



New Zealand Nurses Organisation

**Submission to the Medical Council
of New Zealand**

on the

**Draft Guidelines for Managing
Disruptive Behaviour**

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SUMMARY

1. The New Zealand Nurses Organisation (NZNO) thanks the Medical Council of New Zealand (MCNZ) for this opportunity to comment on the Draft Guidelines for Managing Disruptive Behaviour.
2. NZNO is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals, who constitute a significant part of the modern healthcare team.
3. We have consulted our members in the preparation of this submission in particular NZNO staff (Management, Professional Nursing Advisors, Policy Analysts, and Industrial Advisors) and NZNO members (Colleges and Sections, Board Members and other health care workers).
4. The importance of effective team work is recognised throughout the medical profession. Though most doctors behave appropriately, there are instances of disruptive behaviour. When disruptive behaviour does occur it can undermine effective team work and has the potential to impact on the health and safety of patients. Recognising and managing disruptive behaviour is important in protecting public health and safety
5. NZNO welcomes this timely but brief document which recognises the adverse effects of disruptive, bullying behaviour and gives preliminary advice on some actions to address it.
6. NZNO believes that the document overlooks some important traditional and systemic contributions to disruptive behaviour and does not give enough emphasis to prevention. We make some suggestions for strengthening the document.
7. For your information we have appended information on dealing with workplace bullying from our Delegates Handbook.

8. NZNO further suggests that there is an opportunity for the MCNZ and NZNO to jointly approach the Department of Labour and the Ministry of Health to facilitate and expedite the development of Guidelines for Managing Violent Behaviour in the Health Workplace, which seems to have stalled.

DISCUSSION

9. Workplace attitudes and behaviour evolve over time and historically the relationship between doctors and nurses and patients has been hierarchical and unbalanced in terms of power and gender. That is changing rapidly influenced by more equitable education and employment opportunities, and advances in medical science and technology. Old attitudes and practises, however, do not always keep pace with change and although modern healthcare depends on multi-disciplinary teams of health professionals working collegially, traditional power imbalances are still reflected in bullying or arrogant attitudes by some staff. NZNO feels it is important that any document dealing with disruptive behaviour identifies and acknowledges these historic roles and how they have influenced workplace relationships, making the contrast between what is expected today – equal respect for peers, colleagues, staff and patients – very clear. We believe that an historic overview would provide a relevant and useful context for the guidelines, inviting reflection and challenging entrenched unhelpful attitudes.
10. We also suggest that the MCNZ acknowledges that failing to manage disruptive behaviour is a competence issue by stating the action it will take to review the competence of doctors who behave inappropriately. NZNO notes that the MCNZ *does* take this issue seriously and has a good record of monitoring the competence of doctors.
11. NZNO agrees that the definition of disruptive behaviour as “a chronic and repetitive pattern of inappropriate behaviour that adversely affects the effective functioning of other staff and teams” is a good starting point but that it is not comprehensive and needs further clarification. We do not accept the

American Medical Association's description since it relegates nurses and other health workers to "others" and does not acknowledge the role of clinical and other staff as part of the healthcare team.

12. NZNO agrees that power imbalances ("dominant power relationships") do exist within the health service and suggests that the following sentence "It is important that individuals with such power use it with restraint" inadvertently endorses them. "Power" is both an inappropriate word and concept to use in the context of evidence-based healthcare. The emphasis should be on listening to and treating with respect the professional opinions of clinical colleagues, and respecting patients.
13. We note that the MCNZ stipulates that it "should only be involved when the behaviour poses a risk of harm to the public" but believe that a more proactive stance would better reflect the Council's "responsibility in part for setting standards for the Medical profession". NZNO suggests that consideration should also be given to promoting good workplace behaviour by identifying positive attitudes, good policy and practice.
14. NZNO agrees that disruptive behaviour compromises patient safety, has the potential to contribute to adverse events, and affects the social and economic wellbeing of those providing health care. However, we believe that the connection needs to be made more explicit in the Guidelines, so meaningful steps to recognise, prevent and address poor workplace behaviour can be taken. Our members report that many doctors are simply unaware of attitudes and behaviour which are dismissive of others feelings and professionalism. For historic reasons, many hospital and surgeries retain rigid hierarchical structures which preclude collaboration. In such circumstances, the disruption is systemic rather than individual and the Guidelines should identify this as a potential problem and provide guidance on addressing it.
15. Similarly, "resources are consumed in frequent recruiting" does not really convey either the personal or economic cost of staff losses due to poor workplace behaviour. Nor does it offer any way of assessing when staff

turnover is abnormally high, or tools to identify whether disruptive behaviour/ poor management is a contributing factor. We believe the Guidelines would benefit from the inclusion of practical examples and information about good workplace practice.

