

CultureSafe NZ

Call for ACTION Conference

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Andrew Buckley

www.andrewbuckley.co.nz

www.facebook.com/andrew.buckley.waikato/



Stress has nothing to do with
how many hours you work



And everything to do with how
you feel during those hours

Today, I offer you my view of;

- **Health / Stress Response.**
- **Workplace Bullying in Context.**
- **What Action?**

Me

Professional Background;

Electronics

Logic & **Problem-solving in Complex /Open Systems.**

Osteopathic Medicine

Logic & **Problem-solving in Complex /Open Systems.**

Ergonomics & Human Factors

Logic & **Problem-solving in Complex /Open Systems**

Interests;

Dynamic Complexity – Open Systems / Interconnectedness

Change is the only constant. Everything impacts on everything else.

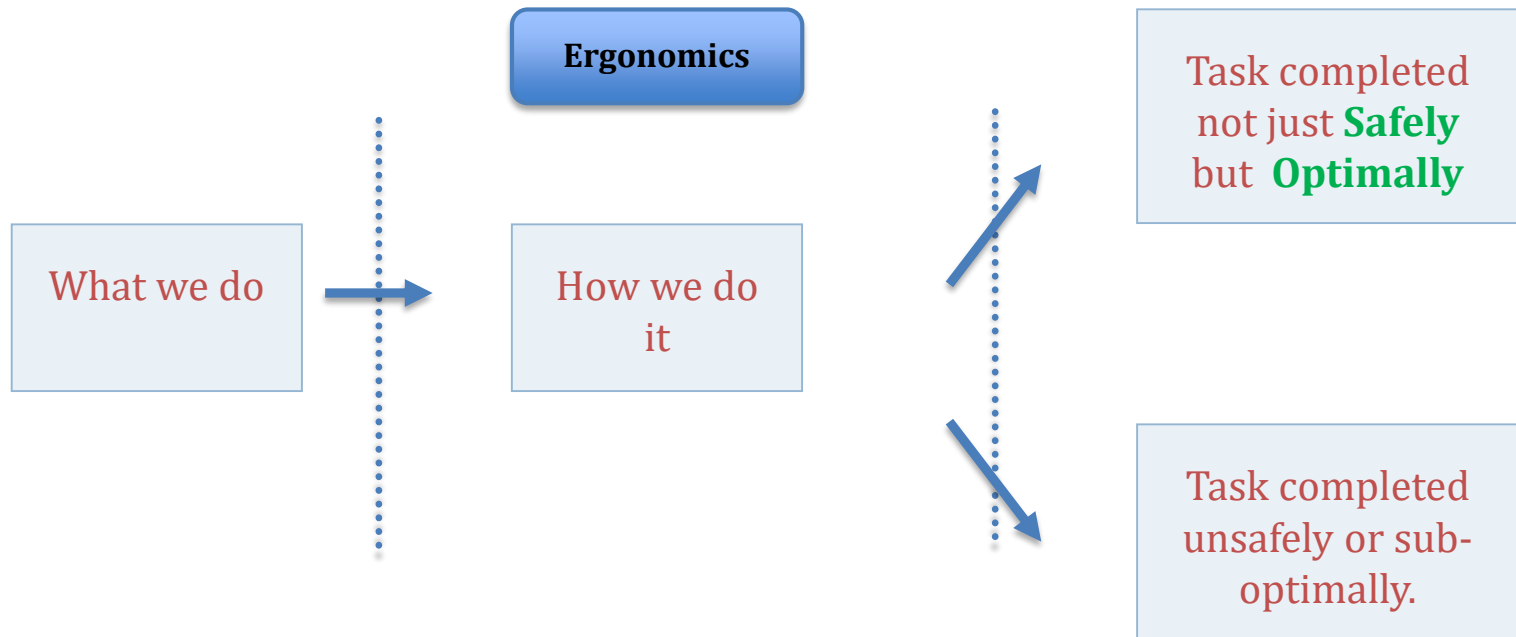
Ergonomics / Applied Psychology

How we interact with each other and our environment

Governance

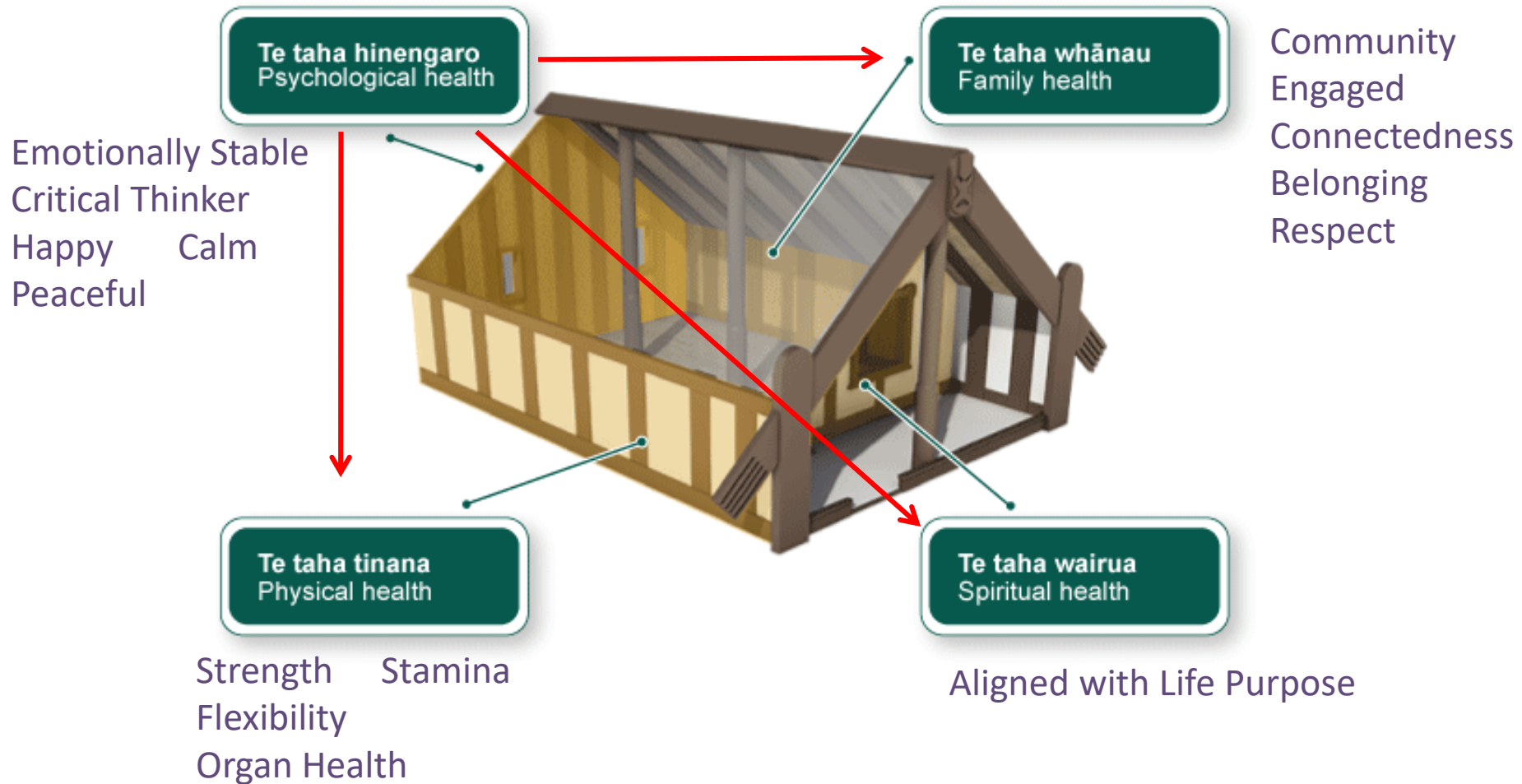
“Best Practice”, Policies, Measurement, Impact, Accountability

Ergonomics – *NOT* limited to office seating!!



