



# Nonmaleficence and Beneficence

*Love and kindness are never wasted. They always make a difference.*

—Barbara De Angelis

## Points to Ponder

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1. How does the principle of nonmaleficence affect the healthcare administrator's (HCA) role in the organization?
2. How can you avoid causing harm to employees?
3. What does the principle of beneficence have to do with operating a healthcare organization?

## Words to Remember

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The following is a list of key words for this chapter. You will find them in bold in the text. Stop and check your understanding of them.

beneficence

nonmaleficence

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## ■ INTRODUCTION AND DEFINITIONS

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This chapter presents two parallel principles of ethics: **nonmaleficence** and **beneficence**. Some ethics writers view these principles as inseparable cousins. Others argue that nonmaleficence is the strongest obligation of the two. Whatever the relationship, these two areas are central to a trust-based healthcare system because they are assumed by society and

individuals to be its pillars of practice. This has been the case as far back as Hippocrates, who recognized these duties in his oath of practice.

Just what do these words mean? Nonmaleficence involves an ethical and legal duty to avoid harming others (Beauchamp & Childress, 2008). It is based on the Latin maxim *primum non nocere* or “First, do no harm.” This principle involves areas of healthcare practice including treatment procedures and the rights of patients. In addition, it has an impact on how you treat employees in your practice as an HCA. You will read more about these applications in this chapter’s section on nonmaleficence.

In health care, you go beyond avoiding harm to people. Your obligation is to create benefit and contribute to optimum health for individuals and the community at large. This obligation is called beneficence. Beneficence includes the obligation to help those in trouble, protect patients’ rights, and provide treatment for people who need it. Kantians agree that these obligations exist because you are dealing with the basic needs of humanity and because all people have value. However, in day-to-day healthcare decisions, the utilitarian view of beneficence is often used. This involves balancing benefits of a healthcare decision against its harms. Avoiding the absolutes of Kantian logic, practice or policy decisions are made on this reciprocity. You will read more about beneficence and its implications for you as an HCA later in this chapter.

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### ■ NONMALEFICENCE IN HEALTHCARE SETTINGS

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First, do no harm. How can this be part of the principles of ethics in today’s technology-centered healthcare system? Do you not have to cause patients pain and suffering to cure them? Should you not use invasive diagnostic tests and blood work to provide optimal care? Should we consider the emotional pain of receiving a diagnosis? Certainly this “first, do not harm” concept does not mean that you cannot ever cause harm to patients in order to treat them. Sometimes harmful action is necessary, but it should never be automatic. The benefits that you provide through your procedure should outweigh the suffering that you cause.

Nonmaleficence has been upheld in both the ethical and legal practices of health care. Using utilitarian logic, the benefit of procedures is balanced against the harm. If there is greater benefit, the act is viewed as an ethical one. In fact, you have a duty to provide appropriate care to avoid further harm to the patient under what some legal texts call a due care standard. This basically means that you have taken all necessary action to use the most appropriate treatment for the condition and have provided that treatment with the least amount of pain and suffering possible. From an administrative standpoint, the care should be provided by professionals with appropriate levels of education and training. Policies

for safety and protection of the patient's physical health and dignity are applied to avoid harm. Infection control and other environmental practices are also part of the process of providing care and avoiding harm. Therefore, your patients receive care with a trust that it will not cause them harm even if some pain and suffering is involved.

Like many other areas of health care, nonmaleficence is complicated when advanced technology is part of the regimen. Issues around withholding or withdrawing life support, extraordinary measures, and death with dignity involve decisions about avoiding further harm to the individual. For example, healthcare professionals and family members seem to be more comfortable with withholding (i.e., not starting) treatment than withdrawing it. Somehow, what has come to be called "pulling the plug" seems more harmful to the patient than not starting the technology to support life. The line between extraordinary and ordinary care has become murkier with the advent of advanced life-sustaining technology. The now classic Terri Schiavo case is an excellent example of this level of complexity. It used to be that health care did not go to extraordinary efforts when there was no hope of benefit. However, family members, educated in the marvels of modern medicine, changed this view. The family might see what used to be called extraordinary measures as ordinary and appropriate for their loved one. Even some physicians who see death as a failure might advocate for care that prolongs some form of life but increases the suffering of the individual.

How does your work affect nonmaleficence for patients? Of course, you are not actually treating the patient, but you create an environment where this principle can be applied. For example, if advance directive policies are not in place and are not clearly written, you may be involved in policy development or refinement. If they are in place, you certainly will be involved in making sure that they are implemented appropriately. This responsibility will include periodic staff education so that staff members are clear about their responsibilities and actions. In addition, you might be working closely with an ethics committee who can advise you when challenging situations occur.