16. NZNO suggests that “historic issues” be added to the “Causes of Disruptive Behaviour” and that “lack of resources” be included in the section on “Work Distracters”.
17. NZNO warmly acknowledges the clear direction to comply with current employment law and to have a system for recording disruptive behaviour. We believe the section would be strengthened by reference to specific sections in the Employment Relations Act (108 and 109) which identify the obligations of the employer to prevent harassment/harm and what the employee can do in the event of a dispute. The Department of Labour also has information and guidelines for employment contracts and good workplace practice and policy which offer practical advice germane to this section. NZNO notes that, unlike nurses who are almost exclusively employees, a more diverse employment situation applies to doctors so the Guidelines need to encompass relevant information for both employee and employer. Specific guidance should also be given for potentially high-risk situations where the medical practitioner is also the employer, such as in private hospitals and GP practices.
18. NZNO notes that the obligation to report competence issues under the Health Practitioners Competence Assurance Act (2003) is explained but believes that the Guidelines should also contain information to alleviate problem behaviour before it escalates. However, when there is a serious or unresolved issue, the Guidelines should explicitly recommend that it should be reported as a competence issue.
19. NZNO suggests that the penultimate section “Notification to council...” should include a description of what actions the MCNZ will take on receipt of notification of a competence issue relating to disruptive behaviour.

20. NZNO notes and appreciates the extensive reference list.

CONCLUSION

21. The New Zealand Nurses Organisation thanks you once again for this opportunity to comment on the Draft Guidelines for Managing Disruptive Behaviour and recommends that you:

- **note** that we agree that this is an important and timely document;
- **agree** that the changing patterns in employment and the delivery of healthcare have had a significant impact on professional relationships and that this is a useful context in which to consider unhelpful attitudes based on historic power imbalances, which can lead to bullying behaviour;
- **agree** that the document should reflect the collegial team approach to modern healthcare by specifically referring to and acknowledging nurses and other health professionals as part of the clinical team;
- **note** that we agree that lawful industrial action is not disruptive behaviour,
- **agree** that the definition needs clarification and that the quoted American Medical Association definition is unacceptable.
- **agree** that the wording around “dominant power relationships” is somewhat inappropriate and needs amending;
- **agree** that systemic issues can contribute to some disruptive behaviour;
- **agree** that the Guidelines would benefit from the inclusion of more specific examples and information;
- **note** our agreement that disruptive behaviour is a competence issue which the MCNZ should be notified about;
- **agree** that the guidelines should outline the MCNZ's actions in the event of notification;

- **note** that NZNO has an outline of how to deal with bullying in the workplace in our delegates handbook (pp24-25) which we have appended; and
- **agree** that there is an opportunity for the MCNZ and NZNO to jointly approach the Department of Labour and the Ministry of Health to facilitate and expedite useful guidelines for managing violent behaviour in the health workplace.

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ABOUT THE NEW ZEALAND NURSES ORGANISATION

22. NZNO is a Te Tiriti o Waitangi based organisation. It is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals. Te Runanga o Aotearoa NZNO comprises Māori membership and is the arm through which our Treaty based partnership is articulated.

23. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.

DEALING WITH WORKPLACE BULLYING

As a delegate you could be asked by a member to assist in a bullying situation. Here's some advice on how to deal with bullying.

WHAT IS BULLYING?

Bullying is behaviour that is:

- Unwelcome offensive, abusive, intimidating, malicious, insulting and insidious
- Persistent, prolonged and happens over a long period of time

Examples of bullying behaviour include:

- Spreading malicious rumours
- Insulting someone by word or behaviour
- Competent members being constantly criticised, having responsibilities taken from them, being set trivial tasks, being blocked from promotion, being isolated from activities or set up to fail by being required to work long hours or meet impossible deadlines.
- Consistent attacks on a member's personal or professional standing or regularly making them the butt of jokes.

A bully has power, sometimes sanctioned, and sometimes perceived. Bullying can come from individuals or groups.

The target of bullying will feel upset, threatened, humiliated and vulnerable. Their self confidence will be undermined, which can cause them to suffer from stress.

A resource list is available from the NZNO library on bullying and violence. A summary of this is on page 33.

Raise it with the employer

- An employer has an obligation to provide their staff with a safe working environment. Bullying in the workplace is a health and safety issue.
- If bullying arises in the workplace the employer needs to deal with it and ensure that it stops occurring. An employer can only deal with the problem if they are aware of it.
- Follow the policies and procedures of that workplace on how to raise a claim of bullying. If there are no policies, send a letter setting out the allegations to the manager.

Bullying in the workplace is never acceptable



Deal with issues early

- The longer a bullying situation is left the harder it is to resolve it.
- If the situation has only just begun consider meeting with the people involved and the manager and trying to find a way forward before things escalate.
- Sometimes communication issues and personality clashes may exist rather than a situation of bullying. If this is the case, try talking to the manager about a facilitated meeting, training in communication or team building.

Support those involved

- Suggest to the manager that they could move the bully or victim to another area or to different shifts where they do not have contact until the employer has investigated the claim and decided on the best course of action.
- Suggest ways that the person can be made to feel safer in the workplace.
- Help the victim or the person accused to access EAP or other support or suggest to the manager that they may need time off.

Deal with the issue collectively

- Bullying is not just an individual issue. It is an issue for all staff. Bullying affects the culture, environment, communication, trust and relationships within a workplace.
- Be a role model and help create an environment where bullying is not acceptable and does not happen.
- Work with delegates and members to make a bully free environment a priority for staff.

WHAT HAPPENS WHEN BULLYING ISSUES ARE RAISED?

