



## From Our Irregular Correspondent

### **Coping with very difficult colleagues – The hidden menace in the workplace –**

One in a series of occasional papers on health and social care topics by Terry & Monica Dennis of Healthcare Alliances. Our aim is to be thought provoking with a touch of devil advocacy. They are based mainly on our experiences of work, mentoring and training. They contain the occasional reference.

#### **The scale of the stress problem**

Many staff working in the NHS suffer from long term stress and sickness rates are high. According to the NHS Staff Survey (March 2009), 12% of NHS staff say that they have been bullied or harassed at work, most often by their manager. The Interim NHS Health and Wellbeing Report for the Department of Health (Boorman Review, August 2009) states that, at an average of 10.7 days a year per employee, NHS sickness rates are nearly 50% higher than those in the private sector. It also states that two of the three most common reasons for absence are stress and mental health problems.

Other statistics include:

- 33% per cent of staff had felt unwell because of work-related stress over the past 12 months (Healthcare Commission 2006 Staff Survey)
- Nearly 40% of NHS staff in Wales suffer from work-related stress (Welsh Assembly Government 2005)

#### **Impact on patient care**

High levels of stress related sickness endanger patient care. According to a report in the BMJ (June 2009) 75% of hospital consultants surveyed have had concerns about patient safety, professional misconduct or bullying at some point in their career. Higher levels of staff health and wellbeing are associated with lower agency costs, lower absence rates, lower levels of MRSA and lower standardised mortality rates.

## **The root cause**

Views on the root cause of the problem vary.

Politicians, commentators and staff all call for better management in the NHS. The Health and Wellbeing Report recommends that NHS staff should be taught how to take responsibility for their own health and wellbeing. Others say that the NHS should be setting standards for diet, exercise and smoking (HSJ August 2009). Fingers are also pointed at lax management practices, low staffing levels, high workloads, patient demands and staff being told not to come in if they are ill so as to protect patients and other staff members.

There is no doubt that all of these play a part, but people we mentor and delegates on our training courses point to something else. Something that staff have been telling us again and again. Something that has made us think that the politicians, analysts, and many of the commentators are missing the point. It appears there is a hidden menace in the workplace. Wherever this menace is found then sickness and stress levels soar.

## **Pinpointing the real cause – personality disorders**

Our core business is running development, learning and training courses for staff who work in the care sectors (health, social and voluntary care).

Amongst other courses, we run modules on:

- Teamworking
- Conflict
- Interpersonal communication
- Dignity and respect

All of the modules are designed to cover generic sets of skills that are applicable across all work situations. However, we have found that participants are increasingly raising problems that they have which stem from one particular work colleague.

Whilst their specific stories vary, the situation they describe always fall into one or more of the following categories:

- Bullying
- Harassment
- Conflict
- Insults
- Exclusion
- Intimidation
- Aggression

As a result, we started to include a short section on personality disorders in some of our modules. We were shocked by what we found! We would show participants the following list of personality disorder subtypes (Diagnostic and Statistical Manual, Fourth Edition, American Psychiatric Association):

- Paranoid            Highly suspicious, distrusting and cold
- Borderline        Moody, angry, stormy relationships
- Anti-social      Little sense of morals - 'Get what you want'
- Narcissistic      Self-centred, grandiose
- Schizoid          No desire for closeness
- Histrionic        Dramatic, shallow, over emotional, centre of attention
- Obsessive        Over-conscientious, picky, obsessed with details
- Avoidant          Afraid of taking any risks or giving an opinion
- Dependent        Constantly seeking reassurance
- Passive/aggressive    Angry but does not show openly

Watching a group read the list was like watching a collective 'aha' moment.

**At least 75% of participants immediately pointed to one of the types and with more than a touch of emotion in their voice would exclaim "That's him!!" or "That's exactly what she's like!!"** Interestingly, we do not get the same intensity of response from delegates who do not work in the NHS.