### **Nonmaleficence and Staff**

The application of the principle of nonmaleficence is not restricted to patient treatment. It also must be considered when dealing with any member of the healthcare staff. You have an ethical obligation to provide a working environment that is safe and does not harm your employees. Such an environment allows for discussion of concerns without fear of reprisal. It should also be a positive environment where values are respected and employees can do their best work on behalf of the patients they serve (this is the I-YOU relationship). This environment should be free of harassment, imposition, and discrimination for all employees, regardless of their status in the organization.

Creation of a positive environment or climate of trust can go a long way to ensure the implementation of the principle of nonmaleficence for employees. However, situations can occur that are potentially a violation of this principle. Certainly, downsizing has a potential to cause the staff great personal and professional harm. How can you implement a layoff plan and cause the least amount of harm to employees? The American College of Healthcare Executives (ACHE) gives you some assistance through its *Policy Statement—Ethical Issues Related to a Reduction in Force* (ACHE, 2005). This statement urges you to consider both the long- and short-term impact of this decision, not only on those who will lose their jobs, but also on those who will remain in the organization. Survivor guilt can often be destructive to a positive workplace and productivity.

The ACHE also stresses the need for frequent and accurate communication with all those involved in the layoffs and the provision of as much support as possible for those who lose their jobs. Often, administrators try to avoid communication about layoffs because they fear disruption and loss of productivity. In keeping information from affected employees, they are trying to balance their view of benefits versus harm. Knowledge of what is to happen is kept to a select group. Inevitably, the rumor mill will take over for the void in accurate communication and make the situation worse. Even though it might seem to make your burden easier in a difficult situation, silence is truly not golden and can cause unnecessary harm.

It is equally important to remember those who remain after a layoff. There can be an administrative attitude of “You should think yourself lucky to have a job” and a lack of empathy for the feelings of survivors. This attitude causes unnecessary harm because it fails to acknowledge the human reaction of “Why them and not me?” or survivor guilt. Care should be taken to acknowledge what has occurred and allow time for processing the feelings associated with it. This can be done through several channels of communication including meetings, newsletters, and e-mails. In addition, communication needs to be ongoing regarding workload expectations and the potential for any future reductions in the workforce.

As an administrator, you will be dealing with diversity on many levels. Your staff are educationally diverse in that they represent a range of credentials from a GED to an MD/DO. They are also professionally diverse because they come from many different professional backgrounds, each with its own culture. They can also be ethnically diverse because they represent different cultural traditions and experiences.

Your ability to recognize this diversity, honor its differing values, and still administer a cost-effective organization will certainly pose a challenge. In order to create a culture of inclusion, you must review your policies and procedures with respect to diversity and make sure

that they are designed to protect differences and decrease the potential for harm. For example, you need to make it very clear that discrimination, harassment in all forms, and sexual imposition are not tolerated. Appropriate steps need to be in place and enforced when violations occur. Looking the other way when violations occur seems easier in the immediate present, but it has a great impact in the end. Staff will come to believe that you condone behaviors that cause harm by your silence and lack of action.

Workplace bullying is another staff issue related to nonmaleficence that you must consider. Workplace bullying is a form of psychological violence that can cause great harm to staff and their families. Bullying involves aggressive behaviors toward employees including spreading untruths, social isolation, constantly changing work expectations, assigning unreasonable workloads, publicly belittling the opinions of others, and engaging in intimidation. Bullying manifests itself when there is a pattern of such behaviors (Barton & Morrison, 2004).

American employees do not have any legal protection against this form of aggression as they do with racial and age discrimination or sexual harassment. In fact, they might even see this as “business as usual,” because the majority of bullies are bosses. Bosses might see this as good management or a way to get rid of those who do not agree with their management style. A lack of understanding of effective management behavior is part of the reason why bullying is so prevalent. Some experts believe that one in five employees will experience it in the workplace.

The impact of bullying on staff can be profound. First, employees sometimes take responsibility for the bully’s behavior. They work harder, put in longer hours, and try to prove that they are valuable. This leads to increased stress levels and can take its toll on overall family life. However, these efforts usually fail to stop the aggression and can actually make the bully feel more powerful.

