Navigating Workplace Relationships

Professional Nursing Advisors

NZNO

2017

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Introduction:

- Healthy working relationships are vital to the smooth running of any organisation

- Particularly important in health settings for the best possible care of patients.

- Communication breakdown often underlies relationship problems.

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Exploration:

- Why do relationships break down?

- What happens when they do?

- Why do we need to 'navigate' workplace relationships, and how do we go about this?

What is our aim here?

- Balance, Quality of life, Better patient care

Where do we start?

- We are all different

- We are all human

- We all have good days and bad days

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Multi-layered & Multi-faceted:

- System
- Organisational
- Group
  - Nurses
  - Other Health Professionals
- Individual
- Consumers and whānau/family
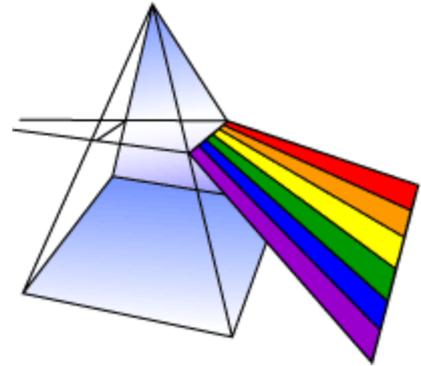
Being aware of what is happening around you:

- What is the workload like?

- What is the general feeling in the ward?

- How are other people feeling?

- How are you feeling?

Self-awareness:

- How do you know when you're stressed? Manifests as?

- How do you soothe the process, yourself?

- How do you strengthen your current & future responses?

- Behaviour is something we all 'have', but we don't always 'do' it well.

- Changing behaviour is a learned process.

- Nurses have professional responsibilities regarding behaviour – Code of Conduct is essentially about how we should behave in professional capacity.

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CODE of
CONDUCT

2012 Code of Conduct for Nurses:

Principle 6:

- *6. Work respectfully with colleagues to best meet health consumers' needs*

(NCNZ 2012)

Unacceptable behaviour towards other includes:

- Person-related
    - Humiliation and ridicule; Gossip and rumours
    - Ignored or excluded; Persistent criticism
- Work-related
    - Withholding info; Opinions ignored; Unreasonable deadlines; Excessive monitoring
- Physically intimidating
    - Intimidating behaviour
    - Threats/actual physical abuse

Boo!

(Blackwood, 2016)

Bullying:

- Is often talked about and experienced by nurses

- Takes many different forms

- Indicates a breakdown in workplace relationships

- Is difficult to 'navigate' or manage' – main reason is because bullies are unaware or do not acknowledge or don't care that they are bullying.

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Types of Bullying

○ **'The known bully':** withholding information, gossip, exclusion, frustration, criticising practice, public humiliation

○ **Performance management**: false accusations, unfair criticism, micro-managing

○ **Conflict escalation**: screaming, explosive anger, public humiliation, physical intimidation

○ **Learning/socialisation**: frustration with mistakes, criticising practice, micro-managing, exclusion and isolation

○ **Role dependencies**: attacks in meetings, accusations about staff, belittling

(Blackwood, 2016)

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Consequences of these behaviours

Harm to Targets

- Lower emotional wellbeing
- Stress
- Anxiety
- Depression
- Musculoskeletal disorders

Costs to Organisations

- Lost productivity
- Absenteeism
- Turnover
- Displaced time and effort
- Legal costs

The accused bully's perspective:

Accused bullies:

- may not realise they are bullying.

- are likely to find justification for their behaviour.

- may feel bullied by the targets in the raising of an accusation against them.

- are expected to 'go with the flow' of intervention with little support.

- may seek retribution is a quashed accusation was perceived to damage their reputation unnecessarily.

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Witnesses' and managers' perspectives:

- **Witnesses:**
  - will rarely speak out at the time of a bullying incident, but will offer support behind closed doors.
  - may have only seen part of a bigger picture.

- **Managers:**
  - struggle with intervention for fear of being accused of bullying themselves
  - find intervention emotionally draining and stressful
  - need support too!

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The importance of early intervention:
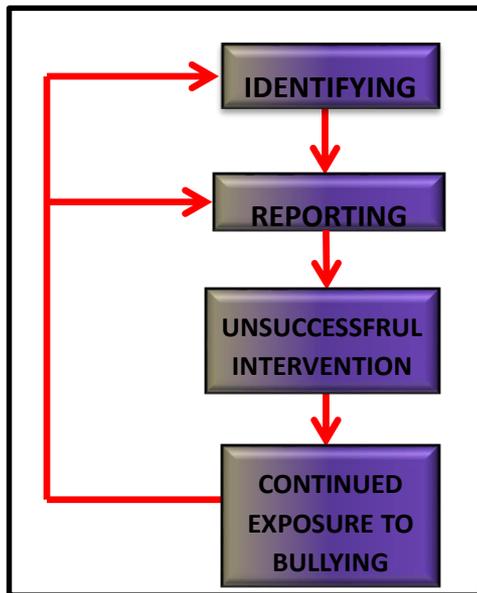
- Intervention in workplace bullying is, from the target's perspective, often <u>cyclical and iterative.</u>

- Ineffective organisation responses cause targets to develop feelings of fault and discouraging further reporting.

