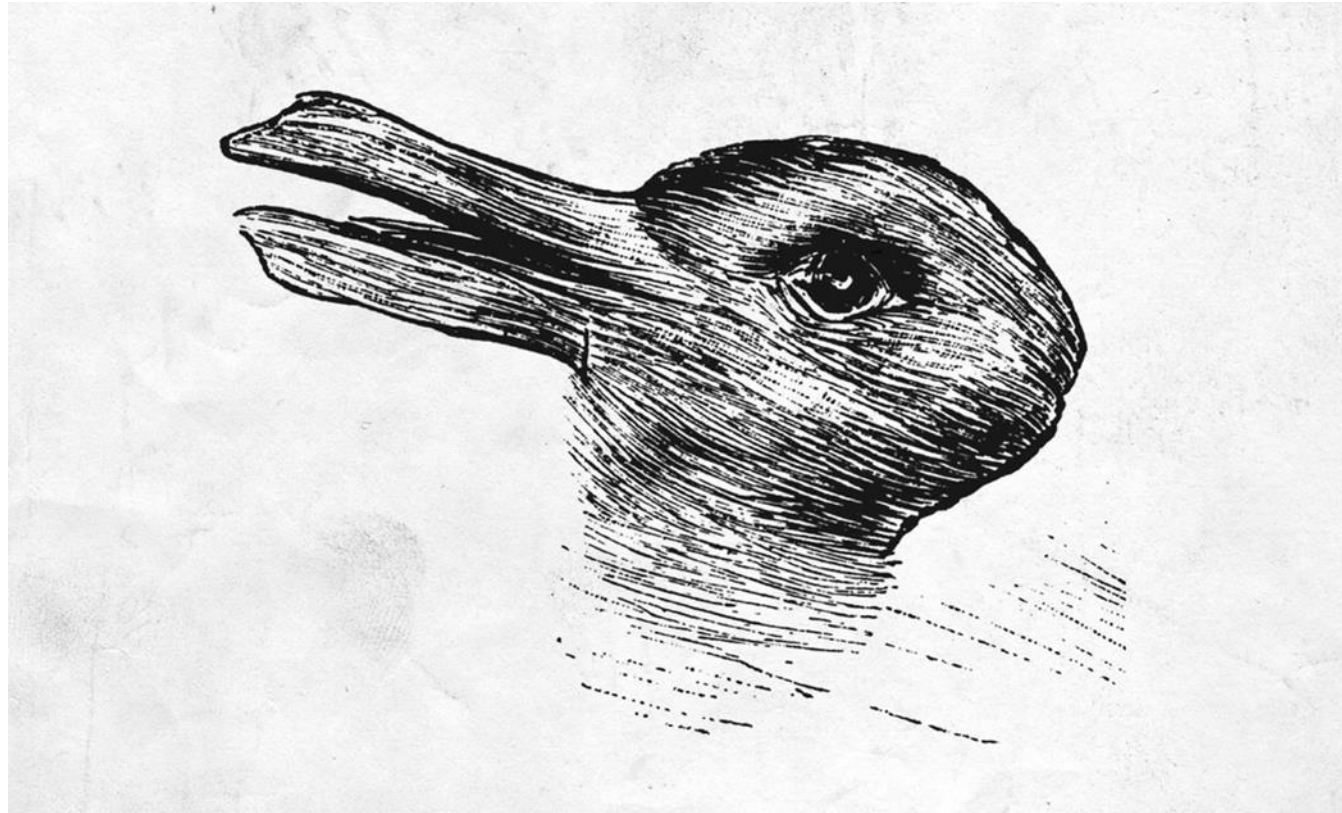


Case 1 cont'd

- The HOD ordered an external review of Barry's work. Following this they put a plan in place to improve his clinical skills.
- As part of this a Code of Conduct was drawn up, agreed to and signed by all of the SMOs.



Performance Management or Bullying?



Case 1 cont'd

- Immediately following this a complaint of bullying was made by Barry against Charlotte and the HOD.
- A long investigation ensued which took a severe toll on both Charlotte and the HOD. None of the accusations were upheld.
- At the conclusion of this investigation Barry was put on gardening leave.
 - Is it common for people to raise the bullying card?

Case 1 cont'd

- Whilst on leave he raised many allegations against many different members of staff.
- Sometimes you just have to pay the money! The DHB eventually negotiated his retirement.
- Following Barry's retirement with the help of the DHB management, they were able to rebuild the dept so that it was stronger than before.
- Significant focus was placed on workplace culture and trust.



How to build a better team culture



One is too small a number to achieve greatness

Do you recognise these people?

