

# Negative Rumor: Contagion of a Psychiatric Department

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## ABSTRACT

Over the past few decades, a sizable body of literature on the effects of rumors and gossip has emerged. Addressing rumors in the workplace is an important subject, as rumors have a direct impact on the quality of the work environment and also on the productivity and creativity of the employees. To date, little has been written on the effect of rumors and gossip in psychiatric hospitals. This article presents case vignettes of rumors spread in psychiatric hospitals and the impact on team cohesion and morale among the staff implicated in these, too often, neglected occurrences. Dynamic aspects with particular focus on rumors in psychiatric units and suggestions for remedy and treatment are presented.

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In psychiatric departments, rumors can negatively change the dynamic of the relationships within the institution and can result in chronic states of conflict with individuals or group victimization, low morale, disruption of productivity, and, in worst cases, collapse of the cohesion of a department.<sup>1</sup> Such a collapse may arise from chronic false beliefs about one or several coworkers, which make trusting collaborations impossible.<sup>2</sup>

The very nature of treating psychiatric patients makes psychiatric hospitals a fertile ground for splitting and miscommunication. Although staff and doctors are usually sophisticated in identifying splitting and projection as a windfall from patient care, it becomes more difficult to identify such primitive defense mechanisms and to identify and assess the effect of rumors when they are spread by physicians, staff, and outside visitors.

DiFonzo and Bordia,<sup>3</sup> in their volume on rumor psychology, attempt to distinguish between rumors, gossip, and urban legends. Rumors are pieces of information, instrumentally relevant and unverified, that circulate among people. The instrumental relevance of rumors stems from the fact that they are typically about topics of importance to the participants (unlike gossip). In general, the role of rumors is to make sense of an ambiguous situation. It is a working hypothesis to fill in informational gaps. We would argue that rumors increase coherence and meaning of a certain story and survive mainly if they are delivered at a level of sophistication for a specific audience (recipient-specific) and, therefore, have an anxiety-relieving effect. Rumors may or may not be about the private life of others. By contrast, gossip presents information that is less urgent. The information is being revealed in exchange for other commodities,<sup>4</sup> and it is always about the private life of others.<sup>5</sup> Urban or contemporary legends<sup>6</sup> are stories with a plot, setting, climax, and moral that entertain and promote values. Urban legends have a more extensive narrative and promote mores. Rumors and gossip fulfill different functions, and they do not entertain. Rumors are characterized by a high level of perceived importance, while gossip and urban legends have a low perceived importance.<sup>3</sup>

Bordia et al<sup>7</sup> pointed out that conditions of anxiety and uncertainty favor the spread of rumors and that rumors with negative content spread twice as fast as positive rumors. According to the authors, rumors have the distinct role of providing a sense of control over a work situation and give meaning to anxiety produced by a changing work environment.<sup>7</sup>

Rosnow et al<sup>8</sup> identified 2 types of rumors: wish and dread. In institutions, DiFonzo et al<sup>9</sup> described rumors depicting turnover, pecking order, job security, costly errors, and consumer concern.

Rumors are also associated with group polarization—within a group of like-minded people they tend to polarize opinion and follow a pattern of biased assimilation into the original predisposing direction when exposed to corrective, balanced inputs.<sup>10</sup> Thus, belief in rumors tends to rigidly solidify opinions. This belief in rumors may explain why organizations with no diversity in thinking and with like-minded members (intellectual inbreeding) are more prone to be radicalized and inbred by rumors and thus take extreme measures such as assuming one's guilt and marginalization. In the same vein, secrecy and lack of access to clear information heighten the likelihood of rumors. This risk of radicalization can lead to a variety of social impacts including influencing jury decisions.

- Addressing rumors in the workplace has a direct impact on the quality of the work environment and also on the productivity and creativity of the employees.
- Rumors are associated with group polarization. Belief in rumors tends to rigidly solidify opinions.
- Remedy in cases of undue rumors in psychiatric hospitals is an ongoing repair process.

The following case vignettes illustrate the heavy toll of planted rumors on the hospital work environment when no early preventive approach is applied.

### VIGNETTES

#### Case 1

Ms A was a 29-year-old nurse on a psychiatric unit where the director had recently decided to introduce a new screening test that would predict outcomes of patients with anxiety disorders. The new test was not widely popularized yet, but recent studies showed very promising results. There was plenty of evidence that suggested that the test could cut down on the failed treatment attempts and speed up recovery. In spite of an attempt to popularize the test, Ms A expressed her doubts about the usefulness of the test. When the unit chief noticed that the test was not ordered, he asked Ms A about details. Ms A remarked, "Some of the doctors on this unit will never order the test," and "What is your interest in this?" The unit chief felt surprised and approached the chair of the department. After some confidential investigation, it was learned that a female physician, who previously had tried to become a department chair, had advised Ms A that the test was a "bad idea." Thus, it became clear that the physician had manipulated opinions regarding the test in order to pursue her agenda of undermining the chairman. In spite of the chairman's intervention, the overall opinion of the test remained unpopular among physicians, and it became marginalized.

