

The Importance of Incorporating Risk Management and Assessing for Perilous Traits During Job Recruitment Interviews, Performance Appraisals, and Post-Critical Incidents

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Workplace safety is threatened by professionals exhibiting dangerous traits, an under-researched area demanding attention. This study introduces a novel questionnaire to identify "red flags" during recruitment, performance reviews, and post-incident debriefings. The questionnaire assesses risk mitigation awareness and targets traits such as compulsive lying, apathy, glibness, lack of remorse, and manipulative tendencies. Scenarios are included to enhance recognition of emotional and behavioral patterns, including those indicative of workplace psychopathy, like thriving on chaos and unethical decision-making. The questionnaire covers a range of categories, including impulsivity, anger, and antisocial behaviors. The goal is to integrate this tool into Occupational Resources Department procedures, including Employment Assistance Programs (EAPs). This will help address related issues like trauma and burnout. Further research on Dark Triad personality traits is crucial for improving recruitment, performance appraisal, and post-event evaluations. The aim is to create safer, more productive workplaces by proactively addressing these often-overlooked risks. This approach contributes to a more comprehensive understanding of workplace risks and provides a practical tool for risk management.

Keywords: risk management, traits, recruitment, employment, performance appraisal, adverse events, leadership, lying, grandiosity, maleficence

INTRODUCTION

Destructive behavioral traits are identifiable by the extent to which employees and leaders engage in hostile non-verbal and verbal behaviors. At the absolute least, these can manifest as inappropriate punishment, intimidation, insubordination, and excessive demands. In contrast, passive destructive behavioral traits are indicated by insidious attitudes and behaviors, an absence of essential implementation and monitoring, and working haphazardly in accordance with skeletal frameworks. Both forms of destructive behaviors, especially in leadership roles, can affect previously stable employees in the following ways: burnout; increased absenteeism; and reduction in workplace productivity. There can be numerous other deleterious effects that extend beyond these, especially when a work colleague is faced with an utter brute in their midst. Thus, ideally, a recruitment interview (and similarly, work performance assessment and post-critical incident debriefing) would incorporate the following criteria in order to facilitate the recognition of extreme risk. It is proposed that the assessable components of an interview must include: levels of self-direction and needs satisfaction (extrinsic and intrinsic motivators inclusive); self-identity (including reliable interpersonal functionality); capacity for empathy; personal values that reflect a solid ethical framework; self-regulation culminating in healthy, effective work conduct, attitude, and

productivity; conflict resolution skills; legitimate resilience; respect; autonomy; interpersonal aptitude; adherence to social and employment norms; non-coercive collegial interactivity; honesty; sincerity; authenticity; fairness; perseverance; appropriately assertive; inclusivity; and relatability. The respondent would ideally be: responsible; reliable; mature of thought; self-confident; client-centered; effective via use of coping strategies that encourage emotional stability; possess rational thought and ability to cope with stressors; possess self-awareness; flexible; intuitive; self-esteem sound; self-efficacious; competent; motivated; risk aware and risk averse; able to prioritize (or delegate, as appropriate); clear boundaries adept; focused; reflective (in action and on action); perceptive; and adaptable. In addition, they should value their own contribution to work tasks and environment; embrace accountability; take initiative; decomplexify work situations and tasks as needed; appreciate meaningfulness in work activities; and, ultimately, are respectful. In order for the most serious risks posed to work colleagues and workplace environments to be ascertained, it is proposed that the following questionnaire be utilized for assessment purposes.

METHOD

This section presents the key questions, divided by category, for inclusion in the risk assessment and identification of perilous traits and behaviors during job recruitment interviews, performance appraisal as well as post-adverse event debriefings.

Compulsive Lying (and Confabulation)

- a) Is there insufficient verbalized elucidation of temporal and sequential variables that appear as a ‘red flag’ to the interviewer?
- b) Are there audacious replies in relation to past employment history and undesirable results (including adverse events)?
- c) What is the respondent’s reply to the statement: “Lying, if you are not caught out, has no consequences”?
- d) Does there exist an evident ‘bait and switch’ milieu to their explanations (life, employment, academia)? Are sections of the narrative alluringly true but cultivated and the remainder substituted, confabulated, or false? Does she/he swiftly de-emphasize parts of the story (displaying indignation) and offer nil clarification for coming to an abrupt end? Is this process repeated (*sans* satisfactory explanation)?