- **Dr Tardy** – always arrives at work 5-10 mins late, leaves early and leaves work for others to finish
- **Dr Perfect** – expects perfection in everyone around them, very critical of other mistakes, everyone walking on eggshells
- **Dr Over-Friendly** – stands within other's personal space, gives unwanted hugs and kisses
- **Dr Isolated** – keeps to themselves, no communication, colleagues in the dark.
- **Dr She'll Be Right** – lacksadaisical, sloppy, poor record keeping, slow to respond to tasks.
- **Dr Arrogant** – very high self opinion and dismissive and unsupportive of others
- **Dr Uncertain** - constantly reviewing/changing decisions, confusing staff & patients.



Building Team

1. The law of the compass.

Vision gives team members direction and confidence

2. The law of the big picture:

The goal is more important than the role.

3. The law of the niche

All players have a place where they add the most value.



Building Team

4. The law of the chain

The strength of the team is impacted by the weakest link

6. The law of the bad apple

Rotten attitudes ruin the team

7. The law of identity

Shared values define the team, they are both a ruler and compass.



Building Team

8. The law of communication

Interaction fuels action.

Communication increases connection.

9. The law of dividends

Investing in the team compounds over time

Case 1 cont'd

On it goes....

- After a period of time Barry made a complaint of bullying to MCNZ about Charlotte and the HOD.
- No further action taken by MCNZ in either case with our assistance.

Then...

- An accusation of a breach of privacy came from Barry's lawyer regarding correspondence addressed to Barry that was mistakenly left on a desk. Often these complaints come with a request for money.
- How did this end?

Break time





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Case 2

- Female registrar on training scheme
- Allocated to team on older, male, married SMO
- He is friendly and as she is new to the area, she accepts his offer to show her the local mountain bike tracks
- Starts asking her for a drink after bike rides – she feels uncomfortable but does not want to decline and be seen as unfriendly
- Starts texting her after hours – banter, not work related
- Tells her about his marital difficulties and how unhappy he is
- Culminates with



What to do if a senior doctor makes inappropriate comments

- Do you address it at the time, or later in private?
- Do you get help from another colleague
- Name the behaviour
- Explain that it makes you feel uncomfortable and ask them to stop
- If ongoing, report to supervisor/HR

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Sexual harassment

2015 RDA survey - 10 per cent of the 3000 resident doctors who responded had experienced or witnessed sexual harassment at work in the preceding year.

50 per cent had witnessed bullying

Very few complaints, but even fewer result in perpetrator being disciplined (13 out of 31 complaints to DHBs between 2013-2017 substantiated)



Definition and legislation

The Human Rights Act 1993 defines sexual harassment as:

Any unwelcome or offensive sexual behaviour that is repeated, or is serious enough to have a harmful effect.

The ERA outlines the penalties when sexual harassment occurs in the workplace and provides remedies for the employee, including raising a personal grievance.

The HRA makes sexual harassment illegal. An employee can complain to their employer about sexual harassment by a patient or colleague. The employer then has an obligation to inquire into it and take practical steps to prevent the it.

HSE Act - An employer has an obligation to provide a safe work environment and prevent employee exposure to behaviour that is the actual or potential cause or source of harm.

Raising a personal grievance

An employee can raise a personal grievance (PG) under the ERA where sexual harassment (and indeed, bullying and other forms of harassment) have occurred.

The ERA process must be followed to raise a PG:

- Raise it with your employer within (currently) 90 days
- Have details of when, where, who etc
- If not resolved → mediation
- If still not resolved → a claim through the Employment Relations Authority

Employers should have policies and procedures that are accessible.

There is often reluctance to make it an employment issue because of the fear of career repercussions.

Thoughts regarding legal rights and what avenue is best to take - ultimately what outcome are you trying to achieve?

#MeToo



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Speaking up

Think back to a time when you feel you should have spoken up concerns to a colleague, and you didn't...

What concerns prevented you?



Speaking up

- Might be wrong about my concern
- Don't want to upset a colleague
- Don't know how to
- Seniority / Hierarchy
- Risk to my job or future prospects
- Not my place or role
- Feel intimidated
- Cultural expectation to stay quiet, but don't want poor situation to continue



Disagreement with
colleagues is common

**It's OK to
Disagree**

but

**not OK to
Disrespect**



How to foster change

If we understand how decision reached – more likely to be engaged in acting on it

If some team members are silent – they are less likely to be committed to final decision

Need everyone in team to feel safe to give their view and know they will be respected and listened to

Find the common goal and keep focussing back on that

A photograph of a male doctor in a white lab coat with a stethoscope, shaking hands with a male patient in a dark suit and striped tie. The doctor is holding a yellow folder. The word "Civility" is written in blue text in the center of the image.

Civility



What does incivility look like?

- Unprofessional behavior
- Rudeness, shouting or swearing
- Intimidation or bullying
- Threatening comments or behaviors/actions,
- Unsolicited and unwelcome conduct, comment (oral or written)
- Gestures, actions or contact that cause offense
- Humiliation, or physical or emotional harm to any individual



What effect does incivility have?

