

The Hollow Theory

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Disclosure

- In compliance with the **ACCME Standards for Commercial Support of CME**, as the speaker I do not have any relevant financial relationships to disclose in relation to this presentation.

Learning Objectives

1. Explain the Hollow Theory and its impact on affected persons in the workplace and in their personal lives.
2. Recognize that bullying unaddressed, can have significant consequences for clients in treatment and the affected healthcare professionals providing care to them.
3. Discuss the benefits of organizational commitment to healthy work environments that hold as a standard, zero tolerance for bullying.

Healthy Mental Health Professionals

- Mental health professionals provide treatment and crisis interventions to those having trouble coping with life stressors, biochemical changes, and emergent life crises. The recognition of a person's pain requires 'selfless caritas.' When a mental health professional is unable, or chooses not, to exhibit selfless caritas to others — patients or colleagues — in their work environment, the healing environment may be compromised, and elements of bullying can emerge.



When Healing Teams Hurt

- When therapeutic and healing communication patterns are replaced, or undermined, by instances of rumors, lies, sabotage, gossip, mobbing, physical and emotional threats and unrest, **effective healing is disrupted.**
- And when bullying is permitted in the psychiatric/mental health workplace, not only are patients impacted, but also nurses, social workers, psychiatrists, mental health workers, psychologists, and other mental health disciplines that the **“healing” teams** are composed of.

The Purpose

- The purpose of this Grand Rounds is to present the construct of the 'Hollow Theory,' and explore emotional, psychological, and the physical toll of workplace bullying and incivility---discussing origins, environments, root symptoms, impacts, risks to patients and opportunities for empowerment and change.

Who is impacted by bullying in healthcare?

- Nurses & Advanced Practice Nurses
- Physicians & Physician Assistants
- Unlicensed Assistive Personnel
- Business Associates/Clerks
- Housekeepers
- Patients
- Families
- Social Workers & Psychologists
- Other Healthcare Professionals (e.g., Respiratory Therapists, Chaplains, etc.)

Examples of Types of Workplace Bullying

- Cyberbullying
- Rudeness
- Gossiping; Backstabbing
- Silent treatment
- Social ostracism
- Lying
- Gaslighting

- Political power plays
- Ultimatums
- Passive-aggressive behaviors
- Sabotaging of another's work
- Name calling; Intimidations
- Joy-stealing
- Attacking another's character
- Public-belittling



Let's Talk About Common Types of Bullying...



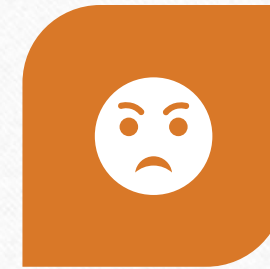
LIES AND GOSSIP- SPEAKING NEGATIVELY ABOUT SOMEONE OR SPREADING FALSE STATEMENTS



SABOTAGE- BULLY LOOKS FOR WAYS TO ENSURE YOU FAIL AT YOUR JOB. CRITICISM ABOUT WORK SKILLS AND GIVEN THE WRONG INSTRUCTIONS ON HOW TO ACCOMPLISH A TASK



SINGLED OUT- AFFECTED PERSON NOT INVITED TO A WORK EVENTS, NOT INCLUDED IN GROUP ACTIVITIES (E.G., ORDERING TAKEOUT OR GOING OUT AFTER WORK)



JOY-STEALING- BULLY IS JEALOUS OF THEIR TARGET'S LIFE, CHARACTER, AND WORK ABILITIES AND SEEKS WAYS TO MAKE THEIR WORK-LIFE DIFFICULT

Gaslighting, Another Type of Bullying

- Gaslighting term originates from a 1938 British play that was later made into a 1944 film, *Gaslight*. In the film an abusive husband manipulates his wife, gradually dimming the lights in their home. The wife notices the lights dimming, but the husband lies and pretends all is well. Eventually, the husband's lies begin to psychologically impact the wife---his goal was to gain access to his wife's family jewels; wealth
- Emotional manipulation in an attempt to invalidate a person's feelings. Eventually affects one's mental health, self-worth, and self-esteem

Example: Gaslighting


Can be an example of a very aggressive type of bullying

Is the use of a psychological approach of emotional abuse with the goal of getting a person to question their own abilities of reasoning and sanity

The sole purpose of Gaslighting is to cause the affected person to doubt themselves and become uncertain

Conrad & Spann (2023) shared in an article that gaslighting is dangerous, because it impacts the affected person's mental health

GASLIGHTING RED FLAGS

You apologize without knowing what you did wrong. 


