Relationships in the workplace - Ethical dilemma in healthcare

Workplace relationships are ethically complex. I've been working in healthcare since I was 15 years old. So I've been working in healthcare for almost 15 years. In that time, I have witnessed many tense situations and not all have been handled with sufficient understanding. This thesis will deal more closely with mobbing and bossing and also communication as such then dealing with difficult situations. I will write quite openly. Advance notice.

Mobbing in employee relations

The basis of the term mobbing is the English term "to mob", which loosely translates as "to assault, attack or pounce". Mobbing in psychological terms means "To constantly ridicule or lash out at someone also to scold someone severely". Workplace bullying, i.e. mobbing, is currently a much discussed topic and not only in professional workplaces but also in public society. The sector in which mobbing occurs most frequently is the public sector and, in the education sector also the social and health services sector. In the health sector there tends to be long-term cooperation between individuals which can lead to a higher susceptibility of individuals not only to natural constructive conflicts but also to destructive conflicts in the sense of mobbing (Plevová et al., 2012).

The human need is to work in peace and in a team of people that accepts and respects him.
There are situations in life where people hurt each other, either consciously or unconsciously and so create strained and unbalanced relationships. Mobbing consists of systematic sustained and intense attacks, bullying by a larger number of workers or a direct supervisor as such against an individual or a smaller group. This individual or smaller group is called the victim. The main purposes of the attackers are to destroy humiliate or sabotage the work of the victim and also to make working conditions unpleasant to such an extent that the victim is unable to do his or her given job properly. Mobbing causes psychological harm to the victim which can cause damage to mental health and can also leave lasting or long-term effects that can affect physical health (Ondriová and Fertaľová, 2021).

Leymann (2000) divides the characteristic behaviours and practices considered mobbing into five categories:

- **Invective on quality of working life:**
  The victim is given tasks that make no sense or are far below her abilities, skills and experience. Or conversely the victim is assigned tasks that are beyond his or her given current abilities or is assigned a task in an unreasonably short time

- **Invitation to speak:**
  The victim is denied the opportunity to express or defend the result of the work that is criticized. The victim is not given a space at the meetings and his or her speech is constantly interfered with.

- **Invective on social relations:**
  The victim is little spoken to in a stern and formal manner. The victim is generally ignored by the collective. Sometimes the victim is ignored at the behest of a supervisor or ignored by the collective as a precautionary measure to avoid subsequent punishment from the supervisor.

- **Invective on reputation and respect:**
  It involves ridiculing the victim, spreading rumours, for example about how the victim talks, dresses or denigrating family or personal relationships.

- **Invective on health:**
  The victim is assigned tasks that may put him or her at risk of disability or psychological pressure is put on the victim. Sometimes the victim may even be subjected to threats and physical violence.

Other manifestations of mobbing are described by Plevová a kol (2012) as humiliation, blaming, undue control through intimidation, verbal attacks, deliberate sabotage or restriction of work performance and exclusion or isolation.

Occurrence

Mobbing is a specific form of violence. Employees in the social affairs and health sectors are up to seven times more at risk while other sectors where at the risk is 3.5% higher are education and physical education. The public administration sector has three times the risk. A larger collective carries a higher risk, so health care workers, teachers and educators and civil service employees are unfortunately more likely to be mobbed. In these professions their work depends on communication and coordination. If management does not organise their work, mobbing can occur - because mobbing occurs where it is given space. It is possible to prevent mobbing by not making room for unethical and immoral behaviour through good work organisation and clear work allocation (Ondriová, Cinová, 2019).
I think that every management of any company should set a code of ethics when it is founded and follow it clearly. This would then prevent difficult situations. Adherence to a code of ethics is a clear prevention if it regulates interpersonal relations. It is expensive for a company to train new colleagues, so when a team of employees is being formed their character profile should be taken into account.