Coldly Apathetic

The conceptualization and internalization of differences between ‘right and wrong’ are included in this question category.

- a) Do you, as the interviewer, intuit that there is an empathy deficit present?
- b) Can he/she accommodate (beyond basic exemplifications) differences between ‘right and wrong’?
- c) Does the respondent articulate minimized self-interested descriptions of empathy (through to complete incapability of conceptualizing empathy)?
- d) Does he/she present with a dehumanizing demeanor, attitude, and/or communications?
- e) Upon presentation of the scenarios, does the interviewee display an aloof, disengaged, and/or disinterested, reaction?
- f) In response to workplace difficulty, or suffering, do they communicate a ‘get over it’ attitude?
- g) In relation to healthcare and first-responder-based work, is there a ‘get over it’ attitude to, e.g., patient suffering, diagnosis, treatment, and/or ongoing care regimens?

Glibness

- a) Does the interviewee laugh erroneously (or deride) earnest scenarios or synopses posed?
- b) Does he/she display or verbalize disregard for suffering?
- c) Has he/she a superficial, or heedless, attitude to ethical work and task completion?

- d) How earnest is the respondent? Does she/he seem to have typified responses that 'roll off their tongue' with nil depth? Is there apparent self-satisfaction with their answers in spite of articulated/non-articulated critique from the interviewer(s)?
- e) Does she/he minimize questions by providing urbane, shallow responses?

Inability to Experience Remorse

- a) Is there inability to learn from errors, take accountability for actions, or provide reasonable explanations for avoiding past misconduct (in which she/he was directly involved, observed, or engaged in as part of a team)?
- b) Does evidence exist that the interviewee is unable to perceive and acknowledge errors?
- c) Is there a history of insensitivity and inactivity regarding accountability?
- d) Does the respondent indicate issues with accepting negative feedback (and, hence, utilization of the feedback for alternative action)?
- e) Is there a concentration upon self-focused regret statements versus true remorse?
- f) Is he/she seemingly indifferent to the thought of pain in others? Do they possess 'imagine others' deficit/s (putting oneself in another's shoes)?

Extension of Maleficence/Harm

- a) Does the respondent communicate incomprehension of the concept 'do no harm'?
- b) Are visual, or verbalized 'shrugging of the shoulders' and/or avoidance of the importance of risk mitigation present?
- c) Does a 'blame the victim' attitude exist (for instance, 'so sad, too bad'; 'losers lose'; 'she/he brought it upon themselves')?
- d) As the interview advances, is there a jaded attitude that appears inherent in her/his approach to work and/or identity?
- e) Is 'for the benefit of others' meaningless or absent?

Emotional Emptiness (+ Scenario)

Scenarios such as the one provided below are particularly beneficial to evoke an assessable response in this category. Scenario post-presentation questions: a) Does the respondent recognize and react to the following: patient suffering; work colleagues' anxiety; multiple patient deaths; and unreported and undocumented reports of patient deaths? Scenario for emotional emptiness identification: Interviewer to read aloud: "An 83-year-old female patient is being treated for a chronic pain condition. The 60-patient healthcare unit is understaffed. The staff feel very rushed. There have been seven sudden, unexpected patient deaths in the healthcare unit over the past three weeks. None of these deaths have been documented or reported. There are fears among the staff that the healthcare unit may be closed or have its funding significantly reduced." b) Post-presentation of scenario, the interviewer says: "Imagine yourself as part of this healthcare unit. Which particular factors of importance come to mind? What is your immediate reaction to this scenario? Please refer to your notes, if needed."

Grandiosity

- a) Does she/he exhibit superiority/feelings of superiority (directed at the interviewer, specific types of work colleagues, or past workmates)?
- b) Are they uncooperative or power-mongering?
- c) Are their feelings of superiority definitively vocalized or non-verbalized throughout the interview process?
- d) Does a 'this is me' or 'like it or lump it' outlook exist?
- e) Are declarations provided that strongly imply that there are no limitations to what they can achieve and/or currently (or will immediately obtain) status in the highest echelons (and that this can be assumed without endeavor)?