- Early intervention in workplace bullying experiences is imperative.

(Blackwood, 2016)

Horizontal Violence

Staff awareness and education are needed to rid the nursing environment of this disastrous infection. >>

What about the Bystander?

- Taking a passive stance
- Safe option? If so, for whom?
- Voyeuristic?
- Passive aggressive elements?

Horizontal Bullying in Nursing:

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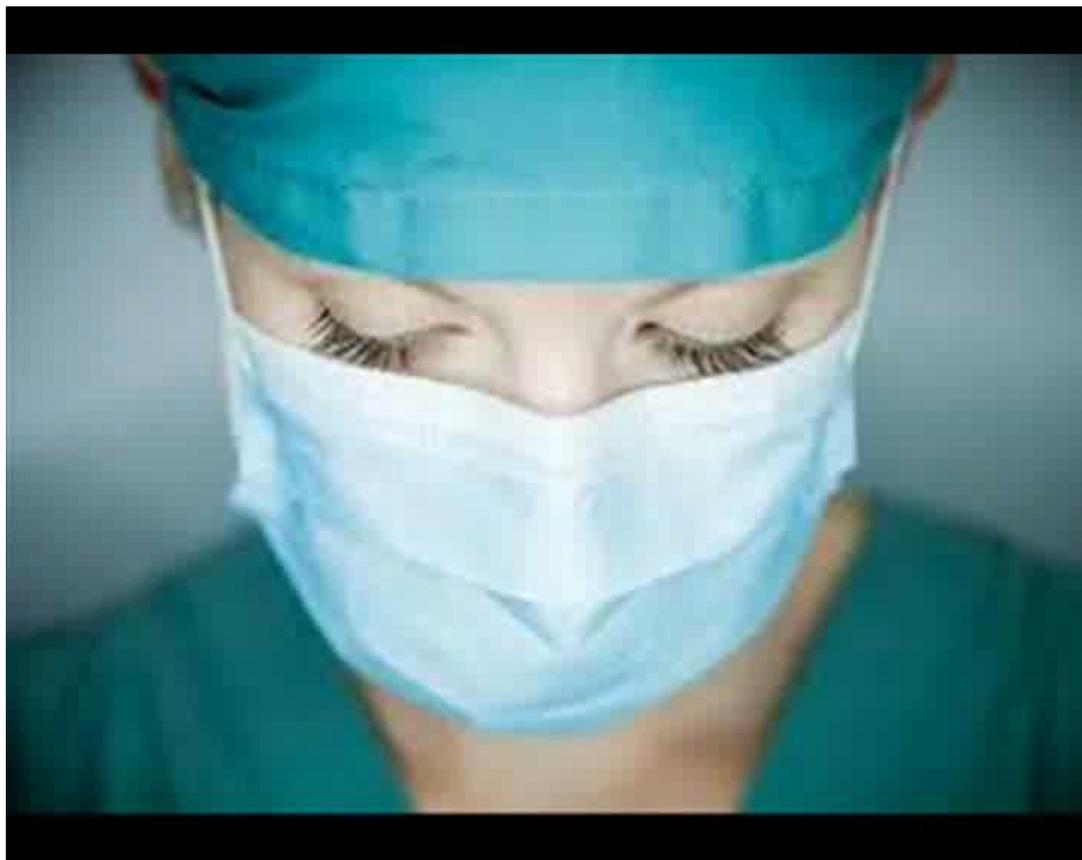
What is _not_ bullying?

"Do No Harm" Applies To Nurses Too! Strategies to Protect and Bully-proof Yourself at Work

Continuum of Incivility
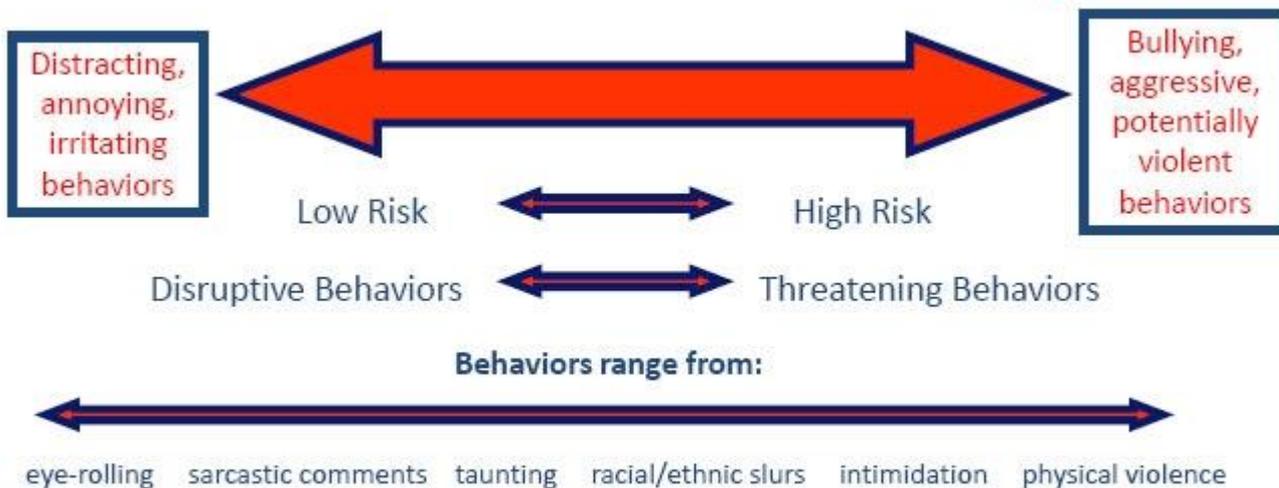
Distracting, annoying, irritating behaviors

