

Auteure: Muriel Shewchuk

TRAUMATISME INTERACTIF EN MILIEU DE TRAVAIL (TIMT)

« Une condition médicale envahissante nécessitant isolement et traitement immédiats »

Jusqu'à quel point le traumatisme interactif en milieu de travail, ou TIMT*, a-t-il envahi votre milieu péri-opératoire ? Se cache-t-il dans les coins, les salons et les salles d'opération...ou peut-être même dans votre propre bureau ? Qui y est impliqué ? Le personnel infirmier ou de soutien, les médecins, les leaders ? Une combinaison de ceux-ci ? tes-vous au courant ? Pratiquez-vous une politique d'autruche en vous cachant la tête dans le sable du déni ? Le déni et les rêves en couleur à eux seuls ne sauront vous en sortir !

* Le traumatisme interactif en milieu de travail (TIMT) est un néologisme proposé par l'auteure dans le contexte de cet article.

Author: Muriel Shewchuk

INTERACTIVE WORK PLACE TRAUMA (IWPT)



“A Pervasive Condition Requiring Immediate Isolation and Treatment”

How much Interactive Work Place Trauma, or IWPT*, has invaded your perioperative environment and is lurking in the corners, lounges, and theatres... or even exuding from your office? Who is involved? Nurses, support staff, physicians, or leaders? Or a combination of all? Do you know about it? Are you demonstrating ostrich characteristics by “sticking your head in the sands of denial”? Denial and wishful thinking will not cut-it!

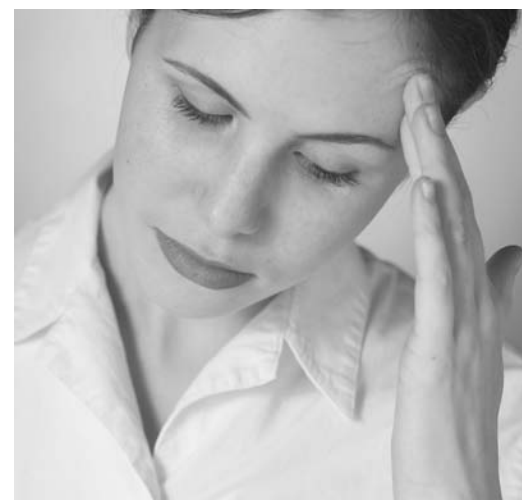
* *Interactive Workplace Trauma (IWPT) is a term coined by the author for purpose of this article.*

Whether the IWPT is horizontal violence (co-worker to co-worker), bullying, hostile aggressive behaviour or any other form of disruptive activity, it is totally unacceptable. A number of key leaders are themselves a major part of the demoralizing IWPT. Where and why do you have IWPT occurring? What strategies can be put in place to identify, isolate and successfully treat the condition?

Most workplaces generate policies, programs and signage related to “abuse in the workplace”. Legislation has been developed on many fronts. Schools, communities and towns are developing “bully free” concepts, practices and education programs. We only have to reflect on the mass shootings in workplaces and schools to fully recognize the magnitude, seriousness, and full impact of IWPT. What recognition strategies, educational elements, proactive plans, and treatment measures have you established?

What is IWPT?

Interactive Work Place Trauma may be defined as the impact, outcome or result of patho-psycho-social activities conducted by an individual, group of individuals, or “gang”, who choose subversive, destructive, and demoralizing tactics to gain power and take control of a work environment. Yes, there are many perioperative environments with this type of culture and behaviour firmly entrenched and out of control. The intensity of activity will vary



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from time to time, as will the impact, depending on the players and their participation at any given moment. There are perpetrators, victims, knowing bystanders or “fence-sitters”, as well as the abdicators of responsibility, all playing a key role in the continuation of IWPT. Generally IWPT is not physical in nature; however, the impact on the victim can readily lead to work dysfunction and mental or physical breakdown.

Common terms used to describe IWPT are horizontal violence and bullying. It is often excused with statements like “Oh, that’s just her way...” The Internet and book stores all have extensive information on the subject – from grade school up through the workplace, including nursing behaviour. Everyone needs to pay attention and stop the ruthless attack on fellow colleagues, subordinates, bystanders and persons in senior positions of power.

IWPT severely inhibits the development of a trusting, positive, learning culture. Defense mechanisms become the order of the day for coping with intimidation, verbal abuse and negative body language. Patients can also be at risk when the staff is in “survival mode” – busy protecting themselves against a bully and perhaps dealing with daily fear, anxiety, depression and a lack of focus. Efficiency, effectiveness and progressive performance only occur in a safe, cooperative, trusting and supportive environment – not under a reign of terror.

Perpetrators and their Actions

Bullies are very clever, they excel at manipulation and deny any wrong doing, playing people off against each other, often with great satisfaction as others get destroyed. The manager, or other leaders, may be the target of the action and having no understanding of what is really happening to them.

Perpetrators may present a domineering, superior presence with the intent of assuming power over the victims. Attitude and arrogance will be observed through both body language and verbal expression. To many, the perpetrators appear to be very friendly, charming, helpful, and competent. They are very clever and avoid



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being pinpointed as the source of the problem. Body language is one of the common forms of discriminating actions. The perpetrator uses such actions as rolling of eyes in disgust for many to see (implying stupidity), aggressive folding of arms in a “refusal to help” posture, or huffing and stomping around the room. Verbal abuse comes with ease to these individuals. Criticism of others (in an effort to make themselves look superior), nitpicking, hurtful sarcasm, and negative gossip or name calling are some of the tactics used. Undermining of instructions, processes, threats, slurs and jokes of a discriminatory nature further attack the vulnerable victim. Actions of isolating, or “freezing out”, individuals occur frequently in staff lounges and lunchrooms. In its more serious form IWPT surfaces as threats that extend to an individual’s family and property. Perpetrators work to increase the size of the “in group”, through peer pressure, thus increasing the victim’s isolation. The outcome can be a toxic environment that is emotionally oppressive, demoralizing, and stressful... with threads of fear woven through it.