Next, targets may begin to experience psychological symptoms such as loss of confidence, depression, and helplessness. Physical symptoms may also occur including headaches, panic attacks, and hypertension. If targets question or take action concerning their treatment, they are accused of insubordination. Fellow employees try to avoid being associated with a target, so that they do not become the bully’s next victim. They can even join in the aggression to stay on the bully’s best side.

As you might imagine, the workplace soon becomes unhealthy and productivity is decreased. Targets of bullying absent themselves from work more frequently because of physical problems or the need to avoid the bully. They can lose their motivation to provide high quality service and just go through the motions. These actions contribute to a loss of productivity. Morale is also decreased as others see the bully’s actions and wonder if they are next. Finally, turnover rates can increase as the targets choose to resign and move to another job to avoid the situation.

A stereotype of the phenomenon of workplace bullying is that it occurs only in male-dominated professions or corporate settings. However, research has shown that the top three professions for this behavior are the female-dominated fields: nursing, education, and social work (Barton & Morrison, 2004).

What should your role be in preventing workplace bullying and the harm that it causes? First, assess your own actions and communications with staff. How do you treat people whose personalities do not agree with yours? What do you do about any needed disciplinary action? Do you keep information confidential or are you part of the gossip mill? These questions and others need to be answered to be sure that you are not a bully boss.

You should also be committed to a safe and healthy workplace for all employees. This means that you need to have established policies that make it clear that all types of aggressive behavior are inappropriate in your workplace. This includes the range of behaviors from bullying to sexual harassment and physical violence. Education is critical here so that administration and staff can identify these behaviors and know what to do if they occur. Providing examples through case studies or even role-plays helps to clarify. There should also be a confidential way to make a complaint about bullying without fear of reprisal. All complaints should be taken seriously and investigated as promptly as possible to avoid revictimizing the target.

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### ■ BENEFICENCE IN HEALTHCARE SETTINGS

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Beneficence is another principle of ethics that is expected to be a given in a healthcare setting. Patients assume that you are there for their benefit and will act with charity and kindness toward them. Without this element of trust, it would be very difficult for individuals to be treated by practitioners, especially when such treatment often requires embarrassing, painful, or even life-threatening procedures. However, practicing beneficence means that healthcare personnel must make an active decision to act with compassion. This decision requires that they go beyond the minimum standards of care and consider the patients' needs and feelings. It also requires that they communicate compassionately with the patient about what is going to happen and why the treatment is necessary.

In healthcare settings, practicing beneficence is often challenging. You must deliver bad news, but you do not have to be brutal. Even a small act of compassion will be remembered. For example, active beneficence can be as simple as holding a patient's hand during a painful procedure. It can also require more effort such as taking the time to go beyond what is necessary and assure that patients receive appropriate

care postdischarge. It can also involve the entire organization through community service projects that have nothing to do with profit, but everything to do with compassion for the community.

Making the decision to be actively beneficent fits well with Buber's I-YOU and, even in some cases, I-THOU relationship. It acknowledges that each patient as a unique individual who has worth. From a business standpoint, it increases the organization's positive image and level of trust in the community. However, it is not without a price. It is not easy to practice this principle on a daily basis because it requires a spirit of giving that is not always rewarded. Think about the real business of health care. You often see people at their worst, when they are in pain or deep grief. You also see things happen to people that others in the community never see and do not understand. Suffering and dying are part of your professional life. You need to decide how much you can give to patients and retain balance in your life (Tong, 2007).

The real beneficence challenge is consistently treating patients with compassion even under stressful circumstances. Effort and training are required to accomplish this goal on a daily basis. Often personnel are emotionally exhausted at the end of the day and experience what has been called compassion exhaustion or burnout. They feel like they simply cannot give any more. Yet, the next patient still expects the same level of caring received in the previous encounter.

It is important to remember the effort required to provide active beneficence and do what can be done to foster it among staff. It can be as simple as telling staff members how much you appreciate their efforts. It might include publishing in the newsletter (with the patient's permission, of course) a thank-you note from a patient or the family written to the staff. It can also mean watching the amount of overtime hours worked and allowing staff enough flexibility to use their vacation time for vacation. Some institutions even use rewards programs with various titles like "Caught You Caring." They provide cash rewards to staff who have done something that demonstrates active beneficence. Their photographs can be placed in the lobby. (A word of caution: While some of these ideas sound like great ways to boost staff morale, they are not always well received by patients. Some patients feel that staff should not have to be "caught caring." They assume the staff will be caring at all times.)