#### Case 2

Ms B, a female visitor to the hospital, made frenetic phone calls to 12 separate entities regarding sexual misconduct of one of the long-time male nurses. Ms B had a particular flamboyant manner of describing her complaints and insisted that she had been fondled against her will. The nurse had no history of sexual misconduct. Due to the particular secretive culture of this psychiatric department, no communication took place between the different offices. A few months later, Ms B made an official accusation claiming that the nurse had raped her. Despite the fact that the reputations of both the nurse and the department were at stake, the nurse was ordered by his supervisor not to talk about this subject to anyone. This noncommunication deepened the lack of clarity among coworkers. When a staff meeting eventually was scheduled between the nurse and the rest of the staff, a full-fledged blame attack against him took place. When the nurse

protested, the administrative office moved to inquire into his other activities and scrutinized him for any wrongdoing in regard to patient care. All accusations and allegations were eventually found to be fabricated with malicious intent, and the nurse was cleared of any wrongdoing. This case illustrates how like-minded individuals in a culture of suspicion can make group assumptions, become vulnerable to splitting, and then inadvertently victimize a colleague.

#### Case 3

Dr C was the training director of a psychiatric department in a teaching hospital when it became public that he had filed for divorce. Initially, his colleagues showed a lot of support, as he was going through changes in his living environment. Then an allegation of domestic violence was made against Dr C. Immediately, staff and coworkers became very guarded about the news. Rumors were spread that there had been numerous arrests for domestic violence. No one among the staff members discussed the occurrence of rumors, and, progressively, a chilling distance developed between Dr C and his colleagues. None of the psychiatrists were willing to approach the subject. When Dr C complained about an uncooperative work environment, a consultant was brought in, and the issue was "debriefed" in an extended staff meeting. It was later learned that Dr C had been involved in an intimate relationship with one of the nurses in the hospital years before he had married his wife and that the nurse had spread the rumors about domestic violence. It was never clarified whether the relationship between Dr C and the nurse had ended with domestic violence. The cohesion of the treatment team was restored.

#### Case 4

In one hospital unit, Dr D, a female doctor, was labeled as "angry" and "arrogant," neither of which was actually supported by facts. However, this labeling resulted in a guarded attitude by staff members toward her. It was later learned that 17 years prior, one of the charge nurses witnessed how Dr D disciplined a nursing student for poor attendance. The charge nurse, who 17 years ago was in her first week of her first job at that hospital, developed an ongoing fear of Dr D. It was eventually revealed that rumors about Dr D were started by the charge nurse. The tensions eased after a Christmas party when Dr D managed to socialize and fraternize with some of the staff.

### DISCUSSION

The above examples, though kept sketchy to mask identity, cover some instances in which rumors developed in the hospital. In every case, rumors threatened the cohesion and trust of treatment teams. Rumors, whether started with malice or as a benign comment, can reach alarming proportions and undermine the confidence of the treatment team.

#### Rumors and Splitting

The nature of work on a psychiatric service, with the potential of staff splitting and manipulation by certain types

of patients, makes psychiatric departments more prone and vulnerable to rumors.<sup>1</sup> Certain types of psychopathology among the patient population are more likely to result in splitting of staff. Under such circumstances, rumors are more likely to erupt unless the staff is specifically trained to counter such tendencies. For instance, patients with borderline personality organization are known to display immature defense mechanisms of splitting, projection, and denial, which are particularly directed toward the staff of a psychiatric unit.<sup>11</sup> These defense mechanisms also may be more likely to be exhibited under circumstances of stress.<sup>12</sup> Thus, the management of a psychiatric unit requires particular knowledge regarding immature defenses and special training about the recognition, processing, and diffusion of such unwarranted reactions. Most of the time, such reactions are handled during staff processing groups and necessitate a skilled unit manager. However, when inappropriately handled, splitting can spread beyond the walls of a unit and into the psychological space of an entire department. Primitive defenses, similar to those seen in personality disorders, can be transient and state-related, mainly in connection with periods of prolonged stress and limited knowledge about group dynamics.<sup>12</sup> Therefore, staff need to be reminded of the ubiquitous nature of splitting. Often, staff splitting uses rumors, and rumors can easily perpetuate splitting. Hospitals are particularly vulnerable to splitting and rumors that can originate among staff, professionals, patients, and outside visitors. In one of the above-presented cases, a rumor was started by an outside visiting person. The rumors, which did not have a long life, did, however, create further conflict and splitting, which could have been averted.

