

The Personal Costs of Unsafe, Disrespectful and Harassing Workplace Behavior

Presentation by panelist, Hazel J. Magnussen

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It was May 6, 1999--my brother's 60th birthday. On my way to work that morning, I reminded myself to call Doug in the evening. Birthdays were important to us and this was an especially important one. But he also had a lot of things on his mind and I wanted to encourage him. We'd always done that for each other.

Doug had practiced as a general practitioner for 30 years in Fairview, Alberta where he and his wife had raised their family. They were preparing for semi-retirement and Doug wanted to be sure matters were in order before he left the community. He had served as Chief of Staff at the hospital for many of those years, and was known as a tireless advocate for rural health care and a compassionate and conscientious family doctor. Those who worked with him considered him a "colleague and friend" who valued their work and treated them as equals.

The challenges and demands of rural medicine had taken its toll. One burden that just wouldn't go away pertained to the disruptive conduct by another doctor (AC). After numerous meetings and reviews, when AC refused to sign a code of conduct, the Hospital Board had no choice but to refuse the renewal of his hospital admitting privileges. He retaliated with lawsuits against the Hospital Board and his medical peers. Those who knew the whole story were effectively silenced and isolated while AC rallied support from others in the community.

Claiming that they were conspiring to drive him out of town, AC activated his lawsuit against the physicians in March when appeals regarding his hospital privileges were unsuccessful. Doug knew the lawsuit was unfounded. It bothered him that AC, a physician, couldn't understand the other physicians' concerns and had encouraged AC to talk to a colleague about how he felt.

I didn't appreciate the magnitude of it all but did empathize with Doug's feeling of isolation and helplessness. He had appealed for help from the medical regulatory authority but apparently, it was unable or unwilling to intervene. That is why my prayer for Doug that day was that God would grant him serenity. It was time for him to move on and enjoy life.

I was experiencing similar frustration in my own workplace and had an appointment that very day with an employee assistance counselor. My sense that a fellow team member

was undermining my work was validated by a colleague who warned me “to watch my back.” My work with clients was going well so I couldn’t understand why I was being treated badly. I was becoming isolated and, admittedly, depressed.

At work that morning, I was in the middle of a meeting when my husband called to relay a message from my sister-in-law. Doug had not returned home from a meeting with AC the evening before and “there was blood in the office.”

Apparently, AC had invited Doug to meet him in his office. Doug had been waiting for such an opportunity so had gone without hesitation. But he walked into a trap. Forensic evidence later revealed that AC had prepared a document that repeated his claims in the lawsuit followed by a confession that there was a conspiracy against AC.

Apparently, he forced Doug to sign the document which was delivered to AC’s civil lawyer the next day. AC had travelled through the night to catch an early morning flight out of Edmonton to Florida for a conference.

Large amounts of blood were found in AC’s office and in his car parked at the airport. Blood stains were also on his clothes and shoes. The police and community conducted a search for Doug once the news of his “disappearance” broke but his body is yet to be found. AC was charged with first degree murder when DNA testing confirmed that the blood was Doug’s.

When the trial began in September 2000, my family expected to learn what happened on that fateful night. But instead of giving answers, the defendant had the right to remain silent and his due process rights over-rode the rights of the victim and his family. When the defense lawyer claimed that Doug had staged his own death and disappeared in order to bring down his arch-rival, the trial became a forum for putting the victim on trial. The bullying and harassment continued in the court room. It was brutal!

The judge ruled that evidence supporting AC’s motive for killing and his history of disruptive and defiant behavior was inadmissible. The jury convicted AC of the lesser charge of manslaughter. Without calling for a risk assessment, the judge sentenced AC to 10 years in minus twice the time he’d already served in prison.

Prior to his statutory release date, which when a prisoner who has served 2/3 of his sentence is usually free to leave prison, AC was making threats to get even with those responsible for putting him in jail. As a result, a detention hearing was held in May 2005. The National Parole Board ruled that AC be detained in prison since he was “likely to commit an offense causing serious harm to another person before the expiration of his sentence.” The order was renewed each year until the end of his sentence in February 2008 when he was released from prison.