Not Just Health & Safety but - **Health, Safety and Optimum Results.**

Four Pillars of Health



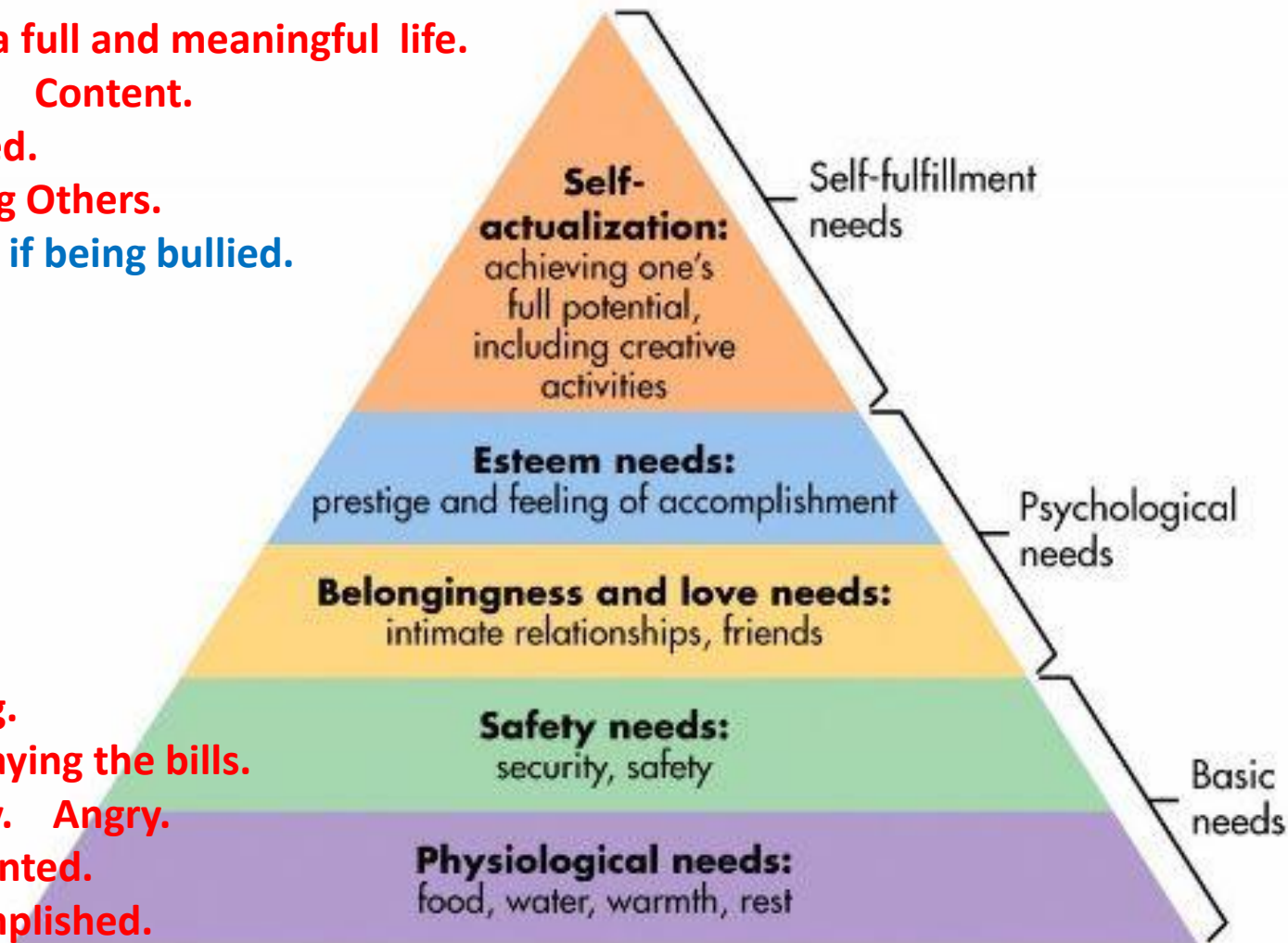
Bullying negatively impacts all Four Pillars.

At the pinnacle of Health - Reaching One's Full Potential.

Leading a full and meaningful life.
Happy. Content.
Respected.
Nurturing Others.
Not here if being bullied.



Surviving.
Barely Paying the bills.
Unhappy. Angry.
Disappointed.
Unaccomplished.

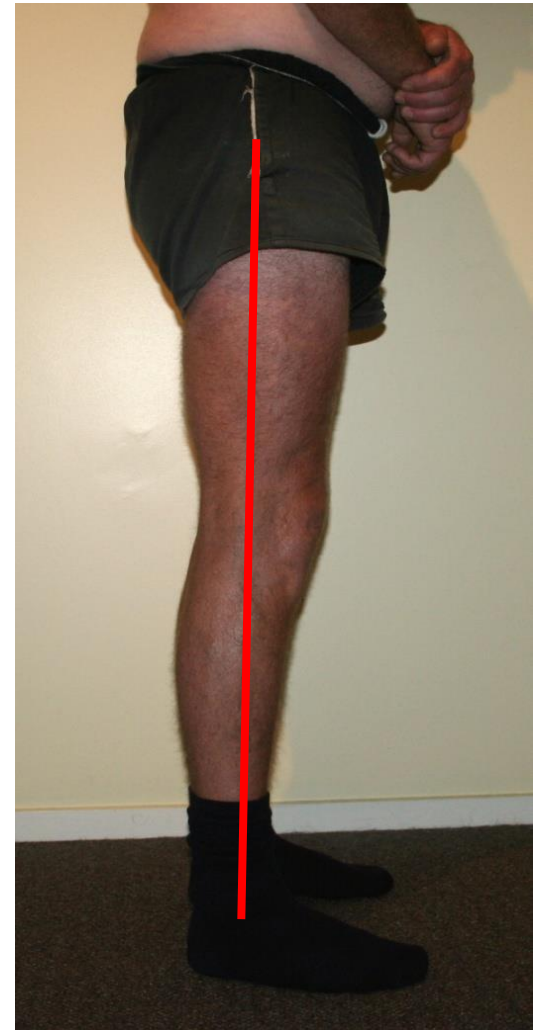


Maslow's Hierarchy of Needs.

We're all the same – Unique Individuals!



Obvious Differences



Other Variations between Individual People.

Size		Strength	Reach	Flexibility
	Dexterity		Stamina	BMR
IQ	Sensory Acuity	Learning Style		Cultural Background
	Cognitive Processing Speed		Dyslexia, Etc.	Fitness Level
	Temporary Compromise – <i>pregnancy, etc</i>			Injury / Illness

Invisible Differences.

Past Experiences —————> Emotions / EQ, Self-image, Empathy, Behaviour, Goals & Aspirations, Values, Assertiveness, World View, Knowledge, Perceptions, Social Discomforts, Etc

All different individuals ,in different roles ,within an organisation with many different Stakeholders. Complex.