Beneficence also should be included in the organization's planning function conducting a cost/benefit analysis for decision-making. In this model, there is an attempt to balance community or business benefit against potential harms. It seems to be useful for many types of health-care organizations with differing financial structures and including public health organizations. This system would certainly be supported by utilitarians, who see ethics as the greatest good for the greatest number. However, cost/benefit analysis as a decision-making model is sometimes

difficult to implement effectively. It requires time for accurate data collection, openness to discussion, and the application of the principles of ethics to final decisions. Generally, this extra effort is well worth it because the organization can justify its actions to its board and community at large. You will learn more about beneficence in decision making in a later chapter in this text.

### **Beneficence and Staff**

As an administrator, you should strive to have a climate of caring in both your formal and informal organization. While you cannot guarantee that your employees will always practice active beneficence, you can work to create a culture where this behavior is reinforced. The way in which employees are treated in the organization can do much to create this culture of compassion.

A compassion deficit can occur when patients are provided active beneficence, but employees are not. The message taken by employees is that they do not matter in the organization. They can be replaced at any minute. It is easy to see that this impression does not foster the motivation to go beyond the minimum requirements in caring for patients or for each other. The organization becomes a place to do one's time and hang on until retirement.

Your behavior and attitude as an administrator can help you prevent such attitudes from having a negative impact on your organization. You can use your power to increase the dignity and growth of staff. For example, you can choose to praise your employees in public for the work that they do, rather than just assume that it is their job to do well. If corrections need to be made, you can choose to do this in private and in a constructive manner. By practicing respect and honoring an individual's work, you help to foster a climate of caring (Dye, 2000).

Being an administrator in a culture of compassion requires more than knowledge of budgets and strategic planning. You must practice "stewardship with respect" (Dye, 2000, p. 33). This means that you use your influence as an administrator to ensure completion of the necessary work, but you do it in a manner that promotes self-esteem and demonstrates respect. There are several ways to do this but they require some degree of effort. For example, you can choose to seek out information and ideas from staff before you make decisions. While you do not have to use every idea that is offered, asking and considering others' ideas is part of respect. Offering guidance to employees when tasks need to be done rather than "barking orders" also shows respect. This can also be cost effective because the time spent in clarification can prevent costly errors or resentful, passive aggressive behavior. Not only should you show appreciation for your employees and their work, but you should also be appropriately enthusiastic about the work that you do. In addition, you can demonstrate enthusiasm for the mission of



your organization and department. If you cannot, perhaps it is time for a job search.

Last, but not least, you need to think about being a good steward to yourself. You need to practice frequent self-assessment so that you can build on your strengths and work on your weaknesses. You need to be willing to own your mistakes and apologize when necessary. As an administrator, you need to consider yourself a lifelong learner and be open to new knowledge and practices. Because all of these ideas will take effort on your part, you need to practice self-protection through whatever means works best for you. This can mean planning quiet time in your day, taking time out for exercise, remembering that family counts too, and planning real vacations for self-renewal. These actions are not only a benefit to you, but actually assist the organization. You will have greater energy to provide the kind of leadership that encourages a culture where active beneficence is the norm, rather than the exception.

## Summary

Nonmaleficence and beneficence are often viewed as paired principles because they seem to be linked together. Actually, nonmaleficence requires only that you prevent individuals from being harmed. This act of prevention can involve creating an environment where treatment can be practiced in a safe manner and where employees can be free from harassment in its many forms.

Beneficence requires that you go beyond prevention to ethical action. You work to respect the individuality (I-YOU relationship) of all employees and find ways to nurture them. Making the effort to be a steward of resources and talent is, in itself, a virtue but it can also have a positive impact on your bottom line. It is much more cost-effective to do the small things that are necessary to build employee morale and retention than to pay the price of constant recruitment and rehiring.

## Cases for Your Consideration

### The Case of the Academic Bully

As you read this case, consider the following questions. Responses and comments will follow the case.

1. Why did Ms. Nodons treat Dr. Xenia differently than Dr. Kado?
2. What was the impact of her actions on the overall morale of the department?
3. Why did Dr. Xenia resign and what was the impact of this action?
4. What could have prevented this situation?

*Case Information*

This case occurred in an academic healthcare setting, but the behaviors seen here are typical of bullying in hospitals, clinics, and other environments. After 20 years in nursing and hospital administration, Ms. Nodons was appointed the director of the health studies program at St. Dismas University. With her leadership, this program had grown to over 200 undergraduate students. She received approval to begin a master of health studies (MHS) program. With this approval came authorization to hire two doctoral-prepared faculty, and Ms. Nodons was excited about the prospect. After conducting a national search, Dr. Kado was hired. Dr. Kado was a recent doctoral graduate and was given a position as an assistant professor. Ms. Nodons also hired Dr. Xenia as an associate professor.