There is an imbalance of power.



They give you affection... then abruptly yank it away.

They assign motives to your actions that are the opposite of your intentions.



When you try to explain how you feel, they're dismissive. You are "overreacting" or "too sensitive." 

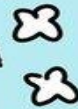
Most interactions leave you feeling small or ashamed.



They insist it didn't happen that way.

You find yourself questioning your beliefs & opinions. If your point of view doesn't match theirs, it's wrong.

~~Yes.~~
~~Maybe.~~
I don't know.

You edit every word before you speak it, changing any thought that they could possibly misconstrue. 

Tips When Encountering Gaslighting

Ask Yourself:

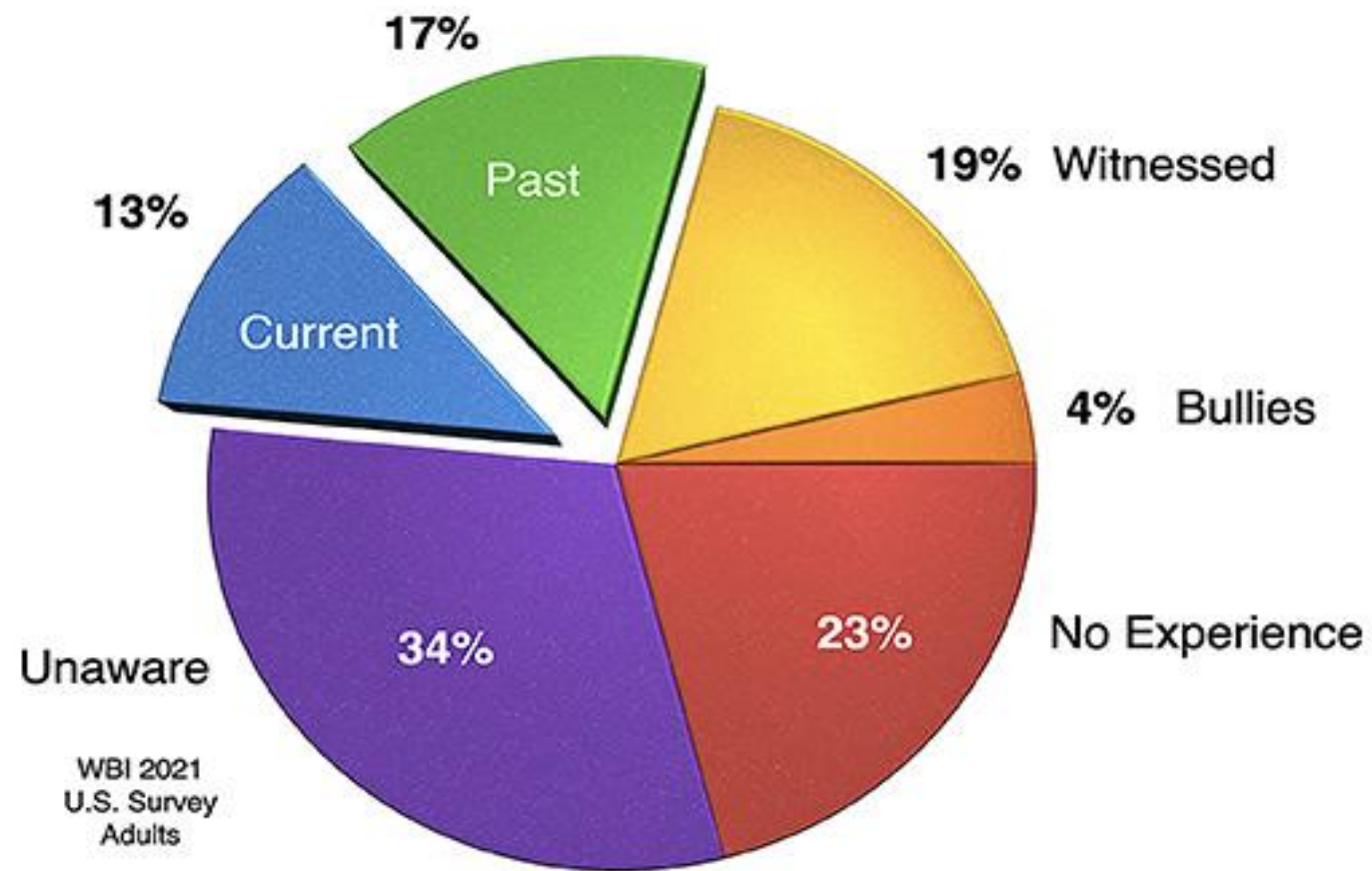
- Do I feel confused or powerless after meeting with the gaslighter?
- Does the person(s) use language describing your behaviors as over emotional, crazy or perhaps irrational?
- Is the gaslighter complimenting you, and then being verbally abusive?
- Are you told to lower your voice when you have not raised your voice in a conversation?
- Do you feel like your workplace situation is surreal? Like, this cannot be happening?
- Isolation from others is the gaslighter's goal so the affected person feels alone?