Different reasons for bullying.

Very Simplistic! Organisational, Interpersonal Conflict, Personal - EQ, Etc.

Stressed person striving for their own excessive targets - Frustration, Fearful, Etc.
Realistic KPIs, Appropriate Resourcing, Etc.

People employed at grades beyond their Capabilities – Embarrassed, Fearful, Etc.
Support - Up-skill, Move to a more suitable position.

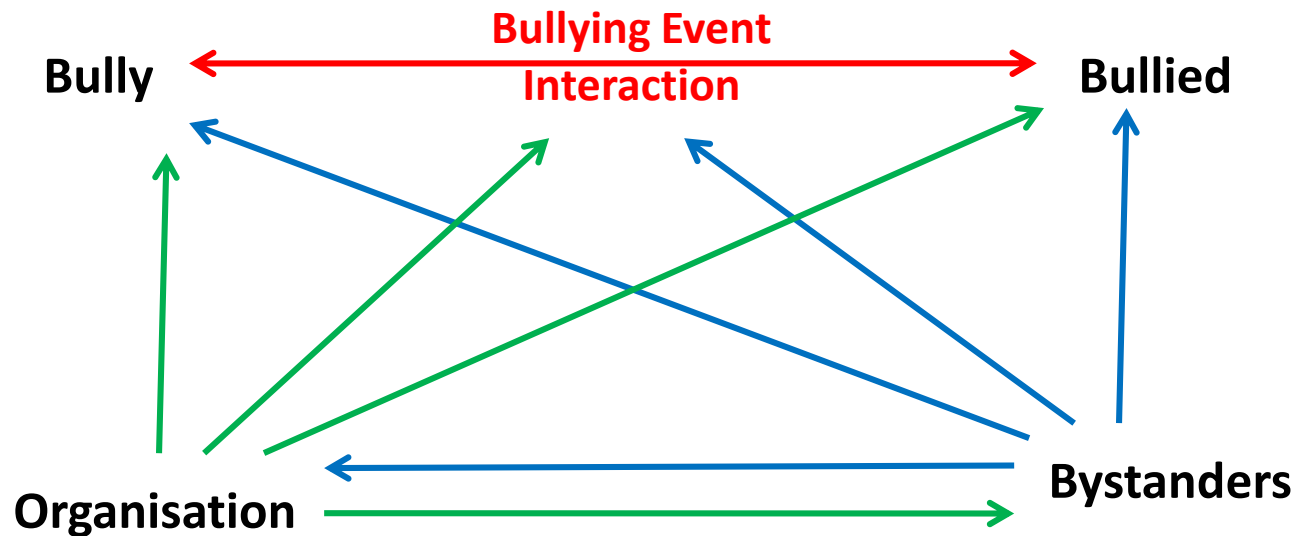
People with disrespect for others – perhaps gender biased.
Professional to support better self awareness, EQ, etc.

Egotistical People.
Professional to support better self awareness, EQ, etc.

Narcissists – various grades.
Clinical Professional

Narcissistic Psychopaths.
Clinical Professional

Bullying - Immediate Stakeholders



Bully.

Past Life Experiences

EQ – Low!

Position – Authority?

Bullying History?

Can also have a **staff member** bully the organisation / Owner by violating trust, legislation, breaching “good faith”, etc. Not common.

Organisational Bullying

– Inadequate Funding,
Unrealistic Expectations,
breaching “good faith”,
Not addressing Bullying
Events, Etc.

Bullied Person/s.

Past Life Experiences.

Position in organisation

Knowledge

EQ

Assertiveness

Communication Skills

Support;

Internal

External

Professional

Organisation .

Governance.

Managers.

Facility.

Culture.

Staff.

Asset/Resource Management.

Processes and Procedures.

Supply Chain.

Customers.

Internal Controls – **effective?**

Risk Management Processes

Bullying Reporting Pathways – **Authentic?**

Whistleblower pathway – **Authentic?**

External Controls – Audits, Legislation,

Etc

SHAREHOLDERS.

Governance Model?

Bystanders.

Past Experience.

Position in organisation.

Empathetic.

Supportive?

Fearful?

Self-survival.

IQ

EQ

Sense of *Team*.

Part of an “Oppressed” Group?

Knowledge – Communication,
Governance, etc.

Bullying Activates the Stress Response in Victims – HPA Axis

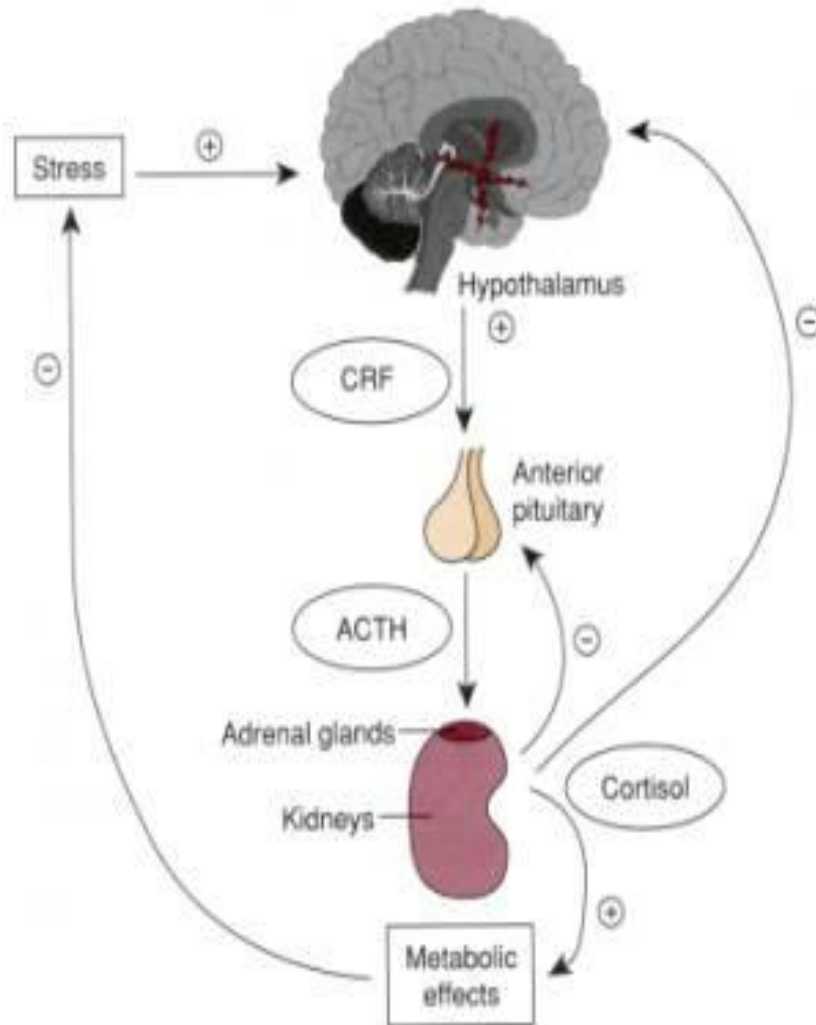
Hansen, Å. M., Hogh, A., Persson, R., Karlson, B., Garde, A. H., & Ørbæk, P. (2006). **Bullying at work**, health outcomes, and physiological **stress response**. *Journal of psychosomatic research*, 60(1), 63-72.