### **What is personality disorder?**

A personality disorder is defined by the American Psychiatric Association as "*an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the culture of the individual who exhibits it*". This manifests itself as:

- Rigid patterns of thought and action
- Deeply ingrained, maladjusted patterns of behaviour
- Problems with daily living and relationships

People with a personality disorder are observed to:

- Use bullying as a way of achieving their goals
- Display repetitive patterns of behaviour
- Be unaware of the impact that their behaviour is having
- Deny that they have a problem
- Have difficulty in sustaining relationships
- Consider their negative behaviours as virtues or strengths
- Have little emotional intelligence and rigid, irrational beliefs

Sufferers have a predominant type or behaviour pattern, but can display characteristics of other sub-types.

According to the Royal College of Psychiatrists, 1 in 10 people have a personality disorder, ranging from mild to extreme. The National Institute for Clinical Excellence (NICE) has reported that the estimates of personality disorder in the general population range between 5% and 13%.

Some believe that extreme personality disorders are an illness and the person has little control over their behaviour. Others consider that it is just a behavioural trait that does not conform with the norms of the society that they live in. Whatever the cause, people with a personality disorder can attract fear, anger and disapproval rather than compassion, support and understanding. This is unfair and unhelpful as it is something that requires help.

### **Another personality disorder – social psychopath**

As well as the sub-types listed above, there is a more extreme type of personality disorder called social psychopathy. The social psychopath is ruthless, manipulative and often charming, but has a lack of conscience. They are fully aware of what they are doing and the potential consequences. They are self-assured, cocky and often domineering; willing to use and abuse others to achieve their ends.

Social psychopaths push their opinions onto others and cannot understand why anyone would disagree with them. The social psychopath never feels that there is anything wrong with his/her behaviour. It is everyone else who is in the wrong.

### **Personality disorders in management**

We all have preferences, prejudices, phobias, quirks, mannerisms and unique traits. Some annoying, others not. Some of these can be beneficial in a work context. For example, being focussed helps to get the job done and attention to detail is important in maintaining standards.

In our experience, the vast majority of departments, directorates and teams function well – often because of the variety of people within them.

However, in those situations where a group has somebody in their midst with a marked or extreme personality disorder, it can be dysfunctional, seriously stressful, exceptionally demotivating and very emotional for all members. The situation is worse if the person with the disorder is in a senior role. There can also be problems of “sabotage” when staff who “act up” into a more senior position do not obtain the substantive position and an “outsider” is appointed.

There is a view that NHS managerial and clinical roles may be attractive to social psychopaths because of the power and control that the positions bestow, and they can thrive because dismissing staff is more difficult in bureaucracies, such as the NHS. Although it can be criticised for being overly sensational, the HSJ reported recently that as many as 3.5% of “high potential” managers in the NHS could be social psychopaths, whereas the incidence in the general population is 1%” (HSJ August 2009).

The evidence from our research combined with the feedback we receive from both our workshops and also the professionals that we mentor has convinced us that personality disorders might be more widespread in the NHS than is realised. If our instinct is right, it would help to explain why the NHS has such high reported levels of bullying, stress and sickness absence.

It would also mean that calls to role model healthy lifestyles miss the point. What we need to do is role model healthy working relationships and healthy individual behaviour. It would mean that leaders who want to reduce sickness levels and improve patient care need to focus their action on limiting the damaging impact these people have on the other staff in their organisation.

### **The debilitating impact on colleagues**

The stark problem is that the behaviour of these disordered individuals causes a lot of stress for others. Stress is characterised by high levels of distress and feelings of not coping.

Stress is often brushed aside as an acceptable part of NHS life. Short term pressures are a part of everyday life. But ignoring the signs of long term stress is a mistake. Long term stress is an insidious health problem that limits our ability to do our best at work. Resultant dips in performance then further amplify and exasperate stress causing it to spiral out of control. That is when sickness absence starts. That in turn creates a vicious cycle of low staffing levels creating high stress levels and higher sickness rates.