Bullying, aggressive, potentially violent behaviors

Low Risk ←→ High Risk

Disruptive Behaviors ←→ Threatening Behaviors

Behaviors range from:

eye-rolling   sarcastic comments   taunting   racial/ethnic slurs   intimidation   physical violence

Clark © 2011

Medscape
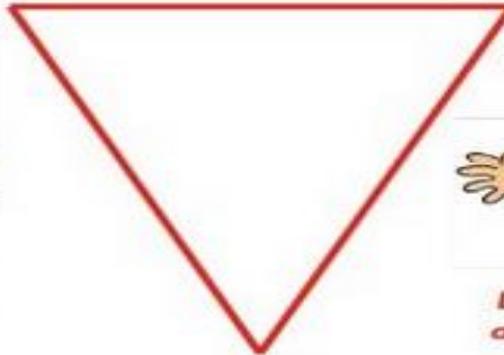
Reporting

- Workplace bullying is severely underreported:
    - 3% of targets took formal action (Rayner & Keashly, 2005)
    - 64% of targets did not report (Hutchinson et al., 2007)
- This is due to:
    - Normalisation in organisational culture (Ferris, 2004)
    - Unclear or unsafe reporting channels (Duffy, 2009)
    - Lack of support from management (Deans, 2004)
    - Fear of further victimisation (Rayner & Keashly, 2005; Rocker, 2012)
    - Fear of misunderstanding or perceived as unsubstantiated (Dzurec & Bromley, 2012)

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Workplace culture

- You set the tone

- the only way to stop bullying in nursing is for all nurses to band together to stop bullies from destroying the profession

Change?

- Motivated to change?
  - Through our own lousy experience?

- Motivators to change?
  - What is the DHB's policy?
  - How effective is my performance appraisal in garnering support?

Implications for intervention

- Targets of workplace bullying are unable to address workplace bullying on their own.

- Effective intervention in escalated cases of workplace bullying is 'almost impossible'. Early intervention in workplace bullying is imperative.

- Interventions in workplace bullying should be focused on accurate and early identification, encouraging reporting, and encouraging organisational intervention.

- Those responsible for intervention should be aware of the different types of bullying and the challenges each poses.

- Addressing workplace bullying risk factors as a primary prevention measure will help to create an environment conducive to intervention in workplace bullying.

(Blackwood, 2016)

What can you do to navigate relationships? Summary

- Bullying occurs within a wider workplace culture. It is everyone's responsibility to contribute to the development of a healthy and safe culture in the workplace.

- Nurture self-awareness and reflection on your own behaviour

- Practise alternative ways of relating to others

- Role model off people whose behaviour you admire

- Nurture workplace relationships: be kind, compassionate, think of how others might feel

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Summary (cont.)

- "Early intervention is imperative" (Blackwood, 2016)

- Speak up; report bullying if it is occurring

- Be clear that bullying behaviour is unacceptable

- Hold Nursing leaders and managers as accountable for managing unacceptable behaviours and bullying

The Winner's Triangle

Assertive
- knows own feelings, needs and wants
- non-judgemental
- uses 'I' messages

Nurturing
- gives help when asked cares and understands
- doesn't need to be needed by others

Accepts others' value and integrity
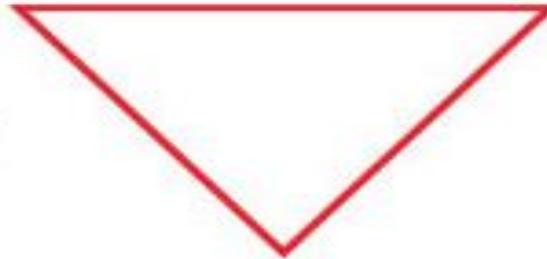
Accepts others' ability to think for themselves

Vulnerable
- shares real feelings

Accepts self

Ref: Steve Karpman

Conclusion

- Any questions? Comments?

- Please fill out evaluation forms

- https://www.youtube.com/watch?v=PT-HBl2TVtI

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Basic wisdom…

TAKE
CARE
OF
EACH
OTHER

(ROBERT LOUIS STEVENSON)

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A useful link:

- http://www.ausmed.com.au/blog/entry/bullying-in-nursing

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