Mikkelsen, E. G. E., & Einarsen, S. (2002). Basic assumptions and symptoms of **post-traumatic stress** among **victims of bullying at work**. *European Journal of work and organizational psychology*, 11(1), 87-111.

Bond, S. A., Tuckey, M. R., & Dollard, M. F. (2010). Psychosocial safety climate, **workplace bullying**, and symptoms of posttraumatic **stress**. *Organization Development Journal*, 28(1), 37.

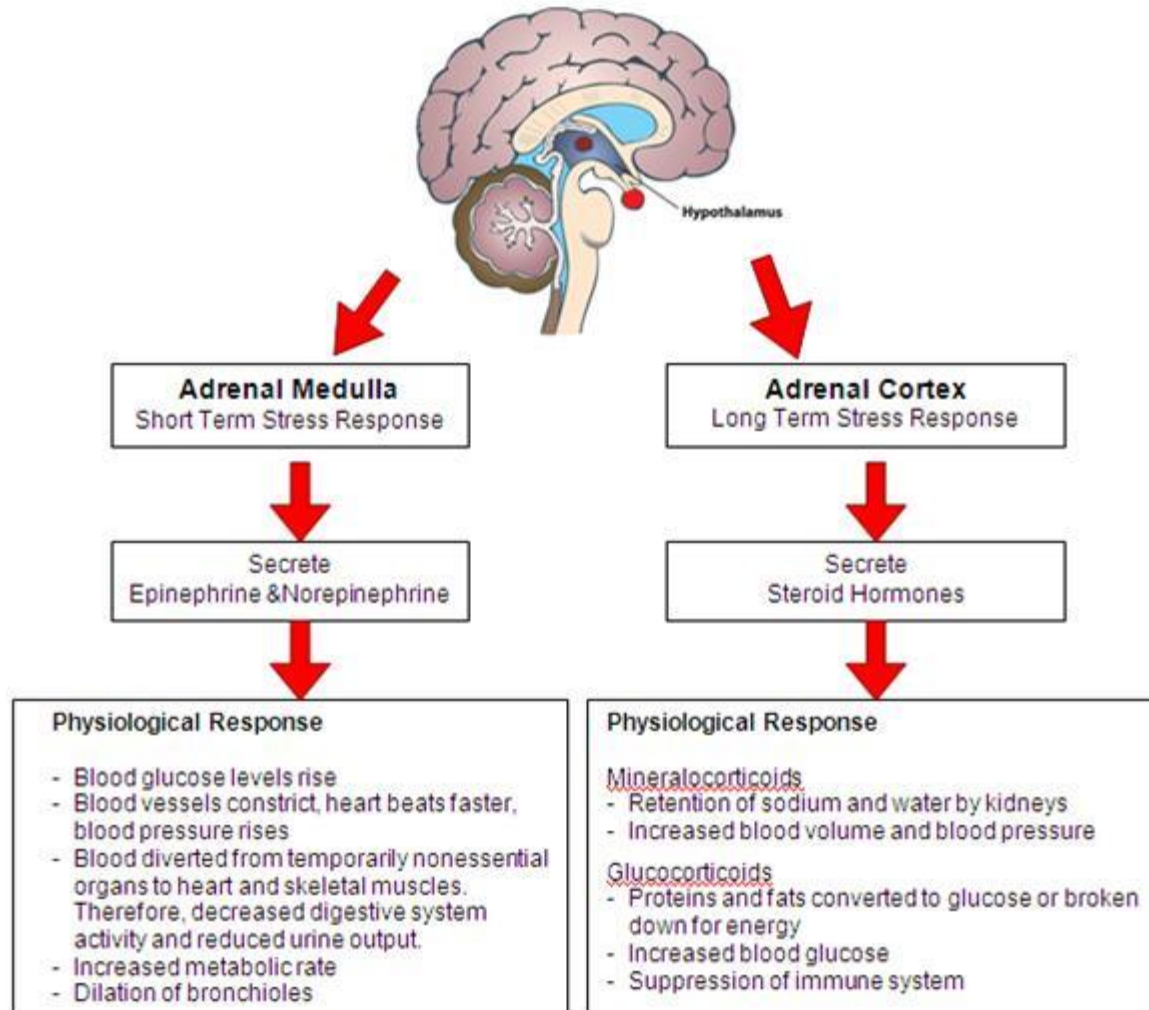
Sheehan, M. (1999). Workplace bullying: Responding with some emotional intelligence. *International journal of manpower*, 20(1/2), 57-69.

Being Bullied is Stressful and Stress has Health Impacts (HPA)



Stress Response involves specific, complex pathways **but is not cause-specific.**
Fight or Flight – or Freeze!

Effects of Chronically Raised Cortisol



Individual Health Impact

Physical.

Pain
Muscle tension,
causing headaches
& migraines
Gastritis / Gastric
Ulcers
Increased Infections

Emotional.

Fear
Anxiety
Depression
Anger
Resentment
Insomnia,
Eating “Disorders”

Stress-related “Diseases”.

Heart Attack Stroke
Cancers Obesity
Diabetes
Inflammatory Bowel “Disease”.
Rheumatoid “Conditions”.
Asthma.

Mental.

Reduction in clarity of thought.
Increased Errors.
Confusion
Various “Conditions” –
Schizophrenia, Bi-Polar State,
Etc.

Behavioural.

Externalised Aggression,
Internalised Aggression – Self
Harm, Suicide,
Addictions – Many
Social Isolation,

Physiological.

Psoriasis & other skin problems
Raised Blood Pressure.
Arterial Damage.
Raised Cholesterol levels.
Weight Gain / Loss

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of consulting and clinical psychology*, 68(5), 748.

Chronic Stress Causes “Disease”.

Maunder, R. G., & Levenstein, S. (2008). The role of **stress** in the development and clinical course of **inflammatory bowel disease**: epidemiological evidence. *Current molecular medicine*, 8(4), 247-252. (**Crohns / UC**)

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for **posttraumatic stress disorder** in trauma-exposed adults. *Journal of consulting and clinical psychology*, 68(5), 748.

Stojanovich, L., & Marisavljevich, D. (2008). **Stress** as a trigger of **autoimmune disease**. *Autoimmunity reviews*, 7(3), 209-213.

Reiche, E. M. V., Nunes, S. O. V., & Morimoto, H. K. (2004). **Stress**, depression, the immune system, and **cancer**. *The lancet oncology*, 5(10), 617-625.

Black, P. H., & Garbutt, L. D. (2002). **Stress**, inflammation and **cardiovascular disease**. *Journal of psychosomatic research*, 52(1), 1-23.

