Managing Adult Bullying Behavior in the Professional Domain

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BULLYING BEHAVIOR IN THE workplace refers to persistent and deliberate actions that result in the control or harm of a target. According to a survey commissioned by the Workplace Bullying Institute, nearly 20% of Americans have suffered abusive conduct at work, and just as many individuals have witnessed this disruptive behavior happening to others.[1] The consequences of workplace bullying for both victims and witnesses are significant and may include increased mental health distress and an increased risk of cardiovascular disease.[2]

For the registered dietitian nutritionist (RDN) and nutrition and dietetics technician, registered, abusive conduct exhibited by either a peer or a supervisor can impede collaboration with other health care professionals, lead to burnout, and, ultimately, result in suboptimal client or patient care.

This article examines the consequences of adult bullying in professional relationships and provides strategies for curbing this behavior both in-person and on social media.

DISRUPTIVE BEHAVIOR DEFINED

Workplace bullying—generally defined as "repeated health-harming mistreatment" of a colleague or peer—can be challenging to define and can sometimes be confused with workplace conflict.[3,4] Bullying in the workplace can involve verbal and nonverbal abuse, threats, work sabotage, ostracism or isolation, and intimidation in a pattern of actions demonstrated over the course of several months or longer.

"A workplace bully exhibits an ongoing pattern of some type of mistreatment that can be demoralizing or disrespectful, and goes beyond a tough or demanding boss who has high standards," said Janet L. Helm, MS, RDN, executive vice president and chief food and nutrition strategist, Weber Shandwick, Chicago, IL, and co-author of the Practice Paper of the Academy of Nutrition and Dietetics: Social Media and the Dietetics Practitioner: Opportunities, Challenges, and Best Practices. "I like being challenged—it helps you grow and thrive as a professional. But if you believe a situation escalates into being bullied—that means you are always in fear and that prevents you from ultimately getting your work done because you feel so intimidated and humiliated," she said.

"I think the answer really lies within the manager's objective," said Catherine Mattice, MA, SPHR, SHRM-SCP, president of Civility Partners, LLC, a consulting firm specializing in system-wide solutions for negative workplace behaviors. "If a manager is holding a staff member accountable to certain standards because he or she wants them to be successful, then they're simply a tough leader and not a bully."

Workplace bullying between a supervisor and a subordinate is often referred to as vertical bullying.[5] Horizontal bullying occurs when a staff member displays abusive conduct toward a peer or someone of similar rank within an organization.

"I think it's easy to think of a workplace bully as being a manager, because the power imbalance already exists," explained Mattice. "But it is important to recognize that peers can bully each other, as can a subordinate bully a superior. And so, we have to get out of that mind frame that it's just the boss doing the bullying."

In fact, there are so many ways to define disruptive behavior in the workplace, especially in the health care environment, researchers assert that a "plurality of terms" exist to describe disruptive behavior, which can make collecting data and discovering innovative strategies for curbing this conduct challenging.[6]

Mattice—a founding member of the National Workplace Bullying Coalition, a nonprofit organization focused on ending workplace bullying through education and advocacy efforts—organizes bullying behavior into three buckets:

Aggressive communication is conduct that includes yelling, getting in someone's personal space, aggressive body language, and cyberbullying. "If you're sending nasty emails, or posting messages online about somebody, that's all aggressive communication that we can all see and look at, and those are examples of aggressive communication," said Mattice.

Humiliation is a behavior that includes ignoring a colleague and socially isolates them. Pointing out mistakes in public, or giving somebody only three of the five steps in the instructions for a task so that they are humiliated, are examples of this behavior.

Manipulation is an action that impedes another's ability to succeed in the workplace. Assigning a task to

someone that is outside their realm of expertise or comfort level, without providing additional resources or support, is an example of this behavior.

An awareness of what distinguishes bullying behavior from harassment is also essential when examining abusive conduct in the workplace, particularly in the #MeToo era, a global movement that promotes education about, and protection from, sexual harassment and assault.