- Lowers job morale
- Makes me want to quit
- Less collaborative
- Feel angry toward my coworkers or employer
- Reduces the quality of my work
- Negative impact on my personal time away from work
- Less creative
- More likely to call in sick



The 4 A's of civility

- Acknowledgement
 - recognise another person's presence eg smile, eye contact, say hello
- Appreciation
 - thank people for their contribution
- Acceptance
 - explicitly or implicitly welcome a person into your conversation or group
- Accommodation
 - Make room for them not just space but in how you work



How do you build a culture of civility?

1. Assume the best of people.
2. Role-model in what you say, your body-language, and how you listen.
3. Think before you act/speak
4. No personal attacks.
5. Understand your emotional “hot buttons”
6. Don’t depersonalise by using labels, e.g. ‘liberal’, ‘racist’, sexist.
7. Rely on facts rather assumptions.
8. Challenge incivility in a firm, but civil way.



Tough Conversations





The choice

React vs Respond





From reacting to responding:

Step One:

Identify your usual automatic reaction

**PUSH
BACK**

OR

**BACK
DOWN**

'Fight'

'Flight'



Step Two: Stop and think

STEP
BACK

- Give yourself time to think
- Control the physiology...
breathe slowly
- Tune into your thoughts –
what are you telling yourself
that isn't helping you?
- How can you 'reframe' this?



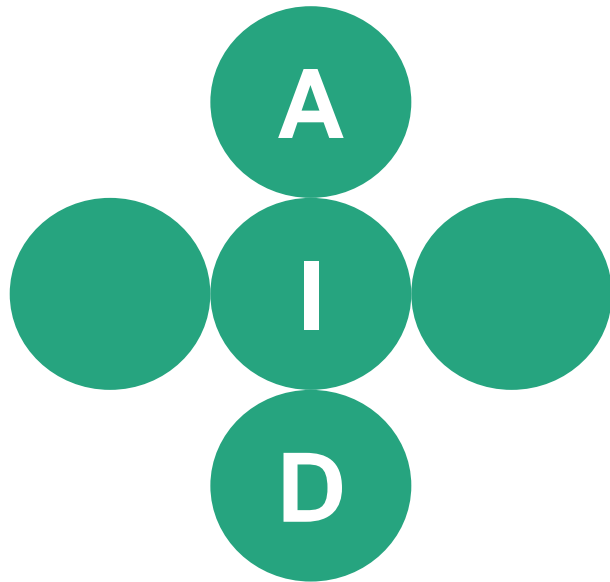
Step Three: Self reflection



REFLECT

- What was the trigger?
- What worked?
- What didn't work?

The AID[©] model: what to do once a difficult interaction is 'in play'.



ACKNOWLEDGE the other person's position

INFORM them about your position

DISCUSS a way forward



Outcome focus

1. What do we want to achieve (common goal)
2. What outcome do we want to avoid
3. How to foster open and honest dialogue where everyone can feel heard

“I want to respectfully discuss thromboprophylaxis with my surgical colleagues

I don't want them to feel personally attacked and become defensive and make the situation worse”

Respectful interactions when you dislike your colleague

None of us are perfect

Don't have to like everything about someone

When witnessing actions of others – we create a 'story' as to why they acted that way – that generates feeling in us – we then act on those feelings

Victim story – other person is bad/rude/cruel; I am good, right, hardworking

Villain story – thinking the other person's motives are bad

Helpless story – nothing I can do



Feeling like a Victim



Become an Actor

Feeling they are a Villain



Recognise they are Human

But what about Narcissists

- Medicine tends to reward the qualities exhibited by narcissism, mistaking confidence for competence, and arrogance for achievement.
- Can be charming and their positivity about themselves can be attractive
- Can be very difficult to work with as do not accept feedback and lash out if they feel they have been criticized.
- May appear entitled and ride rough shod over other's feelings
- Can be hard to apply normal communication techniques with these individuals



Some ideas for dealing with Narcissists

- Compassion – they did not chose to be a narcissist and their journey in life will be a hard one
- Manage your expectations – they are unlikely to be able to apologise, there may be no mutual resolution to conflicts
- Recognise your own feelings that are being triggered and try to get some perspective on why they are behaving as they are
- Boundaries – consider what you can accept and what you can't
- Don't try to change them and don't call them a narcissist
- Document adverse behaviour so you can address the facts



Summary

- We all have difficult interactions. We can react or we can respond
- Bullying and harassment can have serious consequences. Be proactive
- Build a good team culture
- Speaking up
- Practice civility
- Hot buttons
- AID

Any questions?





Further support and information is offered on our website, in addition to our publications, booklets, factsheets and case studies.

medicalprotection.org

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