Impact

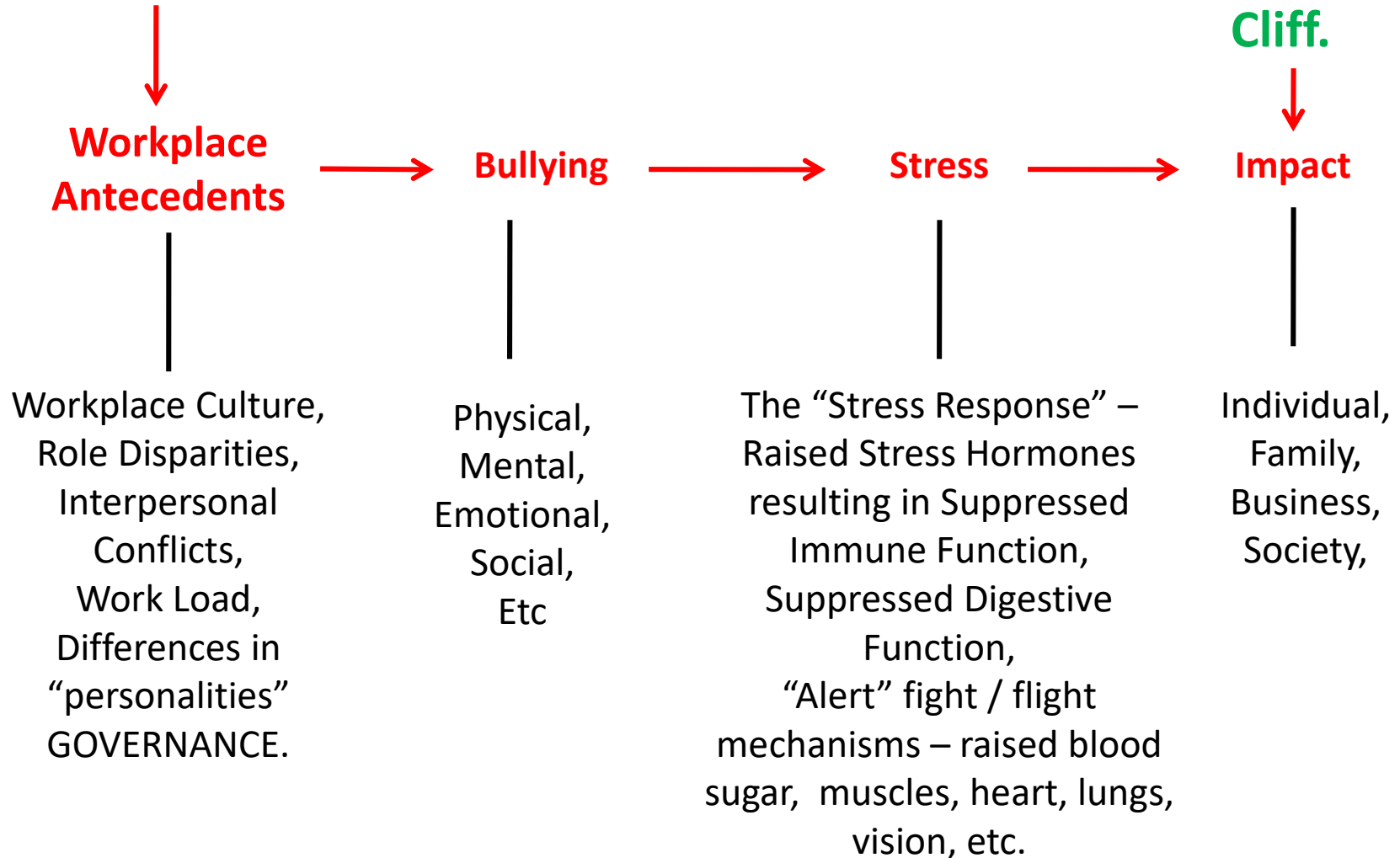
A Lose-Lose-Lose-Lose Situation

Individual	Family	Business	Society
Pain & Distress, Illness, Fatigue, Apathy, Addictions, Insomnia, “Mental Illness”, Loss of Confidence, Behaviour Changes, Impaired Judgement, Negativity, Reduced Income, Medical Costs, Employability, Insurance Cover (if diagnosed with a “mental illness”), Etc.	Financial, Bickering or Domestic Violence, Divorce / Separation, Childhood Trauma, Etc.	Reputational Loss, Director Legal Charges, Fines, Diversion of Resources, Staff Recruitment / Retention, Competitor Advantage, Service / Product Quality, Reduced Profit, Etc.	Road Rage, Intergenerational Trauma, Courts / Corrections, Increased “health” services costs, Increased Sickness Beneficiary costs, Lost Working Days, Etc

**Hierarchy of
Underlying Causes
Top of the Cliff.**

The Sequence.

**Typical
“Treatments”
Bottom of the Cliff.**



Bullying in New Zealand -

poor visibility of national statistics.

O'Driscoll, M. P., Cooper-Thomas, H. D., Bentley, T., Catley, B. E., Gardner, D. H., & Trenberth, L. (2011). Workplace bullying in New Zealand: A survey of employee perceptions and attitudes. *Asia Pacific Journal of Human Resources*, 49(4), 390-408.

- The present paper reports findings from a survey of over **1700 employees of 36 organisations in New Zealand.**
- Personal experience of bullying was reported by 17.8% of respondents
- Overall, our findings illustrate the **importance of developing organisational-level strategies to reduce the incidence of bullying** and to counteract its negative impact, **rather than expecting individuals to develop personal strategies to cope** with this problem.

<http://www.nursingreview.co.nz/issue/august-2016-vol-16-4/bullying-and-the-caring-profession/#.WCOodC19600>

Expecting bullied nurses to toughen up is not the answer, says workplace bullying researcher KATE BLACKWOOD.

The Massey University management lecturer interviewed 34 bullied hospital nurses for her PhD thesis and was shocked by the impact bullying can have. The majority of nurses had reported the bullying but she spoke to **only one nurse whose complaint had been successfully resolved. Less than a handful had managed to stop or control the bullying by directly addressing the bully themselves while the remaining interviewees were either still being bullied or had resorted to changing jobs.**

Bullying an organisational problem.

Blackwood's research followed on from a 2009 workplace bullying study which found high levels of **workplace stress (75%) and workplace bullying (18%) in the New Zealand health and education sectors.**

"Bullying wouldn't be as rife in health care as it is right now if there wasn't a culture of tolerance for bullying," says Blackwood. "If there wasn't a culture of nurses being expected to harden up and cope with these behaviours."

She says while **resilience is important it is not the answer to workplace bullying and there needed to be a culture change from the top** to create a workplace environment where responding to bullying is taken seriously.

A DHB Staff Survey Results.