Harassment, discrimination, and exhibiting continuous unwelcome behavior in the workplace with the intent to make another feel powerless can all be classified as bullying behaviors. However, these behaviors could be characterized as unlawful harassment and be actionable under federal (and some state) laws if they are tied to a protected category, including gender, race, or religion. In addition, if bullying leads to physical assault or battery, a legal claim can be made.[7]

"If I harass everybody, we call that bullying, and that's technically legal," said Mattice. "If I harass only people of a certain sexual orientation, for example, then that's harassment, and that's illegal."

BULLYING BEHAVIOR IN HEALTH CARE AND HIGHER EDUCATION

Enhanced self-awareness and participation in professional development are essential for recognizing the signs of bullying behavior in the workplace, as is an active understanding of the Code of Ethics (COE) for the Nutrition and Dietetics Profession, which was updated in 2018 by the Academy of Nutrition and Dietetics (Academy) and its credentialing agency, the Commission on Dietetic Registration (CDR). The Academy/CDR COE is responsive to topic areas relevant to contemporary nutrition and dietetics practice, including professional behavior in the workplace, particularly in Principle 3: "Professionalism (Beneficence)," Standards b and c, which state: "Respect the values, rights, knowledge, and skills of colleagues and other professionals" and "Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media."[8]

As effective as training and the guidance provided by COE from the Academy/CDR and those of other organizations may be in managing disruptive behavior in the workplace, research suggests that health care workers are more likely than other industries to experience workplace bullying.[5]

According to Mattice, bullying behavior seems to be especially prevalent in three industries: health care, higher education, and government agencies. All three industries share similar risk factors associated with the potential for disruptive behavior in the workplace, including competition for resources, legacy employees with longstanding tenure and a potential resistance to change or symptoms of burnout, and systems marked by slow-moving bureaucracy.

The higher education and health care workplace settings also feature daily situations in which a marked power differential occurs between employees. In the higher education sector, this differential can occur between tenured and nontenured faculty, and in health care it can occur because of varying levels of training and expertise.

Workplace bullying in higher education typically affects two groups: junior faculty seeking tenure and students pursuing a graduate degree.[9] Both of these cohorts are particularly vulnerable because they require support and approval from senior faculty members to successfully achieve their academic goals. Other forms of bullying in this setting—including peer-to-peer and bottom-up bullying perpetuated by students toward faculty—are also an ongoing issue.

"In academia, we certainly experience power differentials between tenured and non-tenured faculty, between administrators and faculty, and between faculty and students," said Catherine Christie, PhD, RDN, LDN, FADA, FAND, associate dean and professor, University of North Florida's Brooks College of Health, Jacksonville, and 2018-2019 chair of the Academy's Ethics Committee, and current treasurer-elect. "These situations are always difficult and when an accusation of bullying occurs it negatively affects the ability of a department or a program to function effectively. I have found being proactive by collectively discussing the issue, defining what constitutes bullying, and setting clear standards for professional civility aid in prevention."

Recognizing bullying behavior in academia, such as being discredited or undermined in front of others, can be challenging in an environment that typically champions debate and insightful criticism.[10] In an article published by the American Association of University Professors, institutions of higher learning are encouraged to develop "early-alert programs" to train administrators and faculty on how to recognize disruptive behavior and to create policies that aid employees in understanding what steps can be taken in response to inappropriate behavior.[11] Other strategies to curb this behavior in a setting that is complex and often competitive in nature include leading an overall culture change rather than singling out a specific, senior-level academic bully. One researcher suggests generating an anonymous "brief climate survey" of faculty and students to gain an understanding of the current climate of the department, and using that feedback to develop data-based interventions and updates to anti-bullying policy.[12]

Disruptive behavior in higher education can lead to burnout, diminish productivity and academic output, and interfere with faculty-student relationships, and bullying behavior in the health care setting can have a significant impact on quality of client or patient care. This decline in care is largely related to a breakdown in communication and collaboration, a result underscored by numerous studies, and one that is of particular concern to RDNs, who often work in a team-based environment. One study revealed that 94% of nurses believed that bullying behavior affected patient outcomes, with 54% noting that patient safety is also affected.[5] In an effort to address these patient care risks, health care associations, including the American Nurses Association and the American Association of Critical-Care Nurses, have published position statements acknowledging the issue of bullying in the workplace. In 2019, the American Nurses Association also developed a policy to address barriers to reporting workplace violence, including "bullying and incivility as perpetuated by coworkers or supervisors."[12]

CURBING ABUSIVE CONDUCT
Corporate culture and ineffective management can sometimes lead to

bullying behavior in the workplace, whereas other factors are more specific to the individual and their emotional or psychological response to the workplace environment. The first step in alleviating this behavior, no matter the source, is to make the connection between the actions exhibited by a potential workplace bully and how they make you feel.