Symptoms of stress include:

- Physical
  - Loss of appetite
  - Difficulty sleeping
  - Tiredness
  - Skin complaints
  - Headaches
  - Accident prone
  - Palpitations
  - Alcohol abuse
  - Increased / reduced eating
  - Hair loss
  - Musculoskeletal disorders
- Psychological
  - Anxiety
  - Depression
  - Repetitive thinking
  - Irrational thoughts
  - Burnout
  - Low self-esteem
  - Poor concentration
  - Moodiness
  - Irritability
  - Anger
  - Withdrawn
  - Suicidal thoughts
- Emotional
  - Avoidance
  - Crying
  - Passivity
  - Isolation
  - Trying to please
  - Guilt

In addition to the points above, workshop participants or mentees often share a painful feeling of guilt and self-blame, using phrases such as:

- *"It must be my fault"*
- *"I'm not good enough"*
- *"What have I done wrong?"*
- *"What could I have done differently?"*

These are often accompanied by declarations of despair:

- *"It's getting worse"*
- *"Everybody hates me"*
- *"This is never going to end"*
- *"I can't see a way out of this"*

To the outsider it is obvious that these beliefs are highly irrational and it is often clear that the person's colleague is the source of the problem. This demonstrates how thinking patterns become disturbed during times of stress, and how debilitating the psychological impacts of stress can be on a person's judgement and self-worth. It is no surprise that people go off sick so that they recover their health as well as protect themselves from further injury. Sustained long term stress leads to low immune systems, high blood pressure and possible permanent organ damage.

### **The pain and agony of exclusion and ostracism**

One of the mechanisms that bullies use to inflict psychological pain is exclusion or ostracism. Scientific American Mind has reported (February 2011) that when people have been left out of social events or excluded from work activities or have been rejected in some way, they experience a social agony that the brain registers as physical pain.

Examples, can include:

- being left out of a meeting
- not being included in discussions
- exclusion from email and written communication
- failure to be re-appointed

The researchers report that even brief episodes of exclusion involving strangers or people we dislike (or, as in the research experiments, a computer):

- initiate pain centres in the brain
- evoke sadness
- generate anger
- increase stress
- decreases self-esteem
- reduces our sense of control

It does not need to be serious rejection – subtle, artificial or seemingly unimportant exclusion also causes strong emotional reactions. Social bonds are important to us. Severing those bonds makes us feel helpless, invisible and unimportant – fighting back is useless, as no one will respond.

All personality types, including tough and resilient people, experience the same intensity of feelings. However, our personality type influences how we respond (eg work it through or lash out or withdraw) and how quickly we recover.

### **How to respond - early recognition is vital**

Stress management techniques, such as relaxation and healthy lifestyles, can help to minimise the effects of stress. However, this paper is about dealing with the underlying causes of colleague-induced stress in order to improve your health.

Given the potential for this workplace menace to damage your health, it is essential to know how to cocoon yourself from their psychological blows.

Our work with clients recently in a counselling mode and our personal experience of working alongside people with personality disorder, has given us an insight into the best ways to tackle this character.

Spotting the early signs that your new colleague has a personality disorder is absolutely vital but not easy. It often takes a while to realise that all is not well.

Early warning signs include:

- Charming and over friendly (initially welcomed by the victim)
- Displays of confidence (with hindsight, overconfidence)
- Promises (which are hardly ever kept)

Over time the charm subsides and a different character emerges – perhaps intimidating, belittling or pressurising you. “It was like dealing with Jekyll and Hyde” is a common statement made by victims. Sometimes, professional jealousy emerges resulting in being excluded and sidelined. Another commonly reported warning sign is a change in the nature of their dialogue, from charming conversations to long rambling monologues.

This is the stage when you realise that something is not right. It then takes a bit longer to accept that your initial positive impression was wrong, and that something needs to be done.

However, responding to personality disordered harassment and bullying in the same way as other types of conflict by being rational can lead to escalation of the problem.

This is because bullies with a personality disorder have low levels of emotional intelligence and will not recognise the chaos their behaviour is causing. Yet they are often intellectually bright and so are good at using the system to meet their own ends. For example, by turning a complaint about them into a problem about you.

### **It might just be because you are one of a kind**

We are all different. We all react differently, in different situations, at different times. Therefore, our reaction to conflict with our colleagues will be different. Some of us will attack, some of us will avoid it, others will try and understand it, others will worry about it and some will use it to their advantage.