Mobbing in healthcare

Healthcare is a field in which mobbing is often up to seven times more common. Healthcare staff experience high levels of stress. Therefore people working in healthcare should have certain prerequisites both physical and mental. Anyone in the healthcare team can be an actor of mobbing. Healthcare personnel take care of different kinds of patients, one kind being patients who are victims of violence and so healthcare workers can also become victims. However health personnel can also become the actors of mobbing or observers of mobbing. Prolonged exhaustion, shift work, lack of sleep and constant exposure to stressful situations are all contributory factors and can result in the triggering of aggression, insensitive behaviour and rudeness as such. Errors in decision making and implementation of certain performance can trigger excess stress and exhaustion in a healthcare employee. Also excessive stress can cause the occurrence of work-related injuries, psychosomatic disorders and increased risk of alcohol addiction (Ondriova and Fertalova, 2021).
I have my own story for this chapter. When I entered nursing school I was fully supported by my family and other people. I was full of hope that I would help people - motto I still have it until today. However the overwhelm that came in high school did not allow me to look objectively at the reality I was in and so did all my classmates. Today I am twenty-eight years old and I really don't find it okay to be subjected to sickness and death almost every day. I was sixteen years old when I first went into practice as a nurse practitioner. Before that I had been in the hospital as a cleaner woman. This intense experience still resonates through my body and emotions ten years later. My practice supervisor a great teacher but not

adequately trained on the psychological side of students (where should she get the knowledge when the subject is so taboo?) put me in a room in the neurology section. There were three old ladies in the room and two of them died that day during my services. First practice, first corpse. Caring for a dead body... even as I write these lines I recall the calm long inhalation and exhalation... When the teacher and I handed over the body to the orderly to take it to the pathology after all the formalities. I feel a tear on my cheek and what I hear from the nurses.... "Just let them get used to it, this is daily bread..." Truth delivered with sarcasm. What happened? I got used to the time and slowly became numb. Death became a normal part of my life and the lives of my classmates - I remember us whispering quietly in the dormitory that we had to be strong and the tears gradually diminished....
But what was going on inside, inside each of us?

Tackling mobbing

In general it can be said that fighting mobbing is not at all easy. Defences that would be effective against a wide range of bullying are difficult and very limited. The key in dealing with mobbing is early identification of mobbing but more difficult is the prevention itself. Pokorná and Schneider (2011) recommend the following procedures if an individual identifies that they are a victim of mobbing:

- Carefully consider whether the victim will stay or leave employment.
- To be in reality without losing touch with it to seek perspective on the whole situation.
- Never stay alone on a problem and get advice from experts, friends or family.
- Finding an ally - a colleague who has not pulled away from the victim or a psychologist directly.
- Prioritise, carry out responsibilities and tasks - avoid unnecessary mistakes.
- Spending time with family, having hobbies, interacting with friends and acquaintances.
- To live other than work.

Personally I think that mobbing should not occur in the health care sector at all but the sad truth is that it occurs quite often. It is probably due to the complexity of the field and the large flow of information. Or is it just the nature of the medical staff? Try to answer the question yourself.
The solution to mobbing and then bossing sounds relatively simple but it's like the boiled frog syndrome... You catch a frog in a big pot in its natural habitat - it asks for nothing - nothing much happens - the pot is put on the stove - the frog doesn't know about it - then the stove is turned on - the water is already lukewarm - the frog can get used to it - and then time passes - the water boils and the frog boils - but it no longer has the strength to escape.... I heard this story from a college classmate of mine - we were undergraduate students together each at a different school but the internships brought us together - when I accompanied her to an alcohol abuse program... This girl was incredibly smart and graduated with a red diploma. Was she a thorn in eye? Why couldn't she do or do too well?

I've encountered bossing myself and so the next chapter will continue.

Bossing

The term bossing refers to systematic bullying by a manager.
How can you tell if it's bossing?
The supervisor assigns a subordinate - the victim

- time-consuming tasks
- conflicting or completely incompatible tasks
- deliberately makes underestimating and undervaluing demands

Bossing is usually more serious than mobbing because the supervisor is usually the owner of the company. The bossing actor is the supervisor and has the final decision-making say. In bossing the supervisor uses the power of authority and thus may commit psychological abuse. Psychological abuse does not have to be overt - it is enough if the actor can intervene verbally in the right way. No boss's abusive actions are to be justified in conflict situations (Ondriova and Fertalova, 2021).