"There isn't a checklist to tick off that defines what this behavior is," said Heather Mangieri, MS, RDN, CSSD, LDN, a former spokesperson for the Academy, content development and social media strategy consultant, and a co-presenter of the 2016 Food & Nutrition Conference & Expo session titled "Think Before You Tweet: Keeping the Science in Nutrition Communications."

"But if you feel hurt, put down, harmed or unsafe in your workplace, those could be signs of bullying behavior. The other piece of this is to remember that bullying is repetitive behavior. As soon as you start noticing a pattern of behavior, start to document it. You can start your own journal, but also find out if your human resources department has a formal policy in place to report this behavior."

"As soon as you feel like you are no longer being treated with dignity, as soon as you feel that boundary being crossed, you should start documenting the behavior," agreed Mattice. "Documentation should always include the who, what, when, where, and why. Who saw it? Who was there? What was said? What was the situation? Include as much detail as you can so that when you report it you can fully demonstrate how you've been treated," she said, noting that the documentation should include at least three strategies you've used to try to resolve the issue.

"I would almost immediately stand up for yourself, if you can. There's a lot of research that suggests that if you can nip workplace bullying behavior in the bud right away, it will, in fact, discontinue," Mattice added. "I know everyone generally likes the path of least resistance, but if you can have a factual, unemotional conversation with the person exhibiting this behavior, then you can include that in your documentation if the behavior persists."

Practical guidelines for having a potentially difficult conversation with a bully in which you describe your reaction to his or her disruptive behavior include the following: Find a private setting conducive to conflict resolution and, in advance of the meeting, determine your desired outcomes for the conversation (an acknowledgement of the behavior and an agreement to halt this conduct and opening the lines of communication are potential objectives). Be prepared to outline the facts of the behavior and describe how his or her actions are having an effect on your work. If the bullying persists, be prepared to take additional steps to resolve it.

While establishing a professional dialogue with an office bully may quickly alleviate the problem, Mattice said an awareness of certain "linguistic micropractices" is essential because they tend to discourage victims from speaking up when they feel harassed. "During the #MeToo movement we saw a lot of different groups create a 'see something, say something' culture. But there are a lot of reasons why people continue not to speak up, including linguistic micropractices, which are societal reactions to power imbalances." These practices could include "disqualification," with comments such as "You're just being sensitive," and "neutralization," which treats abusive conduct as inevitable and a natural form of expression for people in positions of power.

BULLYING BEHAVIOR AND SOCIAL MEDIA

In 2018, researchers found that 30% of 3,699 study participants experienced cyberbullying or "cyberincivility" in the workplace.[13] Similar to traditional bullying behavior, cyberbullying is characterized by actions intended to humiliate or undermine a target through the use of smartphones, computers, and other digital devices. Unfortunately, technology and the evolution of social media platforms have provided cyberbullies (sometimes referred to as "trolls"—individuals that post divisive and inflammatory comments with the intention of baiting other members of the community) with more channels to target their victims.

"I think bullying on social media is driven by someone who wants control," said Helm. "Cyberbullies want control over a message that they think is inaccurate, or control over that individual, with a public comment that, in essence, says 'I'm right and you're wrong on this topic.' But often, it is not just about correcting the message—it is about demeaning the messenger."