Ms. Nodons immediately charged Dr. Xenia with the task of designing the curriculum for the new MHS program. Dr. Xenia clarified her responsibilities and formulated plans for data collection, objective writing, and curriculum design. She then presented a draft of these ideas at a faculty meeting for consideration. However, Ms. Nodons's reaction to Dr. Xenia's work came as a total surprise. She began to attack Dr. Xenia verbally, asking her, "Just who do you think you are?" She followed this up with the abrupt statement, "I am the boss here, and I make the decisions, not you." The other faculty members just sat in silence. Dr. Xenia was shocked and tried to explain that she was only trying to come up with a plan for the project. She also apologized for any misunderstanding that she might have caused.

From that time on, Ms. Nodons's negativity toward Dr. Xenia became even more evident. Dr. Kado was granted special travel money to attend meetings, allowed to have flexible work hours, and given high visibility committee assignments. Dr. Xenia was chastised if she was not at work at 8:30 A.M. or used sick leave. She was denied travel funds for meetings and had to use her own money to finance these trips. Faculty meetings became excruciating for Dr. Xenia because any comment she made was immediately attacked. In contrast, all of Dr. Kado's ideas were applauded as brilliant.

When she made an appointment with Ms. Nodons to discuss the situation, she was accused of being paranoid and insubordinate and was called a failure as a team player. The meeting also led to retaliation from Ms. Nodons in the form of increasingly personal comments about Dr. Xenia at faculty meetings. Ms. Nodons also began to complain about Dr. Xenia to her fellow faculty members, accusing the associate professor of "not knowing her place." These faculty members reported the comments back to Dr. Xenia to "help her" but did nothing to defend her, either publicly or privately.

Dr. Xenia tried to maintain high standards of teaching despite all the strain of preparing her courses, the lack of collegial support, and the

increasing intensity of bullying behaviors by her boss. While she had been an award-winning teacher in the past, she began to doubt her ability to teach. She also experienced physical symptoms including headaches, acid reflux disease, and panic attacks while driving to work. Her blood pressure increased dramatically and she was placed on medication to control it.

Trying to be a problem solver, Dr. Xenia considered making an appointment with the dean to discuss the situation. However, the dean was a friend of Ms. Nodons. In fact, they had been friends for 20 years and regularly played tennis and golf together. When she discussed her situation with the human resources department, she was told that there were no grounds for any inquiry. The advice she was given was just to live with the misery until Ms. Nodons retired or quit. Her administrative assistant promised to warn her when Nodons was having a “bad day” so that she could stay clear. Dr. Xenia assessed the situation, began a job search, and resigned.

#### *Responses and Commentary on Questions*

1. Why did Ms. Nodons treat Dr. Xenia differently from Dr. Kado?

There could be any number of explanations for difference in treatment between the two faculty members. First, it is possible that Ms. Nodons simply did not like Dr. Xenia’s personality. There could have been something about Dr. Xenia that “rubbed her the wrong way.” Of course, she did not acknowledge this even to herself. Second, the difference in treatment could have been because Dr. Kado was male and Dr. Xenia was female. Ms. Nodons, through her life experience and education as a nurse, could have been taught to defer to males. Dr. Kado was also a brand new doctorate, so perhaps he posed less of a threat to Ms. Nodons than Dr. Xenia did.

Whatever the reasons behind the behavior, Ms. Nodons’s actions certainly fit many of the signs of bullying described earlier in this chapter. However, she probably did not see herself as a bully. She was used to unquestioned obedience in her former nursing and administrative positions. She ran a tight department with large class sizes and low faculty-to-student ratios. Although she had never had a female faculty member, she felt competent to handle women in general. She wanted to teach Dr. Xenia to know her place and not cause any problems.

*Comment:* Remember that bullying behavior is sometimes perceived as good management, especially when it has been reinforced in the past. In Ms. Nodons’s previous work experience, she was probably rewarded for “keeping her nurses in line” so that the work of the hospital was accomplished with minimal interference. In her academic career, she was the sole source of power, so any form of

questioning was not even in her experience. She also viewed any questioning of her actions as a lack of obedience and insubordination. A collegial model is usually found in an academic setting but it was not part of her administrative background. Ms. Nodons's administrative style should certainly not be emulated but should make you stop and think about your own interactions with staff.