How does workplace bullying make you feel?

- Helpless; Hurt
- Sad
- Frustrated
- Angry
- In disbelief
- Tired and sleepy—Because you worry about your situation & replay hurtful events
- Isolated, Alone, and Misunderstood
- Discouraged; Burnout
- Suicidal
- Homicidal

Bullying Statistics-2021, WBI Survey Results

- Women bullies tend to bully women twice more than men
- 40% managers are bullied and 52% of non-management employees
- 30% of workers have experienced bullying
- 49% of employees witness or are bullied themselves
- 48.6 million Americans are bullied at work
- Targets of bullying have a 67% chance of losing the job they loved
- For employees working remotely, 43.2% are bullied
- 48% public view toxic workplace cultures as allowing abuses to occur
- 90% of the public want more supportive laws that go beyond discrimination--**All Employees Need Protection**



MALE BULLIES

67%



58% male targets
42% female targets

FEMALE BULLIES

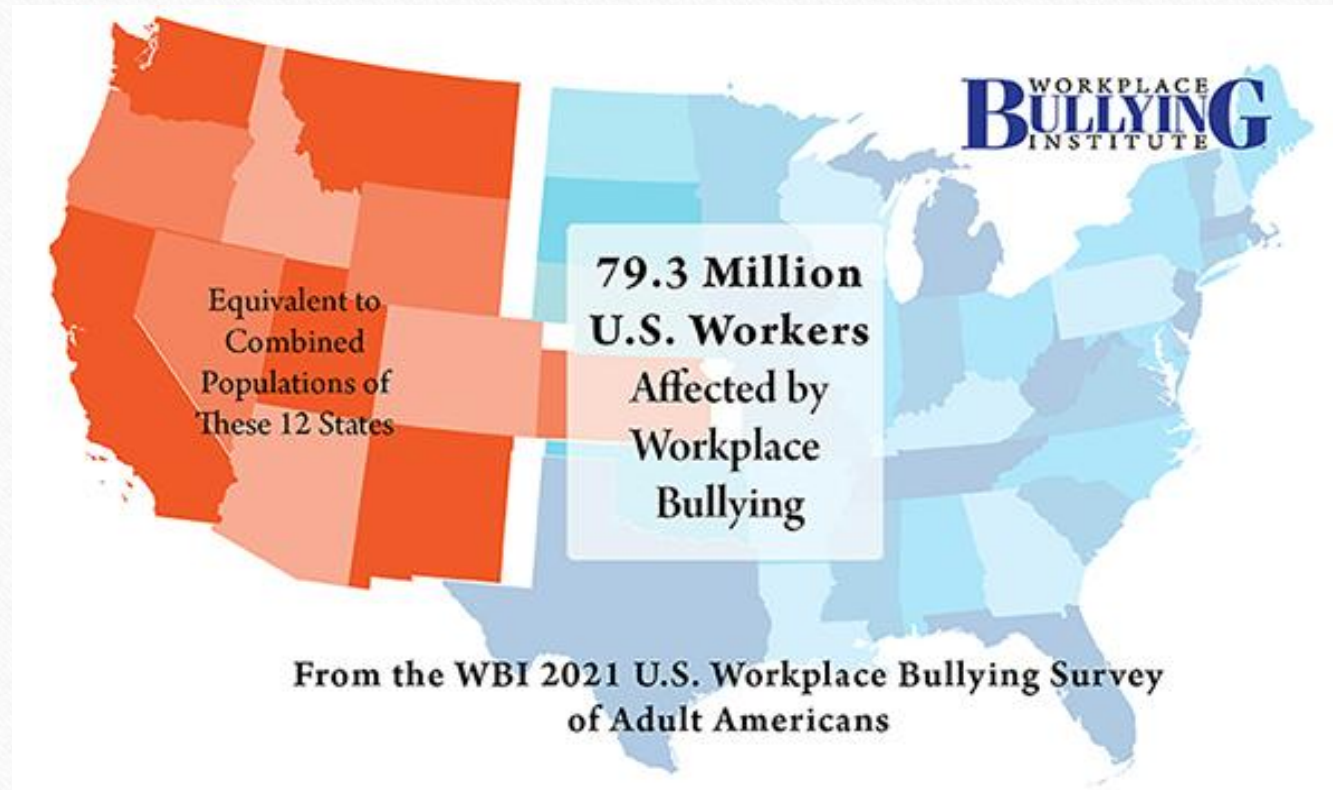
33%



65% female targets
35% male targets



WBI 2021 U.S. Survey - Adults



REMOTE WORKER BULLYING RATE ~ 43%

SOURCES
OF
BULLYING

50% in
Meetings

9% Email



Defining “The Hollow Theory”

- Incivility may cause the affected individual to feel hurt, sad, misunderstood, and embittered. These feelings can be referred to as *the hollow*. *The hollow*, accompanied by perseveration of incidences of negative behaviors from the perpetrator to the victimized nurse, can lead to illness; both mental and physical. For nurses experiencing *the hollow*, symptomatically, they tend to lack energy, enthusiasm, and focus. These symptoms arise in-part, because of the perseveration component of the hollow. As nurses mentally recall negative words said to them and the situations in which they felt vulnerable and attacked by the bullying perpetrator, anxiety and frustration are heightened, as events are replayed over and over again.

