Dealing with a difficult boss: A 'bossectomy' is rarely the cure

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Ms. D is a 48-year-old administrative assistant and married mother of 2 teenagers with a history of adjustment disorder with mixed anxiety and depressed mood. She presents with increasing anxiety, poor sleep, irritability, and occasional feelings of hopelessness in the context of feeling stuck in a "dead-end job." She describes her main issue as having an uncaring boss with unrealistic expectations. Clearly exasperated, she tells you, "If only I could get rid of my boss, everything would be just fine."

Ms. D's situation is common. When confronted with overbearing and demanding supervisors, the natural inclination for some employees is to flee. Symptoms of burnout (eg, emotional exhaustion, depersonalization, and decreased personal accomplishment) often occur, sometimes with more serious symptoms of adjustment disorder or even major depressive disorder or generalized anxiety disorder. To help patients such as Ms. D who are experiencing difficulties with their boss, you can use a simple approach aimed at helping them make the decision to stay at the job or leave for other opportunities, while supporting them along the way.

Clarify, then support and explore

A critical addition to the typical evaluation is a full social history, including prior employment and formative relationships, that may inform current workplace dynamics. Does the patient have a pattern of similar circumstances, or is this unusual for her? How does she view the supervisor-employee relationship, and how do power differentials, potential job loss, and subsequent financial impacts further amplify emotional friction?

Once the dynamics are clarified, support and validate her emotional reaction before exploring potential cognitive distortions and her own contributions to the relationship dysfunction. If her tendency is to lash out in anger, she could fan the flames and risk being fired. If her tendency is to cower or freeze, you can help to gradually empower her. Regardless of relationship dynamics, be careful not to medicalize what may simply be a difficult situation.[1] Perhaps she is a perfectionist and minimizes her supervisor's behaviors that affirm her work and value as a person. In such cases, you can use cognitive-behavioral therapy techniques to help her consider different points of view and nuance. Rarely are people all good or all bad.

Perhaps her perceptions are accurate, and her boss really is a jerk. If this is the case, she likely feels unfairly and helplessly persecuted. She may be suffering from demoralization, or feelings of impotence, isolation, and despair in which her self-esteem is damaged and she feels rejected because

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Be careful not to medicalize what may simply be a difficult situation

Table

Difficulty with the boss: Moving from demoralization to 'remoralization'

Demoralizing term	Remoralizing term	Discussion points
Confusion: Inability to make sense of one's situation	**Coherence**: Making sense of one's situation	Talk about the situation from different points of view. What is the bigger picture or lesson? Consider making a small list of next steps to coherently act in a confusing time (eg, work on self-care, research pros and cons of staying in current job situation vs other potential jobs, etc.)
Isolation: Feeling alone and that no one understands	**Communion**: Felt presence of a trustworthy person	Listen with an empathetic ear. Discuss others who may have been in similar situations and how they persevered. Help the patient rely on natural support system and spiritual/religious resources
Despair: Hopelessness; feeling that things will never get better	**Hope**: Expectation that things will work out despite situation	Discuss sources of hope (eg, people, religion, etc.) and how the patient overcame past adverse situations. Look for themes that apply to current situation
Meaningless: Quality of no value, reason, or purpose	**Purpose**: Having a reason to exist, work, and persevere	Discuss larger reasons for working. For example, people often work to support their families, which gives them motivation to persevere. Discuss how the patient overcame past adverse situations, and how those sources of resilience can provide hope to their current circumstances
Helplessness: Inability to act effectively	**Agency**: Sense of empowerment that one can make meaningful choices and that one's actions matter	When things feel out of control, focus on what can be controlled (while providing support and reframing regarding what cannot be controlled). Make a prioritized list of concerns and next steps. Help rediscover identity as a competent person. Ask what they would advise others presented with a similar situation
Cowardice: Lack of bravery to follow what must be done	**Courage**: Refusal to be subjugated by fear (even when fear is intense)	Often this is in the context of returning to work and having difficult conversations. It can help to develop succinct talking points. Discuss times in the past when patient wanted to give up yet didn't. Reframe by putting patient as a hero on a "hero's journey"
Resentment: Bitterness and sometimes anger about what is perceived to be unfair treatment	**Gratitude**: Quality of thankfulness and showing appreciation	Focus on any silver lining, such as what is going well career-wise and an opportunity to be a more resilient and empathetic person. Focus on a future time, such as in 5 years, and what would be taken from the experience that would add to their life

Source: Adapted from reference 3

of her failure to meet her boss's and her own expectations.[2] In cases of demoralization, oddly enough, hospice literature lends some tools to help her. The ***Table***[3] provides some common terms associated with demoralization and discussion points you can use to help her move toward "remoralization."

Regardless of the full story, it's common for people to externalize uncomfortable emotions and attribute symptoms to an external cause. Help her develop self-efficacy by realizing she is in control of how she responds to her emotions. Have her focus on her role in the relationship with her supervisor, looking for common ground and brainstorming practical solutions. Ultimately you can help her realize that she always has choices about whether to stay at the job or look for work elsewhere. Your role is to support her regardless of her decision.

CASE CONTINUED

Over several visits, Ms. D begins to view the relationship with her supervisor in a different light. She has a conversation with him about what she needs to do personally and what she needs professionally from him to be successful at work. Her supervisor acknowledges he has been demanding and could be more supportive. Together they vow to communicate more clearly and regularly assess progress, including celebrating clear victories. Ms. D ultimately decides to stay at the job, and her symptoms resolve without a "bossectomy."

References

1. Jurisic M, Bean M, Harbaugh J, et al. The personal physician's role in helping patients with medical conditions stay at work or return to work. J Occup Environ Med. 2017;59(6):e125-e131.
2. Frank JD. Psychotherapy: the restoration of morale. Am J Psychiatry. 1974;131(3):271-274.
3. Griffith JL, Gaby L. Brief psychotherapy at the bedside: countering demoralization from medical illness. Psychosomatics. 2005;46(2):109-116.