### Consequences of Rumors

Rumors create a sense of power that is naturally derived from having control over information in relationships. Rumors may lead to group regression.<sup>13</sup> The filling in of informational gaps by rumors along with collective regression further provides a sense of security and cohesion for being an insider. Such security is especially needed in organizational cultures governed by lack of open communication. The most important consequences of negative rumor contamination are (1) conflict and victimization and (2) loss of productivity.

**Creation of conflict and victimization.** In psychiatric hospitals, common conflicts include disagreements over treatment modalities, level of staffing, and questions over staff conduct and behavior.<sup>14,15</sup> Yet, conflicts are inherent in all organizations. Conflicts originate for many reasons, from simple misunderstandings to philosophical differences. Rumors and gossip occur where information is ambiguous, without any formal communication.<sup>16</sup> Most of the time, rumors do not disrupt the work environment. Negative gossip and rumor may escalate in time from a dispute over legitimate differences to vehicles of bullying and hurt.<sup>17</sup>

The most common forms of conflict and victimization from rumors are projection and stereotyping, humiliation, and dehumanization.

*Projection and stereotyping* occur when the target of rumors is attributed with characteristics that he/she does not have for the purposes of vilification or humiliation. We propose that these projections are similar to transference, as described in the course of psychotherapy. In one organization, a female doctor was labeled as “angry” and “arrogant,” neither of which was actually supported by facts. However, this labeling resulted in a guarded attitude by staff members toward her. The resulting tensions eased after a Christmas party when the doctor managed to socialize and fraternize with some of the staff.

*Humiliation and discrediting* of others are among the most powerful effects of group interactions.<sup>18</sup> This behavior is intentional and directed when rumors are spread with the purpose to hurt. In a work environment, humiliation and hurt occur when claims and accusations are never officially addressed and retracted, hence the importance of remedial measures.<sup>19</sup>

*Dehumanization* refers to depriving individuals of human quality, personality, spirit, or livelihood. In the current literature, the term *dehumanization* is used in 3 different contexts: (1) dehumanization in reference to complex psychosocial processes (eg, technology, modern medicine, computers); (2) dehumanization as a state of mind, ie, the feeling of being dehumanized (eg, unwanted sexual advances)<sup>20,21</sup>; and (3) dehumanization as a psychological process, ie, what makes man’s aggression toward man possible.<sup>22–26</sup>

Dehumanization as it applies to rumors and gossip is a common denominator between injurious acts directed toward others. In a previous contribution, the first author (A.N.) proposed that dehumanization acts as a defense mechanism encountered in adaptive as well as destructive circumstances.<sup>27</sup> Likewise, dehumanization is used in adaptive (for example, ignoring one’s humanity and suffering while performing a curative but painful procedure)<sup>28</sup> as well as narcissistic circumstances.<sup>27</sup> In spreading of rumors in a psychiatric department, dehumanization is a defense that makes the retelling of rumors and gossip easier, even when this results in the maligning of the target’s reputation. For example, one of the interviewees in an institution stated that he repeated the information about a nurse’s possible drug history in order to prevent any smuggling of drugs into the unit. In some cases, dehumanization favors a chronic conflict, similar to what is known to occur in splitting of staff by patients and regressive behaviors.<sup>11</sup>

**Rumors and loss of productivity.** Productivity is defined as the amount of work per hour or the dollar figures generated per hour.<sup>29</sup> For the purpose of rumor assessment, we are proposing 2 types of loss of productivity: (1) direct productivity loss, in connection with decrease in per-hour work output, that is, the time necessary to complete patient care, case load in reference to the number of work hours, revenue collected from patient care, absenteeism, stress claims, and job dissatisfaction by staff; (2) indirect productivity loss—type of patients seen in units, level of burnout of the staff, staff turnover, and even decrease of

patient satisfaction. Legal actions, when present, are draining on any institution through the emotional strain, toll on finances, and missed work due to legal proceedings. Certain changes in a psychiatric department's activity may signal an indirect, hidden decrease in productivity.<sup>30,31</sup> Departments with inpatient and outpatient specialty programs (eg, dialectical behavioral therapy and cognitive-behavioral therapy) with separate funding and resources may also at times experience a drop in treatment outcomes. If such resources have been constant and the viability of a program is not threatened by changes in funding, yet the treatment outcome of patients is gradually less favorable, a hidden decline in productivity should be considered. In such cases, the dynamics of relationships within the treatment team, including the emergence of rumors, may be a source of the indirect hidden decrease in productivity.