- f) Does the interviewer(s) perceive that the respondent assumes that the interview process is solely undertaken for them (that no other candidates are being considered)?

Complete Lack of Acceptance of Responsibility for Own Actions + Scenario

It is highly recommended that the scenario is presented to the respondent in a way that is relevant to their current or potential job tasks. The following scenario is provided as an example and is specific to clinical excellence in patient care. It specifically assesses for attitudes regarding risk mitigation, responsibility, and accountability along with capacity to communicate effectively, reflexive thought, and mental acuity. SCENARIO: complete lack of responsibility for own actions. Interviewer says: "Please provide one-word responses, that is, your immediate reaction to the following: "Varying levels of clinical excellence in patient clinical care decided upon via the following patient factors: Age; Gender; Cultural background; Religion; Language barrier; Bed limits; Key Performance Indicators (KPIs) and DRGs (Diagnostic Related Groups); Insurance type; Co-morbidities; Value to society; Likeability; Pre-care history; Known or not-known to the healthcare facility; Treating general practitioner; Degree of family involvement." Clarification (where necessary) regarding interviewee responses of concern can be undertaken at the end of the scenario.

Manipulative/Insidious Opportunism

- a) Does the respondent communicate 'rote-learned' descriptions of risk management techniques, ethical considerations, and quality of work approaches?
- b) Is the 'rote learning' apparently externalized (with poor prospect of it being internalized)? Is there apparent confabulation regarding commitment to workplace safety and risk avoidance?
- c) Does the respondent interface with a 'who cares' and 'that is that' style, yet with conviction that he/she will be successfully recruited, or pass the assessment process?
- d) Do they misuse the concept that 'everyone makes mistakes' upon consideration of serious adverse events?
- e) Is self-serving incentivization considered the 'norm'?

Impulsivity, Irresponsibility

- a) Is he/she depleted, which potentially could lead to client de-prioritization?
- b) Does the respondent display a self-defeating attitude (this needs to be differentiated from natural humility). For example, do they self-sabotage during the interview, particularly when the interview is proceeding positively?
- c) Is the interviewer(s) interrupted constantly by the respondent?
Does the respondent 'blurt out' responses without apparent deliberation, rectification, or regret?

Unrelenting Need for Stimulation/Easily Bored

- a) Does the respondent elicit negative behavioral, or reactive behavioral traits consistently during individual questioning? Which types (if any)?
- b) Is there hyperactivity on a continuous basis, including during the interview process? Does she/he indicate that this is normal, acceptable, or an expected form of behavior?
- c) Are they hypersensitive to loud noises, sirens?
- d) Is there additional information that indicates poor concentration and focus?
- e) Is the respondent skittish, hypervigilant, or highly agitated during the interview?
- f) What is their understanding and description of 'burnout'?

Anger, Irritability, Poor Concentration, Drug Affected

- a) Does the respondent become easily irritable during the interview process?
- b) Do they lose their temper (for example, upon request for clarification of information, or prompting during interview)?

- c) Is he/she seemingly affected by a stimulant or depressant substance? Are they artificially augmented, overtalkative, and/or highly distractible? Is there slurring of speech, sleepiness (without sufficient reason offered), and/or are inexplicably disoriented?
- d) Do they display agitation and oversensitivity?
- e) Is their confidence translatable as 'jarring,' 'aggressive,' 'offensive,' and/or communicated with 'rudeness'? Has this occurred in more than one instance without explanation?
- f) If so, are their angry responses synonymous with acrimony? Is he/she antagonistic about different work environments/worker categories? Is the use of anger a method of coercive control or intimidation so as to reap benefit?

Poor Behavioral Conduct

- a) Does the respondent use diversionary tactics (for example, to irrelevant topics, or ideas)?
- b) Does he/she conduct oneself in an over-familiar or unprofessionally intimate way with the interviewer(s)?
- c) Does the respondent present with lability of mood or act emotionally/psychologically erratic when replying to questions? Investigating the respondent's history becomes imperative upon the identification of poor behavioral conduct. Interviewer's guide: It must be noted that oral and micro-gestures and cues also need to be examined and considered thoroughly, particularly in relation to the possible existence of Acute Stress Disorder (ASD), Post-Traumatic Stress Disorder (PTSD), CPTSD, emotional exhaustion, or burnout. This can be exemplified by many different indicators emerging during the interview, e.g., obsessive reference to a traumatic workplace incident; 'spacing out' (reliving trauma); significant memory issues; uncontrollable shaking upon describing a past experience. The use of psychological assessment tools is highly recommended when concerns are evidenced.

