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JOAN KINGSLEY, an organisational psychotherapist, discusses the impact of a culture of fear and bullying, which has been highlighted by some high profile reports in recent years.

A number of hospitals have been put into special measures, since 2009; some of the reasons cited have included serious staff shortages – raising concerns over the risk to patient safety. What is not mentioned is that the well being of healthcare workers is also being put at risk. Staff shortages mean nerves are frayed, tempers are short, and delivering care to a high standard is challenging. Patients feel compromised, anxious, and overlooked; they look to healthcare workers for solutions.

As a consequence, healthcare workers are experiencing unacceptable levels of mental and physical stress. Additionally, actual and anticipated budgets cuts mean some healthcare workers believe their jobs to be at risk. The healthcare workplace culture is increasingly becoming a culture of fear.

When fear defines the culture of the healthcare workplace people spend the majority of their time working out self-preservation strategies. In our book, *The Fear-Free Organization*, we present neuroscientific research that shows the damaging effect fear has on the brain.¹ Fear is corrosive for people and for organisations. Fear breaks down people's morale; it destroys relationships and breaks down trust. Pervasive and persistent fear changes the brain.

Any in-depth discussion about fear and bullying in the healthcare workplace needs to, in the first instance, consider the big picture – the context or culture – of the organisation. Bullying, and sustained bullying in particular, is able to thrive when the culture of the workplace is full of fear.

Culture

Culture refers to the implicit standards and values that underpin an organisation. While mission statements explicitly state what is important and how things get done, the actual rules of the game are implicit and unwritten. There is a common, unspoken, understanding throughout an organisation about what really matters. This is often in direct contradiction to policy and mission statements published by the organisation

People attracted to careers in healthcare have traditionally done so because they want to make a difference. But it is increasingly difficult to deliver quality care. As medical technology becomes more sophisticated, the costs of new pharmacological treatments rise and medical care becomes increasingly expensive to deliver, the NHS, along with healthcare providers throughout the world, struggle to achieve affordable high standards of care. Professionals responsible for caring for patients find themselves taking the brunt of criticism from leadership, managers, coworkers, and from patients.

Staff shortages, slashed budgets, shortages of beds, stretched emergency services, long waiting lists, data-driven decision making, and challenging targets, underpin the development of a fear-based culture in healthcare organisations. In organisations with high levels of bureaucracy, such as healthcare, and where job security is excessively high, bullies can remain anonymous and invisible, and victims are unlikely to resign.²

Fear is one of the most powerful forces in the workplace. Many organisations run on fear in the belief that fear motivates. That belief is misguided and mistaken. The reality is that fear tactics weaken individuals and damage the structure of organisations. People who experience high levels of fear at work are drained of energy, suffer from stress-related psychological problems and are susceptible to becoming physically ill; prolonged stress and anxiety weaken the immune system.

Healthcare workers at the frontline of patient care are engaged in work that can be highly charged with emotion, both for patients and for staff. When emotions are misread, misunderstood or ignored, relationships between co-workers and with patients get quickly out of hand, and there can be a breakdown of trust.

In common with all mammals, human beings have evolved with eight basic emotions. The emotions are hard-wired into the brain. Five keep us safe and warn us of danger; two encourage us to draw close to people, places and things; and one pushes us in either direction. Fear, anger, disgust, shame and sadness are the flight/fight/fright/freeze emotions and are related to escape/avoidance; they prepare us to deal with danger. Love/trust and joy/excitement are the two emotions associated with attachment and belonging. Surprise can take us in the direction of either escape/avoidance or attachment.

The human brain is a hierarchical structure that has evolved over millions of years. Paul D MacLean, a leading brain scientist of the 20th century created a three-in-one hierarchical model of the brains of mammals. The Reptilian Brain, the most ancient area of the brain sits on top of the brain stem; it ensures survival and regulates bodily functions. The Mammalian/Emotional Brain is the brain that is charged with emotion and memory. This area of the brain is also known as the limbic brain and evolved in the context of the development of family life in mammals. The Neocortex/Cognitive brain is highly evolved in human beings. It is the seat of language, logic and has the capacity to contemplate itself, to plan for the future, to be creative.³ Of all the emotions, fear is the most primitive and the easiest to trigger. That is because fear is necessary for our very survival. Without it we would die. But when fear becomes pervasive it overrides and overtakes our thoughts, feelings and actions; it can cause untold damage.

Fear has a devastating impact when used as a management tool. When in the grip of fear people focus on surviving and are unable to thrive. Managers and leaders who readily use fear to command and control do so because they do not know any better. There is nothing easier than tapping into another person's fear system.

What these types of leaders and managers fail to recognise or understand is that excessive and persistent levels of fear create changes in the brain. These changes then interfere with the ability to work, to make decisions and to think with clarity and purpose. When the fear system in the brain is triggered, the brain sets off a flurry of signals and a flow of neurochemicals that cascade through the body evoking fear responses.

Emotions happen to us physically as well as psychologically; emotions underpin all our thoughts, feelings and actions; and emotions happen before we have time to think about them. In *The Expression of Emotions in Man and Animals* (1872), Charles Darwin set out his thesis that the emotions are universal in man and animals; that emotions are expressed physically across species; that the expression of emotions are universal in human beings across cultures. The communication of emotions does not involve nor rely upon language. Emotions are sensed and felt by everyone in the environment. Emotions are 'catchy' – and none more so than fear.