Melting Anguish



The Hollow and Work Productivity

- The term *the hollow* was created by the author to explain symptomatology that victims of incivility can experience. Nurses may feel overwhelmed by the bully's continuous attacks on their character and their abilities to perform the job. This can lead to nurses having the sensation that they are sinking and enveloped in deep sadness. Nurses affected by *the hollow* may experience intermittent periods of worry and anxiety, accompanied by perseveration on events at work involving the bully or bullies, and intermittent tearfulness.
- Nurses (and other healthcare professionals) experiencing *the hollow* will inevitably, have a change in their work productivity. Preoccupied in their thoughts with perseveration of the incidences of negative bullying interactions, affected nurses may have a decrease in their ability to concentrate, think logically, and think analytically. The danger of *the hollow* for nurses that are in direct care practice, is that intellectually, nurses' thought processes may become clouded and they may have difficulty critically thinking within the clinical environment. The latter may compromise nurses care of patients related to their disrupted thought processes, secondary to *the hollow*.

Overcoming The Hollow

- Nurses can overcome the feelings associated with *the hollow* by either deciding to leave their work environment shared with the perpetrator(s), request a change of shifts to avoid all interaction with the perpetrator(s), or report the perpetrator(s) and seek the mediation help of a nurse manager or Human Resource Department representative. Additionally, nurses should seek counseling through their company's employee assistance programs (EAP). Untreated, *the hollow* can develop into a clinical depression.