"The field of dietetics is so diverse," added Mangieri. "We all hold the RDN credential and we all have a responsibility to follow the [Academy/CDR] code of ethics even as we all work in different areas of the field. And even two dietitians that work in the same area might have two different approaches to the same topic. The Academy's Food & Nutrition magazine has launched a Pledge of Professional Civility that supports communicating with colleagues, including those with different opinions, in a professional way." The pledge—announced during a session on Cyberbullying at the 2017 Food & Nutrition Conference & Expo meeting—is a "voluntary, public commitment to the civil treatment of professional peers, including those with whom we may not agree on all issues."[14]

"In our profession, posts on social media absolutely have to be science-based. But there's room for different philosophical points of view, and we have to be respectful of that. If someone posts something that is evidence-based but is not something you would ever support, and you try to bring them over to your side in a way that is hurtful and disrespectful in the public forum of social media, that would be considered cyberbullying," said Helm.

Engaging in thoughtful discourse on social media is appropriate and encouraged, according to Helm and Mangieri, because it stimulates learning and new approaches to what are often complex nutrition topics.

"I think the line is crossed when it gets personal, with language like, 'You should be ashamed of yourself for doing that.' Or 'How could you call yourself a registered dietitian and support that?' When it comes down to questioning someone's professionalism or their ethics in a public way that crosses the line into cyberbullying," said Helm.

Managing a cyberbully starts with reading what the user has to say, considering their motives, and issuing

a response. The key to dealing with an online bully or troll is to avoid escalating the situation, according to social media experts, especially considering the public and permanent nature of online posts, tweets, and comments. Online bullies typically thrive on attention, so keep this in mind when deciding how—and how often—you wish to respond.

"If somebody has a comment that is viewed as a threat and you respond in a very appropriate way but the conversation continues in a negative manner I wouldn't respond again," advised Mangieri. "This is where you say 'I gave my feedback, I spoke my mind, I stood up for my initial message, and as far as I'm concerned it's over' and avoid going back and forth with the commenter. If the individual continues to make disrespectful comments, that is when it becomes bullying behavior, and you need to make the decision whether or not to delete, block, or report the user, depending on the platform."

In an effort to help users avoid "feeding the trolls" (an old internet adage that refers to engaging with persistent cyberbullies), Facebook launched new anti-bullying tools in October 2018. Specifically, the social media platform launched new ways to hide or delete multiple comments at once from the options menu of a post, and it announced new pathways for reporting bullying on behalf of other members. It also announced an initiative to continue testing how the platform searches for and blocks offensive words from appearing in a post's comments.[15,16]

Twitter also has upgraded its anti-harassment tools in recent years with retooled algorithms that identify abusive tweets, placing online bullies in a "time-out," as well as a revamped mute feature that allows users to remove specific keywords, phrases, and conversations from notifications.[17] (Muting is different from blocking or unfollowing—accounts muted by a user will not be aware that they are being muted.)[18] In 2017, Twitter administrators also revised its reporting process with updates on the status of the reports, including what actions, if any, are taken.

Mattice suggests employing the BIFF method (brief, informative, friendly, and firm) when managing both traditional and online bullying behavior.

BIFF was created by Bill Eddy, LCSW, ESQ, co-founder of the High Conflict Institute, San Diego, California. "If you're being attacked, particularly online, try using the BIFF response…keep your comment brief, keep it informative so that you're focusing on the facts, keep it friendly so that you're not coming across to others as a bully yourself, and keep it firm so that your point and intent are clear."

CONCLUSION

Peer-to-peer and vertical workplace bullying can affect an RDN's morale and his or her ability to provide quality nutrition assessment and care, but these behaviors also can have an impact on the provider's own health status. A study published in November 2018 found that targets of workplace bullying and violence have a higher risk of developing cardiovascular disease than those who do not encounter this abusive behavior.[2] Workers who were bullied on the job were 59% more likely to be diagnosed with heart disease or hospitalized for heart attacks or strokes than those who were not bullied, according to the study. The stress and mental anxiety that result from abusive conduct at work can lead to other medical issues such as over-eating, alcohol and drug abuse, smoking, and others. "It's stressful to feel like you're constantly being attacked," said Mangieri. "And if it is a work situation it's so important to get it resolved because it can harm your health and that's something that is more important than any job."

Although bullying behavior can occur in any office setting, it is especially common in the health care sector, because of the unique stressors associated with these professions. RDNs should be aware of the signs of in-person and online bullying behavior, employ strategies for active solutions to halt this behavior, and engage in professional development training to hone the skills necessary to manage disruptive and inappropriate behavior.

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