Contingent upon the duration and extent of rumors, destructive consequences are often difficult to assess in terms of financial loss. Losses are obvious when rumors result in conflicts that escalate and result in decreased attention to patients' needs, absenteeism from stress claims, litigation, and increased employee turnover. The latter has been a subject of debate in recent years, as some organizations have tried to save funds by maintaining a permanent entry-level staff with low compensation through high turnover. In well-established specialty programs, high turnover is usually counterproductive.<sup>32</sup>

In conclusion, rumors can cause chronic dissatisfaction, strained relationships, decreased commitment to patient care, decreased patient satisfaction, and poor treatment outcome. Remedy after rumor damage can become time consuming and expensive.

### Evolutionary Significance of Rumors and Gossip

From an evolutionary perspective, rumors seem to be part of a larger and general tendency of creating meaning by filling in the gap when insufficient information about the future is available. Humans live with a need for coherence and meaning.

Rumors, positive or negative, seem to occur in connection with matters that affect the future of individuals. In a work environment, insufficient information about a company's future may create a state of uncertainty in people's lives. By filling in the gaps of knowledge about the environment and about events that may shape the future (changes in leadership, upcoming losses to be reported), gossip and rumors create familiarity of the environment and familiarity of a time trajectory ("where we are going"). Hence, they provide a sense of predictability.

In evolutionary terms, gossip and rumors contribute to a sense of stability of a social milieu. Rumors, by adding to information, contribute to the creation of a coherent narrative of an institution.

Attachment research has demonstrated a positive correlation between the degrees of coherence of a personal narrative while responding to the questions on the Adult

Attachment Interview.<sup>33,34</sup> Secure attachments are associated with narrative of high coherence. By contrast, insecure attachments (subclassified as dismissive, preoccupied, or undifferentiated) are associated with narratives of low coherence on the Adult Attachment Interview. In terms of explicit, episodic memory, personal narratives, which connect the past to the present in a coherent, meaningful manner, constitute the basis for a person's identity.<sup>33,34</sup>

### Remedy and Treatment

A notable body of literature on rumor control and management exists, and its review is beyond the scope of this article (for more details, see Burgess and Maiese<sup>35</sup>). Here, we propose a medical model for rumor prevention. Psychoeducation has been used as an enhancement to treatment of mental illness, but it can be used in all instances in which psychological processes need to be clarified. For instance, often there is a misperception about how language and communication are spread. The "conduit metaphor"<sup>36</sup> is based on the false belief that language functions like the postal service that spreads information from one person to another without modifying the content.<sup>36</sup> Below, we have summarized remedy measures under the acronym "RICO" (No connection to the federal statute to fight organized crime.). RICO stands for:

- R:** Review of historical details: the culture and patterns of communication of the psychiatric department
- I:** Information: inform repeatedly about rumors and their destructive consequences (psychoeducation)
- C:** Contagion control
- O:** Organizing of new communication channels.

Remedy in cases of undue rumors in psychiatric hospitals is an ongoing repair process. Often, relationships have to be reevaluated. At times, the movement of certain employees into different positions is necessary, but it is advisable that such moves be done sparingly in order to avoid disruptions. Unlike other work environments, psychiatric hospitals provide care for a very vulnerable patient population. The treatment outcome depends on the healing environment or the so-called "therapeutic milieu." Rotation of clinics and ward leadership may be necessary and used as a means to avoid burnout. Education about human communication and rumors through didactics in the form of psychoeducation by human resources or even by the leaders (chairperson) of the department is crucial. Even though rumors and their effect on workplace communication do not include description of a specific psychiatric disorder, they do apply to a potentially destructive feature of group psychology; hence, psychoeducation is warranted. When faced with rumors and gossip that have been present for a longer period of time, information gathering followed by spelling out of all the details of the rumor in a "community meeting" is often a crucial turn-around moment in stopping rumor contagion. Rumors cannot be stopped by one person only. Similar to



individual maturing processes, a collective observing ego of a department can develop to view the rumors and their destructive consequences more objectively. Regular feedback about work, regular discussions with staff, organization of events such as open houses or “town meetings,” and ongoing facilitation of communication between staff and doctors are all part of the process of building new communication channels.

## CONCLUSIONS

In spite of the ubiquitous nature of rumors, their presence in the work place and their impact on morale and productivity is an important subject that has received little attention over the years. Rumors are particularly important in psychiatric hospitals where they can have deleterious effects on patient outcomes. Psychiatric departments may also be more vulnerable to the spread of rumors. Rumors have destructive consequences that include creation of conflict, victimization, and decrease in productivity and morale. Specific preventive measures and remedy are tantamount in preventing long-term negative consequences in the functionality of a psychiatric department.

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