This is the territory of personality and learning models – and our favourite is Myers-Briggs, which is about how people make decisions based on their preferences for gathering and processing information. Some preferences are about:

- the type of information you prefer:
  - if you like ideas, colleagues who go into detail could annoy you
  - if you like detail, people who are vague might irritate you
- how you make decisions: rational or principled:
  - if you are rational, emotional outbursts will frustrate you
  - if you are value driven, you will be upset if you are treated unfairly

Whatever personality model that resonates with you, use it to think about your reaction to the conflict situation, such as:

- Is my reaction justified? Am I overreacting?
- Is there another way of looking at the situation?
- Why is my view different to other people and why can't we agree?
- Why do I / others struggle with issues that others / I take in their stride?

In addition to your own personality preferences being a factor, there are at least two other influences that will shape your reaction and response.

The first influence is what psychologists call “initial attribution bias”. Research shows that we are loathe to change our minds after we have made judgements and decisions based on initial impressions. That means if we have decided that the perpetrator is a good person, we ignore evidence to the contrary even if it staring us in the face. “It’s hard to let go” as the saying goes.

The second influence is that we have an in-built principle of fairness. We want to be treated fairly; and being treated fairly is more important to us than the outcome. So, when somebody with a personality disorder turns on us after being initially friendly, we will react badly and be shaken.

The two psychological processes can work in tandem and have a devastating effect on you. Somebody you thought you could trust turns against you, you can’t see that it’s them not you and you conclude that it must be your fault. If you stand back and look at the objective evidence, you will realise that it’s not true!

Suggested coping mechanisms for dealing with rejection include:

- removing yourself from the source of the exclusion
- reminding yourself of your strengths (“I am a good wife/father/daughter”)
- taking control by being decisive (“I will ....”)
- finding other groups to belong to

### **Get help from your organisation or other sources or leave**

It might that the issue is deeper than just a normal difference in personality. So what can you do if you are the victim of the actions of a person with personality disorder?

Guides and textbooks (and even our courses) are full of well intentioned advice, such as:

- Tell your boss (great if your boss is a strong character, but he or she could be part of the problem or be reluctant to take action)
- Report it to HR (we have heard of many HR departments that have provided invaluable support – but we have also heard of others that seemed to be part of the problem)
- Make a complaint or take legal action or go to your union (this can address the issue, but you could be labelled as a troublemaker – and the action can be stressful in itself)
- Confide in a colleague (also good, but the perpetrator might have “knobbed” or formed a clique with the colleague or the colleague could have become loyal to the perpetrator [Stockholm Syndrome] – and will take the side of the perpetrator)
- Tell a friend outside work or contact a helpline (also good, but does not address the issue)
- Quit (drastic, but is often the only way out – unless there is little prospect of getting other employment, in which case stress levels will rise further)

## Things you can do yourself

The above actions all have their benefits. However, our experience is that you also have to prepare yourself mentally to cope with the situation. These are some actions that we have seen to be of help:

- Keep the perpetrator at a safe personal and emotional distance – do not engage with them, and do not confide in them as they will use it against you later
- Expect to be bullied, abused or manipulated, know your weaknesses and expect them to be used against you
- Anticipate your emotional response, and keep it in check
- Expect rejection from the perpetrator
- Try and avoid meetings on your territory – meet in a neutral public place
- Try and avoid one-to-one meetings, having a third party around helps to keep their behaviour in check
- Do not react when they have emotional outburst – keep silent
- Ignore their attempts to manipulate you by using guilt and responsibilities
- Try to ensure that your contact with them is on a regular, structured basis — avoid ad-hoc meetings if you can
- Call a spade a spade – if the perpetrator has had an emotional outburst, say so and do not cover for him/her – leave if necessary
- Ignore their attempts at control – let them know that you have your own views
- Be careful with enlisting colleagues unless you are sure they are on your side – if they have Stockholm Syndrome they will tell the perpetrator everything
- Approach occupational health, rather than human resources – occupational health staff are trained to recognise difficult personalities and will try and avoid a formal complaint process
- Develop a stress handling technique – we like diaphragm breathing – Google it to find out more

There are also steps you need to take about recording and responding to encounters. Bullies with a personality disorder will manipulate and distort events and conversations. We have heard many stories of a seemingly innocuous meeting being followed by an email which ignores all positive aspects but exaggerates a minor point into a major failing. So you need to develop an evidence base:

- Keep a diary which will provide evidence if needed and will also enable you to get things into perspective
- After every encounter, send a factual email with your view of what was said and agreed
- If they criticise you verbally or in writing, respond immediately in writing, firmly rebutting the allegation
- Try and send memos about serious matters rather than emails, as hardcopy is more difficult to copy and send round on a group email

Above all else:

- Do not take the behaviour personally
- Listen to the insults/abuse/demeaning comments, but keep to the job in hand
- Stay calm and watch – leave if you want to

If you stand your ground, they will need to adapt to your needs rather than you being forced to react to their outbursts. This is why temper tantrums don't work in prison cells, psychiatric hospitals or in a police station.