At the heart of the fear system are the amygdala: and when it comes to fear the role of the amygdala are crucial. The amygdala are two little almond-shaped interconnected structures discernible on the inner surfaces of the temporal lobe. The amygdala constantly scan the external world for danger. They receive emotionally-laden information from the external world, process it, and store it. When danger is encountered the amygdala swings instantly into action setting off the flight, fight, freeze or even faint mechanisms. When someone in your sphere is in the grip of an emotion you immediately sense it with every fibre of your being. Emotions get transmitted in microseconds.

In a fear-driven work environment there is little or no value placed on honesty, openness or trust. A person working in a fearful work culture will not feel safe, will constantly have their guard up, will not know who to trust, will be watching his or her back; he or she will tell managers what they want to hear rather than the truth.

There are negative implications and consequences for organisations that run on fear. When fear takes hold in an organisation it can spread like wildfire. Organisations suffused with fear are breeding grounds for bullying.

Bullying

Bullying is a significant issue in healthcare organisations and things are getting worse. NHS staff, at every level, say it is not safe to speak out and this has led to a cover-up culture. If not stopped, bullying is in danger of weakening and destroying the foundations of healthcare organisations.

Bullying is on the increase in all areas of work, including organisations dedicated to healthcare. In 2010, the 5th European Working Conditions Survey into living and working conditions found that the prevalence of workplace bullying among healthcare workers was 11.3%.⁴

According to a report published in August 2015, "almost six in 10 people have witnessed or suffered bullying in the workplace... but less than half (48%) did anything about it."⁵

In 2015, the NHS conducted a staff survey involving a million staff. Results show that in total, 24% of staff said that they had been subject to bullying with 3% of staff saying they had suffered physical violence from managers or colleagues.⁶ Lord Darzi's 2008 report concluded there was a 'pervasive culture of fear in the NHS' which directly links to bullying and the failure of staff to speak out and report instances of bullying.⁷

Bullying comes in many guises and forms; it can involve a variety of techniques and strategies; some are obvious while others are subtle. It includes intimidation, ostracising behaviour, verbal and physical aggression; psychological harassment, unfair treatment, hostility, social isolation and language or behaviour that is demeaning and malicious; gossip and spreading rumours, sabotage and using someone as a scapegoat. A group may band together and target a coworker with the aim of ousting that person from the organisation. This is referred to as 'mobbing'.

Bullying can be an expensive business when an employee pursues compensation through legal channels. In December 2011, a former NHS doctor was awarded £4.5m by an industrial tribunal as a result of being a victim of sex discrimination and race discrimination. She was diagnosed as suffering from posttraumatic stress disorder (PTSD); her symptoms included insomnia, poor memory, loss of libido, and poor concentration. "The tribunal

found that ...a female doctor...was subjected to a concerted campaign designed to bring her employment with the Trust to an end. The campaign led to a 'bogus' disciplinary procedure being adopted and an unjustified and lengthy suspension leading to her dismissal."8

A person who is bullied very quickly loses their sense of self, their confidence, and their self-belief; he or she feels excluded, frightened, unsafe, ignored and not trusted. While the effects of bullying are long-term and difficult to overcome, the impact is immediate and devastating.

Bullies are:

Controlling Autocratic Abusive Aggressive Antagonistic Abrasive Manipulative Unkind Secretive
Bullying always does damage and leaders and managers working in healthcare organisations should develop zero tolerance for bullies. In fact the NHS has guidelines which describe bullying with suggestions to combat bullying. But, as in culture, the way things are done is often the polar opposite of what is set forth in well meaning guidelines. Anti-bullying policies do not have an impact on the organisation if bullying has no consequences.

There is no legislation in place in the UK to deal with workplace bullying. That leaves victims having to pursue justice through complex, costly and time consuming industrial tribunals citing discrimination acts (i.e. The Sex Discrimination Act 1975; the Race Relations Act 1976; Disability Discrimination Act 2005; Sexual Orientation Regulations 2003; Religion or Belief Regulations 2003).9

Antidote to fear is trust

One of the main components of good relationships is trust. Trust is essential to cooperation and working towards common goals. Good relationships at work profoundly affect the well being of co-workers and thus the well being of the workplace. Love/trust, human kindness and care are the currency of emotional stability, well being, self-confidence and self-belief. Building strong, resilient relationships builds a defense against fear and bullying in teams, departments and the organisation as a whole. In the face of fear trust quickly breaks down.

The key ingredients of a fear-free work culture are: Honesty, Openness and Trust – what we term 'HOT' cultures. It is the imperative of leaders and managers to create a safe environment for co-workers to speak up about issues without fear of reprisal. In such an environment, trust is built and maintained.

There are no shortcuts to building strong, trusting relationships. But the alternative is allowing fear and bullying to tear people and organisations apart

Author

Joan Kingsley is an organisational psychotherapist, with a private practice in London, and is an honorary consultant psychotherapist at the National Hospital for Neurology and Neurosurgery. She also practices as an executive coach and has a vast amount of experience of working with businesses in supporting their staff. Joan is a member of The New York Academy of Sciences, a member of the Royal Academy of Medicine and is registered with the UKCP.

Together with Dr Paul Brown and Dr Sue Paterson, she wrote The Fear-Free Organization: Vital Insights from Neuroscience to Transform your Business Culture, a pioneering new book that draws attention to the need for senior staff to appreciate how fear may be ruling their organisations and how this is affecting their teams, prohibiting the development of new ideas, creativity and unlimited potential. Copies of The Fear-Free Organization are available from <http://www.koganpage.com/product/the-fear-free-organization9780749472955>

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