2. What was the impact of her actions on the overall morale of the department?

When you think about this question, try to view the big picture. Was Dr. Xenia really the only one affected here? How about Dr. Kado? Initially, it must have been great to be the "golden one" and have all of your ideas praised. It also must have been nice to have special benefits that others did not have. However, a golden status can be fleeting. What happens if he does something that has a negative impact on Ms. Nodons? Will he face the same treatment that was afforded to Dr. Xenia? Of course, if he was functioning at the Buber I-You level of ethical relationship, he might not be happy with the treatment he sees Dr. Xenia getting. He might also consider a job change to avoid her fate.

How were the rest of the faculty and staff affected? You can well imagine that this is not a healthy workplace when the administrative staff has to figure out if each day is a bad one or a good one. Can you imagine how unpleasant faculty meetings are for everyone? The lesson taught, through the treatment of Dr. Xenia, was to keep your mouth shut unless you want the same treatment. Obviously, a flow of creative ideas did not occur, and the potential was great for stagnation and high turnover.

There was also no discussion about teaching assignments in this department. Faculty taught what they were told to teach even when they did not have sufficient expertise in the area, or time to develop that expertise. Maybe Ms. Nodon purposely made class sizes extremely large to boost her to high productivity statistics within the institution. The result was either a high potential for faculty burnout, or the provision of low quality instruction, or both. Overall, this was an unhealthy environment, with some of the faculty just biding their time until they retired—or until Ms. Nodons did.

3. Why did Dr. Xenia resign and what was the impact of this action?

Dr. Xenia resigned because she had no power to counteract the environment in which she found herself. After attempting to address her concerns with Ms. Nodons without success, her next step should have been to make an appointment with her dean. However, the close personal relationship between the dean and Ms. Nodons made this seem futile. The human resources department was not

even aware that bullying in the workplace was an issue, so they were not of any assistance. Faced with an unfixable situation and increasing health concerns, Dr. Xenia made a decision that was appropriate for her.

This decision had impact on many aspects of the program. Immediately, Ms. Nodons sent out an e-mail to all faculty stating that Dr. Xenia had resigned because she was a poor team member and did not fit well in the department. However, faculty who knew Dr. Xenia well questioned this and began to wonder who would be next in the “pecking order.” Fearing that the work environment would only get worse, Dr. Kado also began a search for a new position, even though he had been afforded special treatment.

Adjunct faculty had to be hired to take over Dr. Xenia’s heavy course load. This required four different adjuncts a semester and added additional expense to an already tight department budget. A national search, with all of its expenses, had to be conducted to find a replacement. This took over a year and was not successful.

Students in the graduate program were particularly affected by this resignation and began to question the stability of the new MHS program. Several of them chose to transfer to a competitor institution that was perceived to be more stable. The loss of student base threatened the future of the program and its expansion.

*Comment:* The important thing to remember here is that keeping a healthy workplace that is free from bullying and other forms of aggressive behavior is much more cost-effective than losing staff. Think about all of the unnecessary harm that happened to the survivor faculty, students, staff, and—yes—even to Ms. Nodons. Certainly, her days are now more stressful because of the additional burden of making sure classes are taught and searching for replacement faculty. Much of her stress could have been avoided by exercising a different administrative style.

4. What could have prevented this situation?

How could St. Dismas University have addressed or prevented harm caused by bullying? The first action that should have been taken was to increase awareness of this issue. No one at St. Dismas University had even considered bullying to be an issue for academe. Awareness might need to start at the University level, rather than the school or department, by having significant and influential personnel receive training in the recognition of bullying and its effects. Information on appropriate policy development should also be a part of this training opportunity.

Once trained, the group could work with the human resources department to develop policy and procedures to inform all faculty

and staff about acceptable and unacceptable behaviors. Procedures about complaints and investigations would be delineated. Of course, once this policy is developed, additional training would be required, starting with the administrative level. In addition, the organization must be willing to enforce the policy even if it means the dismissal of department heads or deans. Failure to take action when a proved case of bullying exists means that such behavior is acceptable, if not encouraged.

### **The Case of the Beneficent Boss**

As you read this case, consider the following questions. Responses and comments will follow the case.

1. Why did Ms. Dee choose to take the actions that she did in Cindy's case?
2. What was the impact of her actions on the staff?
3. What was the impact of her actions on Cindy?
4. What was the impact of Ms. Dee's actions on the bottom line of the New Hope Community Program?