Suicide---Recent UK & US History

A United Kingdom study performed in England over a period of five years; 2011 to 2015, examined occupation, gender, and age in relation to suicide. Results indicated that males within health professions, had a lower risk of suicide (16% lower risk, with a 37% lowered risk for males that were identified as medical practitioners). However, females in health professions risk for suicide was 24% higher than the female national average. The occupation of nursing was the reason the suicide risks was 23% higher than the national average; female health professionals often chose poisoning as a means to end their lives (Windsor-Shellard, 2017).

A National Academy of Medicine (NAM) discussion paper written by Davidson, Mendis, Stuck, DeMichele, and Zisook (2018), examined the lack of information available in the literature on suicides within the nursing profession. The authors conducted an internet search on suicide by rates, year and occupation within the United States. Data examined occupations that provided services to the public. These are the following professions that data were found on during the internet search: military officer (combat infantry closed to women- 37.2/100,000; combat infantry, engineer never deployed and closed to women- 41.2/100,000; combat support medical- 18.5/100,000, all data from 2004-2009), police officer (108 per year, 2016), physician (300 to 400 per year, data from 2015 to 2016), and educator (63 per year, data from 2011). No data were found on nurses.

Nurses and Suicide

- Davis et al. (2021)- Estimated that between 2017 to 2018, approximately 729 nurses in the United States, died by suicide
- Kunz et al. (2021)- Reviewed international press reports and noted that there were six known nurse suicides during the COVID-19 pandemic. Other nurse deaths were being investigated as probable suicides (Rahman & Plummer, 2020)
- Every 2 years suicide data is generated

Physicians and Suicide

- At the University of California San Diego Health, a university affiliated health care institution, before the year 2009, each year, a faculty member, medical student, or resident, died by suicide (Davidson et al., 2018). A survey to assess the well-being of physicians was developed and findings revealed significant drinking among faculty and residents at 6%, self-reported depression at 29%, and active suicidal ideation at the rate of 3% or higher (Reinhardt, Chavez, Jackson, & Mathews, 2005). A committee was developed to investigate the creation of a program that could help prevent suicide within this population. The committee, entitled the Physician Well-being Committee (PWBC), working closely with the American Foundation for Suicide Prevention (AFSP), and developed the HEAR program (formerly known as the Suicide Prevention and Depression Awareness Program).
- **HEAR**- The Healer, Education, Assessment, and Referral program

Comparison Between Physician and Nurse Suicides

- Davis et al. (2021) National Violent Death Reporting System from 2007 to 2018 suggests that more nurses die by suicide than physicians

Your Mental and Physical Health Matter!

Resolving Bullying: Structural Empowerment

Structural Empowerment

- Structural empowerment is a theory that views workplaces that empower employees as having a positive impact on work performance (Kanter, 1977). Power in the workplace can be attained both through informal and formal ways. Employees exhibit informal power when they form interpersonal allegiances and networks of peer groups, with subordinates and superiors within their organization, as well as outside of the organization. Formal power occurs within an organization when employees have roles that are visible and align with organizational missions and vision statements, and employees have jobs that have flexibility. According to Kanter (1977), employees tend to thrive, have job satisfaction, and are committed to their organizations' success, when opportunities to learn and grow professionally are made available to them.

You
Matter!!!

Steps you and your co-workers can take to resolve workplace incivility:

- Address rudeness, lying or other bullying behaviors immediately
- Confront the bully calmly and with witnesses' present
- Document uncivil conduct
- Support peers observed being bullied and report your observations (e.g., to a manager/supervisor, director, or Human Resources) only after discussing your observations with the affected person
- Meet with a manager/supervisor, director, a union representative if applicable to your workplace, and Human Resources if there is no resolution----Consult an attorney
- Seek mental health support. See a healthcare provider
- Advocate for the development of policies that prevent and address workplace bullying
- Toxic environments can impact your physical and emotional health---no change, Move On

thank
you

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Picture of Healthcare Employees-

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Thank you-

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