Victims

Victims of bullying, or horizontal violence, will quickly become more insecure, may blame themselves for errors or incompetence, lose self-esteem, and frequently question their personal abilities. Sleep patterns are the first to be

Pearls of Wisdom (cont.)

disrupted by the stress. Victims also experience a “fear of facing Monday”, first calling in to see who they are working with, or just calling in sick to avoid going to work. Visible responses may show up as anger, crying, sitting alone withdrawn, and signs of nervousness. Physical problems may include hypertension and sleep deprivation right up to more serious psychological problems such as depression and even suicidal tendencies. Remaining in a position that involves constant abuse will ultimately have long-lasting negative results for the victim. The victim may just leave the job, without identifying the real reason, and leave the power brokers with another success. Tackling the bully is a highly threatening and dangerous tactic.

Dealing with the Bully - When you are the Victim

- ✓ Educate yourself on bullying, recognize it for what it is, know it and name it. It is important to realize that it is not about you or you can be taken over by the “victim mentality”. Be very clear that you are dealing with a bully and that it is their problem – NOT yours- do not let the transfer of responsibility occur. Do a thorough reading of abuse and harassment policies. Research on the Internet and read appropriate books.
- ✓ Document, document, document. Be very specific in your recording: names, dates, situation, exact words, actions and observers’ names. Be very objective and try to keep the emotion out of your records. Protect your documentation; keep it at home with only today’s notes in your pocket. Add to your permanent documentation as soon as possible to maintain facts and accuracy. Record detailed observations when others are being attacked or treated inappropriately. You need to establish and to document the pattern of behaviour.
- ✓ Use extreme caution when responding to questions or commands that can progress to making the bully right. Siding with them on an issue is very high risk. Evasive, non-committal, non-confrontational, brief answers are best for keeping you outside

their control. Use straight facts and truth when responding. Keep unrelated information and opinions out of the conversation.

- ✓ Obtain counseling and medical attention that is appropriate to your needs so that you can effectively manage your situation. Maintain good health and plenty of restful sleep.
- ✓ Complaints, grievances and lawsuits can be filed. If going down this road you need to be sure your documentation is extensive, that the correct process is used, and that you have the strength to see it through. Make sure you have plenty of emotional support as it can be very stressful. This is NOT an easy option!
- ✓ Once you have educated yourself about bullying, use your knowledge help others and to stop this outrageous social abuse.
- ✓ Ask yourself if the job is worth it. If after thorough examination you decide it is not, then make sure you give the appropriate management effective and truthful notice. Make sure you have a good reference, insist on an exit interview with the manager and with Human Resources. File a letter stating the real reason for your departure and identify the facts of the situation. Keep opinion and emotion out of it.



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Pearls of Wisdom (cont.)

REMEMBER:

You have done nothing wrong.
The bully is the one with the problem.
You do not have to take it and suffer in silence.
You have options.
You have tools to protect you.
There is nothing wrong with you.
You have been unfortunate enough to fall under the influence of a workplace bully.
You are not powerless.
It is not about you.
It is about the bully.

Things to **NOT** do with a Workplace Bully!

- Do not try to appeal to his/her better nature.
- Do not plead with them to stop bullying. Do not negotiate or mediate.
- Do not try to disarm with a joke, sarcasm, wit or amusement.
- Do not try to get even or to "give them what they have coming".
- Do not allow yourself to feel small, inadequate, timid or incompetent.
- Do not expect coworkers to come to your defense (sad, but true).
- Do not spend hours of conversation dwelling on what happened and what was said. Do everything you can to stay out of the "victim mode" and build an appropriate support network in order to effectively strategize.

Management Strategies for IWPT

Look in the mirror, read between the lines and have a clear understanding of your own reputation before you set out to deal with issues. Make sure you are not a part of the intimidation. Do not listen to or support the bullies. Also, remember to deal effectively with messages and behaviour being brought forth. Check with honest outside sources about the reputation of your environment, whether or not you like the answers. Be sure that you have a thorough understanding of the workplace you are leading. In addition:

- ✓ Recognize and accept that bullying and horizontal violence exist, even in your department;

- ✓ Assess the culture and the practices that allow disruptive behaviour to exist. Take the temperature of your environment, or have a professional assess it through confidential surveys and job satisfaction ratings. Determine if your workplace is happy and how staff members view your workplace morale;
- ✓ Provide education sessions. Define what acceptable professional conduct is. Ensure policies, procedures and support resources are publicly known and readily accessible;
- ✓ Ensure staff feel safe in the workplace and can thrive and develop to their full potential;
- ✓ Provide opportunities for staff to develop skills and strategies to deal with bullying behaviour and to prevent the victim mentality; and
- ✓ Document, document, document. Record dates, details, facts and names. This way you are well prepared, and successful, when discipline becomes the necessary action. You cannot afford to fall victim at the hands of a manipulating bully due to lack of, or incomplete, information and documentation.

Summary

Tragically, horizontal violence and bullying behaviour being master minded by nursing colleagues is firmly entrenched in many perioperative environments – just like a serious pathological bacteria. Interactive Workplace Trauma (IWPT) is ugly, mean, destructive, demoralizing and counterproductive to efficient, effective patient care and positive staff performance. Get educated and use astute observations to ensure you clearly understand what is occurring. Make sure the staff feel safe and have the appropriate, necessary protection to deal with unacceptable conduct. Deal effectively with the bullies. Remember if it is not documented, it didn't happen! ❁

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