There was no coroner's inquest regarding this workplace related death nor did the trial provide answers to what really happened. Doug had often said that people had a right to know what had caused so much turmoil in the Fairview health care community. With my family's blessing, I wrote the book, *A Doctor's Calling: A matter of conscience*, to tell Doug's story and honor his memory. It includes a review, analysis and calls for reform of the medical regulatory and criminal justice processes.

Three headings help describe the characteristics and costs of workplace bullying:

Recognizing the Bully:

In my research in order to better understand the circumstances that led to my brother's murder, I discovered information about workplace bullying. It helped to have a name for this covert form of violence and harassment which is now recognized as a threat to employee health and safety. In 2004, workplace bullying received national attention when Quebec passed the first Canadian law to address psychological harassment in the workplace.

The medical profession uses the term "disruptive behavior" which includes harassment or what is, in my view, bullying. An American 2002 report linked disruptive physician behavior with the nursing shortage. Disruptive physicians use their powerful position to control rather than cooperate with members of the health care team.

In follow-up to the work of the Disruptive Physician Initiative, the Ontario College of Physicians and Surgeons 2008 policy paper describes disruptive behavior as having occurred "when the use of inappropriate words, actions or inactions by a physician interferes with his or her ability to function well with others to the extent the behavior interferes with, or is likely to interfere with, quality health care delivery."

But there are also people fitting this description in other professions and workplaces. According to Dr. Gary Namie, co-founder of the Workplace Bullying Institute in Bellingham, Washington, "the characteristic common to all bullies is that they are controlling competitors who exploit their cooperative targets." Men and women are equally likely to be bullies often targeting persons they perceive as a threat.

University of Manitoba researchers, who compared the effects of bullying and sexual harassment, reported in 2008 that they were surprised to discover that targets of bullying reported more job stress and were more likely to leave their jobs than those who experience sexual harassment. This is likely because of the work that has already been done –by my fellow panelists and others-- regarding sexual harassment. Workplace bullying has received less attention and in most provinces, is not yet written into employment legislation and workplace policies.

If the law, employers, professional regulatory authorities and unions do not hold workplace bullies accountable, workers will continue to live with increased stress, fear and little if any job satisfaction. Conscientious workers who are often the most vulnerable to attack will move on. Targets are likely to experience health problems that may even include post traumatic stress disorder. When I began experiencing panic attacks in the workplace, I knew that it was time to leave.

Confronting the Bully and Facing the Backlash:

Many interpersonal conflicts in the workplace can be resolved but disruptive behavior or bullying is more complicated. Typically, the bully denies responsibility and often projects the blame on others. Anyone who dares to confront the bully better be prepared for the backlash.

Barbara Coloroso in her writings about *The Bully, the Bullied and the Bystander* says that “bullying is not about anger, it’s about contempt—a powerful feeling of dislike toward somebody considered to be worthless, inferior and undeserving of respect.” It is difficult - even impossible- to reason or negotiate with someone with that degree of hatred and contempt.

Bearing the Burden:

When losing a loved one to violence, one’s innocence is ripped away. Along with the loss of my beloved brother, the reality that another human being has such contempt for him has been especially traumatic for me. The burden became even greater when the perpetrator was able to use the criminal justice process to assassinate Doug’s character. Although victims of crime are the ones who live with its aftermath, we are treated as outsiders and even revictimized by the system. Discovering that the law is not about truth and justice, I have lost faith in the systems I expected would protect us.

Telling Doug’s story helps bear the burden. I hope that my book and sharing my story with people like you today will make a difference. Unsafe, disrespectful and harassing workplace behavior affects so many people in countless ways. Rather than allow perpetrators to hold the power, we are challenged to find life-enhancing ways to care for ourselves and each other. Hopefully, our actions and calls for reform will be heard. Somehow, that will make up, at least in part, for the tremendous price that has already been paid.

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