Anti-Social/ Exploitative Lifestyle Behaviors

Self-disclosure is encouraged, but pressurization is to be avoided. This involves collecting information and associated assessments of anti-social/deceitful conduct. An assessment by way of a structured questionnaire (e.g., personality questionnaires) are strongly suggested. a) How does the respondent react to the topic of substance misuse pre-work (within 12–24 hours before shifts)? b) Has the respondent disclosed (concrete or prospective) risks of harm to others? c) Has the respondent disclosed (concrete or prospective) risks of harm to self? d) Has the information, which has been divulged, show a propensity for 'trouble making,' 'team splitting,' and/or creating workplace conflict? Does he/she acknowledge this and provide acceptable explanations to debate this? Has the applicant given essential clarifications? Alternatively, do they justify their susceptibility with acquiescing to 'well, others do it too' type conceptualizations?

Lack of Realistic Long-Term Goals

- a) Has the respondent indicated non-commitment to her/his employment, work duties, position, or professional path?
- b) Is there a history of reprimands?
- c) Is the applicant perceived as 'suggestible' (i.e., is easily moved from opinions or their employment objectives, or becomes fractionated regarding goals) at times during the interview?
- d) Has he/she evidenced attitudinal traits that reflect 'I'll do what is necessary for now and that is all'?
- e) Has the respondent behaved as if they have been compelled to undertake the interview?
- f) If so, what may be the grounds for this?
- g) Is there circumvention in relation to their future in the workplace?

History of Childhood & Adolescent Behavioral Problems

The interviewer(s) is encouraged to elicit self-disclosure (from the applicant) about their past issues. Provision of the cue 'everyone has done something naughty in their past' (or similar) is of benefit. a) Invigorate the respondent to explicate the differences between their adult behaviors and previous events

during childhood/adolescence. b) Is the respondent apparently dismissive regarding their history, or resistant (e.g., ‘there is nothing wrong’ with adolescent/child illegal activity even if it continues to adult offending)?

Criminal Adaptability

- a) Does he/she have a history of conviction (including, on-remand, reprimanded, or charged) including civil offenses, AVOs/Restraining Order (Apprehended Violence Orders), or alternative relevant offenses that have occurred in adulthood to present?
- b) Are their responses in the ‘negative’ (e.g., denial of history of crime/offenses) when the interviewer is fully aware that the crime/offenses are recorded and do exist? If so, what types of offenses have been alleged or committed?
- c) What risk mitigation-averse threats exist in relation to colleagues’ physical or psychological safety?
- d) What impacts does the above information potentially have on colleagues, work duties, and workplace environment/s? Note to Interviewer(s): Upon ‘red flags’/alerts in the interview, the use of standard structured questionnaires (typically used for psychological or other assessment) and other interview formats are necessary to support decision-making for recruitment, performance appraisal outcomes, and post-adverse events, and are highly recommended; i.e., before making a recommendation for recruitment, a performance appraisal, promotion, conduct report/recommendations post-serious adverse event. and so on. The above set of questions, categories, and information contained within, is to be used as an initial guide only.