NOT FELT BULLIED

56%

FEEL APPRECIATION

IN GENERAL 44%

FROM MANAGER 50%

FROM PATIENTS 78%

FROM PEERS 72%

SUPPORT FROM YOUR MANAGER

UNDERSTANDING SYMPATHY OR CONCERN 50%

HELPFUL INFORMATION OR ADVICE 53%

PRACTICAL ASSISTANCE 40%

CLEAR AND HELPFUL FEEDBACK 45%

REPLACEABLE
UNPROFESSIONAL

BULLYING

NOT APPRECIATED

MANAGER DOES NOT LISTEN CONFRONTATIONAL MANAGER HAS POOR FEEDBACK SKILLS UNDERSTAFFED

INCONSISTENCY LACK OF CONFIDENTIALITY
WORKLOAD MANAGER UNAVAILABLE

PERFORMANCE ISSUES IGNORED

NO PERFORMANCE REVIEW UNPROFESSIONAL
UNDERSTAFFED

INTIMIDATION MANAGER DOES NOT LISTEN MANAGER HAS POOR FEEDBACK SKILLS
MANAGER HARD TO APPROACH POOR LEADERSHIP

MANAGER FAVOURITISM

UNAVAILABLE POOR COMMUNICATION

MICROMANAGING WORKLOAD MANAGER UNAVAILABLE LACK OF
CONFIDENTIALITY



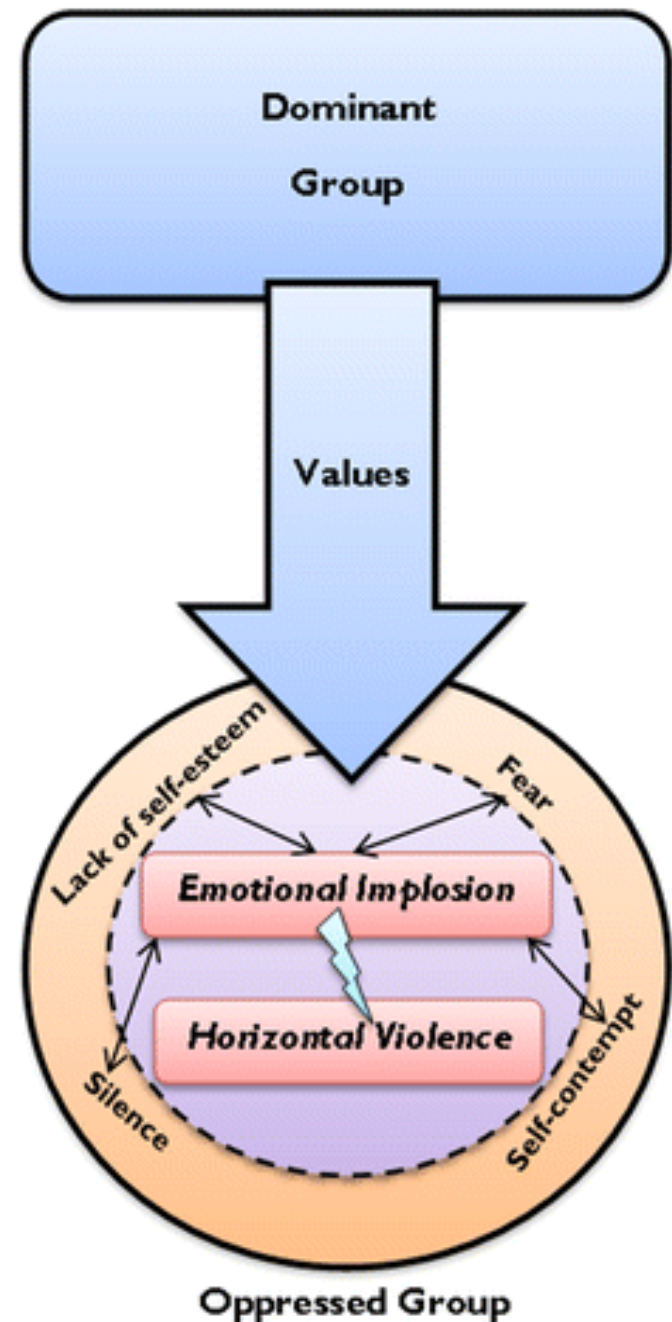
PERFORMANCE ISSUES IDENTIFIED IN TIMELY MANNER 32%

PERFORMANCE ISSUES RESOLVED IN TIMELY MANNER 23%

Oppressed Group Behaviour

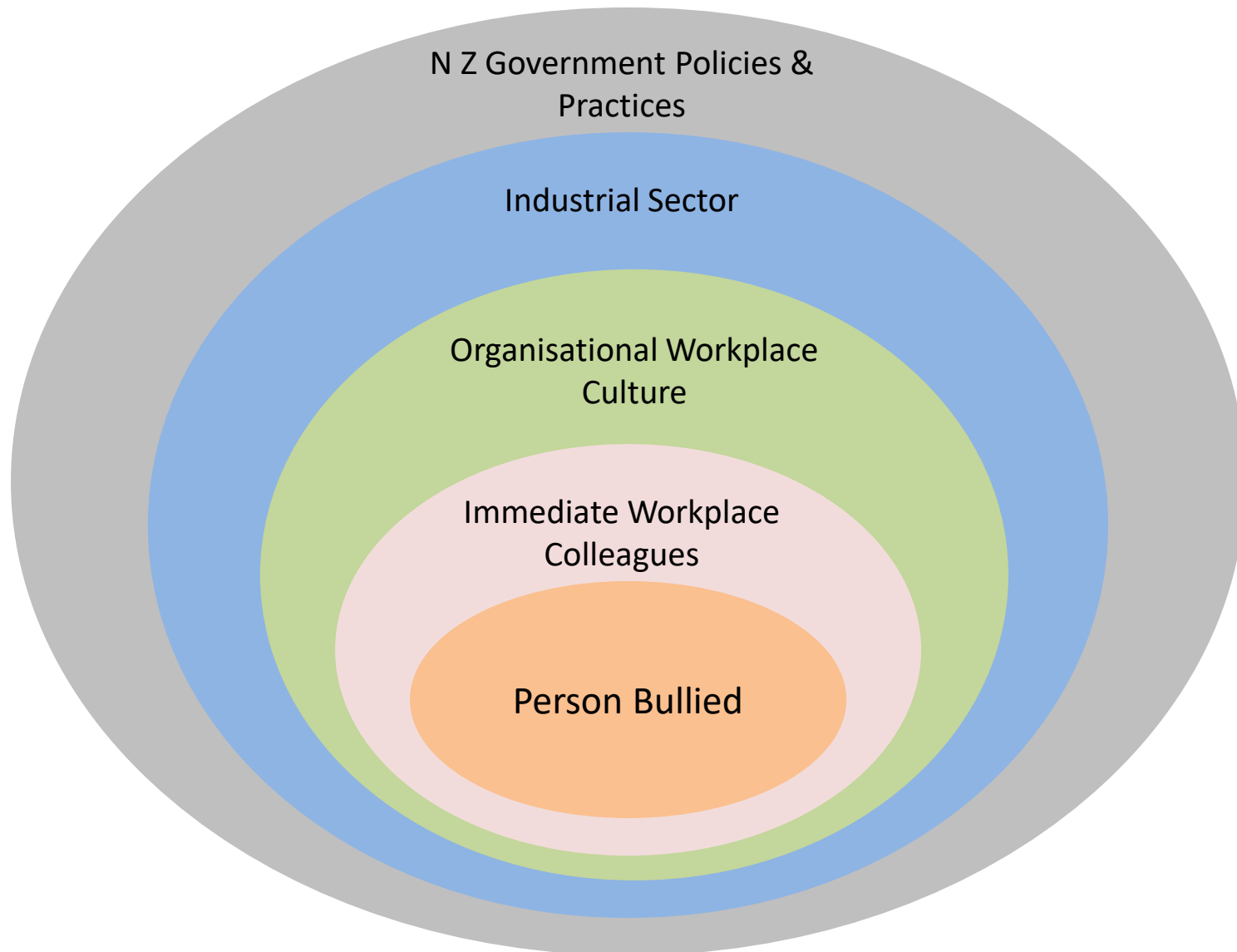
FREIRE, P. (1970). PEDAGOGY of the OPPRESSED. Bloomsbury Publishing. (Cited 57,872 times!)

Roberts, S. J., Demarco, R., & Griffin, M. (2009). The effect of **oppressed group behaviours** on the culture of the nursing workplace: a review of the evidence and interventions for change. *Journal of Nursing Management*, 17(3), 288-293.



CONTEXT of Bullying - Bronfenbrenner's Ecosocial Model

Open System.