#### *Case Information*

Ms. Teresa Dee was a human resources director for a small nonprofit organization called the New Hope Community Program (NHCP) that was funded through United Way and other community sponsors. Its mission was to decrease the relapse rate of substance abusers by providing the knowledge and skills needed to obtain and keep jobs. Using effective prevention methods to reduce treatment costs for these individuals was also part of the NHCP mission.

Once a client was employed after completing her program, Ms. Dee had the responsibility of serving as liaison between the employer and the client. This required frequent follow-up contacts with both parties. Follow-up duties could be delegated to appropriate staff, but she tried to do her fair share so that they were not overwhelmed.

One Monday morning, Ms. Dee walked out of her office and saw a thin, young, blond, unkempt woman waiting in the reception area. A review of the referral form from St. Dismas Drug Rehabilitation Center revealed that the client's name was Cindy Rumford and that she had only six months' sobriety. She was only 17 years old but had already had six arrests for prostitution. Ms. Dee's experience told her that Cindy had an uphill struggle ahead at best.

The initial interview was not a positive one. Cindy's appearance and demeanor showed almost no self-confidence and her responses were barely audible. Ms. Dee was able to determine that she had not finished high school, had no discernible job skills, and did not know what she wanted to do with the rest of her life. When asked if she was serious

about staying sober, she quietly replied, “Well, I guess I can. I want you to help me make it.” Such a response was not a good omen for a positive result for this client. Yet, Ms. Dee sensed something in Cindy that warranted further attention. After all, helping people like Cindy was the mission of NHCP.

From that initial intake visit, she took particular interest in Cindy. She held a staff meeting to design a plan to meet Cindy’s immediate needs for safe housing, clothing, food, and transportation to the program office. After settling on a plan, the staff worked with Cindy so that these basics could be met. Next, she explained NHCP’s Work for Recovery Program to Cindy. She could sign a contract with the Program to attend classes to complete her GED and learn basic work habits like applying for jobs, maintaining a good business appearance including dress and makeup, and learning skills to interview and communicate appropriately. Once she completed her classes, Cindy was required to work at the Program Office for three months.

During Cindy’s training period, Ms. Dee took special interest in her progress. At first, she seemed to be a passive learner who barely made eye contact with the staff. She did show some interest when an employer came to talk to the class about what he expected from his employees. The day she passed her GED seemed to begin a real turnaround for Cindy. It was the first time Ms. Dee saw her smile.

Cindy’s three-month trial employment at the program began with housekeeping activities. Ms. Dee made a point to tell her how well she was doing with her attendance and attention to detail. Gradually, she increased Cindy’s responsibilities to include reception and office work. Cindy’s confidence seemed to grow with each new responsibility. By the end of her contract-training period, she had become a more confident person with a professional appearance and a ready smile.

Ms. Dee contacted those employers whom she knew would be open to giving Cindy an opportunity to continue to build her work skills. After only one interview, she was hired by a small company as an office assistant. Ms. Dee decided to follow up personally on her placement rather than to delegate it to the staff. Although there were a few rough times, Cindy maintained her sobriety and her position. Ms. Dee still gets Christmas cards from Cindy thanking her for caring and the difference she made in her life.

1. Why did Ms. Dee choose to take the actions that she did in Cindy’s case?

Ms. Dee had seen many “Cindys” in her position as human resources director. Some of them completed the program and went on to become sober and productive citizens. However, many of them chose to drop out when it became too difficult. Still others completed it but relapsed when faced with the pressures of the real

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world. Experience should have made Ms. Dee cynical about Cindy's chances. Yet, she chose to act with beneficence. Perhaps she saw something in her demeanor that others did not see. Perhaps it was just her nature to refrain from generalizing from previous experiences to the current one. Whatever the reason, Ms. Dee decided to act with kindness in this case and remain hopeful.

Ms. Dee was also being true to the mission of her organization and her position as an administrator. If you consider its purpose, all of NHCP's activities were rooted in the principle of beneficence. As an administrator, she had the obligation to demonstrate its mission in action. Her decision to live the mission rather than just post it on the walls might have added to her already busy workload, but the time she spent with Cindy seemed to make the sacrifice worthwhile. In addition, Ms. Dee had the personal satisfaction of knowing that her actions made a difference.

2. What was the impact of her actions on the staff?

As an administrator in a small organization, Ms. Dee was highly visible to the staff. In addition, her multiple roles ensured that she was not "office bound" but had the opportunity to interact with them on many occasions. Because of this situation, she served as a role model, not just for Cindy, but for the staff as well. When she took extra time to praise Cindy for her efforts, it was noticed. When she followed up on her status when she was not mandated to do so, it was noticed. When she remained positive about Cindy's future in spite of her odds, it was noticed. She did not have to preach about the mission of NHCP and what it meant; she exhibited it through her interactions.