DISCUSSION

The term ‘corporate psychopathy’ is often reinforced (or indeed perpetrated) by management and leaders in a variety of work environments. Corporate psychopathy is based on the assumption that the corporate environment positively selects for psychopathic features, comprising (but not unique to) top stewardship. The concept of ‘corporate psychopathy’ and its associated features is entirely extendable to ‘workplace psychopathy’ (i.e., non-leadership roles). It most definitely can be perpetrated via any employee regardless of status within all different work environments. Indeed, many organizations, facilities, and collaborations recruit based on similarly concerning features. So as to clearly delineate the menacing effects of such an individual, the following description is extrapolated. Power, prestige, accolades, and recompense are at the core of a corporate/workplace psychopath’s attraction to specific types of work settings. These include, workplace cultures that encourage and reward competitiveness, provide plentiful financial advantages, demand immediacy (versus long-term work planning), and have positive expectations regarding the employee’s charisma. Corporate or workplace psychopaths often thrive by creating chaos, maintaining composure during periods of organizational stress, employing constant strategic thinking and manipulation, demonstrating creativity, and exhibiting unwavering confidence. These traits are frequently valued by upper management—sometimes more so than by the psychopaths’ immediate colleagues, who may experience the negative impacts firsthand. Excellent communication skills are also considered a desirable quality when accompanied by the previously mentioned features. If impressively delineative, ‘on face value’ working style is valued (by the corporation) more strongly than that of productivity, exemplary leadership skills, and beyond satisfactory functioning within teams. Thus, the highly concerning dysfunctional worker is more easily promoted to a higher position. Needless to say, the experiences of a corporate psychopath’s co-worker typically differs greatly from that of upper management. The colleague (whether on the same work level or managed by the concerning professional) witnesses and suffers the impacts of the dysfunctional’s risk-taking and unethical decision-making, and their bullying tactics and threats. Specifically, one must examine the different stages and factors involving the admittance of a corporate psychopath into a company. The recruitment stage involves necessity of insight by the recruiter. Otherwise, the recruiter will yield to the following strategic maneuver of the corporate psychopath: glibness; charm; slickness; unbreakable confidence; exceptional powers of persuasion; extremely engaging, complimentary and humorous; perfection of mannerism and gestures; and, overall, so impressive that one

can hardly believe the person sitting before you is real. Hence, they are ultimately believed to be perfect for the position. A fast-tracked career climb thus ensues, regardless of the respondent's lack of scruples; merciless manipulation, nil loyalty to colleagues (i.e., no fairness as in who was there first or who is next in line for a promotion), joy in having people demoted, sacked, or suspended, and incessant socializing, charming and lying their way up the ladder. This rise can occur in rapid progression—almost immediately—as they befriend and ingratiate themselves with upper echelons in any way that they can. Emotional (or other) bribery is applied so that co-workers perform work tasks for them. In addition, the theft of ideas and mimicry of high achievers (as their own capacity for inventive and original concepts and work production is limited) occurs very quickly following the orientation phase of employment. Behaviors such as dividing colleagues and teams (“splitting”), undermining or eliminating competitive peers, projecting an image of high productivity and status, and fostering a toxic workplace culture often serve as precursors to more manipulative strategies. These tactics can create an environment where co-workers—rather than the actual perpetrators—appear to be consistently failing. This dynamic can escalate into more calculated forms of psychological manipulation, including character assassination through gossip, innuendo, and fabricated narratives, as well as gaslighting to distort perceptions and erode trust.

CONCLUSION

The concomitant utilization of comprehensive structured recruitment questionnaires is highly recommended to compliment the questionnaire featured (in the Method section). These may examine further the respondent's work-related intrinsic motivators (self-determining and independent; undertaken for inherent gratification) and extrinsic motivators (such as reliance approval, award and payment-oriented). Utilization of the proposed, or similar, questionnaire is essential to be included in each Occupational Resource Department's criteria for employment interviews and, ideally, inclusion within the employment recruitment process and protocol. Additionally, the use of EAPs (Employment Assistance Programs), especially in the case of identification of trauma disorders in successful applicants or existing employees, is paramount. Further research within the area of perilous traits in recruitment (and in existing employees) may include examination of the relevance to applying the dark-triad facets of personality (that is, Machiavellianism, narcissism, and psychopathy) as well as diminished agreeableness and increased neuroticism away from the norm.

With over 20 years' experience in psychological intervention (and health education), the author, Mary Catherine McKenzie, has dedicated her life to improving individuals' mental well-being. From extensive work-based issues, career difficulties, burnout through to complex trauma, anxiety and depressive disorders, chronic pain, and grief and loss, the author has remained inspired by the fortitude and resilience of sufferers from all backgrounds and walks of life. Her lifelong commitment to promoting best practice, the benefits of red flag alerts, authenticity, and sound application of ethics in healthcare and all workplaces has compelled her to write this article.

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