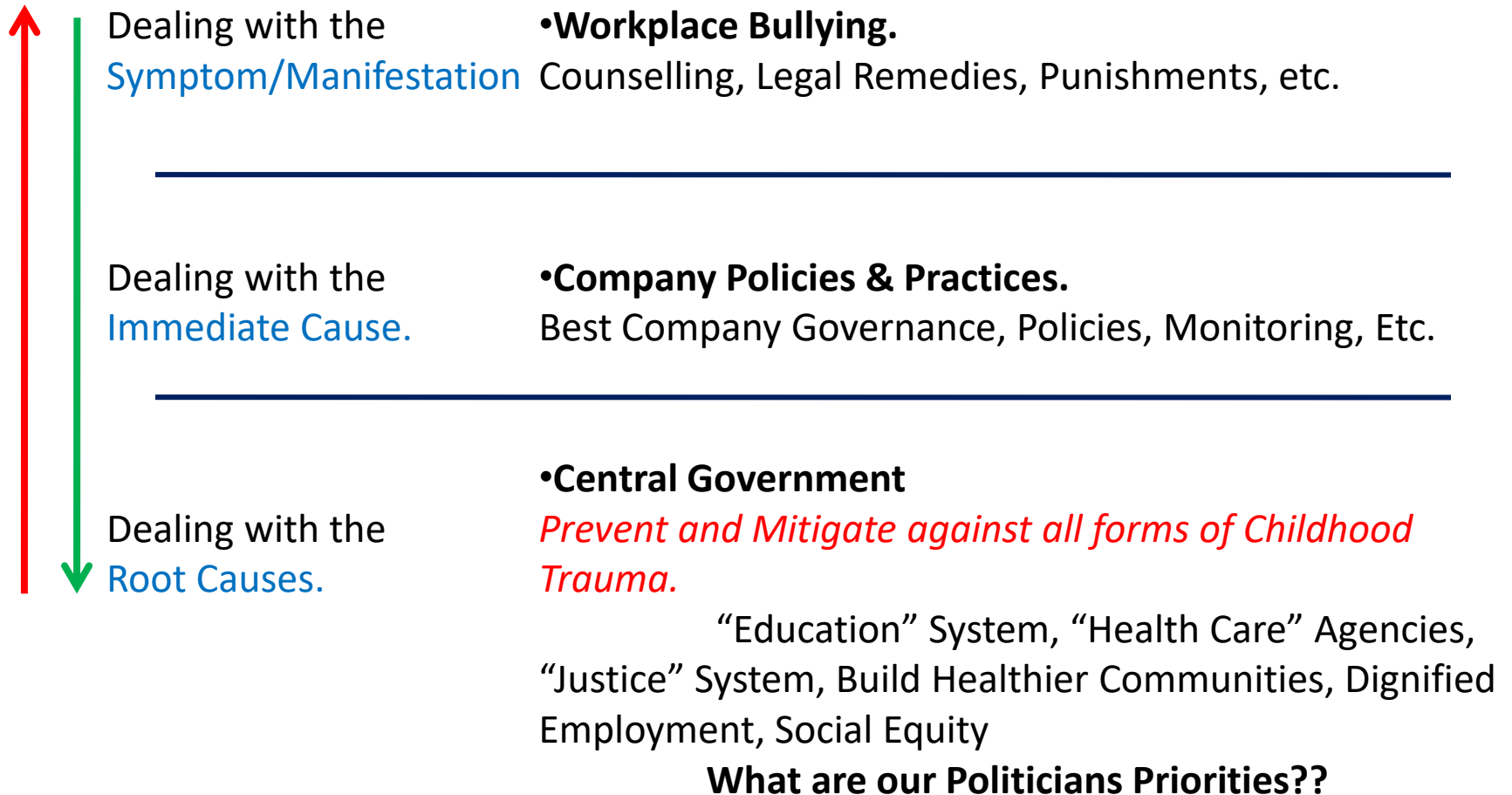
Some Problems

Govt. Policies & Practices - Education, Legislation, Health Care, Social Welfare, Etc.
Economy Ecology Ethics.

Unhealthy Communities
Poor Wages, Poor Housing, Socially Disengaged,
Street Violence, Elder Abuse, Violent Crime,
Bullying – Schools, Sport, Workplaces, Etc

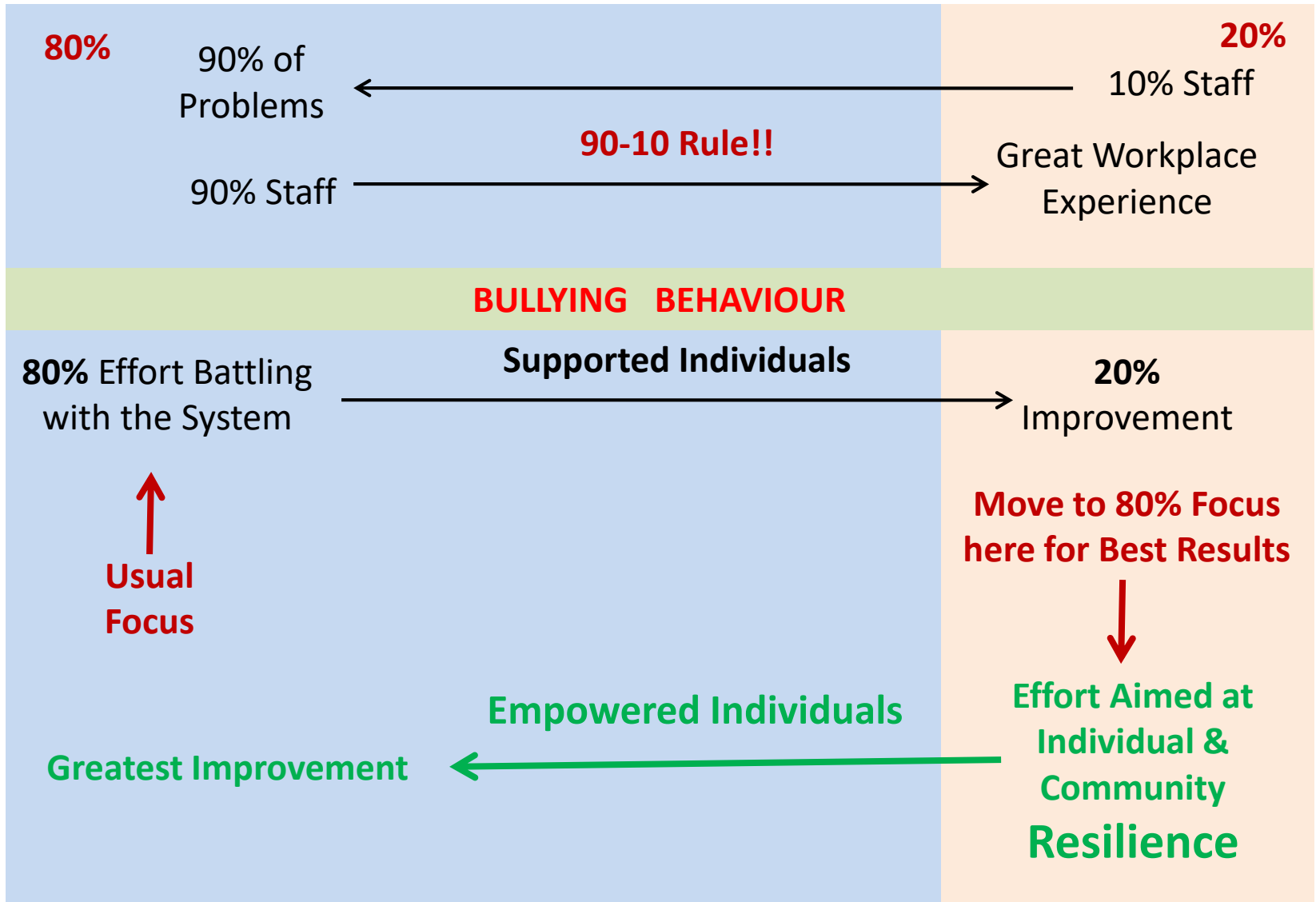
Unhealthy Individuals.
Increasing Illness, Sickness Beneficiaries,
Addictions, Domestic Violence, Sexual
Violence, Incarcerations, Bullying
Behaviour, Etc

Root Causes (RCA) of Workplace Bullying – Big Picture



“80-20 Rule” - The Pareto Principle

80% of value is from 20% of activity.



