

# Workplace Toxicity: trace elements in health and long term care?

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*“The biggest problem for many working people is that the actual work on their desks is the easiest part of the job. Nothing they are responsible for doing at work is especially challenging.*

*It's only hard to do the job because of the politics, the stupid rules and the dark, fearful energy that flows throughout the workplace and bogs everyone down. A broken culture makes everything else harder, from organizing projects to getting critical approvals to move your work forward,”* so says Liz Ryan, CEO and Founder of Human Workplace.

The workplace, particularly in health and long term care, must be magnetic for this is the only environment that creates great care for vulnerable people seeking what they cannot do for themselves.

Organizational literature abounds with books, articles and resources on workplace toxicity with many success stories as to how to create a magnetic work environment.

Some of the documented signs of toxic workplace environments include: high staff turnover, difficulty in recruiting good people, staff feeling ignored, not appreciated, high absenteeism, high rate of reportable incidents.

Some of the literature describes staff who feel at risk when expressing opinions on issues; in other situations staff feel that communication is totally inadequate and that rules and policies trump good judgement. In some toxic cultures, focus on titles and designations seems to be more important than getting the work done effectively.

The cost of workplace toxicity is huge in many ways. First there is the cost of high absenteeism. Absenteeism is enormously costly, conservatively estimated at between \$500 and \$1000 per employee per year.

In NB that cost has not been thoroughly calculated but is estimated in the multiple millions of dollars annually. The cost of turnover is huge in health care commencing with severance, recruitment, coverage for vacant shifts, orientation, and the list goes on. The cost of the loss of some key performers is beyond measure in terms of potential excellence.

The employer never gets the very best from employees in a toxic workplace culture. There is a huge difference between grudging service or service until retirement and superb enthusiastic service. Jim Collins, in *Good to Great*, asserts that “good is the enemy of great.”

In speaking with people who work in an environment with toxic characteristics, one hears things like “they never express appreciation; they never welcome my opinion; we feel like numbers; management does not listen to us; no one cares; they keep changing the goalposts; they give us impossible assignments.” Or “why did I bother going to university?” “I feel trapped; if there was a good job in my field in this area, I would be gone tomorrow.” “I have kids and cannot risk making my manager mad.”

Workplace toxicity is an epidemic in North America. So much so that a number of organizations have now been created that are having an enormous impact around the globe in helping to transform the

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workplace. The Magnet Hospital system was developed 30 years ago by the American Nurses Association for the purpose of helping hospitals create a workplace environment that attracts and retains nurses; their success has been significant in transforming hospital culture.

Planetree has emerged and now serves hospitals and long term care facilities internationally along with Pioneer, Eden and others in transforming the environment of health care facilities from provider-focus to client or customer focus with astounding results.

Organizations that are using the disciplines required of these groups demonstrate some powerful characteristics. Magnet Hospitals demonstrate great morale evidenced by low turnover and limited recruitment challenges. Organizations supported by Planetree give evidence to tangible growth or employee well being, morale, improved public satisfaction, fund raising capacity.

Dealing with workplace toxicity is complex; usually the employees, patients, clients are the first to know while management and governing structures tend to be really slow to recognize toxicity.

The tendency is to deal with symptoms rather than root cause. Leading organizational leaders understand that all of these things, and more, are symptoms of underlying issues. It is convenient and easy to discuss the symptoms but it takes a bit more time and tenacity to diagnose the real cause.

The only cure available is that instituted by leadership. Diagnosing toxicity is not rocket science! The single most skill for serious leaders is listening: to employees, listening to customers (patients, families), listening to unions, to professional groups, to the community. The skill of listening is a discipline all its own and many of the worst leaders have failed on that skill alone.

Listening is more than a 3 minute corridor conversation and involves sitting with undivided attention, taking careful notes, not being influenced by one's own biases.

It also involves follow-up letting the individual know how much the honesty of the discussion means to leadership.

Hundreds of good people in the workforce are unable to share their views and knowledge for fear of reprisal; so they "keep their head down" counting the days to pension!

The skilled leader helps people through that feeling of reserve so that honesty and forthrightness are evident.

Once it is determined that a particular workplace shows toxic characteristics, leadership is morally bound to engage in a process of transformation. In most organizations that process may require commitment over years. The process certainly will require hard work, long hours, commitment and tenacity on the part of leadership. And the process may need to start with re-programming the leader!

Is it worth it? Does it work? Just ask the patients and families of organizations that have been transformed.

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