Her behavior toward staff compared well to her actions toward clients. She listened to their concerns, acted on suggestions that were appropriate and feasible, and gave credit to the staff members who suggested them. She always made a point to acknowledge the work of her team. When there was a staff issue, she held a frank and documented discussion with the individual including the development of an action plan for improving the situation. She lived the mission with her staff and her clients.

Because actions really do speak louder than words, Ms. Dee set the norm for the organization. Staff members tried to emulate her behaviors and in turn used active beneficence in their dealings with their clients. While the relapse rates for all of their clients did not change dramatically, there was a shift to the positive in their yearly statistics. In addition, overall morale seemed to be much more positive and clients seemed more appreciative. The result was that, on most days, the staff was happy to do their meaningful work, and the clients reaped the benefits of their attitudes and actions. Turnover



was very low, which saved the organization thousands of dollars in lost productivity, recruitment, and re-staffing funds.

*Comment:* You should remember that as an administrator what you do is noticed. This should not make you paranoid, but should help you to motivate your staff. A variation of The Golden Rule works here. Do unto your staff well, and by your example, it is more likely that the staff will do their jobs well. Therefore, this means that you must at least understand the jobs that your staff do and be willing to “pitch in” when necessary. On a daily basis, if you want an environment where beneficence is the norm, then you must choose to practice it in your actions toward others.

You also should remember that when you treat a client with beneficence but deny it to your staff, you are creating an environment of inconsistency. The morale of your department can quickly deteriorate when you see the staff’s efforts as “just doing their jobs.” They will get the message that they can be replaced at any minute with anybody. This lack of active beneficence will reinforce an I-It relationship with you. Because no one really wants to be replaceable, morale will decrease even among your most dedicated staff. Your potential for high turnover and its associated costs will grow, as will your negative reputation with the higher echelon.

3. What was the impact of her actions on Cindy?

Certainly, this decision to practice the principle of beneficence made a difference to Cindy. Maybe this was the first person who took a special interest in her well-being. Cindy responded to even the smallest positive comment from Ms. Dee. The encouragement bolstered her own determination to stop her cycle of addiction and its consequences.

In addition, Ms. Dee made a point to have Cindy’s first real world work experience be with a person who practiced active beneficence. Her new employer continued to foster Cindy’s confidence and self-esteem. She was not treated as a charity case but as a true employee of the firm and offered the same level of respect. While there were times when she made errors, she was given assistance to correct any problems. Because of the training and affirmation she received from Ms. Dee and the staff, Cindy was able to become a valued employee in her new position. Having a job and the income it provided gave her the opportunity to live a different and healthier lifestyle.

4. What was the impact of Ms. Dee’s actions on the bottom line of the New Hope Community Program?

Certainly, one person cannot make or break an organization, but he or she can have a positive impact. In the case of Cindy, Ms. Dee and her staff were able to see that practicing beneficence brought both

personal and organizational rewards. While NHCP's success rates were not perfect, the overall environment of beneficence toward clients and staff did produce less staff turnover and better client results. It is true that this decision took more effort and time than "business as usual," but the reward of a positive work environment offset the investment, making it a positive return on investment.

*Comment:* Sometimes, the small stuff makes a difference or makes a statement. For example, a chief executive officer (CEO) of a major hospital makes a point to pick up any trash seen each morning on the way in from the parking lot. This is a small action indeed, but it carries a large message about pride in an organization. When employees observe or hear about this behavior, they think "If the CEO can pick up trash, then maybe I should care about this place, too."

Beneficence is cost-effective because actions of charity and kindness well outweigh the costs of time and effort. It seems so easy to do on the surface, yet you will all get busy with your daily efforts and crises and forget that there are humans behind those full-time equivalents. Therefore, the practice of active beneficence requires a daily decision to act within Kant, Frankl, and Buber principles. The organization, your employees, and your career will gain the benefits of this decision.

## Web Resources

Classic version of the Hippocratic Oath

[http://www.pbs.org/wgbh/nova/doctors/oath\\_classical.html](http://www.pbs.org/wgbh/nova/doctors/oath_classical.html)

Bullying in the Workplace

<http://www.safety-council.org/info/OSH/bullies.html>

<http://www.ccohs.ca/oshanswers/psychosocial/bullying.html>

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