Typical bossing actor:
- he or she is put in "his or her" position by a decision "from above"
- Not qualified to lead people and under constant pressure to improve team performance
- uses a dictatorial and directive model of management
- gets rid of or tries to get rid of anyone he thinks is a threat to him
- often worries about his position, job and function
- he is ruled by a selfish interest in his conscience, the target of his activities he does not "merely" want to indulge but to destroy at any cost (Ondriová and Fertaľová, 2021)

Bossing - I've seen this word in textbooks - but the time has come for me to get up close and personal with it. I worked in the best hospital in the country. Since high school I knew I would work in a transplant unit. In college I had the privilege of attending a lecture by MUDr. Froněk. My decision was made - back then supported by my dad, I took direction and started profiling myself as a nurse in transplantology. My father had his first cancer diagnosis at that time. Together we fought he successfully desalinated chemotherapy and I finished my bachelor's degree - my parents gave me a money for college but they learned me responsibility to finances. I got my dream job at my first interview with an absolutely perfect supervisor. I found it incredibly difficult to survive in that position but my first supervisor was also a leader. Thank goodness for the experience I worked under him for over three years. He used my potential to the fullest and supported my strengths and made my weaknesses even weaker. He saw my passion and desire to work he knew how to motivate his staff individually. When my dad's days came to the end - he freed me up to be with him and accompany him. My entire former team worked perfectly and changed shifts. They were and are amazing. After returning to work I became fully aware of the ingratitude of some of the patients - and the worst part was the physical and verbal abuse. Last bad situation was physically assaulting my colleague - she was pregnant. I had to make a change - go away. I was selected for the operating theatres, so I visited the leader, he offered me the position of multi-organ coodinator. He told me that he knew what potential I had and if anyone could do it, yea you could and that he hoped I would change the way how to do it better. He was concerned to tell me how things work in the operation rooms. I told myself that there could be nothing underneath Dad's departure that would bring me down. All the while, I was finishing my master's degree in perioperative care.

Bossing

Bossing but inconspicuous since the first day of arrival at the operation room. Or did it start before? From what I've known, yes, it started before.
I have a higher education than my supervisor. But I am well aware that education is not everything - practice and diligence will make a diamond from coal. I wished to work with the likes of my former leader instead of just ridicule and whenever possible she took my education and how I am such bad and the worst during my job an everything what I've did. When I approached asking for a operative procedure - she said I wasn't good enought for it. No other justification for that just her feeling.

Solution

I gained allies and feedback on my work - doctors and colleagues were happy with my job. Many of them looked forward to working with me. I also enjoyed working with the team. When the manager was on vacation the whole team was transformed - more at calm and more effective. It gave me the courage to work harder on myself. I successfully completed my specialisation in intensive care. I started studying Healthcare Management and that was the last thing what my manager wanted.
However when the manager felt that I would not step back and she went more to offensive. During the timestep by step they took away from me the competences what I had. It changed my personal life and a long-standing relationship with a constant changing of shifts. Seven days a week at work and the rest of the month morning shifts. The loss of finances decided by the manager. I've dealt with other work. After morning shift I slept in the car untill to go on night shift and morning shift again. I endured this killer heat for over a year.
Then my health failed - the decision was to leave - I went to the main hospital.
A radical change for new job and new city.
I am currently working as an anaesthetic nurse in the transplant section - I am grateful for the gentle team and management. I need a dynamic environment which is why I am going to grad next school.
But what did I take away from my last work experience? Everyone has the right to have value with humility. No one has the right to elevate themselves above others - if they know more the more they have to teach others.
What would you take away?

So I started to study more social dynamics and communication and that will be the next chapter.

Communication

The word communication comes from the Latin word "Communicare" it also has an exact Latin equivalent "participation" to share something with someone. In health care "joining someone with someone" can be joining a nurse with a patient or with his/her relatives or also joining a nurse with colleagues in work communication. Appropriately managed communication can bring all actors together - and is essential for good collaboration. Communication is a universal concept; it can mean both interaction and transaction. To communicate then means to share information to convey messages to exchange ideas and to express oneself in a way that the communicators understand each other. Communication takes place at two levels of **relationship** and **content**. In communication, actors do not only share information, but also build relationships. It is essential to establish a good relationship between the nurse and the patient and the patient's family. It is also important to use both levels properly among the healthcare staff - the collective.