[Note: we do not recommend the response of one commentator on an earlier version of this paper who suggested that you let the perpetrator know that they are picking on an even bigger psychopath who will beat them up!].

If your self-esteem is high enough, there is no problem confronting the perpetrator. Such confrontations can be uncomfortable for the perpetrator as you are bringing their behaviour to their attention. If they realise that each outburst is followed by an uncomfortable confrontation, then the number of outbursts will go down. You will have the most impact if you focus your feedback on the perpetrator's observable behaviours such as shouting, ordering, threatening, etc. A useful technique for confronting people effectively is the Three Part Assertion Model (John Bolton, People Skills, 1975). This involves:

1. Describe the perpetrator's behaviour
2. Tell them the emotion that it causes you to feel
3. Tell them the psychological or physical impact on you of that emotion

A final point which is very easy for us to make, but very difficult to put into practice is to think positively. People who think negatively about old age, have poorer health – according to one study, being negative can result in a 70% reduction in function over three years. Pupils who are thought of more highly by their teachers than other students of equal ability achieve an increase in exam results of 22.7%. Positive priming, as the psychologists call it, can improve your health.

### **Helping the perpetrator**

People with personality disorder may suffer lives of rejection, anguish and alienation. The effects on individuals, families and society can be pervasive, chaotic and expensive - and cross many organisations, services and systems. (NICE 2009)

The evidence about what works best is weak because of small scale studies, the complexity of treatments and the motivation of the individual to change. However, the most common forms of help include:

- Professional therapy, such as counselling and cognitive therapy
- Placement in a therapeutic community group
- Medication

Other studies suggest that borderline personality might be related to frontal lobe damage, which is associated with sudden and dramatic personality changes, poor social awareness, emotional instability, aggression, irritability and impulsiveness.

The bottom line is do not try to “cure” the perpetrator yourself as the most likely outcome is that the situation will become worse for you.

Dealing with a colleague or employee with a personality disorder is challenging. Staff, including human resource professionals and general managers, should seek the help of a psychologist rather than try to deal with the person on their own.

### **The series of articles**

This paper is one in a series of related articles available on our web site. The full list and web links are as follows:

- Coping with change (and handling stress):  
[www.healthcarealliances.co.uk/?CopingWithChange](http://www.healthcarealliances.co.uk/?CopingWithChange)
  - Coping with very difficult colleagues (including personality disorders):  
[www.healthcarealliances.co.uk/?VeryDifficultColleagues](http://www.healthcarealliances.co.uk/?VeryDifficultColleagues)
  - Coping with toxic organisations (and group think and social rejection):  
[www.healthcarealliances.co.uk/?ToxicOrganisations](http://www.healthcarealliances.co.uk/?ToxicOrganisations)
  - Coping with chronic grief (as a result of bullying):  
[www.healthcarealliances.co.uk/?ChronicGrief](http://www.healthcarealliances.co.uk/?ChronicGrief)
- [Click here](#) to see all our articles.

### **We can provide help and support**

We are available every Monday in Cowbridge, to talk through your issues. It is completely free of charge – except the price of a cup of coffee and possibly a sandwich. Totally unconditional and absolutely confidential.

There are two time slots available every Monday – 10 am and 2 pm. It's first come, first served.

We look forward to hearing from you – see the contact details below.

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We would like to thank all the people we have worked with us over the years for sharing their time with us. We would also like to thank our friends and colleagues who commented on early drafts of this paper – for obvious reasons of confidentiality we cannot name you, but you know who you are.

We welcome comments on this paper which:

- disagree with us
- agree with us
- amplify the points we make
- give a different perspective

Please send your comments to:

[correspondent@healthcarealliances.co.uk](mailto:correspondent@healthcarealliances.co.uk)

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