Company Resilience

Effective Governance Oversight

Comprehensive Information, Critical Thinking and not “Group Think”, Wisdom in Decision-making, **Effective Monitoring**. CSR. Policies & Procedures – Authentic, Relevant, Living Documents. Respect for - ***Economy, Ecology, Ethics.***

Engaged Staff

Effective **Internal Controls** – Quality Monitoring, Governance, Culture Monitoring, etc

Effective Monitoring of Culture – **Authentic, Valid & Reliable. External Lens**

Effective Risk Management – **Compliance**, Reputational, Financial, Etc.

Effective Bullying Reporting Pathways

Effective Anti-bullying Programmes (**outcome and impact well monitored**)

Effective Asset Management – **Bullying behaviour results in resources being diverted away from efficiency and profit!**

Bullied Person Resilience

Due Diligence – Research & Be Prepared.

Emotional/EQ – Positive Self Esteem, In Control of Emotions (not suppressing them!) , Knowing one's emotional triggers, NVC.

Physical

Physiological

Spiritual – What is my Passion? My purpose in life. My Values.

Cognitive – Critical Thinking Skills

Communication Skills – NVC, “Verbal Self-Defence” – Calm, Documented Evidence for Your Claims, Ask Questions, Your Principles & Values

Support Network – workplace, external (Domestic/Social), Professional

Strategies for dealing with Bullies – find their weak link and leverage on that!

Financial

Employability – Education, Skills, etc.

Exit Strategy.

Knowledge;

- Organisational policies, Vision, Mission, etc.
- Director responsibilities. Directors are accountable for organisational culture.
- Acts – Employment, H&S, Companies Act

Critical Thinking

- **Universal intellectual standards;**

Clarity, Precision, Accuracy, Relevance, Depth, Breadth, Logicalness, Significance.

- **Four techniques of clarification;**

Stating what you are saying explicitly and precisely (with careful consideration given to your choice of words),

Elaborating on your meaning in other words,

Giving examples of what you mean from experiences you have had, and

Using analogies, metaphors, pictures, or diagrams to illustrate what you mean.

In other words, you will frequently **STATE, ELABORATE, ILLUSTRATE, AND EXEMPLIFY** your points.

<http://www.criticalthinking.org/pages/critical-thinking-in-everyday-life-9-strategies/512>

“Non-violent Communication” Marshall Rosenberg.

<http://www.cnvc.org/>

When our communication supports
compassionate giving and receiving,
happiness replaces violence and grieving!
-- CNVC founder, Marshall B. Rosenberg, PhD

Out beyond ideas of wrong-doing, and right-
doing, there is a field. I will meet you there.
--Rumi



The Four-Part Nonviolent Communication Process

Clearly expressing
how **I am**
without blaming
or criticizing

Empathically receiving
how **you are**
without hearing
blame or criticism

OBSERVATIONS

1. What I observe (*see, hear, remember, imagine, free from my evaluations*) that does or does not contribute to my well-being:
“When I (see, hear) . . . ”

1. What you observe (*see, hear, remember, imagine, free from your evaluations*) that does or does not contribute to your well-being:
“When you see/hear . . . ”
(Sometimes unspoken when offering empathy)

FEELINGS

2. How I feel (*emotion or sensation rather than thought*) in relation to what I observe:
“I feel . . . ”

2. How you feel (*emotion or sensation rather than thought*) in relation to what you observe:
“You feel . . . ”

NEEDS

3. What I need or value (*rather than a preference, or a specific action*) that causes my feelings:
“ . . . because I need/value . . . ”

3. What you need or value (*rather than a preference, or a specific action*) that causes your feelings:
“ . . . because you need/value . . . ”

Clearly requesting that
which would enrich **my**
life without demanding

Empathically receiving that
which would enrich **your** life
without hearing any demand

REQUESTS

4. The concrete actions I would like taken:
“Would you be willing to . . . ?”

4. The concrete actions you would like taken:
“Would you like . . . ?”
(Sometimes unspoken when offering empathy)

Assertiveness.

DOs

- Identify what behaviour / situations upsets you. Your usual responses.
- Identify how that makes you feel and what behaviour changes would make you feel better.
- Listen & understand other people's viewpoints / perspectives.

Remember, other's behaviour is beyond your control, but you can influence it.

- Be able to describe clearly the "bad" behaviour, how it makes you feel and what behaviour you'd prefer.
- Use clear language, an "open" body posture and remain calm.
- "Listen" with your ears and eyes – use verbal & non-verbal communication.

DON'Ts

- Don't use accusatory or blame language – *"you always ..."*, *"It's your fault"*, Etc.
- Don't express disrespect for the other person.
- Don't mirror the other persons behaviour, language, posture, etc. If they get angry, stay calm. Perhaps walk away and try later.
- Don't compound the problem by expanding the conversation to another problem – *"what about the time you did / said?"*
- Don't deviate from your problem – restate what you want to resolve and the resolution / outcome you want.

When workplace bullies claim victim status: Avoiding the judo flip



We've seen it countless times: Workplace bullies claiming to be the *victims* of workplace bullying. And the smartest aggressors often are experts at doing this. There is no foolproof method to prevent bullies from alleging victim status, but at the very least we don't want to help them make their case.

Here is some advice toward that end:

Don't retaliate or act impulsively

Don't mob the bully

Don't vent online

The risks of direct confrontation

First, bullying targets usually (and understandably) are not in the best frame of mind when dealing directly with their abuser.

Second, if there's no third party to observe the conversation, it's the target's word against the bully's.

Third, when bullying is covert or indirect, it's doubly hard to confront the tormenter.

Document, document, document.

<https://newworkplace.wordpress.com/2013/05/02/when-workplace-bullies-claim-victim-status-avoiding-the-judo-flip/>

“Yesterday I was clever and wanted to change the world. Today, I’m wise and want to change myself.”

Rumi

Re-Cap;

Bullying is a Complex Ecosocial Problem – people in context.

The problem is well known.

The individual, organisational and national impact is well known.

The solutions have been well researched and are well known.

The Bullying problem is Worsening – why? There appears to be reluctance to address Fundamental Causes.

Poor Governance & Lack of Authentic Leadership.

Sector / Industry Benchmarking.

Causes Complacency – *“others are equally as bad as us” / “it’s a problem in the sector and we don’t know what to do about it”*

Bullied Person;

Resilience

Know yourself, Know the bully, Know the Contextual Risks, Know the organisation, Know the law.

Be skilled & employable, Have Support (Support Others), Have a Plan – Incremental address with Exit Plan as last option. Deal with the problem early.

Healthy Assertiveness

Self Confidence, Self Esteem, Effective Communication – NVC, Critical Thinking

MUST also have Effective Organisational Resilience to resolve any bullying.

Thank You.