Both levels are closely related - any content is well transmitted in good relationships if the relationship is broken so is the transmission of information i.e. communication is more difficult (Vévoda a kol., 2013).

Means of communication

Means of communication are not only speech but also language in spoken and written form but also nonverbal expressions? Mimicry, gestures, exterior modification, symbols, etc. Generally, verbal communication is given more importance than nonverbal communication. But they go hand in hand. Effective communication is clear and concise - it accurately conveys what is needed and the information is conveyed in an appropriate communication medium. Poorly mishandled verbal communication can be a source of sororigenia, patient harm to the nurse. The word can act as a medicine but also as a poison. (Vévoda a kol., 2013)

Examples of communication in healthcare

I will mention here two situations

1)

An intubated patient lies in the intensive care unit after a car accident. We're taught in schools that these people, even when they're asleep, are aware of us. Experience shows how nurses, but not only nurses, also cleaners and doctors forget this fact. Try stopping anywhere to close your eyes and listen. Even unconscious patients have such perceptions. When a patient is healing he needs a fixed biological regimen - when morning is separated from afternoon and when night is night. I point this out routinely because medical staff routinely leave lights on inappropriately with patients, neglect to knock on doors and one of the main ones is forgetting to introduce themselves and communicate with the comatose patient. Yes it's important. Communicate with the comatose patient slowly as if they are in a coma. Why? To increase the reasons given, and to maintain rhythm. Many times patients are in a coma but their senses remain active. A person who dies, their brain can still ''hear'' 2 hours later.

2)

When I woke up in the low threshold reception in the hospital in Brno, the first thing I heard was: 'And the lady doesn't do drugs?' I saw two male figures at my bedside. I couldn't remember how I got to that place. All I know is that I was about to read a book and I walked up the stairs and then there's a pause and now some men are talking about drugs. I wanted to correct them" Gentlemen I don't smoke, I don't drink alcohol and I don't using drugs! You've got to be kidding me." The vocal cords in time just gave out a long low tone. In a word, helplessness. Is this how patients feel? It went through my head. God this can't be true - I really don't like being on the other side of the healthcare barrier. "And so awake?" One of them said. "Yes," I felt my voice gaining strength. After two hours of his, how long I began to speak slowly but fluently. I learned that I had collapsed on the stairs - the cause probably exhaustion of the body. However, if I wasn't a paramedic the various descriptions and blood values wouldn't have told me anything. Good experience - standing on the other side of the barrier - I know how patients feel and how I will always treat them.

LEYMANN, H. The Mobbing Encyclopaedia. Bullying, Whistleblowing. *Identification of mobbing activities*. 2000 [online]. Dostupné na www: <http://www.leymann. se/English/frame.html>.

VÉVODA, Jiří. Motivace sester a pracovní spokojenost ve zdravotnictví. Praha: Grada, 2013. Sestra (Grada). ISBN 978-80-247-4732-3.

PLEVOVÁ, Ilona. Management v ošetřovatelství. Praha: Grada Publishing, 2012. ISBN 978-80-247-3871-0.

ONDRIOVÁ, Iveta a Terézia FERTAĽOVÁ. Manažerská etika ve zdravotnické praxi. Praha: Grada Publishing, 2021. ISBN 978-80-271-1728-4.

ONDRIOVÁ, Iveta a Jana CINOVÁ. Mobbing jako determinant Klíma na pracovišti. Prešově: Vydavateľstvo Přerovskej univerzity, 2019. ISBN 978-80-2161-9.

POKORNÁ, A.; SCHNEIDEROVÁ, M. Mobbing – zásadní problém pracovních týmů pečujících? Ošetřovatelská péče – Sociální péče. Brno: Siviliania, 2011, 3, s. 6–9. ISSN 1213-2330.